HSE Procedure for Receipt of certain reports and managing the implementation of report recommendations

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Acknowledgements

The working group for this procedure were:
- John Kenny: Quality and Patient Safety Directorate (chair)
- Trish Markham: Population Health
- Rachel Brennan: Population Health
- Ann Carrigy: ISD Acute Services
- Grace Cooke: ISD Acute Services

The following contributed to reviews of this procedure:
- Maria Lordan Dunphy: ISD Quality lead
- Joe Devlin: Quality and Patient Safety Directorate
- Siobhan O’Halloran: ISD Acute services
1.0 Policy Statement

The Health Service Executive (HSE) policy is that all reports and reviews on the Quality of Service Delivery across the spectrum of social and clinical service provision are formally received accepted, implemented, and the progress of implementation systematically monitored.

This procedure deals with the implementation of this policy for specific reports.

2.0 Purpose

The purpose of this procedure is to provide a standardised methodology for the receipt, acceptance, and implementation of the recommendations from specified reports and reviews (defined below) on service delivery and reports received by the HSE on the quality of care.

A standardised approach will ensure that:
- There is clear accountability for receipt, acceptance, and implementation of reports and associated recommendations.
- The learning from individual reports can be analysed and the learning applied across the services.
- There is clarity on the process and responsibility for implementation of recommendations within the services.

This procedure will be a formal HSE business process than will be monitored and audited.

This procedure will serve to:
- Promote best practice
- Standardise practice and service delivery implementation of recommendations
- Standardise performance management of implementation
- Ensure employees and line managers are clear on their roles and responsibilities
- Act as a basis for audit and evaluation
- Expedite the dissemination of information throughout the organisation
3.0 Scope

This procedure applies to the following types of reports:
- Reports received from the Regulators
- Reports commissioned by the Minister or the Department of Health and Children.
- Reports commissioned by the National Incident Management Team and the Serious Incident Management Team.
- Reports received from the Ombudsman
- Other reports/reviews can be included on the instruction of the HSE Senior Management Team or Board.

The procedures detailed in this document apply to HSE and HSE funded services.

4.0 Glossary of Terms and Definitions

4.1 Report
A report in this policy refers to any report from HIQA, Department of Health and Children, Minister for Health and Children, Mental Health Commission, Ombudsman, and the HSE Serious Incident Management Team or other report formally adopted by the ND QPS as falling within the terms of this policy.

4.2 Review
A review in this policy refers to any review of health and personal social services carried out by, or behalf of, HIQA, Department of Health and Children, Minister for Health and Children, Mental Health Commission, Ombudsman for Health, and the HSE Serious incident Management Team or other review formally adopted by the ND QPS as falling under this policy.

4.3 Recommendation
A recommendation in this policy refers to any recommendation contained in the reports and reviews listed above.

4.4 Implementation
Implementation refers to the process(s) that are required to give effect to the recommendation covered by this policy.

4.6 Evaluation
Evaluation is defined as assessment/appraisal of the degree of success in meeting the goals and expected results (outcomes) of the organisation, service, programme, population or patients/clients (Quality and Risk Taxonomy Governance Group report 2008).

4.8 Definition of terms
HSE: Health services Executive
CEO: Chief Executive Officer of the HSE
ND: National Director within the HSE
AND: Assistant National Director (or equivalent)
RDO: Regional Director of Operations
ISD: Integrated Services Directorate
QPS: Quality and Patient Safety Directorate
SMT: HSE Senior Management Team
Working Group: The group set up under this procedure to review a
particular report as set out in section 6.3 of this procedure.
SIMT: Serious Incident Management Team
HIQA: Health Information Quality Authority
5.0 Roles and Responsibilities

5.1 Roles
- Managers to ensure that employees are aware of this Procedure
- Managers to ensure that employees comply with this Procedure

5.2 Responsibility
- It is the responsibility of all managers to implement this procedure.
- It is the responsibility of all staff to carry out any duties within their area of responsibility to comply with this procedure.
- CEO:
  1. To ensure that procedure is adhered to in CEO’s office and by the National Directors.
- National Directors (all):
  1. Be aware of the procedure
  2. Ensure compliance in their Directorate
  3. Provide resources, expertise as required to implement the procedure.
- Assistant National Directors (all), RDOs
  1. Be aware of the procedure
  2. Carry out roles assigned by the NDs in the implementation of the procedure
  3. Ensure compliance within their area of responsibility

6.0 Procedure

The process is outlined in the flowchart in appendix 1

6.1 Receipt of reports
Reports commissioned by the Minister will normally go to the Chair of the Board, who will forward to the CEO. Reports commissioned by the Department of Health and Children will normally go to the CEO. The CEO will circulate to the SMT for information purposes and send to the Director of QPS for action under this procedure.

Regulator reports are normally sent to the CEO directly, who will circulate to the Management Team for information purposes and send to the Director of QPS for action under this procedure.

Reports arising from the National Incident Management Team (Serious Incident Management Team) are submitted by the chairs of the Incident Review to the QPS National Director for action. The National Director of QPS will circulate the reports for information and or attention to the Senior Management Team.
Any report subject to this procedure, however received, will;

- Be acknowledged as being received by the CEO or National Director who receives it
- Informs the commissioner;
  - that the ND QPS will be the contact person for managing the process for acting on the report
  - The ND QPS will contact them.
- Be sent to the QPS National Director for action.

