Health Information and Quality Authority

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Monitoring and Regulation
of Healthcare Services

Sample Self-Assessment Tool to assess compliance with the National Standards for Safer Better Healthcare

September 2024

Safer Better Care

About the Health Information and Quality Authority (HIQA)

The Health Information and Quality Authority (HIQA) is an independent statutory body 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.

Reporting to the Minister for Health and engaging with the Minister for Children, Equality, Disability, Integration and Youth, HIQA has responsibility for the following:

- **Setting standards for health and social care services** — Developing person-centred standards and guidance, based on evidence and international best practice, for health and social care services in Ireland.

- **Regulating social care services** — The Chief Inspector of Social Services 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 permanent international protection accommodation service centres, health services and children's social services against the national standards. Where necessary, HIQA investigates serious concerns about the health and welfare of people who use health services and children's social 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 and social care services, with the Department of Health and the HSE.

Visit www.hiqa.ie for more information.

Introduction

This self-assessment tool (SAT) has been developed by the Health Information and Quality Authority (HIQA) to assist service providers, as defined in section 2(1) of the Health Act 2007, as amended to include private hospitals following the commencement of the Patient Safety (Notifiable Incidents and Open Disclosure) Act 2023 and related expansion of HIQA's monitoring remit with the amended *National Standards for Safer Better Healthcare.*

Using this document, service providers can individually assess their own performance against the national standards, which in turn helps to identify where they are doing well and where they need to improve to ensure the quality and safety of healthcare services in Ireland.

Information on the national standards and how HIQA assesses compliance against the 45 national standards outlined in the *National Standards for Safer Better Healthcare* can be found in the *Guidance for the Assessment-Judgment Framework for the National Standards for Safer Better Healthcare* available at www.hiqa.ie.

Scope

This applies to private and public hospitals, community and or district hospitals, to include rehabilitation and community inpatient healthcare services.

About the self-assessment tool

This self-assessment tool has been solely developed for HIQA's revised monitoring approach against the *National Standards for Safer Better Healthcare, v2 2024* with a focus on key national standards and how they relate specifically to four identified key areas where the risk of harm:

- Infection prevention and control

- Medication safety

- The deteriorating patient[*]

- Transitions of care.[†]

Section 1 of the self-assessment tool relates to the Dimension of Capacity and

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[*] HIQA will monitor the systems and processes that service providers have in place to ensure early detection and emergency response for a patient whose condition is deteriorating.

[†] Transitions of care refers to the various points where a person using the service moves to, or returns from, a particular physical location or makes contact with a healthcare professional for the purpose of receiving healthcare. This includes transitions between home, hospital, residential care settings and consultations with different healthcare providers in outpatient facilities.

Capability

- Theme 5: Leadership, Governance and Management

- Theme 6: Workforce

Section 2 of the self-assessment tool relates to the Dimension of Quality and Safety

- Theme 1: Person-Centred Care and Support

- Theme 2: Effective Care and Support

- Theme 3: Safe Care and Support.

While HIQA will use this core set of 12 national standards to conduct a standard inspection of a service, HIQA may also inspect against any additional standards from the amended *National Standards for Safer Better Healthcare.*

Judgment descriptors

The following table (Table 1) shows the levels of compliance — which HIQA term 'judgment descriptors' — which are used to assess performance against each of the 12 core national standards monitored during HIQA's programme of monitoring. As part of this self-assessment you are asked to select the descriptor which most accurately describes how you are meeting each of the standards.

Compliant	Substantially Compliant	Partially Compliant	Non-Compliant
A judgment of compliant means that the service is in compliance with the relevant national standard.	A judgment of substantially compliant means that the service meets most of the requirements of the relevant national standard, but some action is required to be fully compliant.	A judgment of partially compliant means that the service meets some of the requirements of the relevant national standard, while other requirements are not met. These deficiencies may present moderate risks, which could lead to significant risks for people using the service over time if not addressed.	A judgment of non-compliant means that the service has identified one or more findings, which indicate that the relevant national standard has not been met, and the deficiency is such that it represents a significant risk to people using the service.

Section 1: Dimension of Capacity and Capability

A Theme 5: Leadership, Governance and Management				
Standard 5.2: Service providers have formalised governance arrangements for assuring the delivery of high-quality, safe and reliable healthcare.				
Please review and tick Yes or No as appropriate when determining the service's compliance with national standard 5.2				**Comments**
A.1	There are integrated corporate and clinical governance arrangements in place which:	Yes	No	
	a) clearly define roles, accountability and responsibilities throughout the service for assuring the quality and safety of the service	Yes	No	
	b) are appropriate for the size, scope and complexity of the service provided	Yes	No	
	c) are clearly outlined and and is publicly reported.	Yes	No	
A.2	There are **Designated Leads/representatives** for:			
	Infection Prevention and Control	Yes	No	
	Medication Safety / Drugs & Therapeutics	Yes	No	
	Deteriorating Patient (including sepsis)	Yes	No	
	Transitions of Care	Yes	No	

