How to Develop HSE National Policies, Procedures, Protocols and Guidelines

A Practical Guide 2023

Excludes HSE National Clinical Guidelines

Reader Information

Title	How to Develop HSE National Policies, Procedures, Protocols and Guidelines - A Practical Guide 2023.
About	This document replaces the HSE National Framework for developing Policies, Procedures, Protocols and Guidelines (PPPGs), 2016.
Purpose	The purpose of this guide is to offer practical steps and guidance to individuals who are responsible for planning, developing, approving and putting in place HSE National 3PGs.
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Approved by	HSE National 3PG Governance Group
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HSE	Community Healthcare Organisations, Quality and Patient Safety
HSE	Disabilities, Social Care Division
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HSE	Research and Development
HSE	Strategy and Research Division
EXT.	Health and Social Care Standards and Regulation, HIQA
EXT.	Patients and Service Users
EXT.	The State Claims Agency

Contents

Those involved in developing HSE National Policies, Procedures, Protocols and Guidelines

1. Document Commissioner

Deciding the need – is the document required?

2. National Function or Lead

• Sets up Expert Advisory and Governance Group.

• Designates the work.

3. Expert Advisory and Governance Group Establishes:

• Governance

• Owner

• Approver, and

• Assigns Chairperson of Development Group.

4. Chairperson of Development Group

• Invites members and manages any conflicts of interest.

• Clarifies member roles and responsibilities.

5. Patients and service users

Partners in shared development and decision-making process.

6. Development Group

• Declare any conflicts of interest

• Identifies who all the relevant stakeholders are

• Develops Terms of Reference

• Develops the evidence-based content.

7. Stakeholders

Anyone impacted by the National 3PG including:

• staff

• patients or service users

• professional bodies or unions

• subject-matter experts.

8. Document Approver

Signs off and approves the document.

9. Document Owner

• Is accountable for the document lifecycle, including ongoing monitoring, timely review and update.

• Approves the National 3PG for publication on the HSE National Central Repository.

• Approves for national implementation.

Introduction

This Practical Guide replaces the 'HSE National Framework for Developing PPPGs, 2016'.

This guide outlines the stages and activities you need to use when you are developing any HSE National:

• Policy
• Procedure
• Protocol
• Guideline.

What are National 3PGs?

They are National Policies, Procedures, Protocols or Guidelines and called 'National 3PGs' for short. They are essentially about change and so we have aligned this guide with:

• the principles, definitions and resource tools in the HSE Change Guide
• HSE strategies and service plans
• relevant 3PG development methodologies across our health system.

This means we can improve the quality of our service. We want to reduce unnecessary duplication of 3PGs at the local level, particularly as new organisational structures for the HSE Health Regions begin to emerge.

We are taking a systems approach starting from a staff and patient and service user perspective. It is important to first decide if there is a need for any particular National 3PG. We then need to prioritise and align to the appropriate documents.

The core parts of this guide

We start this guide with some background to its development. The core guide then has two sections.

• Section 1 is about the five key stages of National 3PG development.
• Section 2 is about reviewing and updating a National 3PG.

Section 1

In Section 1, we present the five key stages to consider in National 3PG development:

Stage 1: Deciding the need (7 steps)
Stage 2: Planning (12 steps)
Stage 3: Development (12 steps)
Stage 4: Implementation (10 steps)
Stage 5: Sustainability (6 steps)

Within each stage are:

• Toolkits
• Key activities that may be done to progress a National 3PG
• Top tips.

Section 2 of 2

In Section 2, we use the learning from the monitoring, audit and evaluation process and new emerging evidence, to inform the review and update of the National 3PG.

Background and context

Development of National Policies, Procedures, Protocols and Guidelines (3PGs) has been part of the health system in Ireland for many years. The report from the Commission of Patient Safety and Quality Assurance (DOHC, 2008) placed renewed emphasis on safety and quality in the Irish health service. It highlighted building a culture of safety involving:

• all parts of the health system

• healthcare professionals

• managers

• policy makers

• educators

• the public.

This led to further publications like the:

• HSE Quality & Safety Framework (2009)

• National Standards for Safer Better Healthcare (HIQA, 2012).

They all recommended governance structures and processes for developing National 3PGs. There should be clear lines of reporting and responsibility from the frontline service delivery to local and national management structures. This prompted the HSE in 2016 to put in place a national approach when developing 3PGs. They published the 'HSE National Framework for Developing Policies, Procedures, Protocols and Guidelines, 2016'.

This framework enabled service delivery areas to develop and put in place 3PGs to meet national standards set by:

• the Department of Health

• Health Information & Quality Authority (HIQA)

• Mental Health Commission (MHC)

• the Health and Safety Authority (HSA).

The framework also provided a comprehensive process and methodology to support 3PGs to be developed by rigorous methodological standards.

The HSE has done significant work to embed the National Framework for Developing PPPGs, 2016. This comprehensive framework was a significant driver in our overall continuous quality improvement programme.

Dr Ana Terrés, HSE Assistant National Director, Research and Evidence, commissioned a review of the Framework in 2022. To support the review, a National 3PG Governance Group, chaired by Dr Terrés, was set up. This group set out two main objectives:

• review the existing HSE National Framework for Developing PPPGs, 2016

• set up the HSE National Central Repository.

The Repository is a publicly accessible document management system on the HSE website for all approved HSE National:

• Policies

• Procedures

• Protocols

• Guidelines, and

• Clinical Guidelines.

To help achieve these objectives, the National Central Repository Team, part of HSE Health Library Ireland, was set up to coordinate the project using three working groups:

1. HSE National 3PG working group, chaired by Ms Una McCarthy, Senior Manager, National Primary Care Community Operations.

2. HSE National Central Repository working group, chaired by Ms Aoife Lawton, General Manager, Health Library Ireland

3. HSE National Clinical Guidelines working group, chaired by Dr Eve O'Toole, Head of the Evidence and Quality Hub, National Cancer Control Programme. This working group is still active at time of publication of this guide.
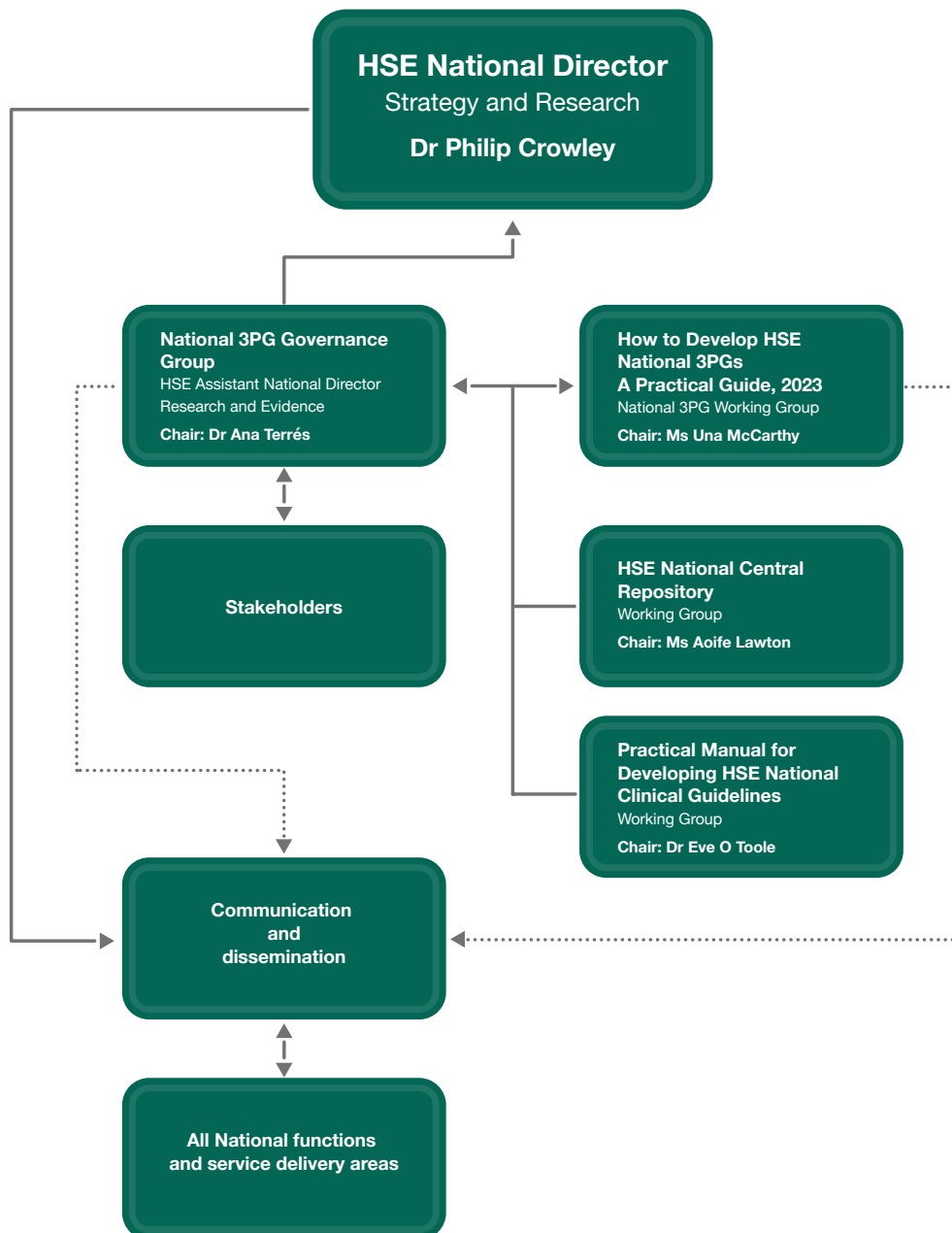
Figure 1: *Overall governance of National 3PG Repository Project*

Scope

Included in this guide

This guide applies to all HSE and HSE-funded services and covers all documents on any topic that is defined as a HSE National:

• Policy

• Procedure

• Protocol, or

• Guideline.

