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

Health Information and Standards

Evidence review to inform the development of a set of principles to underpin future national standards for health and social care services

February 2021

Safer Better Care

About the Health Information and Quality Authority

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

HIQA's mandate to date extends across a wide range of public, private and voluntary sector services. Reporting to the Minister for Health and 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 within HIQA is responsible for registering and inspecting residential services for older people and people with a disability, and children's special care units.

- **Regulating health services —** Regulating medical exposure to ionising radiation.

- **Monitoring services** — Monitoring the safety and quality of health services and children's social services, and investigating as necessary serious concerns about the health and welfare of people who use these services.

- **Health technology assessment** — Evaluating the clinical and cost-effectiveness of health programmes, policies, medicines, medical equipment, diagnostic and surgical techniques, health promotion and protection activities, and providing advice to enable the best use of resources and the best outcomes for people who use our health service.

- **Health information** — Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information on the delivery and performance of Ireland's health and social care services.

- **National Care Experience Programme** — Carrying out national service-user experience surveys across a range of health services, in conjunction with the Department of Health and the HSE.

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Executive summary

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

In 2018, HIQA's review of methodologies used internationally for developing national standards and guidance for health and social care services identified a move to developing overarching standards in the jurisdictions reviewed.(1) In addition, there is also a recognition that higher level and less prescriptive standards can be underpinned by principles. In line with emerging international evidence, HIQA has developed a draft set of principles to underpin all future national standards for health and social care services. These principles, once finalised, will be used as HIQA's standards development framework, instead of the eight-theme framework which HIQA has used to develop standards since 2012.(2) These draft principles work together to achieve person-centred care and support.

The principles are being developed to be used consistently across all national standards developed by HIQA, irrespective of the setting or service type. The draft principles have been used in the development of the draft National Standards for Children's Social Services. A public consultation on these draft standards will commence in early 2021. This will be the first time the draft principles will be used and as such will be an opportunity to test them in practice and seek further feedback on their use. Following this testing of the principles, and once feedback has been reviewed and incorporated as appropriate, the principles will be finalised and used for all future national standards for health and social care services including any guidance and tools developed to support their implementation. This will not affect existing national standards, which will remain in place until such time as a decision is made, in line with HIQA's prioritisation process, to review and update them. Any such decision to review or update existing standards will be informed by consultation with stakeholders.

This document provides an overview of the evidence gathered to inform the move to a principle-based approach and the development of the draft set of principles. The principles, once finalised, will be published on the HIQA website.

Overview of findings

To inform the development of these principles, HIQA has undertaken a review of the current use of principles in health and social care services in Ireland, an international review and an academic literature review in line with its evidence synthesis process.(3) This review took account of published research, guidelines, frameworks, strategy documents, and legislation containing or underpinned by values or principles.

Many jurisdictions recognise that one set of high level principles can underpin all health and social care standards, irrespective of the service or setting. The review also identified a consistency of principles in the jurisdictions and literature reviewed. A summary of the key findings on adopting a principles-based approach and the development of the draft principles is set out below.

Key findings on adopting a principles-based approach

Principles and values are used in a large number of key documents identified in the international review. However, there is no clear definition of principles and the use of the term in standards, guidance or associated documents is inconsistent. Despite inconsistencies in how principles are used, common principles to underpin health and social care, irrespective of service or setting, were identified.

There were a number of key findings on how principles are used in health and social care legislation, strategy, standards, guidance and codes of practice in the seven jurisdictions examined.* These are set out below.

Use of principles in legislation

Principles have been used in legislation in a number of jurisdictions to highlight the importance of particular concepts in health and social care, and there is a move to setting out guiding principles in legislation and associated codes of practice. The principles set out in legislation have influenced national health and social care frameworks, policies, standards and guidance.

This is most evident in social care legislation in the UK, with the Social Services and Well-being (Wales) Act 2014,(4) the Public Bodies (Joint Working) (Scotland) Act 2014,(5) and the Care Act 2014 (England),(6) which all include principles relating to wellbeing. In addition, these acts all provided a radical shift from existing duties on local authorities to provide particular services, to the concept of 'meeting needs' of the individual and thus delivering more responsive services. These principles have helped inform the development of health and social care regulations and standards in these jurisdictions and the approach to inspection and regulation of these services. A recent review of health and disability services in New Zealand, published in 2020, also recommends the move to common principles and or values across

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* The seven juridictions examined as part of the international review were Northern Ireland, England, Scotland, Wales, Australia, New Zealand and Canada.

health and social care services and for these values to be mandated in a legislated charter.(7)

In an international context, principles and values are used within legislation to ensure that a number of core human rights principles are provided with a statutory footing globally. Ratification of international human rights treaties within jurisdictions examined reflects a strong commitment to the protection and promotion of human rights.