A.3	For a large service provider, there is a **committee structure** for:			
	Executive Management Team or equivalent	Yes	No	
	Quality and Safety Committee or equivalent	Yes	No	
	Infection Prevention and Control (or could be a regular agenda item for other meetings in the case of smaller service)	Yes	No	
	Medication Safety/Drugs and Therapeutics (or could be a regular agenda item for other meetings in the case of smaller service)	Yes	No	
	Deteriorating Patient (including sepsis) (or could be a regular agenda item for other meetings in the case of smaller service)	Yes	No	
	Transitions of Care (or could be an regular agenda item for meetings of another committee (or could be a regular agenda item for other meetings in the case of smaller service)	Yes	No	
A.4	The governance arrangements:			
	a) regularly review information relating to the quality and safety outcomes for people using the service	Yes	No	

		Yes	No	
	b) provide assurance that the primary focus of the service is on quality and safety outcomes for people using the service.	Yes	No	
A.5	The governance arrangements ensure the collective interests of people who use the service are taken into consideration when decisions are being made about the planning, design and delivery of services.	Yes	No	
A.6	The governance arrangements provide assurance that the people involved in the governance of the service have the skills and competencies necessary to provide effective assurance of high-quality, safe and reliable healthcare.	Yes	No	
A.7	Those governing the service publicly report on the quality and safety of their services.	Yes	No	

Please insert additional comments or clarifications related to national standard 5.2 here, referencing the question number where relevant.

Self-assessment of compliance with national standard 5.2 – tick the box that best reflects the service's level of compliance with the national standard.

1. Compliant ☐	2. Substantially Compliant ☐	3. Partially Compliant ☐	4. Non-Compliant ☐

If you selected a judgment descriptor of:

- 1 or 2 (Compliant or substantially compliant), please briefly outline the initiatives or measures the service have in place to meet the standard (500 word limit)
- 3 or 4 (Partially compliant or non-compliant), please specify the reason why you have made this judgement, and outline measures that you have put in place to address any risk issues that may result from these deficits (500 word limit).

B Theme 5: Leadership, Governance and Management

Standard 5.5: Service providers have effective management arrangements to support and promote the delivery of high-quality, safe and reliable healthcare services.

Please review and tick Yes or No as appropriate when determining the service's compliance with national standard 5.5				Comments
B.1	Management arrangements effectively and efficiently achieve planned objectives, which includes reviewing and identifying gaps in management arrangements and taking action to address these gaps. This may include (but are not limited to):	Yes	No	
	a) workforce management	Yes	No	
	b) communication management	Yes	No	
	c) information management	Yes	No	
	d) risk management	Yes	No	
	e) patient-safety improvement	Yes	No	
	f) service design, improvement and innovation	Yes	No	
	g) environment and physical infrastructure management	Yes	No	
	h) financial and resource management	Yes	No	
	i) major emergency management.	Yes	No	

		Yes	No	
B.2	The management arrangements, structures and mechanisms include all levels of the service to achieve planned objectives for quality and safety.	Yes	No	
B.3	There are arrangements in place to identify, prepare, respond to and manage increases or decreases in service demand, including short-term changes, predictable changes and sudden or unexpected changes in demand. These may include:	Yes	No	
	a) major emergencies	Yes	No	
	b) escalations or surges in admissions and in the number of people attending emergency departments, where relevant	Yes	No	
	c) predictable seasonal changes in demand, such as winter surges	Yes	No	
	d) workforce shortages and turnover	Yes	No	
	e) infectious outbreak management	Yes	No	
	f) practice drills for selected major disaster or emergency scenarios.	Yes	No	
B.4	There are arrangements in place to effectively plan and manage service change and transition, including:	Yes	No	

	a) identification of an accountable person responsible for leading and managing the change process	Yes	No	
	b) setting clear objectives for the service change and transition	Yes	No	
	c) prior assessment of service interdependencies	Yes	No	
	d) estimate current and future demand and capacity	Yes	No	
	e) staffing requirements	Yes	No	
	f) consideration of impact and associated risks	Yes	No	
	g) implementation of communication and engagement strategies	Yes	No	
	h) development and monitoring of performance indicators relevant to change and service transition.	Yes	No	

Please insert additional comments or clarifications related to national standard 5.5 here, referencing the question number where relevant.

Self-assessment of compliance with national standard 5.5 – tick the box that best reflects the service's level of compliance with the national standard.