Excluded from this guide

This guide excludes any documents defined as:

• HSE National Clinical Guidelines

• HSE National Employee Relations policies, procedures, protocols and guidelines.

These employee relations documents are excluded because they contain terms that have come from:

• negotiated agreements

• circulars

• legislation directives

• third-party recommendations.

Who this guide is for

This guide is for all staff involved at any stage of National 3PG development across our health service.

Legislation and other related documents

The development and putting in place of the National 3PGs are supported by legislation and other related documents as follows:

• The Patient Safety (Notifiable Incidents and Open Disclosures) Act 2023. Presentation: Patient Safety Legislation, Advocacy & Policy Unit, National Patient Safety Office.

• HSE Patient Safety Strategy 2019-2024.

• HIQA National Standards for Safer Better Healthcare, June 2012.

• HSE National Framework for Governance, Management and Support of Health Research, 2021.

• Understanding Trust and the HSE, Health Service Executive, 2021.

SECTION 1

The five stages of HSE National 3PG development

The development of National 3PGs is a system made up of five key stages, which are the foundation of all 3PG development. Figure 2 below outlines these stages which were informed by feedback from stakeholders regularly involved in National 3PG development.

Ongoing consultation and engagement with all key stakeholders, is crucial from the very beginning through to the very end of the development process; the term key stakeholders in this guide includes patients and service users as partners in co-design.
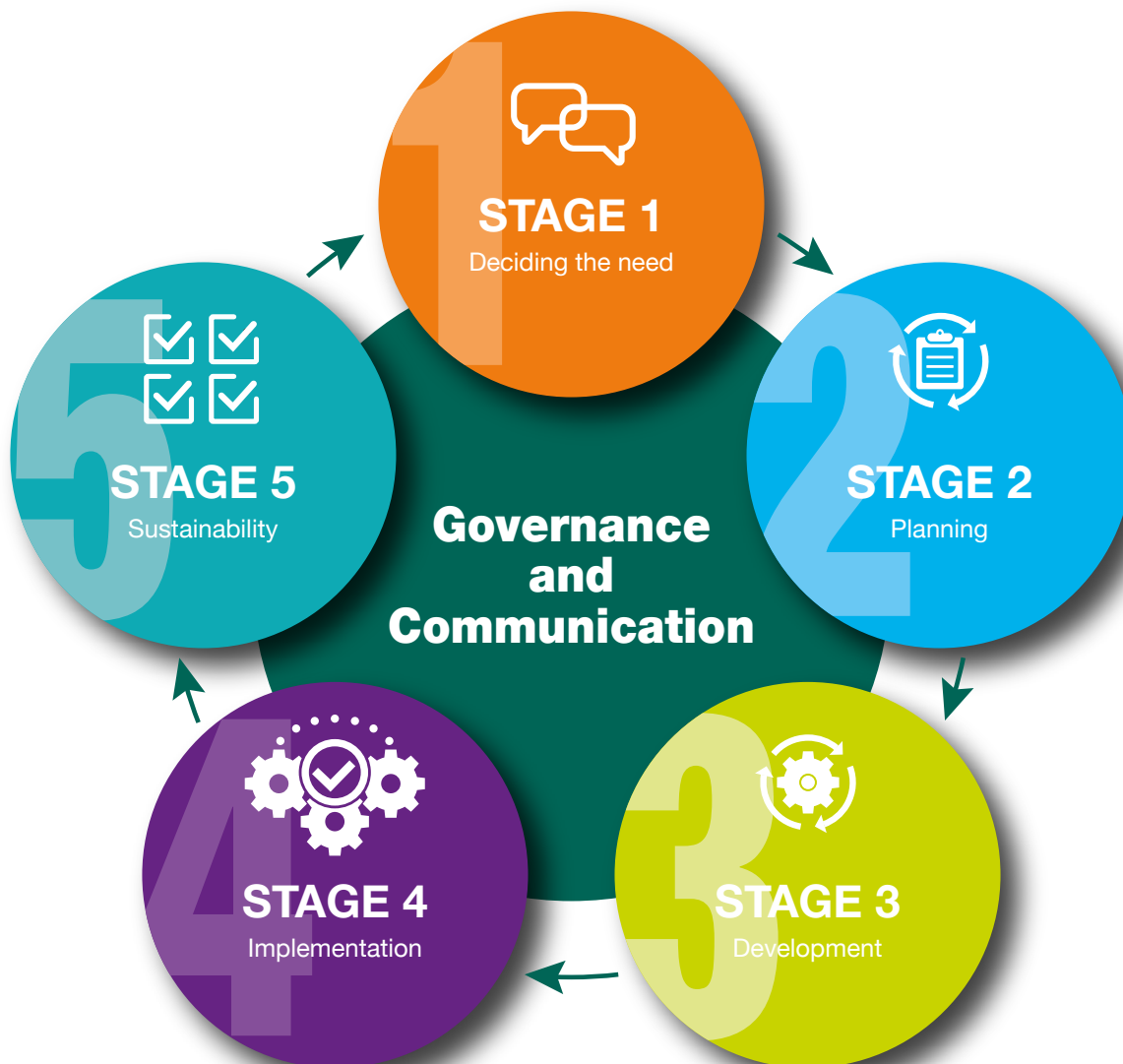
Figure 2: *The 5 key stages of National 3PG development*

STAGE 1
Deciding the need

1

TOOLKIT

STAGE 1: DECIDING IF YOU NEED A NATIONAL 3PG

Table 1: Toolkit of suggested resources for Stage 1: Deciding the need

TOOL	HOW IT CAN HELP
› HSE National Central Repository	Search for published documents and those already in development on same or related topic.
› Definitions of National 3PGs	Help you decide what type of document will be developed.
› HSE Change Guide: Define	Help you describe the Purpose and Need for Change
› HSeLanD Change and Innovation Hub	A dynamic space where you can find up to date information and resources on people and culture change.
› HSeLanD Diversity, Equality & Inclusion Hub	Learn about what a culture of diversity, equality and inclusion means in the workplace.
› Sláintecare Action Plan 2023	This plan comprises Sláintecare programmes, projects and Programme for Government priorities and is aligned to the HSE's National Service Plan and key policies, national strategies and initiatives.

INTRODUCTION

All National Functions and teams across our health service must have a clear governance structure that prioritises National 3PGs being considered for development.

You should start by asking why a National 3PG is needed. Consider this carefully before you begin to develop any plans.

National 3PGs need to be effective and bring about improvement. When deciding if you need a 3PG, consider national quality and safety processes like:

- risk registers
- relevant national improvement programmes.

Doing this supports a system-wide approach to improvement at all levels throughout the HSE. The National 3PG you are considering should focus on areas with the greatest need to improve the quality and safety for:

- patients
- service users
- staff
- service delivery

KEY STEPS & ACTIVITIES

STAGE 1: DECIDING THE NEED KEY STEPS AND ACTIVITIES

Responsibility: Document Commissioner

STEP 1 **Ask the Question, is this National Policy, Procedure, Protocol or Guideline needed?**

Check the HSE National Central Repository for:

• similar published documents on the same topic
• documents that are already being developed.

STEP 2 **Align the topic for development with priority factors**

Use multiple sources of information to decide if you should develop a National 3PG. Sources include the following.

External sources
There are some sources you must check when you are carrying out development due to government or regulatory directives. We call these 'mandatory' sources. For example:

• HIQA
• Healty and safety Authority (HSA)
• Coroners Court
• State Claims Agency
• Ombudsman
• Ombudsman for Children
• Legislation.

Internal sources
You should check internal sources where development is based on:

• HSE risk management processes
• HSE key strategies and objectives
• risk registers
• quality improvement processes.

You should also check internal sources for:

• analysis of serious incidents and complaints
• learning from feedback from staff
• patient experience
• service user surveys.

Service delivery priorities
Where National 3PGs are based on national or international best practice you should check evidence from research. You should also check issues identified by:

• professional bodies
• union organisations
• patient groups
• service user advocacy groups.

Check all other relevant issues that have come to national attention.

KEY STEPS & ACTIVITIES

Staff, patient and service user interest

You should check if anything has been initiated at the service delivery that is not covered by any of the above, but which will contribute to a National 3PG.