There is a clear move in a number of jurisdictions towards setting out guiding principles for health and social care services in legislation. Given that principles can be understood as fundamental values or goals that are needed to underpin good services, plans, practices and processes and apply regardless of the service setting or type, there is an opportunity in developing high level guiding principles that can be generalised to all legislation, and statutory instruments focused on people's care and support, regardless of the services that they are using. This would ensure that national policy, standards and guidance all followed the same guiding principles to provide a common understanding across health and social care services and help ensure integrated and consistent care and support for people.

Use of principles in national standards and strategy documents

HIQA's 2018 international review also identified a move to overarching standards and that trend has continued in the last number of years.(1) For example, in New Zealand the recent draft amended standards for health and disability services care have amalgamated and replaced a number of individual standards.(8)

In addition, there is also a recognition that higher level and less prescriptive standards can be underpinned by principles. This is most clearly seen in *Scottish Health and Social Care Standards* which are underpinned by five principles: dignity, compassion, be included, responsive care and support, and wellbeing.(9) This is also evident in existing overarching quality standards from Northern Ireland which include a set of common principles and values.(10) Recent reviews of the Welsh health and social care system and associated strategy documents have also identified the need for a common set of principles or values to promote integration across health and social services.(11,12,13)

There is also clear evidence from a number of jurisdictions of how the use of principles in key pieces of health and social care legislation has had a role in shaping national standards, regulations, codes of practice, guidance and strategy documents. The principles set out in the overarching legislation have been adapted and incorporated into the documents as guiding or underpinning principles.

Use of principles in codes of practice

Codes of practice are developed by professional regulatory bodies for individual health and social care professionals to apply in their day-to-day practice as opposed to standards developed to apply to health and social care services. However, across jurisdictions they share common themes with the principles outlined in standards and guidance documents for health and social care services. The principles that apply to individual health and social professionals reflect and complement the principles that apply to the overall service they work in.

Development of the draft principles

This document outlines the evidence that informed the development of the draft principles. In line with HIQA's Health Information and Standards Directorate's evidence synthesis process,(3) this review took account of published research, guidelines, frameworks, strategy documents, and legislation containing or underpinned by values or principles. This included:

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

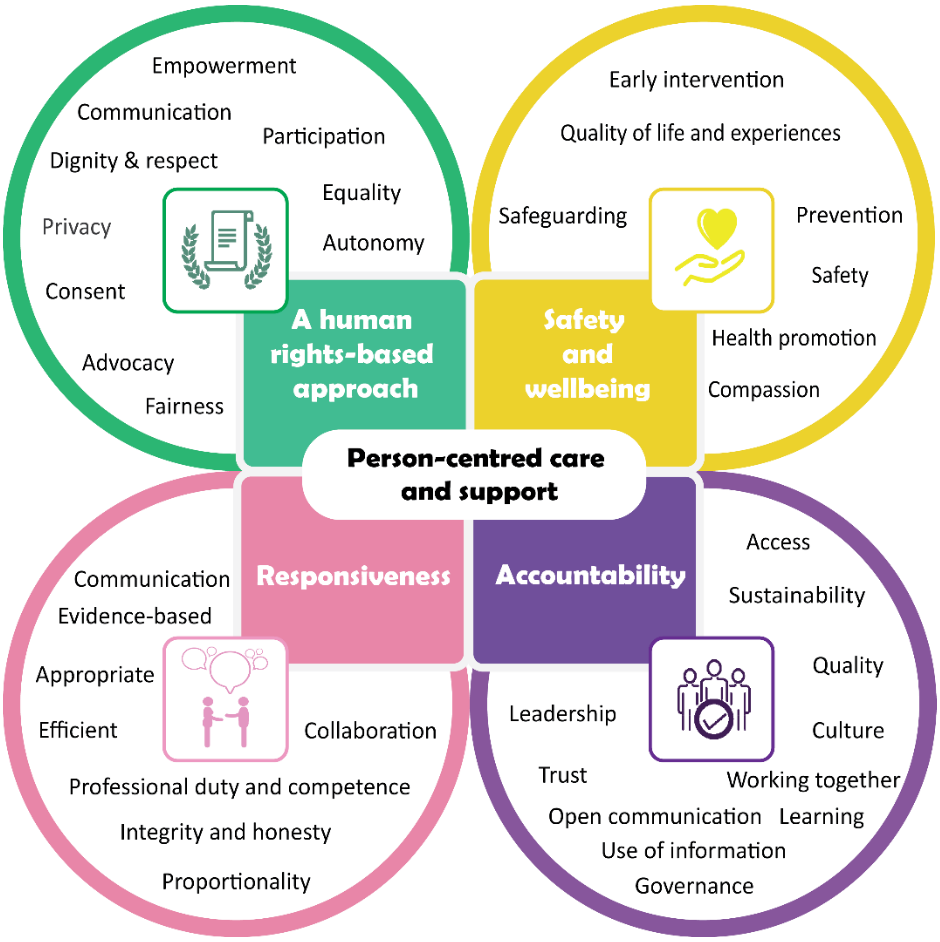
The information gathered as part of the evidence synthesis and international review was collated and analysed by the HIQA Project Team and used as the evidence base to develop the draft principles. Based on the findings, four draft principles emerged, underpinned by the core concept of person-centredness. These principles are:

