Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Standards Development Framework: a principles-based approach

September 2021

Safer Better Care

About the Health Information and Quality Authority

The Health Information and Quality Authority (HIQA) is an independent statutory authority established to promote safety and quality in the provision of health and social care services for the benefit of the health and welfare of the public.

HIQA's mandate to date extends across a wide range of public, private and voluntary sector services. Reporting to the Minister for Health and the Minister for Children, Equality, Disability, Integration and Youth, HIQA has responsibility for the following:

- **Setting standards for health and social services —** Developing person-centred standards, based on evidence and best international best practice, for health and social care services in Ireland.
- **Regulating social care services —** The Chief Inspector within HIQA is responsible for registering and inspecting residential services for older people and people with a disability, and children's special care units.
- **Regulating health services —** Regulating medical exposure to ionising radiation.
- **Monitoring services —** Monitoring the safety and quality of health services and children's social services, and investigating as necessary serious concerns about the health and welfare of people who use these services.
- **Health Technology Assessment —** Evaluating the clinical and cost-effectiveness of health programmes, policies, medicines, medical equipment, diagnostic and surgical techniques, health promotion and protection activities, and providing advice to enable the best use of resources and the best outcomes for people who use our health service.
- **Health Information —** Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information on the delivery and performance of Ireland's health and social care services.
- **National Care Experience Programme —** Carrying out national service user experience surveys across a range of health services, in conjunction with the Department of Health and HSE.

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Definition of Standards

National standards are a set of high-level outcomes that describe how services can achieve safe, quality, person-centred care and support. They are evidence based and informed by engaging with those who use and provide our health and social care services.

Purpose of National Standards

National Standards, approved by the Minister for Health, aim to promote progressive quality improvements in the care and support provided in health and social care services. The standards give a shared voice to the expectations of the public, people using services, service providers and staff working in health and social care services.

The National Standards:

- offer a common language to describe what high-quality, safe and reliable health and social care services look like
- are underpinned by a set of key principles which are used consistently across all national standards (a human rights-based approach, safety and wellbeing, responsiveness, and accountability) all working together to achieve person-centred care and support
- enable a person-centred approach, by focusing on outcomes for people using services and placing them at the centre of all that the service does
- can be used by people using services to understand what high-quality safe health and social care services should be and what they should expect from a well-run service
- create a basis for services to measure the quality and safety of a service's performance against the standards, by identifying strengths and highlighting areas for improvement
- promote day-to-day practice that is up to date, effective, consistent, and based on the best available evidence
- provide a framework for service providers to be accountable to those using their services, the public and funding agencies, by setting out how they should organise, deliver and improve the care and support they provide.

1. Introduction

1.1. Overview and purpose of the principles

The Health Information and Quality Authority (HIQA) is the statutory body established under the Health Act 2007 to drive high-quality and safe care for people using health and social care services in Ireland. One of HIQA's functions is to set standards, based on evidence, to drive improvement in health and social care services. HIQA also uses these standards as a tool to regulate and monitor health and social care services.

In line with emerging international evidence, HIQA has developed a set of principles to underpin all national standards for health and social care services. These principles will be used as HIQA's standards development framework, instead of the eight-theme framework which HIQA has used to develop standards since 2012.(1)

The principles are:

- a human rights-based approach,
- safety and wellbeing,
- responsiveness, and
- accountability.

Figure 1 below sets out the four principles and illustrates that the person receiving care and support should be at the core of everything with each of the principles working together to achieve person-centred care and support.

Figure 1 Principles to underpin national standards for health and social care services

The principles have been developed to be used consistently across all national standards developed by HIQA, irrespective of the setting or service type. The principles underpin all national standards, including any tools developed to support their implementation. This will not affect national standards published prior to the development of these principles, which continue to be fit for purpose and will remain in place unless a decision is made, in line with HIQA's prioritisation process, to review and update them.(2) Any such decision to review or update existing standards will be informed by consultation with stakeholders.

This document provides an introduction to the principles and sets out the:

- Background to the principles-based approach
- How the principles will be used to develop national standards
- Structure of national health and social care standards
- Definitions and descriptions for each of the principles
- How the principles were developed
- Summary and conclusion.

2. Background to the principles-based approach

In 2018, HIQA's Standards Team carried out an international review examining how organisations with a similar remit to HIQA develop national standards and guidance for health and social care services.(3) This international review of methodologies informed a revision to HIQA's standards and guidance development processes, as well as the overall strategic direction. The review found that there is a move towards having high-level overarching national standards across health services and in some jurisdictions across health and social care services, rather than having multiple standards for specific services.(3) This trend has also continued in the last number of years, for example, in New Zealand the 2021 standards for health and disability services care have combined and replaced a number of individual standards.(4)

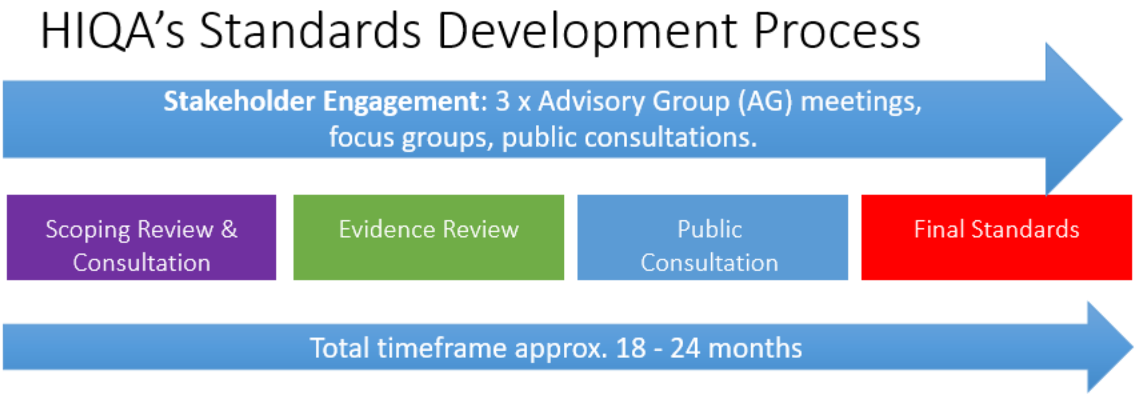
In addition, there is also a recognition that higher level and less prescriptive standards can be underpinned by principles. This is most clearly seen in *Scottish Health and Social Care Standards* which are underpinned by five principles: dignity, compassion, be included, responsive care and support, and wellbeing.(5)