You should review:

- HSE organisational and service priorities from the national service plan
- HSE Internal Audit (including Healthcare Audit).

Examine evidence of new change in:

- national policy
- national standards
- identified variation in practice
- research priority areas.

STEP 3   Decide what needs to be improved

Make sure that any new changes to a National 3PG would reduce the risk that the document was designed to manage in the first place.

The outcomes you expect from the National 3PG should be clear from the beginning. You should make sure that this is agreed, documented and shared with all stakeholders.

Only change supporting documents in the National 3PG, like forms or templates, if it will result in an improvement.

STEP 4   Identify risk

You need to carry out a review or risk assessment of resources before and during the development process. This is necessary to find out:

- what is needed to implement the National 3PG
- if the implementation will need additional resources.

STEP 5   Develop a business case if resources are required

You may need to develop a business case to support the National 3PG so that you can put in place the guidance and recommendations in your document.

Resources

The business case should contain all the evidence and essential information to:

- support the National 3PG
- allocate new resources or reallocate existing ones.

The business case should show the need for improvement and all the implications of introducing the National 3PG.

Use your business case to:

- look for support from senior management teams
- sign off on any funding or realigning resources that may be needed.

You can get a business case template from Finance teams.

KEY STEPS & ACTIVITIES

STAGE 1: DECIDING THE NEED KEY STEPS AND ACTIVITIES

STEP 6   **Collaborate across the entire health service**

Collaborate widely and appropriately. This includes aligning with:

- acute and community operations
- corporate functions
- academic institutions.

STEP 7   **Answer the question, is this National 3PG needed?**

Cost
Ask if the National 3PG is likely to result in enough real improvement to justify the cost. When doing this, think of the costs to things like:

- training
- changing structures
- changing processes.

If the improvement is enough to justify the cost, the Document Commissioner should designate the work to a National Function, or Lead, or both. They should have the skills needed to plan, oversee and coordinate the development of the document.

TOP TIPS

Use a scoring table

Consider using a simple scoring table to rank National 3PG topics in order of importance.

Give each topic a score of between 1 and 5 based on importance (with 1 being the lowest and 5 being the highest).

Base this on two impact measures:

• patients, service users and staff
• urgency of the National 3PG.

STAGE 2
Planning

2

TOOLKIT

STAGE 2: PLANNING

Table 2: Toolkit of suggested resources for Stage 2: Planning

TOOL	HOW IT CAN HELP
› Gantt chart	Developing a National 3PG is a project, a Gantt chart will help you track all the tasks and timelines from start to finish.
› Key skill set for Development Group membership	Helpful list of skills required when forming multidisciplinary development groups.
› Template: Terms of reference	Sample template for the development group.
› Template: Interest-Influence mapping grid	Helps you to understand your stakeholders in terms of their level of interest in the change and their level of influence.
› Template: Guidance on stakeholder mapping and analysis	Helps you map whom you need to keep fully engaged and those for whom you wish to increase engagement.
› Template: Engagement & Communication Plan	Helps you to develop an effective engagement and communication plan.
› Template: Action Plan	Helps you outline the outcomes you want to achieve, actions and resources required, persons responsible and timeframes.
› HSE Better Together: Patient Engagement Roadmap 2022	Guidance for healthcare organisations and healthcare staff to proactively engage with patients, families and carers.

INTRODUCTION

INTRODUCTION

Once the Document Commissioner has designated the development of the National 3PG to a National Function or National Lead, as outlined in section 1, it is time to start planning the project.

Set up Expert Advisory or Governance Group
Planning the development of a National 3PG is very important. You need to set up an Expert Advisory or Governance Group. They will agree the governance and oversight of the work ahead.

Document Owner and Approver must first be appointed
It is crucial that the Document Owner and Document Approver(s) are named before any development work is undertaken. Failure to do this may significantly delay the document being approved and published on the HSE National Central Repository.

Responsibilities of Expert Advisory Group
The Expert Advisory Group is responsible for appointing the following.

1. Document Owner
You must have a Document Owner before the HSE National Central Repository will accept your 3PG. You also need one to enable timely reviews and updates of your National 3PG.

2. Document Approver(s)
This may be:

• the head of a National Function
• someone who is an expert in the relevant topic of the document.

3. Chair of Development Group
The Expert Advisory Group will name a chair to set up the Development Group. The chair of the Development Group reports to the Expert Advisory Group.

4. Governance
The Expert Advisory group is responsible for reviewing the final draft of the document before submitting it to the Document Approver.

PLANNING KEY STEPS & ACTIVITIES

STAGE 2: PLANNING KEY STEPS AND ACTIVITIES

Responsibility: Expert Advisory Group and Chair of Development Group

STEP 1　Good governance

Set-up the Expert Advisory Group.

Agree who is the:

• Document Owner
• Document Approver.

Name the Chair of the Development Group.

STEP 2　Avoid duplication

Check the HSE National Central Repository again for:

• similar published documents on the same topic
• documents that are already being developed.

STEP 3　Set-up Development Group

Make group multidisciplinary
Plan your group's membership so that the Development Group is a multi-disciplinary group that includes, where relevant, patient and service user representation; the latter will aid better decision-making that is informed directly by patient and service user voices, needs and preferences.

Include cross section of staff
Make sure that membership includes a cross section of relevant staff from service delivery areas, including:

• staff experienced in 3PG methodology
• those with relevant subject matter expertise.
• individuals with lived experience of diversity characteristics that may be affected in different ways
  by the National 3PG.

STEP 4　Identify and document all the stakeholders

Stakeholder engagement is crucial from the beginning to the end of the development process.

You must involve multiple stakeholders and subject matter experts when:

• developing the document
• reviewing the document.

This will add value to the guidance and recommendations within the document.

PLANNING KEY STEPS & ACTIVITIES

STAGE 2: PLANNING KEY STEPS AND ACTIVITIES

Document and engage stakeholders
Begin with stakeholder analysis by exchanging ideas and documenting who all the stakeholders are. Include subject matter experts.

Engage directly with the stakeholders to figure out:

• what their level of interest is
• their goals
• how they would like to be involved
• what approaches would work best.

Map all the stakeholders in an Interest Influence Mapping Grid. This will help your group to develop who and how often they need to keep updated on progress.

Establish the context
Get a complete picture of the context where changes might be considered and where unintended consequences might take place.

Remember, putting the National 3PG in place is more likely to succeed when you include all those:

• affected by the document
• who are responsible for putting in place the service delivery.

STEP 5   Decide type of document needed

Decide on the type of document you need, for example a national:

• Policy,
• Procedure,
• Protocol, or
• Guideline.

Refer to the definitions table.

STEP 6   Agree scope

The scope must be enough to address the source issue or risk.

• Agree areas which the National 3PG does and does not cover – be specific around Section 38 and Section 39 funded agencies.
• Agree the target users of the National 3PG.
• Agree the target population of the National 3PG.

STEP 7   Develop terms of reference

• Develop the terms of reference for the National 3PG Development Group.
• Include the timeline for the development – if you have a clearly defined scope, this will help you to decide this.

PLANNING KEY STEPS & ACTIVITIES

STAGE 2: PLANNING KEY STEPS AND ACTIVITIES

STEP 8   Declare any conflicts of interest

Make sure that all members of the Development Group complete and sign conflict of interest declaration forms (available in the National Template).

Managing conflict of interest
Stakeholders and experts may have interests that can lead to conflicts of interest.

Declaring an interest does not mean there is a conflict of interest, however, it is important that interests are openly declared so they can be appropriately managed. This is the responsibility of the chair of the Development Group.

If you fail to acknowledge or manage a conflict of interest it can threaten the integrity of the groups' work.

STEP 9   Develop an engagement and communication plan

Ongoing communication is crucial
Ongoing communication and engagement with all the identified stakeholders are crucial and should happen at all 5 stages of National 3PG development.

Details of your 3PG
The plan should outline who you are communicating and engaging with. It should also give details of your 3PG and its:

- purpose
- content
- method
- type and frequency of updates,
- who is responsible for managing the plan.

Ongoing review
You should continuously review the communication and engagement efforts, including feedback methods. This will make sure your efforts are effective and work as intended.

STEP 10   Notify HSE National Central Repository

- Development Groups should provide summary details of the National 3PG they are developing to the HSE National Central Repository. Send these by email to: ncr.team@hse.ie

- Download the National Template for developing HSE National 3PGs from the resources section in the HSE National Central Repository.

TOP TIPS

STAGE 2: TOP TIPS TO PLANNING

1. Good Governance and key roles
Build-in contingency and succession planning.

Consider what you would do if any key person like the Commissioner, Owner, Approver, Expert Advisory Group member left the organisation or changed role. Consider how this might affect the timely development, approval or implementation of the National 3PG.

2. Incorporate feasibility
You are more likely to successfully put the National 3PG in place if you consider how feasible the plan is from the outset and throughout the development process.