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

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

Figure 1 below sets out the four principles and includes examples of the components of each principle, as identified through this evidence review. It illustrates that the person receiving care and support should be at the core of everything with each of the principles working together to achieve person-centred care and support.

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



The following section provides a summary of the evidence from the international review and the evidence synthesis that informed the development of these four principles:

A human rights-based approach

In recent years, there has been an increased international focus on human rights, empowerment, choice and autonomous decision-making within health and social care sectors. This is strongly reflected in the principles included in standards, guidance, and strategy documents in the jurisdictions included in this review. This focus stems from the introduction of international human rights legislation, which places an obligation on health and social care providers to uphold the human rights of people using their services.

The FREDA principles of Fairness, Respect, Equality, Dignity and Autonomy are used by a number of organisations in their human rights-based approach to regulation and monitoring of health and social care services, including the Care Commission in England and the Care Inspectorate Wales. In addition, a number of jurisdictions have included individual principles relating to human rights in their national standards. For example, this can be seen in Scotland where 'dignity and respect' and 'be included' are two of the five principles used to underpin their standards.(9)

A human rights-based approach emerged from the literature across multiple health and social care settings as respecting, protecting and promoting the human rights of the person receiving care and support at all times. These rights, in a health and social care context, mean rights to participate in their care and support, fairness in terms of access and delivery of care and support, being treated with dignity and respect and not discriminated against for any reason, having the freedom to choose and give consent where this is possible, and being empowered to self-manage and be independent.

Of note, while a human rights-based approach to care and support does not necessarily guarantee good health for the person, or the availability of services, it aims to achieve the highest standard of care and support possible, and highlight where this standard is not achieved.

Safety and wellbeing

Safety and wellbeing emerged from the literature across a range of health and social care settings, both in terms of the physical safety and wellbeing of the person receiving care and support, and also in terms of a person's sense of psychological safety. Safety, in various health and social care settings, was consistently found to be facilitated by the daily work of health and social care professionals and access to adequate resources, but this needs to be supported by the culture and environment of the health and social care organisation.

The principle 'wellbeing' has been described in legislation, national standards, guidance and strategy documents as a broad concept which includes, for example, physical and mental health and emotional wellbeing, protection from abuse and neglect, autonomy and control over day-to-day life, participation in work, education, training or recreation and contribution to society.(4,5,6,8,9,14) Thus, wellbeing is tied to the concept of a holistic approach to care and support that does not just focus on people's condition or symptoms, but on the person as a whole and safety within their environment.

Similarly, in a number of jurisdictions, quality of life, supporting people to fulfil their potential and thrive are often included as concept principles referring to wellbeing.

This is particularly evident in national standards, strategies and guidance documents for children and young people.(15,16,17,18,19)

Again, safety, both in terms of providing safe care and support and safeguarding people from harm, is essential to a person's overall health and wellbeing. Safety as a principle was included in jurisdictions both in terms of preventing unnecessary harm caused by medical or social care interventions, and safeguarding people (especially children, older people and people with disabilities) against abuse by taking preventative actions.(10,13,20) An example of this can be seen in *A healthier Wales: Our plan for Health and social care* (13) which includes safety as one of its 10 design principles. It describes the principle of safety as "not only healthcare that does no harm, but enabling people to live safely within families and communities, safeguarding people from becoming at risk of abuse, neglect or other kinds of harm".