3. How the principles will be used to develop national standards

HIQA's standards development process, which is followed for the development of every set of National Standards, is outlined in figure 2 below. Further detail of this process is provided in Appendix 1 of this document. The process involves the completion of a detailed evidence review and extensive stakeholder engagement is undertaken throughout. While the research undertaken ensures that the standards are evidence-based, engagement with stakeholders ensures that the standards are appropriate to the Irish context, will improve the experience of people using services and can be implemented in practice.

The four principles presented in this document will be used as a framework throughout the development of all national standards for health and social care services. The four principles will be used during the evidence review to structure and present the findings. The principles will also be used for the thematic analysis of focus group findings and for the analysis of feedback submitted during the public scoping consultation and the public consultation on the draft set of standards.

Figure 2 HIQA's standards development process



Finally, all future standards will be set out under the four principles. Further detail on the structure of national standards are provided in the next section.

4. Structure of all national health and social care standards

All health and social care national standards will consist of three sections:

- Principles
- Standards
- Features.

The principles, the standards and features are intended to work together, and collectively they describe how health and social care services provide person-centred, safe, consistent and high-quality care that is integrated and tailored to meet the needs of people receiving care and support from these services.

Principles

All national health and social care standards will be structured under the four principles.

- a human rights-based approach,
- safety and wellbeing,
- responsiveness, and
- accountability.

Standards

Each standard will be numbered and presented under the relevant principle. Standards will describe how service providers can achieve safe, high-quality, and integrated person-centred care and support for people accessing relevant health and social care services. It is envisaged that each standard statement will be comprised of two elements:

- A statement written from the perspective of the person receiving care or support stating the outcomes they should expect.
- A statement setting out the arrangements that a service provider must have in place to achieve these outcomes.

Features

The features, taken together, will demonstrate how a person should experience a service that is meeting the standards. The features detailed under each standard statement will not be exhaustive and the service provider may meet the requirements of the standards in other ways.

5. Definitions and descriptions for each of the principles

5.1. Definitions for each of the principles.

Based on the evidence review, and feedback from stakeholders, HIQA has developed the following high-level definitions for each of the principles. In keeping with the international evidence and based on feedback from international experts, these definitions are written from the point of view of people using health and social care services.

Any set of standards developed using this framework will adapt and tailor these definitions, as appropriate to the setting or service, to set out how a person using that health or social care service should experience each principle. These adaptations will be based on information gathered during the extensive stakeholder engagement and comprehensive evidence review which are conducted as part of the standards development process for each set of standards. For example, in developing *National Standards for Children's Social Services*, the principle of a Children's Rights-Based Approach was used rather than a Human Rights-Based Approach as it was more appropriate in this context.

It is recognised that the principles are interlinked and can overlap in places.

Principle 1: A Human Rights-Based Approach

How a person experiences a human rights-based approach:

My rights are protected and promoted by health and social care services and are explained to me in a way that I can understand. I am treated with dignity and respect and I do not experience discrimination for any reason when I am accessing or using services. I am valued and recognised as an individual who is able to participate in and exercise control over my life. I have a right to participate in decisions about my care and support, and when appropriate my family and the people caring for me are included in this process. Services work to support my participation. This ensures that I, and the important people in my life, can express our views, feelings and wishes in order to effect change in the care and support that I receive.

Principle 2: Safety and Wellbeing

How a person experiences safety and wellbeing:

I am supported to be safe and live a whole and fulfilling life, free from harm or abuse. Services recognise that my needs and aspirations are unique and treat me as a partner when planning for my care and support. The services I use see my whole needs, not just the needs I am presenting with, and the care and support I receive helps to maintain and improve my overall health, wellbeing and development. Services work together with other services to make sure that I receive the right supports at the right time. I am supported to live a full life, to pursue my goals and to reach my potential.

Principle 3: Responsiveness

How a person experiences responsive services:

I receive care and support from skilled, experienced and trained staff who are clear about their role and responsibility in my care and support. These staff respond to my individual needs and circumstances in a timely and sensitive way and are informed by the best available evidence and information. Staff take the time to get to know me and see my needs, preferences and goals in a wider context, and do not focus on only meeting my most urgent needs. All staff involved in my care and support work together within and between services so that I receive the best possible care and support and they are supported to do this by the services they work in.

Principle 4: Accountability

How a person experiences accountable services:

I receive safe, consistent and high-quality care and support. I know who is responsible for delivering my care and support and I have confidence and trust in the health and social care services I access. The services I use are well managed and everyone knows and understands their roles and responsibilities and there is a culture of open communication, learning and reflection, and improvement. I have access to the care and support that I need and services work together to provide me with high-quality, coordinated and safe care and support and to make sure that I do not experience any gaps in my care and support.

As previously outlined the four principles are underpinned by the core concept of person-centred care and support.

Person-centred care and support is the ultimate aim of all that health and social care services do. Simply put, the person receiving care and support should be at the core of everything and services should work together to achieve the best possible outcomes for them. Person-centred care and support is not viewed as a principle in itself, rather it is an approach to care, with the four principles working together to achieve person-centred care and support. For example, in the context of a human rights-based approach, respect for autonomy, dignity and privacy, empowerment, non discrimination and participation all contribute to a person-centred approach to care and support. A service that is safe and emphasises the overall wellbeing of people accessing care and support is person centred. A responsive service enables professionals to incorporate each person’s circumstances and background in responding to their care and support and through this achieves person-centred care and support. Lastly, in the context of accountability, a person-centred approach is ingrained in an organisational culture that is focused on what is most important from the perspective of the person using the service.