3. Manage communication
Consider how the Development Group will communicate with all the identified stakeholders.

STAGE 3
Development

3

TOOLKIT

STAGE 3: DEVELOPMENT

Table 3: Toolkit of suggested resources for Stage 3: Development

TOOL	HOW IT CAN HELP
› Documenting your evidence guide. › Info Skills training calendar › Searching systematically guide	Information with training, searching and documenting your evidence from HSE Health Library Ireland.
› Top tips for writing National 3PGs	Help on writing good quality documents which readers can understand, follow and adhere to.
› HSE Communicating in Plain English Guidelines	Help to improve the quality and consistency of your communications.
› HSE Change Guide: Design	Progress co-design of the National 3PG with key stakeholders.
› HSE Smart Survey link	A tool to circulate and collate your draft National 3PG for feedback from stakeholders.

INTRODUCTION

INTRODUCTION

You should develop HSE National 3PGs based on the best available evidence at the time of writing. There should be a clear link between the evidence relied on and the guidance and recommendations in the National 3PG.

You must have a robust development process to make sure that Development Groups produce valid and reliable National 3PGs. People need to be able to use the 3PGs with confidence. This includes:

• patients
• service users
• staff
• healthcare professionals.

The following activities are the key steps to help you develop an evidence-based quality National 3PG. We consider these key activities to be the most relevant and applicable to HSE settings.

DEVELOPMENT KEY STEPS & ACTIVITIES

STAGE 3: DEVELOPMENT KEY STEPS AND ACTIVITIES

Responsibility: Development Group

STEP 1   Management

Download the National Template for developing HSE National 3PGs from the resources section in the HSE National Central Repository.

Agree who will have responsibility for writing, contributing, reviewing and managing drafts.

When needed, ask for input and perspective outside of the Development Group membership from relevant subject matter experts.

STEP 2   Start drafting the National 3PG

Use the information gathered in 'Deciding the need' and 'Planning' stages to complete the first section of the National Template like:

- purpose
- scope
- target users
- objectives.

STEP 3   Supporting evidence

When sourcing evidence, it is important to establish the healthcare context needed for the topic.

Examples of evidence based National 3PGs
All National 3PGs must be underpinned by evidence. A sample list (not exhaustive) is provided below which are available on the HSE National Central Repository.

- HSE Lone Working Policy.
- HSE Food Nutrition and Hydration Policy for Adults in Acute Hospitals.
- HSE Food Nutrition and Hydration Policy for Adults Accessing Disability Services.
- HSE Child Protection and Welfare Policy Part B Development Cycle.
- HSE Policy on the Management of Sharps and Prevention of Sharp Injuries.
- HSE National Policy for Consent in Health and Social Care Research.
- HSE National Guideline for Infection Prevention and Control in HSE Dental and Orthodontic Services.

Sources
The best available evidence may come from sources such as:

- literature
- law (legislation, regulations)
- accreditation and professional body standards
- codes of practice, including evidence from,

  - serious incidents
  - complaints
  - reviews.

It is important to include links to your supporting evidence where applicable.

A HSE librarian or information specialist can help you to search and document your evidence.

DEVELOPMENT KEY STEPS & ACTIVITIES

STAGE 3: DEVELOPMENT KEY STEPS AND ACTIVITIES

STEP 4   Evaluate the evidence

From the evidence you have sourced, the Development Group can agree what to include and what to exclude when drafting the guidance and the recommendations in the National 3PG.

STEP 5   Outline the steps and guidance of the National 3PG

'Procedure' section
'The Procedure' section of the National Template is where you outline the guidance and recommendations for the National 3PG.

Consider related documents
It is important to make sure you are developing the National 3PG so that it aligns and does not conflict with other or related documents. This means you need to avoid saying different things about the same issue.

Link evidence to your plans
There must be an explicit link between the guidance and recommendations you develop and the supporting evidence you select. You need this to give robust evidence to those putting the National 3PG in place.

Clear and easy to find
The guidance and recommendations in the National 3PG must be clear and easy to find by the reader.

Circulation of document
The Development Group must agree when the draft document is ready to circulate to stakeholders for the national consultation process.

STEP 6   Internal national consultation

Stakeholder feedback is essential
In the planning stage, make sure you look for and receive feedback from stakeholders outside of the Development Group. This is how you get stakeholder buy-in to put your 3PG in place and make it sustainable. You should involve all key stakeholders, and continue to do this throughout the entire development and implementation process.

Identify issues
This consultation process is a significant opportunity to identify:

• any practical issues with how the guidance and recommendations may be applied in practice
• any key enablers that will support implementation of the guidance or recommendations
• any barriers to putting in place the guidance and recommendations.

Keep stakeholders informed
When a new or updated National 3PG goes live it should not be the first time any affected stakeholders hear about it.

A period of 6-8 weeks is generally accepted as enough consultation time. This process may be longer for some national functions who have a very broad consultation process.

An electronic feedback form is the most efficient process. HSE Digital Communications recommend Smart Survey. Click on the link below to register for access to use this survey tool.

https://register.enthuse.com/ps/event/SmartSurveylicence

DEVELOPMENT KEY STEPS & ACTIVITIES

STAGE 3: DEVELOPMENT KEY STEPS AND ACTIVITIES

Record feedback and evidence

You should use one document to record all feedback and supporting evidence from the national consultation process. The document should include how decisions to accept or reject feedback were made. The Document Owner should hold this supplementary information in the electronic 'master file'.

You should then add accepted changes from this process to the next draft.

Summary of consultation

You must include a summary of how the internal and external consultation was carried out in the National 3PG.

STEP 7   External expert review

Quality assurance

An external expert review is generally carried out after the internal national consultation. It is often seen as a quality assurance indicator of a given document.

Sign Conflict of Interests Form

You should ask all external reviewers to complete and sign the Conflict of Interests Form and submit it with their feedback to the chairperson of the Development Group.

Record feedback

You should document all feedback and supporting evidence from the external review process, including how decisions to accept or reject feedback were made. The Document Owner should hold this supplementary information in the electronic 'master file'.

Add changes to new draft

Add the accepted changes from this process to the next draft.

STEP 8   Develop the audit tool

You need to develop the audit questions from the key guidance and recommendations in the National 3PG. The audit tool will help individual service delivery areas to audit how well they comply with the National 3PG.

STEP 9   Identify enablers and barriers to putting your National 3PG in place

You must effectively identify enablers and barriers to putting the guidance and recommendations into practice. You should document these in your implementation plan.

Consider if you need a plain English or lay summary.

Consider how you will need to change the way things are managed if practices change for:

- patients
- service users
- staff.

Consider the potential costs and resources it will take to apply the guidance and recommendations in healthcare settings. The Development Group should revisit this.

DEVELOPMENT KEY STEPS & ACTIVITIES

STAGE 3: DEVELOPMENT KEY STEPS AND ACTIVITIES

STEP 10   Develop a process flow diagram

Where possible, develop a process flow chart to summarise the key guidance and recommendations. Insert them where indicated in the National Template.

Use visual aids
To help the reader throughout the process use visual aids* like:

• flow charts
• images
• screenshots.

*Make sure any visual aids are high resolution, clear, and the text is large enough to read.

STEP 11   Pre-approval checks

Chairperson of Development Group
The Chairperson of the Development Group is responsible for making sure the following are completed.

✅ You must complete the front cover of the National Template to meet the mandatory document management requirements of the HSE National Central Repository.

✅ You must have developed the National 3PG in line with the guidance in this Practical Guide.

✅ Where applicable, you must have documented references and sought permissions.

✅ You must have completed and documented the:
   • National Audit tool
   • National Implementation plan
   • Membership of the Development Group
   • Membership of the Approval Governance Group.

✅ The Chairperson must also have completed and signed the Checklist which is part of the National Template for Developing HSE National 3PGs.

STEP 12   Submit for approval and sign-off

Chairperson
The Chairperson of the Development Group must submit the full National 3PG including the appendices and any supplementary documentation to the Expert Advisory or Governance Group.

Document Approver
The Document Approver(s) must formally approve the National 3PG.

Document Owner
The Document Owner must approve the National 3PG for publication on the HSE National Central Repository.

DEVELOPMENT KEY STEPS & ACTIVITIES

STAGE 3: DEVELOPMENT KEY STEPS AND ACTIVITIES

STEP 13   **Submit to HSE National Central Repository**

The Document Owner must keep a master copy of the approved National 3PG along with any appendices and supplementary working documents in an electronic 'master file'.

The final approved National 3PG should be converted to a PDF to ensure integrity of the document.

You must email the National 3PG to ncr.team@hse.ie for it to be uploaded and published on the HSE National Central Repository.

TOP TIPS

STAGE 3: TOP TIPS TO DEVELOPING YOUR 3PG

Stick to terms of reference

Keep the work within the agreed scope of the terms of reference. Any new additions to the scope will need to address the effects on:

- time
- costs
- resources.

Consultation helps process succeed

Those who are consulted and engaged in the development process are more likely to support putting the National 3PG in place.

Share with stakeholders

Sharing the draft document with as many stakeholders as possible makes sure you receive views from different perspectives. This is where stakeholder mapping will be of extra benefit.

