

**Standards Evidence**

**Organisations are required to complete the following sections, providing evidence on how they meet the PHA Quality Service Standards.**

Name of Organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Project(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

July 2018 Edition

**Section one: CORE Standards**

| **Standard** | | **What this means** | **What this might mean in practice** | **Linked Standards** |
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| **Criteria 1 MANAGEMENT & ORGANISATIONAL GOVERNANCE** | | | | |
| **C1.1** | The management committee / board ensure that the organisation operates to clear governance requirements. | Your management committee / board is accountable for the whole organisation and as such it is the responsibility of the board to ensure that the organisation complies with its mission and governing documents, relevant laws and contractual obligations, that it is solvent and fulfils all its obligations. |  |  |
| **C1.2** | Effective risk management policies and procedures are in place and adhered to. | Organisations must have in place a risk management strategy that covers strategic and operational risk. |  |  |
| **C1.3** | The service is provided with clear management structures, leadership and direction. | Effective management structures, leadership and direction support the delivery of organisational objectives. As such the management structures must be capable of ensuring the delivery of the organisations defined mission and vision. |  |  |
| **C1.4** | Existing and new legislation and guidance which might impact upon the service is complied with. | Managers and staff are aware of and review relevant legislation and guidance including how it impacts on the service.  While some legislation will apply to all organisations, relevant legislation is likely to vary depending on the nature of the service being delivered and the client group. |  | C2.4 |
| **C.1.5** | Contractual obligations are complied with. | Service providers must ensure that they comply with all **terms and conditions** contained within Service Delivery Contracts. |  | C4.1  C4.2 |
| **C.1.6** | Effective systems for accountability and audit of finances are in place and adhered to. | Organisations must have in place proper and effective financial systems which support and maintain proper accounting records and clear audit trails to ensure the effective use of funds in meeting organisational and contractual objectives. |  |  |

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| **Criteria 2 Employment and Volunteering Structures** | | | | |
| **C2.1** | A standardised recruitment and selection process is in place to assess the suitability of potential staff and volunteers. | Providers ensure the fair and consistent treatment of employees and volunteers and their professional conduct through a clear, standardised, fair and consistent recruitment and selection process. This should include a procedure for defining skills, knowledge and competencies of staff and volunteers. |  | C3.1 |
| **C2.2** | Where volunteers support the delivery of service there is an expressed commitment to their involvement and recognition that volunteering is a two way process that benefits both the organisation and the volunteer. | Providers who offer volunteer opportunities in the delivery of services, should have appropriate structures and procedures in place which support volunteers and promote volunteering as a two way process that benefits volunteers. |  |  |
| **C2.3** | Clear support and supervision arrangements are in place. | Supervision relates to the support and guidance provided to staff and volunteers to enable them to carry out their role and is separate from clinical supervision.  Supervision, support and guidance should be both planned and reactionary to ensure it “responds to needs of [relevant personnel] who may be at particular risk of stress caused by work and working conditions, or who may be experiencing mental health problems for other reasons” (NICE PH22).  All staff should have clear line-management and supervision arrangements in place.  All Volunteers should have clear support and supervision arrangements in place. |  | C2.2  C2.4 |
| **C2.4** | Staff and volunteers have appropriate qualifications and skills for their current roles. | Providers should ensure that staff and volunteers have appropriate qualifications and skills for their current role.  In addition providers should ensure that relevant personnel have access to appropriate continuous training and development opportunities and are facilitated to attend. This should include, but is not limited to, having received a level of mental & emotional wellbeing and suicide prevention training appropriate to their role / function within 12 months of a contract being awarded e.g. safeTALK/ Mental Health First Aid / Applied Suicide Intervention Skills Training (ASIST).  **Please note:** previous attendance on specified courses is acceptable. |  | C2.1  C2.3  C3.7 |