5.2. Further descriptions for each of the principles

Based on the evidence review, and feedback from stakeholders, HIQA has developed the descriptions set out in this section, of what each of the four principles should look like in practice. These descriptions are high level in order to apply to all health and social care services. They aim to provide guidance and expand on the definition of each principle and support the understanding and practical application of the principles across all health and social care services.

These descriptions are intended as initial general guidance to support providers in interpreting and applying the principles. Naturally, elements of the principles may look slightly different depending on the setting or health or social care services for which national standards are being developed. Accordingly, any set of national standards developed using this framework will adapt and tailor these descriptions as appropriate to the relevant setting or service to provide guidance on what the principle may look like in practice and how a service can achieve this. These adaptations will be based on information gathered during the extensive stakeholder engagement and comprehensive evidence review which are conducted as part of the standards development process for each set of standards. For example, the key elements in the descriptions of the *National Standards for Children’s Social Services* reflect the context of these services.

As detailed in the evidence review to inform the development of these principles, a number of health and social care services in Ireland currently use principles or values within their standards, guidance, codes of practice and associated documents.(6) People working with health and social care services have a continued responsibility to adhere to their own service's or professional organisation's principles and associated values.

Principle 1: A Human Rights-Based Approach

How a person experiences a human rights-based approach:

My rights are protected and promoted by health and social care services and are explained to me in a way that I can understand. I am treated with dignity and respect and I do not experience discrimination for any reason when I am accessing or using services. I am valued and recognised as an individual who is able to participate in and exercise control over my life. I have a right to participate in decisions about my care and support, and when appropriate my family and the people caring for me are included in this process. Services work to support my participation. This ensures that I, and the important people in my life, can express our views, feelings and wishes in order to effect change in the care and support that I receive.

The principle of a human rights-based approach (HRBA) means that health and social care services respect, protect and promote the human rights of the person receiving care and support at all times.[*] Human rights are the basic rights and freedoms that all people should enjoy and everyone is entitled to have their human rights respected and protected. These rights, in a health and social care context, include the right to autonomy and to make informed choices, to be treated with dignity and respect and in an equal[†] and non-discriminatory manner, the right to privacy and the right to safety. Health and social care services take a HRBA to care and support by treating people fairly, with respect, equality and dignity, recognising and valuing people as individuals and supporting them to participate as fully as possible in decisions about their care and support and exercise control over their lives according to personal values, beliefs and preferences.(7)

A HRBA to care and support is underpinned by a legal framework and human rights treaties which Ireland and other states have agreed to uphold. This legal framework places a responsibility on health and social care providers at an organisational and

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[*] For further guidance on implementing a HRBA to care and support please see HIQA's Guidance on a Human Rights-based Approach in Health and Social Care Services, which is available, alongside additional tools to support implementation including an online learning course, on the HIQA website (www.hiqa.ie).

[†] Equality means people having equal opportunities and being treated no less favourably than other people on the grounds set out in legislation. In an Irish context, these grounds are: age; civil status; disability; family status; gender; membership of the Traveller community; race, colour or nationality; religion or sexual orientation.

individual practitioner level to uphold the human rights of people using their services.

In the context of health and social care services, dignity and respect includes respect for people's physical privacy, for the privacy and confidentiality of their personal information, their property and their possessions, and respect for the person's abilities, needs, views, culture and preferred lifestyle. Communicating with courtesy and sensitivity is a key aspect of dignity and respect. It includes people's right to live and to die with dignity and respect. Services adopt a HRBA by valuing people as individuals, treating them with compassion and in a non-discriminatory manner, and supporting them to fulfil their human rights, including participation in society, and to reach their potential.

Staff recognise and build on the strengths of individual people and empower them to discover their own strengths and build confidence and participation in making choices and decisions about their care and support. In order to meet people's needs, health and social care services listen to people's views and preferences, and when applicable those of their family or carers, in relation to their individual care planning. Services also support people to maintain personal relationships with their family and others according to their wishes. In addition, services have systems and structures in place to ensure that the views of people who use services inform service planning and development.

Everybody has a right to fair treatment when decisions are being made about their lives and they are entitled to participate in these decisions. Fairness means ensuring that when a decision is made with a person using a service about their care and support, that the person is at the centre of the decision-making process. The person's views are sought, listened to and weighed alongside any other factors relevant to the decision. Services follow relevant legislation, national guidelines and best practice in obtaining consent to health and social care interventions. To support meaningful participation, services develop a culture that supports systems and structures at all levels of the service to ensure that people's views are sought, listened to and acted on. Services also recognise that some people may need support from their family, carers or independent advocates, in order to participate meaningfully and ensure that there are mechanisms for these groups to be included in the decision-making process, as appropriate.

Staff communicate openly and honestly with people and, where appropriate their, families or carers, and provide them with all the information that they need to participate effectively in the decision-making process and make independent and informed choices. This may include for example, information on their treatment options, care and support providers and condition. Staff provide this information in a format that is accessible and appropriate to the person's communication needs and preferences.

A HRBA strives to ensure that all people using services achieve the best possible outcome from the care and support they receive, regardless of their status or characteristics. Services recognise that people have diverse needs and staff provide culturally sensitive care and support to ensure that all people are respected, regardless of their ethnicity, gender, religion, language, abilities or any other status. They work to identify the barriers to their engagement and participation, including discrimination and disadvantage, and consider how they can address care disparities by developing systems and structures that promote accessible and equitable access to the service.

Services foster an open culture that welcomes feedback and suggestions, and encourages and empowers people to communicate any concerns they have. Where a person, their family or people caring for them have feedback or a complaint about the service, there is a clear and open process for hearing, recording, and responding to this. These processes allow people to express their views and experiences openly, and to see how they are being used to help to improve the service. The service also ensures that people are aware of other organisations and bodies, outside the service, where they can make a complaint.

While a HRBA to care and support does not necessarily guarantee good health for the person, or the availability of services, it aims to achieve the highest level of care and support possible, and highlight where this is not achieved.