In the HSE, the Diversity, Equality and Inclusion team routinely facilitates equality impact assessments on policies that impact the workforce. Staff representatives can take part in the equality impact assessment process, and the team can be contacted at diversity.hr@hse.ie

STAGE 4
Implementation

4

TOOLKIT

Table 4: Toolkit of suggested resources for Stage 4: Implementation

TOOL	HOW IT CAN HELP
› Slide presentation provided by Dr Niamh O'Rourke, Head of Standards, Health Information and Quality Authority.	Provides guidance on the implementation of PPPGs – translating evidence into practice.
› HSE Change Guide: Factors to monitor during implementation	A template you can use as a 'checklist' to monitor how well change is being implemented and where targeted interventions may be required.
› HSE Change Guide: Deliver	Guidance on implementing the change, supporting all involved with implementation and measuring progress in line with agreed outcomes.
› HSE Change Guide: Gap Analysis	This template can be adapted to help you to identify the gaps or barriers to implement a new or updated National 3PG.

INTRODUCTION

Change-management tool
Based on the guidance and recommendations in the National 3PG, you should develop an implementation plan that highlights what needs to change in practice. It is an important change-management tool.
The key is to change current practice to the new or updated National 3PG. The connection must be made between the system changes that will occur that you can measure, and the behaviour changes that are needed to make this happen.

This stage of National 3PG development is the most resource intensive.

RESPONSIBILITY FOR IMPLEMENTATION

At national level
The national implementation team must be in place to communicate, disseminate and provide:

- guidance
- education materials
- support to local implementation teams.

The Document Owner is key to making sure the National 3PG is successfully put in place.

Where appropriate, consider piloting the new or updated National 3PG at a few local sites before rolling it out and putting it in place nationally. This is a great way to identify unanticipated barriers to putting it in place and allows you to make corrections early.

At local level
The local team putting the National 3PG in place must also communicate, disseminate and provide:

- guidance
- education materials
- support to local implementation teams.

Identify gaps
Each local service delivery area should develop their own plan to put a new or updated National 3PG in place and to identify what the current situation is. They should base this assessment on the outcome of their self-assessment and gap analysis. This enables local areas to plan how to address each of their identified gaps.

The implementation plan needs to be appropriate to the individual needs of the local environment.

INTRODUCTION

STRENGTHENING THE IMPLEMENTATION PLAN

Staff are more like to comply with a National 3PG if:

- they can see the need for the document
- they can easily access, read and follow the document
- the document is clear and concise
- they can understand the likely impact of the document
- they are confident that the improvements will justify the resources needed to put the changes in place.
- the document tallies with guidance and recommendations in related 3PGs.

To strengthen compliance, National 3PGs need to:

- be written in a way that shows a practical understanding of the healthcare service.
- be communicated and circulated using educational interventions for all staff whose work is targeted by the document.

Where appropriate and useful a short, lay summary should be available for:

- patients
- service users
- staff
- stakeholders.

IMPLEMENTATION KEY STEPS & ACTIVITIES

STAGE 4: IMPLEMENTATION KEY STEPS AND ACTIVITIES

Responsibility: stakeholders and governance reporting lines
The key focus now is on the guidance and recommendations developed

STEP 1 Read the National 3PG

Guidance and recommendations
Find and identify all of the key guidance and recommendations developed in the document.

Identify key changes for:

- patients
- service users
- staff
- the service.

STEP 2 Conduct a gap analysis

We recommend you do a self-assessment or gap-analysis.

Document the following in your gap analysis:

- what is the current work practice
- what is the future work practice
- identify and describe the gaps or barriers to achieve the future goals.

STEP 3 Compare the gap analysis results

Look at the guidance and recommendations in the document and compare them to your:

- gaps
- barriers
- areas for improvement.

Identify what needs to change for the guidance and recommendations to be put into practice like:

- process
- behaviours
- consideration of local context.

Prioritise the areas you need to improve.

Following a risk assessment, if there are any recommendations that you cannot put in place, find safe alternatives for your local context.

STEP 4 Find solutions to target barriers to implementation

Identify actions and interventions for putting the plan in place that will target:

- specific barriers
- areas for improvement.

Identify solutions with costs and benefits.

IMPLEMENTATION KEY STEPS & ACTIVITIES

STAGE 4: IMPLEMENTATION KEY STEPS AND ACTIVITIES

STEP 5   **Identify the capability of frontline healthcare workers**

The changes from the National 3PG in practice will be put in place by frontline managers and healthcare workers.

Assess the skill and capacity of these staff to identify what support they will need to put the changes in place.

STEP 6   **Set up project teams**

Good governance: set up a clear governance structure for the local implementation team or teams.

Map out who needs to be involved when putting the process in place.

Agree who has overall responsibility for monitoring how the actions are put in place.

Agree how the progress of implementation will be reported to:

• key stakeholders
• governance reporting lines.

STEP 7   **Use an implementation plan template**

For consistency, the local team putting the plan in place should use the implementation plan template in the National Template.

STEP 8   **Write-up the implementation plan**

Document what has to happen for each action to be put in place.

IMPLEMENTATION ACTION	Implementation barriers / enablers	List of tasks to implement the action	Lead responsibility for delivery of the action	Expected completion date	Expected outcomes

Implementation team
Give details of the team putting the plan in place:

• describe its structure and governance
• list your team members
• specify meeting frequency.

Outline any planned training and capacity building for members of the team putting the plan in place.

Timeline for putting the plan in place
A clear schedule of when the National 3PG is expected to be implemented in full should be detailed in the implementation plan. This plan is part of the National Template.

The effective from date of the National 3PG and the date of implementation may vary.

IMPLEMENTATION KEY STEPS & ACTIVITIES

Communication and dissemination
Communicate the right message to the right people about the changes. For the new or updated National 3PG, outline the plan to:

- communicate
- promote
- raise awareness.

Actively listen to:

- patients
- service users
- staff
- managers.

Have a clear process in place for feedback while putting the plan in place.

Education
A plan for education is a key enabler to get the National 3PGs plan working in practice.

Develop support tools and provide resources in the plan for how the guidance and recommendations can be put into practice.

The plan should address the guidance and recommendations and include:

- solutions
- interventions.

List the supporting things to be developed like:

- tools
- resources
- education.

Give links to where they can be accessed.

These may include:

- pre-recorded videos or webinars outlining key messages with follow-up practical Q&A sessions
- FAQs
- raising awareness and promotional materials.

You can host all of these on:

- HSeLanD.

We recommend you use local champions to:

- help make the change happen
- support the guidance and recommendations as they are put into practice.

Consider how all identified stakeholders, including staff, patients and service users can support the plan as it is put in place.

IMPLEMENTATION KEY STEPS & ACTIVITIES

STEP 9   **Accessibility**

HSE National Central Repository
Document Owners should make sure the National 3PG is accessible by staff and the public on the HSE National Central Repository only.

The HSE National Central Repository is the single trusted source for accessing, storage and document control for National 3PGs.

STEP 10   **Assurance**

Audit trail
You should have a clear process in place that provides a documented audit trail that relevant staff have received and read the National 3PG.

Line managers can record this on a Signature Sheet – there is an editable one in the National Template.

TOP TIPS

STAGE 4: TOP TIPS TO IMPLEMENTATION

Regular document reviews needed

Implementation plans are live documents and will need to be reviewed regularly to make sure progress is being made and maintained. The implementation plan is often called a:

• quality improvement plan

• action plan.

Watch key areas

Watch out for key areas that require focus and monitoring during implementation to:

• maintain momentum

• sustain improvements.

Check you are ready

You may need to assess and document whether or not you are ready to put the plan in place.

STAGE 5
Sustainability

5

TOOLKIT

STAGE 5: SUSTAINABILITY

Table 5: Toolkit of suggested resources for Stage 5: Sustainability

TOOL	HOW IT CAN HELP
› Sustainability process flow chart	Help you plan for ongoing monitoring, audit and evaluation of a National 3PG.
› Monitoring and Evaluating Implementation: Planning Tool	A tool for planning of monitoring and evaluation of implementation which can be applied to any National 3PG.
› HSE Change Guide: clarifying measures	This template provides guidance to assist you to design the process for the collection of metrics
› HSE Quality Improvement Toolkit	This toolkit contains a number of tools which should make carrying out a project easier.
› HSE Enterprise Risk Management Support Tools	Tools to support clinicians and managers in delivering on your commitments in relation to managing risk.

Note: an audit tool template is part of the National Template

INTRODUCTION

Sustainability involves carrying out specific planned, intentional activities with the aim of making evidence-informed National 3PGs work better in practice for:

- patients
- service users
- staff
- the service.

Sustainability is often described as the 'how' as well as the 'what'. Sustainability activities include:

- monitoring
- auditing
- evaluating.

Local teams that are putting services in place need to:

- be consistent
- standardise these three distinct areas.

Sustainability activities are essential to make sure the guidance and recommendations in the National 3PG are fully put in place at local service delivery areas. They also need to make sure they stay in place. These activities need to be planned so you can make sure that monitoring systems like auditing, are in place. They should be ready to start when the guidance and recommendations of the document are being put in place locally.