Responsiveness

Responsiveness emerged across multiple health and social care settings as responding to the needs of the person in care through the delivery of timely, consistent and appropriate care. Professionals should be open with the people they provide care and support to and communicate transparently, particularly when things go wrong. Familiarity with the people in a professional's care emerged as being an important facilitator of responsiveness, where the more that was known about a person improved the ability of professionals to care for them. Knowledge in general is key in facilitating responsiveness, and practices should be up to date, and informed by evidence at all times. Lack of skills, confidence and knowledge is seen as a barrier to carrying out responsive care, but continuous learning, positive motivation, and belief in one's own ability to carry out meaningful work facilitated this. These findings were consistent across multiple jurisdictions and health and social care contexts. As a principle, responsiveness should be ingrained in the culture of the organisation, but should also be applied in everything that the professional does in their daily work.

In Ireland, the principle of responsive services has been included as an underpinning principle in a number of existing national standards which outline the need to deliver responsive and consistent services based on evidence and good practice.(21,22,23) In addition, under the principle of engagement, Sláintecare calls for the need to create a modern, responsive, integrated public health system.(24)

In the UK, a number of pieces of adult social care legislation, including Care Act 2014 in England,(6) the Social Services and Well-being (Wales) Act 2014,(25) and the Public Bodies (Joint Working) (Scotland) Act 2014(26) have emphasised the need for services to be designed and delivered to meet the needs of people using services as opposed to needs of the service. This is reflected in national standards and guidance in these jurisdictions. For example, the Scottish Health and Social Care Standards(27) include responsive care and support as one of the five principles in its common set of principles that underpin all health and social services.

Finally, in relation to individual health and social care professionals being responsive to people's needs, international codes of practice for health and social care professionals consistently include principles related to meeting people's needs and the importance of professional duty and competence, integrity and honesty and communication.

Accountability

The principle of accountability in health and social care refers to the way in which health and social care organisations operate to achieve the best outcomes for people receiving care and support, and also the best outcomes for the people working in these organisations. Accountability, according to the literature, means that health and social care organisations are ultimately responsible for providing the highest standard of care and support to the people who need it, within the resources and facilities available to them. Accountability also means that there are transparent and robust structures in place so that staff understand their roles and responsibilities, and service users and staff alike know who to talk to when they have concerns about how care and support is being delivered.

The principle of accountability emerged in the literature, under the following five themes:

- Governance and culture
- Leadership
- Sustainability and value for money
- Working together
- Integration across settings

These themes were also reflected in the international review, where accountability was found to be a recurrent principle in health and social care national standards, guidance, patient charters, professional codes of conduct and strategy documents.

Person-centred care and support

Person-centred care and support emerged from the literature as being a central philosophy for delivery of care and support across multiple health and social care contexts. Person-centredness was found to underpin the four principles identified in this evidence review. In the context of a human rights-based approach, autonomy, empowerment and participation all contribute to a person-centred approach to care and support. A service that is safe and emphasises the overall wellbeing of people accessing care and support is person centred. A responsive service enables professionals to incorporate the context and background of each person in responding to their care and support needs provides person-centred care and support. Lastly, in the context of accountability, a person-centred approach needs to be ingrained in the organisational culture through models, frameworks and guidance. The literature highlighted that the person receiving care and support should be at the core of everything, and their best outcomes should always be of utmost consideration. This was consistent across multiple health and social care contexts.

The international review also found examples of person-centred care and support as an overall approach to care and support that takes into account the whole person and places them at the centre of planning and delivery of services.

The Health Foundation, in the UK, identified a framework for person-centred care which comprises four principles.(28) This is a clear example of where person-centred care is not viewed as a principle in itself. Instead, it outlines how any example of person-centred care, within any healthcare experience, will involve a combination of these principles. These principles can be seen to include the concepts of a human rights-based approach (dignity, compassion and respect), responsiveness (coordinated and personalised care and support), wellbeing (supporting people to develop their own strengths) and accountability (coordinated care).

Another example of where person-centred care is seen as an overall approach to care and support and the ultimate goal of all that services do can be seen the Welsh health and care standards.(29) These are set out according to seven themes which are intended to work together and collectively they describe how a service provides high-quality, safe and reliable care centred on the person.