Principle 2: Safety and Wellbeing

How a person experiences safety and wellbeing:

I am supported to be safe and live a whole and fulfilling life, free from harm or abuse. Services recognise that my needs and aspirations are unique and treat me as a partner when planning for my care and support. The services I use see my whole needs, not just the needs I am presenting with, and the care and support I receive helps to maintain and improve my overall health, wellbeing and development. Services work together with other services to make sure that I receive the right supports at the right time. I am supported to live a full life, to pursue my goals and to reach my potential.

The principle of safety and wellbeing is about how health and social care services work to protect and enhance the safety and wellbeing of people who use their services.

Health and social care services recognise that the safety of people receiving care and support in their service is paramount. Safety, both in terms of providing safe care and support by preventing unnecessary harm caused by medical or social care interventions, and safeguarding people from abuse, neglect or other kinds harm by taking preventative actions, is essential to a person's overall health and wellbeing.

When people are receiving care and support it is the responsibility of health and social care services to take action before harm occurs. Preventative action includes care, support and interventions designed to promote the safety, wellbeing and rights of people. Services work to minimise the use of restrictive practices[‡] and staff promote a restraint-free environment. In addition, health and social care services' premises should be safe, secure, clean and well maintained, and designed, furnished, staffed and equipped to be responsive to people's physical and sensory needs and support their safety and wellbeing.

A service focused on safe care and support is actively and continuously looking for ways in which it can be more reliable and areas in which it can improve the quality of its service delivery. In a safe service, a focus on quality and safety improvement becomes part of a service-wide culture and is embedded in the service's daily practices and processes rather than being viewed or undertaken as a separate activity. Services select and measure the safety and wellbeing outcomes which

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[‡] Restrictive practices are practices which intentionally or unintentionally limit a person's movement, communication and or behaviour.

matter to people, and use the information collected to improve the quality and safety of services.

Where the provision of care and support has some associated element of risk of harm, these risks are minimised by the provision of safe care and support which identifies, prevents or minimises any unnecessary or potential harm. Should an adverse event[§] occur each service can rely on the arrangements it has in place to lead their response to the event and to aid their support of people and where appropriate their families and carers. Safe services are open, transparent and accountable and learning from adverse events and near misses is shared and, reported where relevant, in accordance with legislation, regulations and national policy.

Health and social care services have a responsibility to be alert to concerns about people's safety and wellbeing, and to respond to these in a person-centred way in line with legislation, national policy, standards and guidelines. It is important that health and social care services are designed to protect the people they provide care and support to and help prevent abuse and to investigate and intervene in cases of abuse or neglect. People receiving care and support are listened to and taken seriously if they have a concern about the protection and safety of themselves or others, with appropriate assessments and referrals made.

Health and social care services have a responsibility to recognise that everybody's needs are different and it is important that services work together to address the whole needs of a person and not just the immediate needs they are presenting to an individual service with. Services proactively work together to ensure that people get the care and support that they need in a timely and appropriate way, to help protect people from harm and to promote their safety and wellbeing. This includes ensuring health and social care professionals have all relevant information at the point of care and support to meet the needs of individuals and deliver safe care.

Wellbeing is a broad concept which includes, for example, physical and mental health and development and emotional wellbeing and development, protection from abuse and neglect, autonomy and control over day-to-day life, participation in education, recreation, work, or training and inclusion in and contribution to society. Services work together to enhance people's physical, mental and emotional health and wellbeing. The way in which each service meets these needs is appropriate to the level of engagement the person has with that service. A service focused on a person's wellbeing identifies what supports each person needs to enhance their wellbeing, and coordinates these supports to ensure that these are put in place in a timely way.

[§] An adverse event can be defined as an incident that results in harm to a person.

Health and social care services should aim to proactively promote, protect and improve the safety and wellbeing of all individuals who use their services and make an extra effort to reach those most in need or who are particularly vulnerable due to their circumstances, to help reduce the health and wellbeing inequalities that exist. Good safety and wellbeing can be achieved by improving the quality of people's lives through the provision of accessible services based on need, integrated care and support, early intervention and narrowing gaps in health and wellbeing outcomes for people using services.

Health and social care professionals work with people receiving care and support to enable them to attain their highest possible level of health and wellbeing. Health and social care services act to promote and enable health and wellbeing throughout a person's life through prevention and early intervention. Services use opportunities to inform, educate and empower people on how to protect themselves and to manage their own health and wellbeing, by supporting and encouraging them to keep healthy and to avoid, minimise, or delay poor health.

Services recognise that people can be particularly at risk of not having their needs met when they are being discharged from one service to another, for example from an acute setting back to the community, or in the case of a child, transitioning between services. To reduce this risk, services plan and manage discharges and transitions carefully with the person, their family or carers where appropriate, and with services, and coordinate follow-up support.

In working towards promoting an individual's wellbeing, health and social care professionals must determine and consider the individual's views, wishes and feelings and follow them wherever practicable and appropriate. Services can help achieve this by recognising people as partners in their care and support and experts in their own lives and by providing people with the information and support they need to understand and to manage their health and wellbeing and to make informed choices and decisions about care and support based on 'what matters' to them. A person's sense of safety and wellbeing can be enhanced through the delivery of compassionate care and support which is person centred and empathetic, and helps people receiving care and support feel comfortable, valued and reassured.

People also have the right to make choices that may be considered risky or unwise, as long as there is a sensible balance between their individual needs and preferences and their own, and others, safety. Health and social care services should support people to be independent for longer, in their own homes and localities and staff advise people and where appropriate, family members or carers, of the supports that are available to them within and outside the service to meet their needs and to support their individual wellbeing.

Principle 3: Responsiveness

How a person experiences responsive services:

I receive care and support from skilled, experienced and trained staff who are clear about their role and responsibility in my care and support. These staff respond to my individual needs and circumstances in a timely and sensitive way and are informed by the best available evidence and information. Staff take the time to get to know me and see my needs, preferences and goals in a wider context, and do not focus on only meeting my most urgent needs. All staff involved in my care and support work together within and between services so that I receive the best possible care and support and they are supported to do this by the services they work in.