SUSTAINABILITY KEY STEPS & ACTIVITIES

STAGE 5: SUSTAINABILITY KEY STEPS AND ACTIVITIES

Responsibility: stakeholders and governance reporting lines

STEP 1 **Governance structure**

Set up a good governance structure for the National 3PG so it is:

- monitored
- audited
- evaluated.

STEP 2 **Develop a monitoring plan for continuous improvement**

The monitoring plan must include the details of timelines and the lead person or people responsible for these processes. Link with the appropriate person or people with the expertise within your area to help you with these processes.

You can use monitoring to inform and support the evaluation process by providing ongoing feedback through regular:

- data collection
- review
- analysis.

The information gathered from monitoring assures local service delivery areas that the National 3PG is working in the way it was planned to.

Evaluate effectiveness

Develop ways to evaluate how effectively the National 3PG is meeting its defined outcomes.

STEP 3 **Develop an audit plan**

Auditing is one way to monitor your plan.

The activity data reported is based on:

- Performance Activity
- Key Performance Indicators.

These are outlined in the current HSE National Service Plan available online.

Audit tool

Use the audit tool in the National 3PG to record:

- local compliance with the National 3PG
- the 3PG applicability and effectiveness.

Involve stakeholders

Involve all relevant stakeholders at planning stage and agree specific responsibilities from the start.

SUSTAINABILITY KEY STEPS & ACTIVITIES

STAGE 5: SUSTAINABILITY KEY STEPS AND ACTIVITIES

There are many things you need to identify and agree to

Identify the following:

- skills needed
- specific staff training required.

You also need to identify who:

- has the skills to write up the findings in the audit report
- will sign off on and approve the audit report
- will have the authority to act on improvements.

Agree how:

- to measure and assess the outcomes
- the plan will capture staff, patient and service user views about the effectiveness of the changes
- to make changes in practice.

You need to agree how the findings link in and close the quality assurance loop. You also need to assess how the findings link to:

- risk registers
- the quality improvement process.

Other questions to ask about the audit plan include:

- when will it be done?
- how will it be done?
- how often will it be done?
- how long will it take?
- who will coordinate it?

STEP 4   Develop an evaluation plan

Evaluation starts with asking what does success look like? It includes quantitative and qualitative measures.

Compare outcomes to objectives

Evaluation involves comparing the National 3PG objectives to its outcomes. This will show you how much it has achieved its aims.

You need to analyse completed audits to see if the guidance and recommendations in the National 3PG are effective. Link the completed audit to:

- risk registers
- quality improvement plan.

Outline specific outcomes which the National 3PG aims to achieve, for example, related to:
- benefits
- healthcare
- service improvement
- risk reduction.

Outline how you can measure these outcomes. There may be short-term and long-term outcomes.

Monitor and measure the suitability and the effectiveness of the education and learning supports. Change them as needed.

SUSTAINABILITY KEY STEPS & ACTIVITIES

STAGE 5: SUSTAINABILITY KEY STEPS AND ACTIVITIES

STEP 5 — Consider all data sources and collect the data

Ask what type of data do you need to collect? This may be quantitative, or qualitative or both. (see Toolkit on clarifying measures)

You should collect only data that is relevant to see if key guidance and recommendations in the National 3PG are being met.

Sources to gather information and collect data
Where available, you should use existing:

- key performance indicators
- data collection mechanisms
- audits.

Data collection mechanisms include surveys for:

- patients
- service users
- staff.

You should also use quality indicators such as staff or patient and service user feedback from surveys or audit outcomes.

There are new and innovative ways to gather opinions and experiences. See:

- Better Together: The Health Service Patient Engagement Roadmap.

STEP 6 — Take action on audit, investigation, and review findings

Following an audit, investigation, or review the results may indicate that a modification or an addendum to the National 3PG is required. It is the responsibility of the Document Owner to ensure that such modifications or additions to the National 3PG are carried out in a timely manner.

STEP 7 — Develop a plan for sharing the learning from the process of:

1. monitoring   2. auditing   3. evaluating

You need to agree who:

- the learning will be shared with and how.
- will write the communication plan to give to relevant stakeholders.

Use staff platforms including:

- HSE All Staff Email updates
- HSE Health Matters publication
- conferences
- study and learning events
- staff forums
- HSE Patient Safety Together: Learning, Sharing and Improving.

SUSTAINABILITY KEY STEPS & ACTIVITIES

STAGE 5: SUSTAINABILITY KEY STEPS AND ACTIVITIES

You should also pay attention to:

• safety alerts like the National Quality and Patient Safety Alerts (PSA)
• Patient Safety Supplement (PSS).

Quality improvement methods

You need to act if a National 3PG is not:

• being put in place as intended
• being used as intended
• producing the expected or desired outcomes.

If this is the case, refer to tried and tested quality improvement methods like Plan Do Study Act (PDSA) to support continued improvement. This will have the benefit of enabling implementation teams to engage both themselves and leadership in using information to support and positively influence National 3PG outcomes.

It will also make sure that decisions are:

• evidence-based
• purposeful
• planned.

This will avoid them being opportunistic and reactionary.

TOP TIPS

STAGE 5: TOP TIPS TO SUSTAINABILITY

Key performance indicators
In your service delivery area at the early stages of putting the plan in place:

• identify what the key performance indicators are
• create your Audit Tool.

Use accurate information
It is critically important to use accurate information to show if:

• the National 3PG is being put in place
• intended outcomes are being delivered.

Audit compliance
You need to make sure your plan complies with newly developed or recently updated National 3PGs. This is important to both quality assurance and quality improvement. It provides essential baseline information.

SECTION 2

Review and update

Responsibility: Document Owner

Use the learning from the monitoring, audit and evaluation process and new emerging evidence, to inform the review and update of the National 3PG.

Managing the National 3PG lifecycle

1. Review every three years
We recommend that National 3PGs are formally reviewed every three years, unless it is needed sooner due to updates in:

- legislation
- regulations
- emerging issues
- research
- technology
- audit findings.

2. Update regularly to avoid duplication
Make sure that National 3PGs are formally reviewed and updated in a timely manner by the Document Owner. If you don't, local 3PGs may change to comply with statutory or regulatory bodies.

Across the health system, lack of review may result in:

- unnecessary localisation
- document duplication
- variation in practice.

3. Document Owner is responsible for reviews and updates
The Document Owner is responsible for timely review and update of the National 3PG on an ongoing basis. They must also make sure that planned future evaluation is undertaken and acted on.

4. Contingency planning
The Document Owner may leave their role. It is the responsibility of line managers to ensure that the Document Owners responsibilities are safely handed over to the new postholder.

5. Plan review ahead of time
Planning the review of a National 3PG ahead of time:

- eases the workload burden
- keeps the document up to date
- keeps the organisation compliant.

SECTION 2: REVIEW AND UPDATE

6. Check at two-year mark

Although a full formal review can be resource intensive, a check-in by the Document Owner at the two-year mark may help. It will help to move National 3PGs to more dynamic documents which are:

• up to date
• responsive to service issues
• responsive to feedback.

This is a part of a continuous quality improvement process.

7. Record every review

Each time a formal review of the National 3PG is undertaken, this must be recorded, even if no updates or improvements are needed to the document. This is done in the version control update section (page 3) of the National Template.

8. The latest version is always on the HSE National Central Repository

The new version of the National 3PG must be communicated and disseminated to all the relevant stakeholders, and uploaded to the HSE National Central Repository. The version publicly accessible on the Repository is always the current and active document.

9. Version number is on the front page of National Template

Where a new version number is required, this and the other mandatory document control information is recorded on the front pages of the National Template.

10. Keep a master copy

Document Owners should keep a secure electronic master copy (not publicly accessible) of the National 3PG, this includes:

• current version master document including the appendices.
• relevant supporting working documents from each stage which are:

  - Planning
  - Deciding the need
  - Development
  - Implementation
  - Sustainability

References

1. The report from the Commission of Patient Safety and Quality Assurance (DOHC, 2008).

2. HSE Quality & Safety Framework (2009).

3. Health Information and Quality Authority (HIQA). National Standards for Safer Better Healthcare, June 2012.

4. People's Needs Defining Change. Health Services Change Guide. Health Service Executive 2018.

5. Better Together: The Health Services Patient Engagement Roadmap, Health Service Executive 2022.

6. Learning from Healthcare Audit processes related to the development and implementation of PPPGs within the HSE and HSE funded services, March 2019.

7. Health Service Executive (HSE), National Centre for Clinical Audit, Clinical Audit – A Practical Guide, National Quality and Patient Safety Directorate, March 2023.