Defining the draft principles

Based on the evidence review and consultation with key stakeholders, the Project Team developed the following working definitions to define each of the draft principles. In keeping with the international evidence and based on feedback from international experts, these descriptions are written from the point of view of people receiving health and social care services.

Human rights-based approach

My rights are promoted and protected by the health and social care services that I use. These include my right to autonomy, to be treated with dignity and respect, to make informed choices about my care and support, and my right to privacy. I am treated with kindness, consideration and compassion and I do not experience discrimination for any reason.

Safety and wellbeing

The services I use see my whole needs, not just the needs I am presenting with, and the care and support I receive helps to maintain and improve my overall health and emotional wellbeing and development. The health and social care services I use work in a way that promotes my safety and wellbeing and I am supported to live a whole and fulfilling life.

Responsiveness

The services I use work in partnership with me to meet my health and social care needs safely and effectively. I receive timely care and support that is tailored to suit my needs from skilled, experienced and trained staff, informed by the best available evidence and information. If I need care and support from more than one service or if I am leaving a service, they work together to ensure my needs are met in a holistic way.

Accountability

I know who is responsible for delivering my care and support and I have confidence and trust in the health and social care services I access. The services I use ensure that I receive safe, consistent, high-quality care and support and there is a culture of open communication, learning and reflection, and improvement. The services I use are well managed and everyone knows and understands their roles and responsibilities.

Next steps

The draft principles have been used in the development of the draft National Standards for Children’s Social Services. A public consultation on these draft standards will commence in early 2021. This will be the first time the draft principles will be used and as such will be an opportunity to test them in practice. In addition to the content of the draft standards, feedback will be sought on the principles underpinning them during the consultation. Following this testing of the principles, and once feedback has been reviewed and incorporated as appropriate, the principles will be finalised and used for all future national standards for health and social care services. The finalised principles will then be published on the HIQA website.

As previously outlined, this will not affect existing national standards, which will remain in place until such time as a decision is made, in line with HIQA's prioritisation process, to review and update them. Any such decision to review or update existing standards will be informed by consultation with stakeholders.

The development of evidence-based principles provides a unique opportunity to incorporate consistent and meaningful principles throughout legislation, professional standards and health and social care standards. This will optimise the consistency and integration of health and social care systems and processes with a common vision focused on improving the experience of and outcomes for, people receiving care and support.

1. Introduction

1.1. Overview

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

HIQA has developed a draft set of principles to underpin all future national standards for health and social care services. To inform the development of these principles, HIQA has undertaken a review of current practice in Ireland, an international review and an academic literature review, the findings of which are contained within this evidence review. These principles, once finalised, will be used as HIQA's standards development framework, instead of the eight-theme framework which HIQA has used to develop standards since 2012.

The draft principles have been developed to be used consistently across all national standards developed by HIQA, irrespective of the setting or service type. The principles, once finalised, will underpin all national standards, including any guidance and tools developed to support their implementation. This will not affect existing national standards, which will remain in place until such time as a decision is made, in line with HIQA's prioritisation process, to review and update them.(30) Any such decision to review or update existing standards will be informed by consultation with stakeholders.

1.2. Background to the project

In 2018, HIQA's Standards Team carried out an international review examining how organisations with a similar remit to HIQA develop standards and guidance. These review findings have informed a revision to HIQA's standards and guidance development processes as well as the overall strategic direction. The review found that there is a move towards having high-level national standards across health services and in some jurisdictions across health and social care services rather than having multiple standards for specific services.

In recent national standards published by HIQA, there has been a move towards the use of principles. However, to date this has been in addition to the eight themes of the standards development framework. An example of this is the *National Standards for Adult Safeguarding*.(31)

It has been identified through the standards development process and engagement with stakeholders that structuring the standards under the eight themes can lead to duplication of similar standards in different themes and also lead to repetition across multiple sets of standards. This has also led to documents being longer than they may need to be and as such not being as user-friendly. In addition, when conducting the evidence synthesis to inform the development of Draft National Standards for Children's Social Services, the team found there was also a move towards underpinning national standards by principles in this area. It was decided that rather than developing a specific set of principles for these standards alone that would not necessarily apply to all health and social care standards, a high-level set of principles should be developed that can be used in all future projects. The draft principles will be high level and overarching and will address areas of duplication that occurred in previous sets of standards.