The principle of responsiveness includes both how health and social care services are organised to deliver coordinated care and support that meets the needs of people using their service, and how people working in these services identify, assess and respond to a person's needs in day-to-day practice, to ensure they receive the right care and support at the right time and in the right place.

Responsive services ensure that the needs of people receiving health and social care services are always put first, and that services work together with people, and other services when necessary to identify, assess and respond to these needs and improve outcomes for the person. Staff look at the whole person and their wider needs, and do not focus on meeting their presenting needs in isolation. To do this, staff effectively communicate with and listen to the person, and where appropriate their family or carers, and proactively seek their views and preferences. Using this information, staff advocate for care and support that is tailored to a person's individual needs and circumstances, and is delivered in the right way, at the right time and for the required duration. Responsive services ensure that a person's health and social care needs are reviewed regularly and their care and support adapts appropriately and flexibly when their needs, choices, preferences and decisions change.

A professional's knowledge and application of evidence-based practice, is essential for facilitating responsiveness, and services should deliver personalised care and support which is based on relevant evidence, guidance and best practice. Responsive services ensure that people are cared for and supported by staff who are skilled, trained and experienced and can identify the needs, preferences and abilities of a person in order to help achieve the best care or support outcome for them. Health and social care professionals should have the competency, skills and training to carry out the highest quality care and support possible, where the best interests of the person receiving care or support are considered at all times. Staff communicate with people they care and support, in an open, honest, timely and transparent manner at all times, and particularly if something goes wrong during care or support.

Responsive services organise and manage their workforce to ensure that they have the right staff with the required skills, flexibility, and experience to respond effectively to the needs of people who they provide care and support to. This involves determining what the right staffing levels, skill-mix, competencies and capabilities are, in order to meet these needs. Responsive services ensure that they have safe and effective recruitment processes, appropriate staff workloads, and dynamic systems to manage and retain staff including systems to support new staff to gain experience and build their skills.

Staff, where relevant, are registered with their professional regulatory body. Responsive services implement a formal induction policy for new staff and there is a programme of continuous professional development to ensure that staff at all levels maintain competence in all relevant areas. Staff are supported to participate in ongoing professional development through training and education to retain, reflect and build on their skills and knowledge and to identify any knowledge or skills gaps. This facilitates a continuous cycle of improvement. Responsive services regularly undertake a training needs analysis to determine the training needs of staff and respond appropriately to the needs identified. This training supports staff to be confident that they are delivering the right care and support to the people they provide care and support to. Staff are provided with the relevant tools and time to put any training into practice.

Staff are clear about their roles and responsibilities in caring for and supporting people, working in line with national and local policies and procedures to uphold their rights and meet their needs. All staff have a role in delivering a safe, high-quality service and should be supported to do this, both individually and in effective teams. The performance of staff is assessed at regular specified intervals and all staff receive support and supervision to ensure that they perform their role to the best of their ability. Supporting staff includes service providers providing a safe, physical environment, protecting them from the risk of bullying and harassment, listening and responding to their views and offering support to manage the impact of the working environment where relevant to help prevent burnout. The benefits of reflective practice are recognised by the service and staff are given time to do this.

Responsive services work to ensure that people receive well-coordinated care and support from the range of services that they use. Continuity of care and support is important and requires that services work together to ensure that care and support is integrated within and between services. Professionals have a duty to work together to achieve the best possible outcomes for the people they care and support. Staff respect the values, opinions, and contributions of other staff from different disciplines, and are supported to work and train together to build mutual skills.

Principle 4: Accountability

How a person experiences accountable services:

I receive safe, consistent and high-quality care and support. I know who is responsible for delivering my care and support and I have confidence and trust in the health and social care services I access. The services I use are well managed and everyone knows and understands their roles and responsibilities and there is a culture of open communication, learning and reflection, and improvement. I have access to the care and support that I need and services work together to provide me with high-quality, coordinated and safe care and support and to make sure that I do not experience any gaps in my care and support.

The principle of accountability is the foundation for how health and social care services ensure that people receive high-quality safe care and support that is consistent, coordinated and focused on achieving good outcomes for them. Accountable services have a clear vision for their work, support their staff to deliver on this vision, work well with other relevant services, and regularly assess the impact of their work on those that they are caring for and supporting.

Leadership and governance are essential to ensuring that services are accountable for the care and support they provide. Accountable services develop and implement an effective accountability framework at the highest level in the organisation to ensure that overall accountability for the delivery of services is clearly defined. This framework sets out the means by which the organisation and its services will work together and work with other organisations and services to provide high-quality, safe, coordinated and integrated care and support to people. The framework identifies a lead person at each level of the organisation with clear authority, responsibility and accountability for delivery of the service against performance expectations and targets. There are clear lines of accountability at individual, team and service levels so that everyone working in the service is aware of their responsibilities and who they are accountable to. Leaders, managers and organisational arrangements support and empower staff to exercise their professional and personal responsibility to provide the right care and support, at the right time, to ensure that people have the best outcomes possible and are supported to reach their full potential.

Health and social care services should be designed and delivered to achieve integrated, co-ordinated, seamless care for people using services. Accountable services work together effectively to achieve the best outcomes for people receiving care and support and have clear arrangements in place to define responsibilities and support communication and information sharing within and between services. Leaders and managers demonstrate a sustained commitment to collaboration with a wide range of services and teams interact with one another with a shared goal of achieving the best outcomes of care and support for people accessing multiple services.

Quality care and support is delivered in the daily work of individuals, but must also be supported by the culture of the organisation. Leaders and managers have an important role to play in strengthening the service's quality and culture, and encouraging and supporting teamwork and collaborative working with other services, to ensure that people receive high quality care and support. An open culture which supports human rights, facilitates open communication, teamwork, trust and integrity, and encourages learning, reflection and continuous improvement is evident in the behaviour and attitudes of leaders and managers in an accountable service.