SECTION 2: APPENDICES

Appendices

SECTION 2: APPENDIX 1

Appendix 1: Membership of HSE National 3PG Working Group

Name	Title/representing
Ms Una McCarthy *(Chairperson)*	Senior Manager, HSE, National Primary Care Community Operations
Ms Amy Collins	PPPG Coordinator, Quality Improvement, Quality and Patient Safety Department, UL Hospitals Group
Ms Averil Larke	Senior Policy Officer, Quality Improvement, Tallaght University Hospital (Member until September 2022).
Ms Christine Fenton	Patient and Service User Partner
Ms Dympna Lynch	Health Librarian, Cavan General Hospital
Ms Emer Quigley	Project Manager, National Central Repository Team, HSE Health Library Ireland
Mr Liam Quirke	Regional Manager, Consumer Affairs, HSE, Merlin Park Hospital, Galway
Ms Margo Leddy	Health and Safety Manager (Policy Team), HSE National HR
Ms Monica Percy	Governance & Compliance General Manager, HSE National Finance Division
Ms Ursula Sheridan	Assistant Staff Officer, National Central Repository Team, HSE Health Library Ireland

SECTION 2: APPENDIX 2

Appendix 2: Membership of HSE National 3PG Governance Group

Name	Title/representing
Dr Ana Terrés *Chairperson*	Assistant National Director, Head of Research and Evidence, HSE
Ms Anne Horgan	General Manager, Clinical Design and Innovation, Office of the Chief Clinical Officer (CCO), HSE
Ms Aoife Lawton	General Manager, HSE Health Library Ireland
Mr Ben Cloney	Head of Digital, HSE (replaced Ms Emma Finn, Head of Internal Communications)
Ms Christine Fenton	Patient and Service User Partner
Mr Ciaran McCullagh	National Quality and Patient Safety Manager, National Ambulance Service
Ms Cora Lunn	Director of Nursing, HSE Office of the Nursing and Midwifery Services Director (ONMSD) (Replaced Ms Maureen Nolan)
Dr Eve O'Toole	Head of Evidence and Quality Hub, National Cancer Control Programme
Ms Emer Quigley	Project Manager, National Central Repository Team, HSE Health Library Ireland
Mr Fran Thompson	Chief Information Officer, HSE eHealth and Disruptive Technologies
Ms Irene O'Hanlon	General Manager, Quality and Patient Safety, HSE National Community Operations
Ms Margaret Brennan	Assistant National Director, Quality and Patient Safety Lead, HSE Acute Operations.
Ms Maureen Nolan	Director of Nursing, HSE Office of the Nursing and Midwifery Services Director (ONMSD) (member until March 2023)
Ms Monica Percy	Governance & Compliance General Manager, HSE National Finance Division
Ms Rosemary Grey	Assistant National Director, HSE Head of Compliance
Ms Stephanie Skeffington	Patient and Service User Partner
Ms Una McCarthy	Senior Manager, HSE, National Primary Care Community Operations
Ms Ursula Sheridan	Assistant Staff Officer, National Central Repository Team, HSE Health Library Ireland

SECTION 2: APPENDIX 3

Appendix 3: Definitions for National 3PGs

Table 6: Choosing the right document type and when to use them

Doc Type	Definition	When you need to provide	To Clarify
Policy	A policy is a written statement that clearly indicates the position and values of the organisation on a given subject (HIQA, 2008). It is a written operational statement of intent and explains the organisations stand on a subject and why there is a rule about it.	• A position statement. • Organisational rules and values. • Expected behaviours of staff, patients and service users. • Expected standards in the organisation relevant to the policy. • Clearly defined roles and responsibilities of staff, patients and service users.	The 'what' and 'why' (but does not inform exactly how something will be done)
Procedure	A procedure is a written set of instructions that describe the approved and recommended steps of a particular act or sequence of events (HIQA, 2008). Procedures supplement polices with specifics information users need.	Specific step by step instructions for a specific task and the sequence in which to perform those steps, to achieve the task objective.	The 'how' • What will be done • When it will be done • Whom it will be done by • What records are to be kept
Protocol	A protocol is a written plan that specifies procedures to be followed in defined situations: Protocols are more explicit and specific in their detail than guidelines; in that they specify who does 'what', 'when' and 'how' (HSE, 2012).	A written plan, a standardised set of rules or code of practice in how to proceed in defined situations.	Who does 'what', 'when' and 'how'
Guideline	A guideline is defined as a principle or criterion that guides or directs action. Guideline development emphasises using clear evidence from the existing literature, rather than expert opinion alone (HSE, 2011).	The principle, standards or benchmark that guides or directs action.	General recommendations of how to perform a task, or advice on how to proceed in a situation.

Appendix 4: High level principles of National 3PG development

- Is commissioned by an appropriate individual who has the skill and expertise to determine the need for development and a clear outcome for the improvement.

- Is informed by appropriate criteria such as HSE Corporate Plans and relevant Strategies; Performance and Accountability Framework; Department of Health Policies.

- Is a priority for the organisation or service, developed for the right reasons and that will address known risks.

- Is informed by the needs of all those who may be impacted by the National 3PG.

- Is developed in collaboration with other groups across the health service, using a co-ordinated, integrated approach to jointly plan, develop, approve and implement National 3PGs.

- Creates standardisation on the same topic and reduce unnecessary duplication of documentation and effort across the health service.

- Optimises best use of staff, patient and service user expertise and experience.

- Enhances wide stakeholder involvement, emphasising the inclusion of frontline staff and patient and services users, as partners.

- Links clearly to the evidence relied on when creating the recommendations which result from the National 3PG process.

- Be able to show how you considered the cost effectiveness and resource implications for the effective and measurable implementation of the recommendations.

Appendix 5: Roles and responsibilities in National 3PG development

1. Role of Document Commissioner:

• Align to the high-level principles for developing National 3PGs (Appendix 4).

• Uphold the overarching principles of this Practical Guide, including that proposed documents warrant development and are informed by the appropriate prioritisation criteria.

2. Role of Document Owner:

Take responsibility and ownership of published National 3PGs under their governance, including;

• Schedule what new National 3PGs will be developed or are due to be reviewed for a given year. This can be part of the service plan.
• Timely review and update of National 3PGs, standard review period is every three years.
• Publish the approved National 3PG in one secure location, which is the HSE National Central Repository only.
• Carry out due diligence in communicating transfer of ownership if governance of National 3PG changes.
• Assign Lead who will have responsibility for national implementation and reporting on same.
• Assign Lead who will have responsibility for national audit and evaluation, and reporting on same.
• Keep a secure electronic master copy (not publicly accessible) of the National 3PG, this includes:

   - current version master document and the appendices.
   - relevant supporting working documents from each stage which are:

        • Planning
        • Deciding the need
        • Development
        • Implementation
        • Sustainability

3. Role of Patient and Service User:

• To work collaboratively in a shared co-production and decision-making process to develop National 3PGs, as appropriate.
• To bring their lived experience of the relevant topic to the National 3PG development process.
• Be Partners in shared development and decision-making process.
• To promote inclusive plain language in National 3PGs being developed.

4. Role of Development Group Chairperson:

• Identifies wide and relevant representation on the group, including staff, patient and service users as relevant.
• Include diverse perspectives which will ultimately enhance the diversity, equality and inclusion content of the document.
• Invites members, manages and declares any conflicts of interests.
• Clarifies member roles and responsibilities including subject matters experts who may provide periodic guidance.
• Clarifies patient and service user role, and have a clear process in place to support them in this role.
• Oversee the development of the document content.
• Report to the Expert Advisory/Governance Group.

SECTION 2: APPENDIX 5

5. Role of Development Group:

• Declare any conflicts of interests to the chairperson of Development Group.

• Develop the Terms of Reference and operate in accordance with same.

6. Role of HSE Document Approver(s):

The Document Approver(s) is responsible for signing off on the content of the document. This is the senior most accountable person or subject matter expert relevant to the topic of the 3PG.

SECTION 2: APPENDIX 6

Appendix 6: About HSE National Central Repository

The <u>HSE National Central Repository</u> went live in Summer 2023. The repository is a publicly accessible document management system for accessing, storage and document control of HSE National policies, procedures, protocols, guidelines and clinical guidelines.

The repository is managed by HSE Health Library Ireland and the team can be contacted at <u>ncr.team@hse.ie</u>

Role of HSE National Central Repository Team:

- To manage the day-to-day operational activities of the repository.
- To put in place processes for the mandatory document management requirements of the content management system of the repository.
- To monitor the content to support timely review and update by the Document Owner.
- To ensure the National Template is used to develop all HSE National 3PGs, including all mandatory information relating to document ownership and document control.
- To act as a focal point for general information about the repository and signposting to resources such as the Practical Guide and National Template.

Appendix 7: Useful websites and resources with practical applicability

Quality & Patient Safety - National

1. National Patient Safety Office
2. National Clinical Effectiveness Committee
3. Framework for Improving Quality in Our Health Service
4. HSE National Quality & Patient Safety Directorate. QPS Incident Management.
5. HSE Enterprise Risk Management Policy and Procedures 2023.

Quality & Patient Safety – International

1. World Health Organisation. Global Patient Safety Action Plan.
2. ISQua, International Society for Quality in Healthcare.