1. Compliant ☐	2. Substantially Compliant ☐	3. Partially Compliant ☐	4. Non-Compliant ☐

If you selected a judgment descriptor of:

- 1 or 2 (Compliant or substantially compliant), please briefly outline the initiatives or measures the service have in place to meet the standard (500 word limit)
- 3 or 4 (Partially compliant or non-compliant), please specify the reason why you have made this judgement, and outline measures that you have put in place to address any risk issues that may result from these deficits (500 word limit).

C Theme 5: Leadership, Governance and Management

Standard 5.8: Service providers have systematic monitoring arrangements for identifying and acting on opportunities to continually improve the quality, safety and reliability of healthcare services.

Please review and tick Yes or No as appropriate when determining the service's compliance with national standard 5.8				Comments
C.1	There are risk management structures and processes in place to proactively identify, manage and minimise risk These include, but are not limited to the following:	Yes	No	
	a) infection prevention and control	Yes	No	
	b) medication safety	Yes	No	
	c) deteriorating patient including, for example, arrangements with other services/facilities including transfer when a patient becomes acutely unwell	Yes	No	
	d) transitions of care including, moving patients from one location to another within the service, to another service/facility or discharged home.	Yes	No	
C.2	There are arrangements in place to identify, document, monitor and analyse patient-safety incidents.	Yes	No	

C.3	There are effective internal and external communication processes to:			
	a) learn from patient-safety incidents	Yes	No	
	b) improve the quality, safety and reliability of the healthcare service.	Yes	No	
C.4	Information from the systematic monitoring of the service's performance is used to improve the quality, safety and reliability of healthcare services.	Yes	No	
C.5	Information from feedback, compliments and complaints from people who use the service is shared within and across services where relevant to promote learning.	Yes	No	
C.6	The service has an overarching quality and safety programme, approved by the governing body, to actively assess, monitor, and improve the quality, safety and reliability of healthcare services, where applicable.	Yes	No	
C.7	Information and data is provided to national quality and safety improvement programmes, where applicable and the extent required.	Yes	No	
C.8	There is a proactive approach to learning from the findings and recommendations from national and international reviews and investigations.	Yes	No	

C.9	Effective communication with people who use the service, relevant patient support groups, external agencies and other service providers is supported and promoted.	Yes	No	

Please insert additional comments or clarifications related to national standard 5.8 here, referencing the question number where relevant.

Self-assessment of compliance with national standard 5.8 – tick the box that best reflects the service's level of compliance with the national standard.

1. Compliant ☐	2. Substantially Compliant ☐	3. Partially Compliant ☐	4. Non-Compliant ☐

If you selected a judgment descriptor of:

- 1 or 2 (Compliant or substantially compliant), please briefly outline the initiatives or measures the service have in place to meet the standard (500 word limit)
- 3 or 4 (Partially compliant or non-compliant), please specify the reason why you have made this judgement, and outline measures that you have put in place to address any risk issues that may result from these deficits (500 word limit).

D Theme 6: Workforce

Standard 6.1: Service providers plan, organise and manage their workforce to achieve the service objectives for high-quality, safe and reliable healthcare.

	Please review and tick Yes or No as appropriate when determining the service's compliance with national standard 6.1			**Comments**
D.1	There is planning, organisation and management of the workforce which takes account of:	Yes	No	
	a) the assessed needs of the population served	Yes	No	
	b) national and international best available evidence regarding the model or type of service being provided	Yes	No	
	c) size, complexity and specialties of the service being provided	Yes	No	
	d) number of staff required to deliver the service	Yes	No	
	e) skill-mix and competencies required to deliver the service	Yes	No	
	f) resources available	Yes	No	
	g) changes in the workload	Yes	No	
	h) succession planning	Yes	No	
	i) applicable legislation and government policy.	Yes	No	

		Yes	No	
D.2	The workforce is planned, managed and developed to ensure it consistently responds, in a timely manner, to changes in the workload or in available resources.	Yes	No	*Please describe supports available to employees*
D.3	The organisation of the workforce is in line with best available evidence.	Yes	No	
D.4	Where the model of care delivery includes multidisciplinary teams, the workforce is organised and managed to work in such teams.	Yes	No	
D.5	There is regular review and evaluation of the management of the workforce, the service's response to changes in workload and resources available.	Yes	No	

Please insert additional comments or clarifications related to national standard 6.1 here, referencing the question number where relevant.

Self-assessment of compliance with national standard 6.1 – tick the box that best reflects the service's level of compliance with the national standard.

1. Compliant ☐	2. Substantially Compliant ☐	3. Partially Compliant ☐	4. Non-Compliant ☐

If you selected a judgment descriptor of:

- 1 or 2 (Compliant or substantially compliant), please briefly outline the initiatives or measures the service have in place to meet the standard (500 word limit)
- 3 or 4 (Partially compliant or non-compliant), please specify the reason why you have made this judgement, and outline measures that you have put in place to address any risk issues that may result from these deficits (500 word limit).