An accountable service ensures that it fulfils its statement of purpose, or mission, by planning, managing and organising the service to achieve its stated outcomes in the short, medium and long-term. To do this, it is essential that services plan, organise and use resources, including human, physical, financial and natural resources, effectively to ensure the range of services they provide, are delivered in a safe, consistent and person-centred way. The service provider's governance systems should ensure delivery of services is only within the scope of what it can do safely, effectively and sustainably and that sustainability measures are incorporated into the planning, management and use of its resources.

Health and social care resources must be used prudently, responsibly and in accordance with the law. In effectively using its resources, a service needs to be able to access up-to-date evidence about cost-effectiveness to inform its resource decisions. These resource decisions take account of the needs of people and the levels of demand on the service and should be based on the needs of the population nationally, regionally and locally. In planning and allocating resources, services recognise that prevention and early intervention approaches can contribute to tackling issues at an early stage and help to prevent health or social care problems arising in the first instance, or getting worse if care and support is not provided early. In addition, when planning and designing a service, service providers take account of the accessibility needs of people so that all aspects of the service can be accessed, understood and used to the greatest extent possible by all people.

Managers at all levels are responsible for ensuring that the service is complying with relevant legislation and regulations, national policy, standards and guidelines, and is operating in accordance with any service agreements or contracts to ensure that people are safe and that their needs are met. The service has clear policies, informed by relevant legislation and national policy, to support the delivery of its outcomes and managers support staff to deliver effective services in line with these policies.

Information is an important resource in planning, managing, delivering and monitoring person-centred, safe and effective services. Quality information and effective information systems are central to improving the quality of service provided to people across health and social care services. Accountable services have reliable and secure information management systems and an agreed information governance[**] framework to ensure that quality data[††] is shared in a timely and appropriate manner to facilitate staff to meet the needs of each person.

Accountable services identify short, medium and long-term outcomes and measure the achievement of these outcomes using a range of agreed indicators. Services use this information to assess, evaluate and improve the provision of services in a systematic way in order to achieve better outcomes for people receiving care or support. Quality and safety is also assured by compliance with legislation and acting on standards, guidance and recommendations from relevant statutory bodies. Accountable services also monitor the quality and safety of services that are commissioned or provided externally through formalised governance arrangements with formal service level agreements, contracts or similar arrangements that clearly define the relationship, role and responsibilities of both the service provider and the funding body.

Management actively involves staff, people and their families in quality improvement initiatives, which allows the service to better respond to identified risks, to mitigate their impact and to prevent future risks arising. Any gaps or serious risks identified in the service's ability to provide safe, high-quality care and support are addressed in a timely manner.

Accountable services ensure that service users and staff alike know who to talk to when they have concerns about the quality of care or support. An accountable service is transparent in the way it manages feedback, concerns and complaints from people using the service, and those of their families, advocates and staff. This

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[**] Information governance refers to the systems and processes that service providers have in place to manage information and to support their immediate and future regulatory, legal, risk, environmental and operational requirements. An information governance framework enables services to ensure all information including personal information is handled securely, efficiently, effectively and in line with legislation. This includes having mechanisms in place to facilitate people to access information that is held about them.

[††] The dimensions of data quality are accuracy and reliability, timeliness and punctuality, coherence and comparability, and accessibility and clarity.

feedback is taken into account as part of this evaluation process, to improve the quality and consistency of the care and support provided. Accountable services also learn from adverse events and from external reviews and inspections by relevant regulatory bodies and ensure that recommendations are put into action to improve the experience of people using health and social care services.

6. How the principles were developed

6.1.1. Evidence review

An evidence review was undertaken by a project team in HIQA as a first step to inform the development of these principles. In line with HIQA's Health Information and Standards Directorate's evidence synthesis process,(8) this review took account of published research, guidelines, frameworks, strategy documents, and legislation containing or underpinned by values or principles. This included:

- **A review of the use of overarching principles in Ireland,** including an overview of standards, guidance, frameworks, strategies, legislation and policy.
- **An international review of the use of overarching principles** in Scotland, England, Wales, Northern Ireland, Australia, Canada and New Zealand.
- **A literature review** of relevant academic material which examined the evidence-based principles that underpin safe, high-quality, person-centred care in health and social care settings

The overall findings from the evidence indicate a recognition that one set of high-level principles can underpin all health and social care standards, irrespective of the service or setting, with consistency of principles found across the jurisdictions and literature reviewed.(6)

The information gathered as part of the evidence review was collated and analysed by the project team and used as the evidence base to develop the draft principles. Based on this work and engagement with key stakeholders, four draft principles emerged, underpinned by the core concept of person-centred care and support. These principles are:

- a human rights-based approach,
- safety and wellbeing,
- responsiveness, and
- accountability.

It is recognised that these principles are interlinked and can overlap in places. Person-centred care and support is not viewed as a principle in itself, rather it is an approach to care, with the four principles working together to achieve person-centred care and support.

As part of the development process, draft principles were presented to three of the Standards Team's advisory groups, consisting of external and internal stakeholders.[‡‡] Feedback from these groups was incorporated into the development of the draft principles.

The full evidence review which provides an overview of the evidence gathered to inform the development of principles and the evidence for adopting a principle-based approach to underpin standards has been published on the HIQA website (www.hiqa.ie).

6.1.2. Public Consultation

The draft principles were used in the development of the *Draft National Standards for Children's Social Services*.(9) This was the first time the draft principles were used as a framework to develop national standards and as such was an opportunity to test them in practice. These standards describe how service providers can achieve safe, quality, child-centred care and support for children accessing children's social services. Public consultations on the draft principles and the draft standards took place during March and April 2021. In addition to the content of the draft standards, feedback was sought on the principles underpinning them. In particular, respondents were asked how they thought these principles would work in the context of the health or social care service they work in or use.

