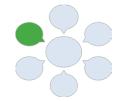# Governance for Quality and Safety

Over recent years, the health service has placed an important emphasis on quality and service user safety by developing an infrastructure for integrated quality, safety and risk management with the aim of achieving excellence in governance for quality and safety. The HIQA *National Standards for Safer Better Health Care* (2012) Theme 5 *Leadership Governance and Management* states that service providers should have clear accountability arrangements to achieve the delivery of high quality, safe and reliable healthcare. The HSE recognises the critical importance of good governance and of continually enhancing accountability arrangements. In this regard and in the context of the establishment of the Hospital Groups and Community Health Organisations, the HSE is strengthening its accountability arrangements and has put in place a new Accountability Framework (National Service Plan, 2016).

The Quality Improvement Division is building on this. Formalised governance for quality arrangements ensure that everyone working in the health system are aware of their responsibilities, authority and accountability, and work towards achieving improved service user outcomes. Effective governance for quality recognises the inter-dependencies between corporate and care governance across services and integrates them to deliver high quality, safe and reliable healthcare/social care. The idea is *we are all responsible and together we are creating a safer healthcare system*.

A framework for governance for quality and safety was developed in collaboration with health service providers and service users, this is made up of vision, principles and matrix of structures and processes that support clinical governance development, which are set out below. A *Report of the Quality and Safety Clinical Governance Development Initiative: Sharing our Learning* was published in March 2014 and is part of an overall Governance for Quality and Safety toolkit.

What is Governance for Quality and Safety?

Governance for Quality and Safety is the system through which healthcare/social care teams are accountable for the quality, safety and experience of people in the care they deliver. For health and social care staff this means: specifying the standards you are going to deliver and showing everyone the measurements you have made to demonstrate that you have done what you set out to do.

It is built on the model of the Chief Executive Officer/ Chief Health Officer/General Manager or equivalent working in partnership with the Clinical Director, Director of Nursing and Director of Services/Professional Leads. A key characteristic is a culture and commitment to agreed service levels and quality of care to be provided.

Governance for quality involves having the necessary structures, processes, standards and oversight in place to ensure that safe, person centred and effective services are delivered. Boards have a key role to play in the governance of an organisation as the accountability for the quality of a service rests with the board. When services do not have boards the CEO/General manager and senior management team take on this responsibility. Governance also ensures the establishment of learning systems so that all experience within a service is shared and used to improve. Good governance for quality supports strong relationships between frontline staff, patients and senior leaders within any organisation (HSE National Framework for Quality Improvement, 2016).

What is the vision for Governance for Quality and Safety?

Governance for quality and safety is an integral component of governance arrangements where:

- Each individual, as part of a team, knows the purpose and function of leadership and accountability for good health and social care.
- Each individual, as part of a team, knows their responsibility, level of authority and to whom they are accountable.
- Each individual, as part of a team, understands how the principles of quality and safety can be applied in their diverse practice.
- A culture of trust, openness, respect and caring is evident among managers, staff and service users.
- Each individual, as part of a team, consistently demonstrates a commitment to the principles of quality and safety in decision-making.
- Quality and safety is embedded within the overall corporate governance arrangements for the Organisation to realise improved outcomes for service users.

What are the Key Components for Governance for Quality and Safety?

- *Knowledge and skills*: Management teams have the knowledge and skills to achieve their role in driving quality care
- *Leadership and Accountability*: Management team are clear about leadership and accountability for quality and safety
- *Information:* Intelligent use of information to measure, monitor and oversee quality and safety of care
- *Culture:* A culture of learning focused on quality of care is promoted throughout the organisation
- *Relationships*: The organisation promotes strong relationships that partner with patients and staff to facilitate the alignment of the entire organisation around the quality of care
- *Quality Improvement:* There is a quality improvement plan in place which has been developed in line with the Framework for Improving Quality and aligned with national and organisational priorities (see figure 1).

Figure 1: The Framework for Improving Quality

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What are the Benefits of Governance for Quality and Safety?

Governance for quality and safety helps ensure service users receive the care they need in a safe, nurturing, open and just environment arising from corporate accountability for service performance. The benefit of governance for quality and safety rests in improved service user experiences and better health outcomes in terms of quality and safety. This has resulted in governance for quality and safety processes being widely adopted internationally.

What are the Guiding Principles for Quality and Safety?