E Theme 1: Person-centred Care and Support

Standard 1.6: Service users' dignity, privacy and autonomy are respected and promoted.

	Please review and tick Yes or No as appropriate when determining the service's compliance with national standard 1.6			Comments
E.1	Care, including end-of-life care, is designed and delivered in a manner that promotes the dignity, privacy and autonomy of people using the service.	Yes	No	
E.2	The physical environment is appropriately designed and managed to ensure that the dignity, privacy and autonomy of people using the service is promoted and protected.	Yes	No	
E.3	There are structures and processes in place to ensure that a person using the service:			
	a) is communicated with in a manner that respects their dignity and privacy	Yes	No	
	b) is cared for in an environment that ensures their dignity and privacy when they are receiving personal care	Yes	No	
	c) is made familiar with their immediate surroundings and advised about how to get assistance	Yes	No	

			Yes	No	
	d)	is supported with their specific individual needs to ensure their dignity and privacy is respected and maintained	Yes	No	
	e)	has their autonomy promoted and supported while receiving care and treatment.	Yes	No	
E.4		There are structures and processes in place to ensure that the personal information of people using the service is protected at all times in line with legislation and best available evidence.	Yes	No	

Please insert additional comments or clarifications related to national standard 1.6 here, referencing the question number where relevant.

Self-assessment of compliance with national standard 1.6 – tick the box that best reflects the service's level of compliance with the national standard.

1. Compliant ☐	2. Substantially Compliant ☐	3. Partially Compliant ☐	4. Non-Compliant ☐

If you selected a judgment descriptor of:

- 1 or 2 (Compliant or substantially compliant), please briefly outline the initiatives or measures the service have in place to meet the standard (500 word limit)
- 3 or 4 (Partially compliant or non-compliant), please specify the reason why you have made this judgement, and outline measures that you have put in place to address any risk issues that may result from these deficits (500 word limit).

F Theme 1: Person-centred Care and Support

Standard 1.7: Service providers promote a culture of kindness, consideration and respect.

Please review and tick Yes or No as appropriate when determining the service's compliance with national standard 1.7				Comments
F.1	A culture of kindness, consideration and respect for people using the service is promoted and evaluated. This is done through:	Yes	No	
	a) Mission statement	Yes	No	
	b) Code of conduct			
	c) training and development of staff	Yes	No	
	d) evaluation processes.	Yes	No	
F.2	People using the service are:			
	a) communicated with in an open and sensitive manner	Yes	No	
	b) actively listened to in line with their expressed preferences and needs	Yes	No	
	c) offered opportunities to raise any issues relevant to their care and are supported to explore and discuss these issues.	Yes	No	

		Yes	No	
F.3	The different stages of care (for example, approaching end-of-life) and treatments where a person using the service may be more vulnerable than others are proactively identified, recognised and supportive mechanisms are implemented to support the person.	Yes	No	
F.4	People's views, values and preferences are actively sought and taken into account in the provision of their care.	Yes	No	

Please insert additional comments or clarifications related to national standard 1.7 here, referencing the question number where relevant.

Self-assessment of compliance with national standard 1.7 – tick the box that best reflects the service's level of compliance with the national standard.

1. Compliant ☐	2. Substantially Compliant ☐	3. Partially Compliant ☐	4. Non-Compliant ☐

If you selected a judgment descriptor of:

- 1 or 2 (Compliant or substantially compliant), please briefly outline the initiatives or measures the service have in place to meet the standard (500 word limit)
- 3 or 4 (Partially compliant or non-compliant), please specify the reason why you have made this judgement, and outline measures that you have put in place to address any risk issues that may result from these deficits (500 word limit).

G Theme 1: Person-centred Care and Support

Standard 1.8: Service users' complaints and concerns are responded to promptly, openly and effectively with clear communication and support provided throughout this process.

	Please review and tick Yes or No as appropriate when determining the service's compliance with national standard 1.8			Comments
G.1	The is a complaints procedure in place that takes account of legislation, relevant regulations, applicable national guidelines and best available evidence.	Yes	No	
G.2	The complaints procedure is clear, transparent, open and accessible to people using the service.	Yes	No	
G.3	There is a person assigned/complaints officer in place to receive and handle complaints.	Yes	No	
G.4	There is oversight and monitoring of the timeliness of response and management of complaints, taking into account the requirements to fully address the issues raised by the complainant.	Yes	No	
G.5	The complaints procedure identifies the expectations of people using the service who make complaints and ensures their expectations are taken into account, explored and addressed.	Yes	No	

G.6	There is a coordinated response to people who make a complaint. The response includes:	Yes	No	
	a) information from healthcare professionals when their care is shared or transferred from one service provider to another	Yes	No	
	b) the sharing of people's information is carried out in line with data protection legislation and best practice.	Yes	No	
G.7	People using the service are encouraged to provide feedback, raise a concern or make complaints verbally or in writing.	Yes	No	
G.8	There are arrangements in place to ensure a person's care is not negatively affected as a result of them having made a complaint.	Yes	No	
G.9	There are arrangements in place to provide and or facilitate access to support services, such as independent advocacy services.	Yes	No	
Please insert additional comments or clarifications related to national standard 1.8 here, referencing the question number where relevant.				