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| **Criteria 3 Organisational Practice and Service Delivery** | | | | |
| **C3.1** | Equality and diversity is actively promoted. | The organisation is fully committed to fair and equal treatment of everyone who comes into contact with their representatives and / or services and of those employed by the organisation.  Services provided are in line with Human Rights Act 1998 and Section 75 of the Northern Ireland Order (1998). |  | C2.1  C2.4 |
| **C3.2** | Higher risk groups are actively targeted and services promoted accordingly. | Providers actively promote their services / programmes to ensure they reach out to marginalised, disadvantaged & higher-risk groups as defined by current DHSSPS(NI) Suicide Strategy and that all programmes and services take into account individual’s values, beliefs, concerns and context. |  |  |
| **C3.3** | Accurate and appropriate records relevant to service provision are maintained. | Good data management and record keeping is essential as a means of telling us what, where and when something was done, why a decision was made, who was involved and under whose authority. It provides evidence of activity and promotes accountability and transparency.  The principles of good record keeping applies to all types of records regardless of how they are held and should be retained in line with the DHSSPS (NI) “Good Management Good Records Policy” 2004 (updated December 2011)  <https://www.health-ni.gov.uk/topics/good-management-good-records> |  | C4.2 |
| **C3.4** | The organisation promotes respect and protects the confidentiality of service users at all times. | Organisations have confidentiality and information sharing protocols in place which aim to improve communication between statutory, community and voluntary organisations regarding the delivery of care when appropriate.  Confidentiality and information sharing protocols should be in line with data protection legislation (<http://www.legislation.gov.uk/ukpga/2018/12/contents>) and the ***Information Commissioners Office* *“Data Sharing Code of Practice”.*** (<https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/>) |  | C3.3 |
| **C3.5** | The organisation works to ensure that the welfare and protection of children and vulnerable adults in its care is paramount. | All providers should have a policy and protocol in place on disclosure.  Any issue of disclosure on child protection (or other vulnerability issues) must be raised with the appropriate child protection and other authorities in line with legislation and the **Information Commissioners Offices *“General Data Protection Regulation”.***  (<https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/>) |  | C2.4 |
| **C3.6** | The organisation has in place effective risk management processes. | Service users are supported and safety maintained through risk assessment processes which are relevant to the needs of the service users and the service provided. |  | C3.8 |
| **C3.7** | The organisation has in place processes to identify and respond to serious adverse incidents should they occur. | Providers follow the procedures for the identification, reporting, reviewing and responding to Serious Adverse Incidents (SAI) as outlined in HSC protocol for the management of SAIs, April 2010.  Providers notify funders and relevant bodies at the earliest opportunity of the incident and of the action taken. |  |  |
| **C3.8** | The organisation has in place processes to ensure that where appropriate, service users benefit from signposting and referrals to other appropriate agencies or organisations. | Service providers recognise the links between mental and emotional wellbeing and other issues such as serious psychiatric conditions, alcohol and substance misuse, social issues e.g. financial problems.  To ensure that service users receive the service that is most appropriate for their needs providers recognise the limits of their service and refer and / or signpost where appropriate.  Relevant personnel should be aware of other providers / support agencies / helplines and be confident in signposting and making referrals to them in a manner that is relevant, timely and appropriate.  Where appropriate and to develop knowledge and relationships with other providers, relevant personnel should avail of relevant opportunities to participate in multi-disciplinary and interagency opportunities for working together. |  | C2.4  C3.3  C3.4  C3.5 |

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| **Criteria 4 Monitoring and Evaluation** | | | | |
| **C4.1** | Client outcomes are defined and used as a measure of success for the service. | Measuring the impact of services and the outcomes for service users is an important part of the quality improvement process and of determining the success of a service. |  | C4.2 |
| **C4.2** | The organisation monitors and evaluates client outcomes to support and improve service delivery. | Monitoring is a structured planned activity where work carried out is compared against agreed performance indicators. |  | C1.4  C4.1  C5.1 |
| **C4.3** | Service user satisfaction and feedback is evaluated to build upon strengths and address any areas for improvement. | General service user feedback is an important part of the quality improvement process. It relates to generic aspects of the service such as opening hours, accessibility, venue, timely notification of appointments, how / when phones are answered. |  | C3.1  C3.2 |

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| **Criteria 5 Communication processes** | | | | |
| **C5.1** | Service users are encouraged and supported to influence decision making processes through consultation and feedback. | Service User Involvement (SUI) and Personal and Public Involvement (PPI) means actively engaging with those who use our services, carers and the public to help shape services. |  |  |
| **C5.2** | All literature produced is evidence based and reflects recognised best practice. | Literature or resources produced by the provider in relation to the commissioned service (e.g. leaflets, booklets, posters, factsheets etc.) for those seeking support must be evidence based and reflect recognised best practice. |  |  |
| **C5.3** | The use of media and social media is in line with current guidelines. | To ensure that accurate information is disseminated to the public, it is essential that all media reporting is accurate, responsible and ethical and in line with current DHSSPSNI Mental and Emotional Wellbeing and Suicide Prevention Strategies and approved guidelines e.g. Media Guidelines for Reporting Suicide and Self Harm (http://www.samaritans.org/your-community/samaritans-work-ireland/media-guidelines-ireland). |  |  |