To assist health services providers a suite of ten guiding principles for quality and safety, in the Irish health context, have been developed with a title and descriptor. Each quality and safety decision can be tested against the quality and safety principles. A descriptor for each principle is set out below:

1. **Service user first** -based on a partnership of care between service users/families, carers and healthcare providers in achieving safe, easily accessible, timely and high quality service across the continuum of care.

2. **Safety** - identification and control of risks to achieve effective, efficient and positive outcomes for service users and staff.

3. **Personal responsibility** - where individuals as members of healthcare/social care teams, service users and members of the population take personal responsibility for their own and others health needs. Where each employee has a current job-description setting out the purpose, responsibilities, accountabilities and standards required in their role.

4. **Defined authority -** the individual's authority to act, the resources available and the boundaries of the role are confirmed by their direct line manager.

5. **Clear accountability -** a system whereby individuals, functions or committees agree accountability to a single individual.

6. **Leadership** - motivating people towards ownership of a common goal and driving sustainable change to ensure safe high quality delivery of clinical and social care.

7. **Multi-disciplinary working** - multi-disciplinary working focuses on the interdependence between individuals and groups in delivering services. This requires proactive collaboration between all members.

8. **Supporting performance -** managing performance achievement in a supportive way, in a continuous process, taking account of professionalism and autonomy in the organisation setting.

9. **Open Culture -** a culture of trust, openness, respect and caring where achievements are recognised and errors are openly disclosed

10. **Continuous quality improvement –** a learning environment and system that seeks to improve the provision of services with an emphasis on maintaining quality in the future, not just controlling processes.

Governance for Quality and Safety Structures and Processes

Donabedian's (1966) classical model of quality describes the structures, processes and outcomes underpinning the framework of governance for quality. The framework clearly articulate the fundamentals of governance for quality. The framework consists of three domains (structure, processes and outcomes) required in the achievement of good quality outcomes in terms of patient care, patient and staff experiences and service improvement.

Concept	Governance for Quality and Safety		
Domains	**Structure**	**Process**	**Outcome**
	Board/Community Healthcare Organisation Quality and Safety Board Committee Executive Management Team Quality and Safety Executive Committee Directorates Clinical leadership Accountability spine	Quality and performance indicators Learning and sharing information Patient and public involvement Risk management and patient safety* Clinical effectiveness and audit Staffing and staff management Information management Capacity and capability	Patient care Patient experience Staff experience Service improvement
Context	Individual Practitioner Service/Department/Directorate Senior/Executive Management Team Board/Community Healthcare Organisation National Health Body		

Framework for Quality Improvement - Key components for effective governance for quality and safety

Governance for Quality

1. Clear lines of accountability exist within the organisation
2. A clear organisational structure / diagram is available which outlines the lines of accountability and reporting relationships
3. There is an appropriate mix of clinical, managerial skills and experience at organisational management team level
4. There is a designated role/responsible person for quality improvement within the organisation and a separate person responsible for quality assurance and verification
5. There is a clear and structured reporting relationship between the Chief Officer/Chief Executive Officer and the management team through to the HSE Corporate Divisions
6. Senior clinical staff provide input to decision making at all levels of the organisation
7. The organisation has a quality and safety committee in place with terms of reference, to provide the necessary oversight
8. The relevant assurance frameworks are in place in respect of safety programmes, clinical effectiveness, risk, learning from adverse events, audit, service user feedback etc

Leadership for Quality

9. The organisation has developed a clear vision statement focused on quality
10. The organisation sets out aims, objectives and expected outcomes for quality
11. The leadership team commit resources to support sustainable improvements in quality

Staff Engagement

12. Staff are involved in the design of the organisational structure in order to achieve a tangible and transparent overview
13. A multidisciplinary approach is fostered and promoted
14. Frontline staff receive professional support and report on service performance
15. Organisational communications processes listen to and value staff feedback and acknowledge their unique contribution

Service User Engagement

16. Service users participate in planning and delivery of care.
17. The voice of the service user is integrated at the key stages of service delivery (pre-service, point-of-service and post service), through appropriate feedback mechanisms.

Use of Improvement Methods (improvement science)

18. The organisation proactively supports the building of QI knowledge and skills across the system

Measurement for Quality

19. Develop, monitor and publish quality profile
20. Implement quality improvement audit tools across the various settings to monitor and evaluate standards of care (e.g. palliative care & nursing, acute mental health, disabilities, and older persons)

Where can I find resource documents for governance development?

www.hse.ie/go/clinicalgovernance

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