Self-assessment of compliance with national standard 1.8 – tick the box that best reflects the service's level of compliance with the national standard.

1. Compliant ☐	2. Substantially Compliant ☐	3. Partially Compliant ☐	4. Non-Compliant ☐

If you selected a judgment descriptor of:

- 1 or 2 (Compliant or substantially compliant), please briefly outline the initiatives or measures service have in place to meet the standard (500 word limit)
- 3 or 4 (Partially compliant or non-compliant), please specify the reason why you have made this judgement, and outline measures that you have put in place to address any risk issues that may result from these deficits (500 word limit).

H Theme 2: Effective Care and Support

Standard 2.7: Healthcare is provided in a physical environment which supports the delivery of high quality, safe, reliable care and protects the health and welfare of service users.

	Please review and tick Yes or No as appropriate when determining the service's compliance with national standard 2.7			Comments
H.1	The physical environment, premises and facilities are compliant with relevant legislative requirements.	Yes	No	
H.2	Premises and facilities are accessible and responsive to the physical and sensory needs of people using the service.	Yes	No	
H.3	The physical environment is planned, designed, developed and maintained to achieve the best possible outcomes for people using the service within the available resources.	Yes	No	
H.4	The physical environment is developed and managed to promote better health and wellbeing for people who use the service and healthcare staff.	Yes	No	
H.5	The physical environment is developed and managed to minimise risks (to people who use the service and to	Yes	No	

	healthcare staff) of acquiring a healthcare-associated infection.			
H.6	There is appropriate management of hazardous materials and waste, including safe handling, storage, use and disposal.	Yes	No	
H.7	There are appropriate measures in place to ensure the security of the premises.	Yes	No	
H.8	The physical environment is:			
	a) assessed when the demand, services delivered or resources change	Yes	No	
	b) planned and managed to maintain the quality and safety of care.	Yes	No	
H.9	Risks associated with changes to the physical environment where care is delivered are identified, evaluated and the necessary action taken to eliminate or minimise such risks.	Yes	No	
H.10	Risk assessments are completed for current or planned building works and or refurbishments for the following:			
	a) service impact	Yes	No	

			Yes	No	
	b)	health and safety	Yes	No	
	c)	infection prevention and control risk (e.g. aspergillus, legionella).	Yes	No	

Please insert additional comments or clarifications related to national standard 2.7 here, referencing the question number where relevant.

Self-assessment of compliance with national standard 2.7 – tick the box that best reflects the service's level of compliance with the national standard.

1. Compliant ☐	2. Substantially Compliant ☐	3. Partially Compliant ☐	4. Non-Compliant ☐

If you selected a judgment descriptor of:

- 1 or 2 (Compliant or substantially compliant), please briefly outline the initiatives or measures the service have in place to meet the standard (500 word limit)
- 3 or 4 (Partially compliant or non-compliant), please specify the reason why you have made this judgement, and outline measures that you have put in place to address any risk issues that may result from these deficits (500 word limit).

I Theme 2: Effective Care and Support

Standard 2.8: The effectiveness of healthcare is systematically monitored, evaluated and continuously improved.

	Please review and tick Yes or No as appropriate when determining the service's compliance with national standard 2.8			Comments
I.1	The quality and safety of the care and its outcomes are measured using relevant national performance indicators and benchmarks for:	Yes	No	
	a) infection prevention and control	Yes	No	
	b) medication safety	Yes	No	
	c) deteriorating patient(including sepsis)	Yes	No	
	d) transitions of care	Yes	No	
	e) other, please list areas and key performance indicators used.	Yes	No	
I.2	Where national performance indicators and benchmarks do not exist, performance indicators and benchmarks are	Yes	No	

	developed, adopted and or adapted in line with best available evidence.			
I.3	A variety of outcome measures are used to evaluate the effectiveness of healthcare including:	Yes	No	
	a) clinical outcomes	Yes	No	
	b) outcomes from the perspective of people using the service for example quality of life, functional outcome assessment	Yes	No	
	c) experience of care from the perspective of people using the service	Yes	No	
	d) feedback from healthcare professionals.	Yes	No	
I.4	Information from monitoring and evaluation is used to improve care and share learning.	Yes	No	
	There is an agreed annual audit plan.	Yes	No	
	The agreed annual audit plan incorporates participation in national audit programmes, where applicable, and local targeted audits based on service requirements and priorities.	Yes	No	