1.3. Development of the principles

To inform the development of these principles, HIQA has undertaken a review of current practice in Ireland, an international review and an academic literature review, the findings of which are contained within this evidence review. This review took account of published research, guidelines, frameworks, strategy documents, and legislation containing or underpinned by values or principles.

The Project Team commenced this evidence review in June 2020, in line with the Health Information and Standards Directorate's evidence synthesis process.(3) An evidence review was prepared for publication and comprises three elements:

- **A review of the use of overarching principles or values in Ireland** — this includes an overview of standards, guidance, frameworks, strategies, legislation, codes of practice and policy. This review describes the context in which the draft principles are being developed.
- **An international review of the use of overarching principles or values** in Scotland, England, Wales, Northern Ireland, Australia, Canada and New Zealand. These seven jurisdictions were chosen following an initial scoping review of use of principles in jurisdictions. The international review also includes how principles are used in legislation and how a number of international organisations use principles. This section of the document describes the relevant international legislation, standards, guidance, frameworks, strategies, legislation, codes of practice and policy. In addition, as part of its international review, HIQA engaged with key stakeholders in international jurisdictions where relevant. This section provides international context and lessons to inform the development of draft principles to underpin standards and guidance in Ireland.

- **A literature review** of relevant academic material relating to principles or values across health and social care settings.

The information gathered was collated and analysed by the Project Team who used this evidence to develop the draft principles. Based on this work and engagement with key stakeholders, four draft principles have emerged, underpinned by the core concept of person-centredness. These principles are:

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

Figure 1, found on Page 11 of this document, sets out the four principles and includes examples of the components of each principle, as identified through this evidence review. It is recognised that these principles are interlinked and can overlap in places. 'Person-centred care and support' is not viewed as a principle in itself, rather it is an approach to care, with the four principles working together to achieve person-centred care and support.

The overall findings from the evidence indicate a recognition that one set of principles can underpin all aspects of health and social care, irrespective of the service or setting, with consistency of principles found across the jurisdictions and literature reviewed. As part of the development process, these draft principles have been presented to three of the Standards Team's advisory groups, consisting of external and internal stakeholders.† Feedback from these groups was incorporated into the development of the draft principles.

The draft principles have been used in the development of the draft National Standards for Children's Social Services. A public consultation on these draft standards will commence in early 2021. This will be the first time the draft principles will be used and as such will be an opportunity to test them in practice. In addition to the content of the draft standards, feedback will be sought on the principles underpinning them. Following this testing of the principles and once feedback has

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

been reviewed and incorporated as appropriate, the principles will be finalised and used for all future national standards for health and social care services.

1.4. Interaction with existing principles and values in the Irish healthcare system

This review includes an "as is" review of how principles are used in Ireland and sets out a summary of the key pieces of Irish legislation that relate to the use of principles in the Irish health and social care system and how Irish organisations who are involved in setting standards for, or delivering, health and social care services currently use principles within their standards, guidance, codes of practice and associated documents.

People working with health and social care services have a continued responsibility to adhere to their service or professional organisation's principles and associated values.

It is envisaged that all future standards will set out in their introductory section how these proposed principles interact with existing core values of individual organisations and professional regulatory bodies.

1.5. Structure of this report

This document sets out the findings of the review undertaken to inform the development of principles as follows:

Section 2: Ireland

Section 3: International review

Section 4: Evidence synthesis methodology

Section 5: Findings from evidence synthesis

Section 6: Summary, conclusion and next steps

2. Ireland

2.1. Overview of the Irish context

To date, national standards have been structured by and presented under eight themes, as initially set out in 2012 in the *National Standards for Safer Better Healthcare.*(2) The eight themes relate to dimensions of quality, safety, capacity and capability. However in recent national standards published by HIQA, there has been a move towards the use of principles alongside the eight themes, reflecting developments internationally in moving towards a principles-based approach.(21,22,31,32) In response to this move towards using principles to underpin standards in health and social care, HIQA is developing a set of principles to underpin future national standards for health and social care services.