6.1.3. Feedback from the public consultation.

A total of 81 responses were received to the public consultation. The majority of these responses, 86% provided comments to the question "Please provide feedback on the four principles and how they will apply in practice:"

Overall, the four principles were positively received, with respondents reporting they provided a good framework for the development of standards and covered all relevant areas and that their use could help ensure consistency across services as all services would be working to the same principles. Respondents also found them clearer and more streamlined than the eight-theme framework previously used and believed that they would reduce duplication in future standards. Some respondents reported that the principles were practical and it was easy to understand how they

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[‡‡] Advisory Groups are comprised of a diverse range of interested and informed parties, which may include for example: representatives from support and advocacy groups, regulatory bodies, professional representative organisations, the Health Service Executive (HSE), the Department of Health and the Department of Children, Equality, Disability, Integration and Youth. The groups' function is to advise HIQA on the development of standards and associated work, and to support consultation and information exchange.

would translate into their day-to-day practice. However, other respondents felt that more detailed descriptions for each principle would be required to ensure the principles could be implemented in practice. A number of respondents also highlighted the need for consideration of how the principles would be reflected in the regulation of services.

All submissions were reviewed by the Project Team and used to finalise the draft principles and their definitions, and used to inform the development of this document.

7. Summary and conclusion

In line with emerging international evidence, HIQA has developed a set of principles to underpin all national standards for health and social care services. These principles work together to achieve person-centred care and support. The principles are:

- a human rights-based approach,
- safety and wellbeing,
- responsiveness, and
- accountability.

The principles have been developed to be used consistently across all national standards developed by HIQA, irrespective of the setting or service type. The principles underpin all national standards, including any guidance and tools developed to support their implementation. This will not affect national standards published prior to the development of these principles, which continue to be fit for purpose and will remain in place unless a decision is made, in line with HIQA's prioritisation process, to review and update them.(2) Any such decision to review or update existing standards will be informed by consultation with stakeholders.

Based on the evidence review, and feedback from stakeholders, HIQA has developed the definitions and descriptions set out in this document, to describe how a person using a health or social care service should experience each principle and what the principles should look like in practice. These definitions and descriptions are intended as initial general guidance to support providers in interpreting and applying the principles.

Naturally, elements of the principles may look slightly different depending on the setting or health or social care services for which national standards are being developed. Accordingly, any set of national standards developed using this framework will adapt and tailor these definitions and descriptions as appropriate to the relevant setting or service to provide guidance on what the principle may look like in practice and how a service can achieve this. These adaptations will be based on information gathered during the extensive stakeholder engagement and a comprehensive evidence review which are conducted as part of the standards development process for each set of standards.

Finally, the evidence review to inform the development of these principles found evidence from a number of jurisdictions of how the use of principles in key pieces of health and social care legislation has had a role in shaping national standards, regulations, codes of practice, guidance and strategy documents.(6) The principles set out in the overarching legislation have been adapted and incorporated into the documents as guiding or underpinning principles. The development of evidence-based principles provides a unique opportunity to incorporate consistent and meaningful principles throughout legislation, professional standards and health and social care standards. This will optimise the consistency and integration of health and social care systems and processes with a common vision focused on improving the experience of and outcomes for, people receiving care and support.

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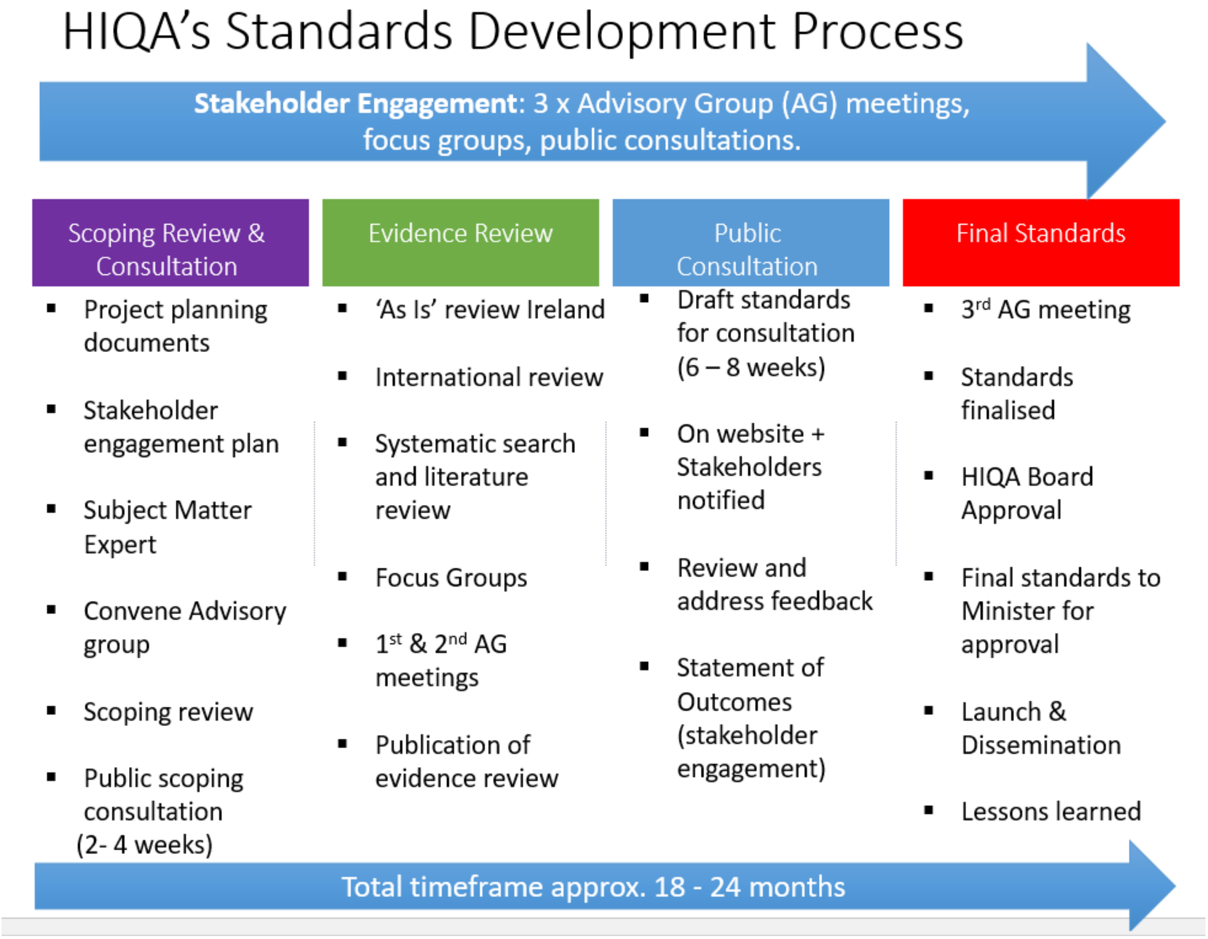
Appendix 1 HIQA's standards development process overview.