	Requested information is provided to relevant agencies, including national statutory bodies, in line with relevant legislation and good practice.	Yes	No		
	Evidence-based methodologies, in line with national guidelines, are used when conducting audits.	Yes	No		
	Clinical governance arrangements ensure findings from clinical audits are reported and monitored effectively.	Yes	No		
I.5	Clinical and non-clinical audits are used to monitor and evaluate service performance including, but not limited to:				
	a) infection prevention and control	Yes	No		
	b) medication safety	Yes	No		
	c) deteriorating patient (including sepsis)	Yes	No		
	d) transitions of care – communication/ISBAR-tool/clinical handover.	Yes	No		
I.6	Improvements are implemented based on the findings of clinical and non-clinical audits.	Yes	No		
I.7	Services share and publicly report information about the:				
	a) quality and safety of care delivered	Yes	No		

	b) quality improvement programmes.	Yes	No	

Please insert additional comments or clarifications related to national standard 2.8 here, referencing the question number where relevant.

Self-assessment of compliance with national standard 2.8 – tick the box that best reflects the service's level of compliance with the national standard.

1. Compliant ☐	2. Substantially Compliant ☐	3. Partially Compliant ☐	4. Non-Compliant ☐

If you selected a judgment descriptor of:

- 1 or 2 (Compliant or substantially compliant), please briefly outline the initiatives or measures the service have in place to meet the standard (500 word limit)
- 3 or 4 (Partially compliant or non-compliant), please specify the reason why you have made this judgement, and outline measures that you have put in place to address any risk issues that may result from these deficits (500 word limit).

J Theme 3: Safe Care and Support

Standard 3.1: Service providers protect service users from the risk of harm associated with the design and delivery of healthcare services.

Please review and tick Yes or No as appropriate when determining the service's compliance with national standard 3.1				Comments
J.1	There are arrangements in place to ensure there is proactive monitoring, analysis and response to information significant to the delivery of safe services. This information includes:	Yes	No	
	a) patient-safety incidents and other incidents involving both people using services and staff	Yes	No	
	b) complaints, concerns and compliments	Yes	No	
	c) findings from risk assessments	Yes	No	
	d) legal claims and or learning from legal cases both within the service and in other services	Yes	No	
	e) audits - including, but not limited to:			
	▪ infection prevention and control	Yes	No	
	▪ medication safety	Yes	No	

	▪ deteriorating patient (EWS, sepsis)	Yes	No	
	▪ transition of care (communication/clinical handover)	Yes	No	
	f) satisfaction surveys, including the National Care Experience Programme, where applicable	Yes	No	
	g) findings and recommendations from national and international reviews and investigations	Yes	No	
	h) clinical coding, activity and performance data	Yes	No	
	i) learning from coroners' cases.	Yes	No	
J.2	There are structures and processes in place to ensure:			
	a) immediate and potential risks to people using the service are proactively identified, evaluated and managed e.g. there is a risk management policy in place which includes review of risk assessments and risk register	Yes	No	
	b) the necessary actions are taken to eliminate or minimise immediate and potential risks	Yes	No	
	c) the evaluation of actions implemented is reported through governance structures.	Yes	No	

J.3	Risks associated with planned or implemented changes to the design and delivery of healthcare services are proactively identified and managed.	Yes	No	
J.4	Arrangements are in place to minimise the risk of harm to people who use the service.	Yes	No	
J.5	**Patient Identification** Structures and processes are in place to ensure: a) the risk of harm associated with incorrect patient identification is minimised and or eliminated	Yes	No	
	b) people using the service are correctly identified so that they receive the treatment and care solely intended for them	Yes	No	
	c) there are policies, procedures, protocols and or guidelines guiding the management and practice of patient identification.	Yes	No	
J.6	**Infection Prevention and Control** Governance, structures and processes are in place to: a) prevent, identify, assess, monitor, manage and review the risk of harm in relation to the	Yes	No	

	prevention and control of healthcare associated infections			
	b) ensure there is a well-organised, planned and managed infection prevention and control programme that is coordinated and integrated with an antimicrobial stewardship programme	Yes	No	
	c) ensure there is access to specialist infection prevention and control advice	Yes	No	
	d) ensure there are systems and processes in place to facilitate the prevention of, the prompt identification of, management of and learning from outbreaks of infection	Yes	No	
	e) ensure there is a process for sharing information about infection status between and with other services	Yes	No	
	f) ensure there are policies, procedures, protocols and or guidelines guiding the management and practice of infection prevention and control.	Yes	No	