### 6.2 Process initiation

When the CEO or a National Director becomes aware that a report within the scope of this procedure is to be/or has been published, the National Director informs the National Director of Quality and Patient Safety who initiates the process by agreeing with the appropriate national director(s) a lead senior manager / clinician to lead the implementation process. This will typically be at assistant national director level or clinical lead. Initiating the process before finalisation or publication will improve the HSE’s ability to manage the assessment of impact, publication, and implementation planning.

### 6.3 Report Working Group

The National Director of QPS in collaboration with the ND ISD and ND CSP will set up a formal work group for each report consisting of the following personnel:

- Chair nominated by the National Director of QPS following consultation with other relevant Directors. The chair will normally be the ISD AND whose service is most impacted by the report, and will normally become the report owner for implementation purposes.
- ISD/other relevant directorate National Lead for Quality and Risk
- Representative of Commissioner of report
- Representative of ISD/QPSD/ and other directorate as required
- Consumer or patient representative as required
- Other experts if required.

### 6.4 Acceptance of reports:

On receipt of a report the National Director of QPS will have the working group review the report and propose acceptance and/or
modification of the report recommendations in line with the commissioning terms of reference.

The QPS National Director will inform the HSE Senior Management Team of the acceptance or modification proposals, and write to the commissioner of the report confirming acceptance or requesting modification in line with the terms of reference.

6.5 Implementation of recommendations of reports on service delivery

Implementing recommendations from the specified reports are the responsibility of the Integrated Services Directorate (ISD)/any other relevant directorate, with the most appropriate lead senior manager/clinician assigned as overall report owner. Some recommendations will require the input and support of other directorates which will be managed through the nominated person in ISD/any other relevant directorate (i.e. the report owner will monitor and report on the progress of implementation and will interface with whichever directorate is actually doing the work). Each individual recommendation will have an owner, which may be different to overall report owner and may be from any HSE directorate.

Quality and Patient Safety Directorate is responsible for:

- Defining the process for managing significant reports,
- Maintaining a log of all recommendations from such reports. The log will include the report owner, the recommendations owners, planned actions, status, and last quarterly update.
- Providing corporate reports on progress on implementation of recommendations,
- Contribute to ensuring that a plan is in place to implement the recommendations
- Proactively identifying failure to achieve targets for implementation

The report owner is responsible for:

- Ensuring that a plan is in place to implement the recommendations
- Ensuring all recommendations owners know which recommendations they are responsible for and process to update status
- Ensuring that recommendations updates are completed on time
• Provide the information to maintain the log.
• Proactively identify underperformance on implementation and escalation to the appropriate National Director and Working Group Chairs for action where necessary.

Flow chart of the process for receipt and management of report recommendations is set out Appendix I

6.6 Reporting on progress:
There will be one database that records actions and progress against each recommendation.
This will be administered through QPSD.
The database will be enabled by ICT for local update through the Intranet.
Within two weeks of the end of each quarter, a report will be run from the database on implementation progress. This will be circulated to National Directors for review. Any changes will be made by the recommendation owner on the database within a two week time period. A final report will be run four weeks after the end of the quarter and circulated to agreed list of staff and stakeholders. All reports will be accessible and updated on the Intranet.
Any recommendation set as closed off by the owner in the quarter has to be signed off by the relevant National Director.
6.7 Audit:
A quality audit of the updates on the database will be conducted by the Independent Audit function to verify compliance with updating progress (timeliness, accuracy, and validity). This audit report will go to the Senior Management Team and Risk Committee.

7.0 Implementation of this procedure
The steps for implementation are:
• Circulate document with sign off sheet to each National director, RDO, and AND-In the HSE
• Briefing session will be held for ISD/any other relevant directorate as appropriate ANDs, and QPS ANDS.
• Nominated person in QPS will be available to provide assistance to all other users.
Report Work Group:
To provide guidance to the HSE on:
- Acceptance/revision of recommendations
- Implementation of recommendations.

Chair:
Appointed by ND QPS

Group
Commissioner Representatives
ISD Quality Lead where appropriate
ISD/QPS/ other as appropriate.
Other Experts as required

OUTPUTS
Confirm report owner for implementation and reporting
Proposes Acceptance/Revision of recommendations Vs TOR

If accepted:
Guidance for implementation
Template for self assessment and reporting
Set target milestone dates

Additional notes:
- On receipt: CEO/ND/NIMT circulates SMT with reports for information.
- CEO/ND who receives report confirms receipt
- ND QPS submits implementation plan for report recommendations to Management team and CEO for approval.
- ND QPS informs staff of report implementation plan (Intranet etc.).

Establish HSE position on report and provide guidance to HSE staff on implementation (including assessment/monitoring process), and target timescales.
Appendix 2  Signature Sheet:

*I have read, understand and agree to adhere to the attached Policy, Procedure, Protocol or Guideline:

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<th>Print Name</th>
<th>Signature</th>
<th>Area of Work</th>
<th>Date</th>
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<tbody>
<tr>
<td>Philip Crowley</td>
<td></td>
<td>QPS</td>
<td>21/4/11</td>
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