HIQA's Standards Development Process

Stakeholder Engagement: 3 x Advisory Group (AG) meetings, focus groups, public consultations.

Scoping Review & Consultation

- Project planning documents
- Stakeholder engagement plan
- Subject Matter Expert
- Convene Advisory group
- Scoping review
- Public scoping consultation (2- 4 weeks)

Evidence Review

- 'As Is' review Ireland
- International review
- Systematic search and literature review
- Focus Groups
- 1st & 2nd AG meetings
- Publication of evidence review

Public Consultation

- Draft standards for consultation (6 – 8 weeks)
- On website + Stakeholders notified
- Review and address feedback
- Statement of Outcomes (stakeholder engagement)

Final Standards

- 3rd AG meeting
- Standards finalised
- HIQA Board Approval
- Final standards to Minister for approval
- Launch & Dissemination
- Lessons learned

Total timeframe approx. 18 - 24 months

The standards development process involves the following stages:

1. Scoping review and consultation

- **Project Planning:** Project planning documents are prepared. These include a project initiation document, project risks and a stakeholder engagement plan, which details the range of stakeholders to be involved in developing the standards and the means by which they will be involved. These project planning documents are approved by the Director of Health Information and Standards.
- **Subject Matter Expert:** The need for a Subject Matter Expert with relevant knowledge and expertise to advise on the development of standards is determined. If need is identified, a Subject Matter Expert is recruited through tendering process.
- **Advisory Group:** An Advisory Group to assist HIQA during each stage of the development process of the national standards is convened. Advisory Group members are asked to provide support and collaboration on the development

of the standards for health and social care services, by promoting the concept and purpose of the standards at policy and service development level, to provide advice in their relevant areas of expertise, and to provide vision and insight on how to support the implementation of the standards in practice. Advisory Group members include nominees from a range of key stakeholders encompassing various perspectives.

- **Scoping review**: A preliminary assessment of the potential size and scope of the existing literature and evidence is undertaken. The scoping review is conducted to inform a scoping consultation and the initial development of a tailored research question, search terms and search limiters for the systematic review of literature.
- **Scoping Consultation**: A targeted public 2 to 4 week scoping consultation is held. As part of this, interested parties are invited to submit their views on the key issues the standards should address, who HIQA should engage with as part of the standards development process, and to suggest sources of evidence to include in the evidence review. All feedback is collated and reviewed by the project team and considered during the standards development process. Suggestions for evidence are included in the evidence synthesis, and feedback on key stakeholders to engage with is used to inform and update the stakeholder engagement plan.

2. Evidence Review

- **Evidence review document**: An evidence review document to inform the development of national standards is synthesised from the following:
    - ‘As Is’ review of Ireland,
    - international review of jurisdictions identified through scoping review and scoping consultation, and,
    - a systematic review of materials and research produced by authoritative organisations and published articles on good practice in this area.

  The findings from the evidence review are presented in an evidence review document which is published on the HIQA website. These findings, along with findings from stakeholder engagement, form the evidence-base for an initial draft of the standards.

- **Stakeholder Engagement:** Ongoing engagement with stakeholders who have experience of receiving health and social care services, and staff members providing these services, is an integral part of the standards development process, as it provides an opportunity to more deeply understand how these services work in practice. The purpose of this engagement is to obtain opinions on the key issues that the standards should address, gather examples of good practice and identify what is needed to support the implementation of the standards. Engagement is achieved through:

- Advisory group meetings
- one-to-one meetings with stakeholders,
- focus groups, and
- public scoping consultation.

The outputs from this stakeholder engagement are summarised, in the statement of outcomes document, and used to inform the development of the draft standards.

3. Public Consultation

- **Public Consultation:** A public consultation is held over a minimum period of six weeks, during which time interested parties have an opportunity to make submissions on the draft National Standards. The draft standards are placed on the HIQA website and are also actively disseminated through contacts, networks, stakeholders and social media. Board members and the Advisory Group are also asked to participate in this process. Submissions received during this consultation are analysed in detail and updates are made to the standards based on the feedback received.
- **Statement of Outcomes:** A summary of information submitted during the scoping consultation, an overview of feedback gathered during face-to-face stakeholder engagement, and a summary of submissions made during the Public Consultation are presented in a Statement of Outcomes report of the stakeholder consultation. This is published on the HIQA website together with the final set of National Standards.

4. Final Standards

- **Standards finalised:** Draft standards are amended following feedback received through the Public Consultation Process. The revised standards are presented to the Advisory Group for discussion. Feedback from the Advisory Group is considered and amendments made to standards as appropriate.
- **HIQA Board Approval:** Following approval by the HIQA Executive Management Team, the draft standards are presented to the HIQA Board for approval.
- **Minister for Health approval:** Subject to Board approval, the Standards are submitted to the Minister for Health for approval.
- **Launch and dissemination:** Where a public launch is undertaken, key stakeholders are invited to the launch of the Standards. The Advisory group and other key stakeholders are notified on the day of publication by an email containing a link to the Standards. General media and social media are used to raise awareness of standards.

- **Lessons Learned:** The project team undertake a 'lessons learnt' exercise. The outcomes from this exercise informs the development of future standards.

Development of implementation support tools

Where barriers and gaps to implementation of the standards are identified during the evidence review and stakeholder engagement process, additional time may be allocated to the project (typically 6 – 12 months) to develop tailored implementation support tools. These tools are developed in consultation with stakeholders to address the barriers and gaps identified, in order to optimise effective implementation of the standards.

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