J.7	**Medication Safety** Structures and processes are in place (from procurement to disposal) to: a) identify, assess, monitor, manage and review the risk of harm and potential for errors arising from medications use	Yes	No	
	b) ensure the risks of harm and potential for errors arising from medication safety incidents are used to inform and implement a medication safety programme	Yes	No	
	c) ensure risk reduction strategies are implemented to reduce the risk of medicine-related error, including the identification of high-risk medications	Yes	No	
	d) ensure the medication safety programme is in line with legal requirements, national policy and guidelines , where applicable, and best available national and international evidence	Yes	No	
	e) ensure there are policies, procedures, protocols and or guidelines guiding the safe use of medications.	Yes	No	

J.8	**The Deteriorating Patient** Governance, structures, policies procedures and processes in place to identify and reduce the risk of harm associated with a delay in recognising and responding to people using the service whose condition acutely deteriorates.	Yes	No		
	There are policies, procedures, protocols and or guidelines guiding the early detection and emergency response for patients whose condition is deteriorating.	Yes	No		
J.9	**Transitions of Care** Structures and processes are in place to: a) identify and reduce the risk of harm associated with transitions in care, including but not limited to reducing the risk of harm associated with transfer in and between healthcare services	Yes	No		
	b) ensure the safe and timely referral of people who use the service within and between services	Yes	No		

	c) ensure accurate communication when information is being shared between different healthcare professionals and services	Yes	No	
	d) ensure there are policies, procedures, protocols and or guidelines guiding the transitions of care.	Yes	No	

Please insert additional comments or clarifications related to national standard 3.1 here, referencing the question number where relevant.

Self-assessment of compliance with national standard 3.1 – tick the box that best reflects the service's level of compliance with the national standard.

1. Compliant ☐	2. Substantially Compliant ☐	3. Partially Compliant ☐	4. Non-Compliant ☐

If you selected a judgment descriptor of:

- 1 or 2 (Compliant or substantially compliant), please briefly outline the initiatives or measures the service have in place to meet the standard (500 word limit)
- 3 or 4 (Partially compliant or non-compliant), please specifiy the reason why you have made this judgement, and outline measures that you have put in place to address any risk issues that may result from these deficits (500 word limit).

K Theme 3: Safe Care and Support

Standard 3.3: Service providers effectively identify, manage, respond to and report on patient-safety incidents.

	Please review and tick Yes or No as appropriate when determining the service's compliance with national standard 3.3			Comments
K.1	There are arrangements in place to identify, manage, respond to and report patient-safety incidents in line with applicable national legislation, policy and guidelines.	Yes	No	
	The arrangements:			
	a) includes a structured incident reporting mechanism	Yes	No	
	b) ensures patient safety incidents are reported in a timely manner through a reporting system	Yes	No	
	c) includes a classification of patient-safety incidents using an agreed taxonomy	Yes	No	
	d) enables the generation of information that is used to support the provision of safe services.	Yes	No	

K.2	The arrangements are supported by a clear incident management framework that:	Yes	No	
	a) defines the: ▪ roles and responsibilities of individuals and committees	Yes	No	
	▪ type of incidents to be reported	Yes	No	
	▪ process for reporting, investigating and monitoring patient-safety incidents.	Yes	No	
	b) outlines the responsibility of healthcare staff to report incidents	Yes	No	
	c) ensures information arising from patient safety incidents is used to inform the governing body, the workforce and people using the service in order to promote improvements in safety and quality	Yes	No	
	d) informs staff of arrangements for reporting, investigating and monitoring patient-safety incidents	Yes	No	
	e) informs people who use the service of the arrangements in place for reporting, investigating and monitoring patient-safety incidents (for example, as part of an investigation process)	Yes	No	