Patient/Service User Perspective

1. HSE Operational Performance and Integration. Partnering with patients.
2. HSE National Quality Improvement Team. Person and Family Engagement.
3. HSE Patient Safety Together: learning, sharing and improving.
4. A National Framework for Person-centred Planning in Services for Persons with a Disability.
5. HSE Better Together: Patient Engagement Roadmap, 2022

Quality Improvement Science

1. By all, with all, for all: a strategic approach to improving quality 2020-2024. Health Service Executive 2020. National Quality Improvement Team.
2. HSE, National Quality and Patient Safety Directorate, QPS Intelligence. Measurement for Improvement resources.
3. IHI, Institute for Healthcare Improvement.
4. HSE Change Guide 2018. Creating Public Value.

Implementation Science

1. Department of Health/National Clinical Effectiveness Committee Implementation Guide and Toolkit for National Clinical Guidelines. Department of Health, September 2018.
2. Centre for Effective Services (CES) Guide to Implementation.
3. The Center for Implementation (resources and training)
4. The behaviour change wheel: a new method for characterising and designing behaviour change interventions. Michie, S., Van Stralen, M.M. and West, R., 2011. Implementation science, 6(1), pp.1-12.
5. Factors that influence the implementation of (inter)nationally endorsed health and social care standards: a systematic review and meta-summary. Kelly Y, O'Rourke N, Flynn R, O'Connor L & Hegarty J. BMJ Quality and Safety. 2023;0:1–13. doi:10.1136/bmjqs-2022-01528.

Communication and managing change

HSE, National Healthcare Communication Programme Implementation Guide. A collaboration between the Health Service Executive of Ireland (HSE) and tEACH, the teaching group within EACH, the International Association for Communication in Healthcare.

SECTION 2: APPENDIX 8

Appendix 8: About National 3PG Working Group

This appendix has four parts:

1. Governance
2. Overview of review approach
3. Project management of the working group
4. Approval by National 3PG Governance Group

1. Governance

This review of the HSE National Framework for Developing PPPGs (2016) was commissioned by Dr Ana Terrés, chairperson of the National 3PG Governance Group. The terms of reference of the working group were signed off by the chairperson in April 2022. Chairperson and membership of the National 3PG Working Group was confirmed with an agreed work-plan. Membership of the National 3PG Working Group included wide representation across the HSE which is provided in Appendix 1. The chairperson of the National 3PG Working Group reported to the chairperson of the National 3PG Governance Group (Appendix 2).

2. Overview of review approach

The review approach of the National 3PG Working Group was informed by the following sources of information and activities:

Reviews and findings

- Review of the scope and outcomes from terms of reference.
- Findings from HSE Internal Healthcare Audit report 'Learning from Healthcare Audit processes related to the development and implementation of PPPGs within the HSE and HSE funded services' (2019).
- Recommendations from original framework not implemented since date of publication (such as National Central Repository, National PPPG Oversight Governance Group).
- HSE Health Library Ireland literature review and definitions search around commissioning process for National 3PGs.

External expert feedback

- Consultation with subject expert on implementation science Dr. Niamh O'Rourke, Head of Standards in the Health Information and Quality Authority (HIQA), who gave a presentation on 'Implementation of PPPGs – translating evidence into practice' to the three project working groups in June 2022.
- A workshop on governance processes was held in September 2022, facilitated by Dr Eve O'Toole, in the National Cancer Control Programme.

Expert feedback from HSE staff, service users and others on the 2016 Framework

- Feedback from users of the 2016 Framework, which included:
  - A strengths and weaknesses feedback exercise undertaken with key stakeholders and HSE national document developers, on what worked well in the framework, what challenges they found and suggestions for improvement.
  - An online survey with HSE staff and patients and service users to understand their current challenges in finding, developing and approving National 3PGs.
  - Ongoing feedback to the National Central Repository Team from staff relating to using the framework, training and education enquiries and accessing for National 3PGs on the HSE website.

SECTION 2: APPENDIX 8

Feedback from a situational analysis of using the guide you are now reading

- A situational analysis was compiled from all feedback with key themes emerging that informed how this Practical Guide could be strengthened.

3. Project management of the working group

The National 3PG Working Group was chaired by Una McCarthy, Senior Manager, HSE, National Primary Care Community Operations. The co-ordination of the activities of the working group was provided by a Project Manager and Assistant Staff Officer in Health Library Ireland. There were numerous meetings of the working group where review of the literature, analysis of feedback, in addition to informed discussion and debate took place.

Consultations were carried out with experts in:

• implementation science

• quality improvement

• digital communications

• other related areas, which included presentations, virtual and in-person meetings and numerous telephone and email correspondences.

A national consultation of the draft Practical Guide was carried out and all feedback was reviewed and considered for the further development of the document.

4. Approval by National 3PG Governance Group

The final version of this Practical Guide was formally approved by the National 3PG Governance Group on 29/11/2023.

SECTION 2: GLOSSARY OF TERMS

Glossary of terms	Description	Source
3PGs	Policies, procedures, protocols and guidelines (excludes clinical guidelines).	National 3PG Working Group
Barriers	Barriers are factors that reduce the probability of successful implementation, or adherence to the guidance / recommendations in practice in the National 3PG.	National 3PG Working Group
Checklist	A checklist is a simple and descriptive list of defined tasks/activities to be completed.	National 3PG Working Group
Document Approver	Person or people responsible for signing off on the content of the document as the senior most accountable person / subject matter expert that makes sense for relevant topic.	National 3PG Working Group
Document Commissioner	Person responsible for deciding the need for a National 3PG, designating to a National Function/Lead with the necessary skills to plan, oversee and coordinate the development of the document.	National 3PG Working Group
Document Owner	Person responsible for the governance, leadership, accountability and timely review of a National 3PG during its lifecycle, aligned with the current HSE governance structures.	National 3PG Working Group
Enablers	Supports that will aid and facilitate embedding the recommendations in the National 3PG.	National 3PG Working Group
Evaluation	A formal process to determine the extent to which the planned or desired outcomes of an intervention are achieved.	HIQA, 2012
Governance	Governance refers to the systems, principles and processes by which an organisation is directed, controlled and managed.	HSE Code of Governance, 2021
Healthcare audit	Healthcare audit, in line with the design and practice of Internal audit, is an independent, objective assurance activity designed to add value and improve an organisation's operations.	HSE Clinical Audit A Practical Guide, 2023
Key Performance Indicators	Measurable indicators that demonstrate progress towards a specified target. They enable decision-makers to assess progress towards the achievement of an outcome, objective or goal within an agreed timeframe.	HSE Change Guide, 2018
Monitoring	A systematic process of gathering information and tracking over time. Monitoring provides a verification of progress towards achievement of objectives and goals.	HIQA, 2012 National 3PG Working Group

SECTION 2: GLOSSARY OF TERMS

Glossary of terms	Description	Source
National 3PG	Refers to policies, procedures, protocols and guidelines (excludes national clinical guidelines) developed at a national level to support and ensure consistency and equity relevant to the topic, and to assist standardisation across the HSE.	National 3PG Working Group
National Central Repository	A single source system for accessing, storage and document control of HSE National policies, procedures, protocols, guidelines and clinical guidelines.	National 3PG Working Group
Objectives	Brief, clear statements that describe the actions that will be taken to bring about the vision and desired outcomes; they are specific and focused so that you know what is intended to be achieved.	HSE Change Guide, 2018
Patient and Service User	The term 'patient and service user' is used for consistency throughout this document. The term includes: • People who use health and social care services as patients and service users • Carers, parents and guardians • Organisations and communities that represent the interests of people who use health and social care services • Members of the public and communities who are potential users of health services and social care interventions	HSE Better Together: Patient Engagement Roadmap, 2022
Quality Assurance	"Quality assurance is defined as all those planned and systematic actions necessary to provide adequate confidence that a structure, system, component or procedure will perform satisfactorily and comply with agreed standards." HSE (2019b)	HSE Clinical Audit A Practical Guide 2023
Quality Improvement	"Quality improvement (QI) is the combined and unceasing efforts of everyone — healthcare professionals, patients and their families, researchers, commissioners, providers and educators — to make the changes that will lead to: • better patient outcomes • better experience of care • continued development and supporting of staff in delivering quality care." "All methods highlight the importance of accessing the unique knowledge that frontline staff possess and involving them in any change and improvement process. Improving the quality of care, and sustaining it, requires all programmes to have a theory of change that is based on the application of improvement science."	HSE Clinical Audit A Practical Guide, 2023

SECTION 2: GLOSSARY OF TERMS

Glossary of terms	Description	Source
Section 38	A body which the HSE has entered into an arrangement with, in accordance with Section 38 of the Health Act 2004 (as amended), to provide health services on its behalf.	NHSE Code of Governance, 2021
Section 39	A body which provides similar services to the HSE and which the HSE has entered into an arrangement with to help that body under Section 39 of the Health Act 2004.	HSE Code of Governance, 2021
Service	Anywhere health or social care is provided.	National 3PG Working Group
Stakeholders	Stakeholders are individuals or groups of individuals who: • are (or might be) affected by change • have a direct interest in or investment in an innovation or change • whose actions could affect the change.	HSE Change Guide, 2018
Sustainability	Sustainability is when new ways of working and improved outcomes become the norm. As a result, when you look at the process or outcome one year from now or longer, you can see that at a minimum it has not reverted to the old way of working, or old level of performance	HSE Change Guide, 2018