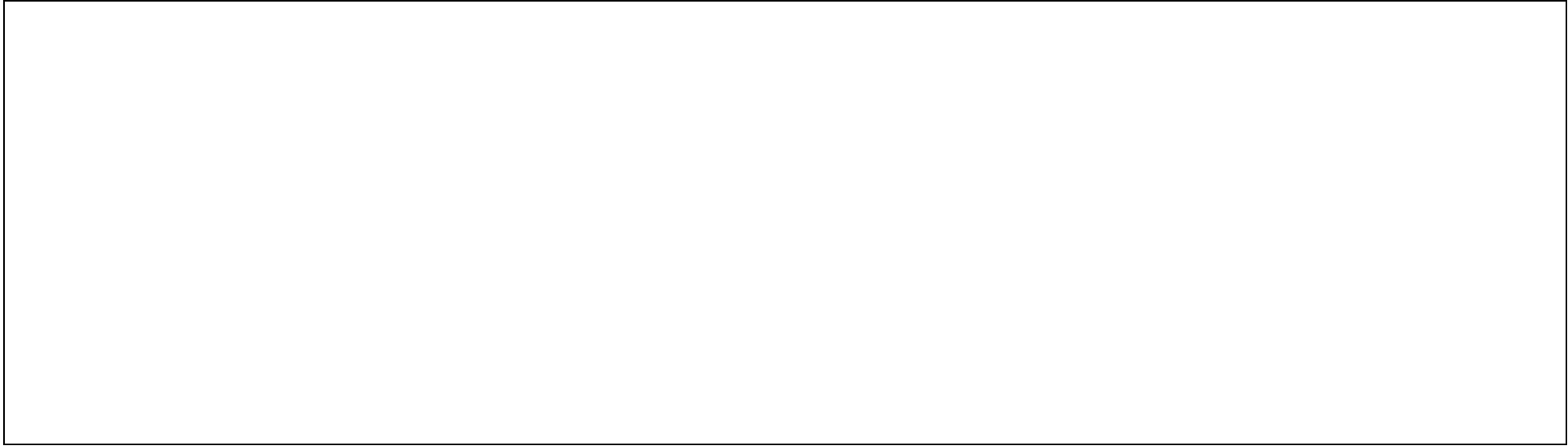|				
	f) ensures the reporting of patient-safety incidents is outlined in a policy, procedure, guideline or protocol.	Yes	No	
K.3	There are arrangements in place to:			
	a) ensure that reviews to identify the causes of patient-safety incidents are conducted in a fair and effective way	Yes	No	
	b) keep people impacted by patient-safety incidents (service users, family and staff) informed and supported during the review process.	Yes	No	
K.4	Arrangements are in place to implement recommendations from investigations of patient-safety incidents and to monitor the effectiveness of any action taken.	Yes	No	
K.5	Staff working in the service are trained and knowledgeable in how to identify, manage, respond to and report on patient-safety incidents.	Yes	No	
K.6	The effectiveness of the patient-safety incident arrangements are regularly reviewed and actions implemented to improve the systems and processes.	Yes	No	

Please insert additional comments or clarifications related to national standard 3.3 here, referencing the question number where relevant.

Self-assessment of compliance with national standard 3.3 – tick the box that best reflects the service's level of compliance with the national standard.

1. Compliant ☐	2. Substantially Compliant ☐	3. Partially Compliant ☐	4. Non-Compliant ☐

If you selected a judgment descriptor of:

- 1 or 2 (Compliant or substantially compliant), please briefly outline the initiatives or measures the service have in place to meet the standard (500 word limit)
- 3 or 4 (Partially compliant or non-compliant), please specify the reason why you have made this judgement, and outline measures that you have put in place to address any risk issues that may result from these deficits (500 word limit).

J Theme 3: Safe Care and Support

Standard 3.5 Service providers fully and openly inform and support service users as soon as possible after an adverse event affecting them has occurred, or becomes known, and continue to provide information and support as needed.

Please review and tick Yes or No as appropriate when determining the service's compliance with national standard 3.5				Comments
J.1	A culture of quality and safety is promoted that includes open disclosure with people using services and where appropriate their families and carers following an adverse incident in line with local policy, guidelines and legislation, to the extent required by legislation or applicable policy	Yes	No	
J.2	People who use the service are provided with information on how to access support services and independent patient support following an adverse incident.	Yes	No	
J.3	There are systems in place to involve people impacted by an adverse incident in the review process and to keep them informed of the progress of the review in line with local policy and applicable national guidelines and legislation.	Yes	No	

J.4	The service actively seeks and takes into account the needs, preferences and rights of people using the service who are affected by an adverse incident.	Yes	No	
J.5	There are fair and transparent arrangements in place to support and manage staff who have been involved in an adverse incident, including return to work decisions.	Yes	No	

Please insert additional comments or clarifications related to national standard 3.3 here, referencing the question number where relevant.

Self-assessment of compliance with national standard 3.3 – tick the box that best reflects the service's level of compliance with the national standard.

1. Compliant ☐	2. Substantially Compliant ☐	3. Partially Compliant ☐	4. Non-Compliant ☐

If you selected a judgment descriptor of:

- 1 or 2 (Compliant or substantially compliant), please briefly outline the initiatives or measures the service have in place to meet the standard (500 word limit)
- 3 or 4 (Partially compliant or non-compliant), please specify the reason why you have made this judgement, and outline measures that you have put in place to address any risk issues that may result from these deficits (500 word limit).

Revision history

Version history	Publication date/revision date	Title	Summary of changes
Version 1.0	July 2023	Sample Self-Assessment Tools to assess compliance with the National Standards for Safer Better Healthcare – Versions for acute and community rehabilitation services	Not applicable
Version 2.0	September 2024	Sample Self-Assessment Tool to assess compliance with the National Standards for Safer Better Healthcare	Updated the section "About the Health Information Equality Authority" . Updated the language throughout to align with the expanded role and remit of HIQA in respect of the Patient Safety Act 2023, mandatory notifications and inclusion of private hospitals in monitoring against the NSSBH. Updated the core set of national standards used for a standard monitoring inspection.