This section of the review provides a summary of the key pieces of Irish legislation that relate to the use of principles in the Irish health and social care system. This section also sets out how Irish organisations who are involved in setting standards for, or delivering, health and social care services use principles within their standards, guidance and associated documents. This is set out under the following headings:

- Overview of the relevant legislation
- Key organisations involved in setting standards for health and social care services
- Use of principles in key documents
- Summary and lessons learned

2.2. Overview of the relevant legislation

This section provides a summary of legislation that is relevant to the use of principles in the Irish health and social care system. Only legislation that specifically includes principles will be presented in this section. This section is set out as follows:

- The Child Care Act 1991(33)
- The Safety, Health and Welfare at Work Act 2005(34)
- The Child and Family Agency Act 2013(35)
- The Public Sector Equality and Human Rights Duty 2014 (Section 42 of the Irish Human Rights and Equality Act 2014(36)
- The Assisted Decision-Making (Capacity) Act 2015(37)

2.2.1. The Child Care Act 1991

The Child Care Act 1991 is a key piece of legislation which sets out the responsibilities of statutory bodies to promote the welfare of children who may not be receiving adequate care and protection and to protect them from harm through a range of measures, including the provision of alternative care.(33) The act covers the following areas:

- promotion of the welfare of children
- the functions of the Child and Family Agency (Tusla)
- protection of children in emergencies, which includes the powers of An Garda Síochána to take a child to safety
- care proceedings, including the different types of care orders which can be made by a court
- legal framework for responding to children in need of special care or protection due to the risk posed by their own behaviour or specific circumstances
- the provision of private foster care
- the appointment of a Guardian to represent a child's views
- children in the care of Tusla
- supervision of pre-school services
- the governance of children's residential centres.

At the time of writing this review, the Department of Children, Disability, Equality and Integration is reviewing the act. The purpose of the review is to revise the original legislation by identifying what is working well within the act and to consider its impact on policy and practice. The review will also identify new areas for development and capture current legislative, policy and practice developments. While principles are not set out in the act, it is expected that following the review, guiding principles will be written into the act.

2.2.2. The Child and Family Agency Act 2013

Following enactment of the Child and Family Agency Act in 2013, Tusla was formally established.(35) Tusla is the agency responsible for improving wellbeing and outcomes for children in Ireland. It is also responsible for supporting and promoting the development, welfare and protection of children and the effective functioning of children. While principles are not specifically set out in the act, the act sets out that the agency is required to establish a code of governance that outlines the guiding principles applicable to the agency as a public body having regard to its functions. These principles are set out in the *Standards of Integrity and Codes of Conduct* which was published by Tusla in 2017.(38) The principles which should govern the behaviour of employees and the values which the agency espouses are presented as main features within the code. The governing principles of the code are:

- employees must maintain high standards in service delivery

- employees must observe appropriate behaviour at work
- employees must maintain the highest standards of probity
- employees must support and be loyal to the agency.

2.2.3. The Public Sector Equality and Human Rights Duty (Irish Human Rights and Equality Commission)

The Irish Human Rights and Equality Commission is Ireland's national human rights and equality institution. The Public Sector Equality and Human Rights Duty places a legal obligation on all public bodies including State departments, to promote quality, prevent discrimination and protect the human rights of their employees, customers, service users and everyone affected by their policies and plans. This Duty originates from Section 42 of the Irish Human Rights and Equality Act 2014.(36) Three principles underpin the Public Sector Duty, stating that a public body shall:

- eliminate discrimination
- promote equality of opportunity and treatment of its staff and the persons to whom it provides services
- protect the human rights of its members, staff and the persons to whom it provides services.

2.2.4. The Assisted Decision-Making (Capacity) Act 2015

The Assisted Decision-Making (Capacity) Act 2015 provides a modern statutory framework to support decision-making by adults whose capacity is in question or may be called into question.(37) It reforms Ireland's existing capacity legislation, some of which had been in place since the 19th century. The act is about supporting decision-making and maximising a person's capacity to make decisions. The act provides for adults to enter into legally binding arrangements, to be assisted and supported in making decisions about their personal welfare and their properties and affairs. The act also provides for advance planning by adults who have capacity, by way of expanded enduring powers of attorney and advance healthcare directives.

Section 8 of the act contains the nine guiding principles of the legislation. The principles guide interactions, decisions and interventions with a person whose capacity is in question or may be called into question, and with a person who lacks functional capacity to make a specific decision. The guiding principles apply to all people who have been appointed to support a person whose capacity is in question to make a decisions regarding their personal welfare, property or affairs. The guiding principles set out in Section 8 of the act are:

1. presume capacity
2. support decision-making

3. right to make an unwise decision
4. intervene only where necessary
5. an intervention is least restrictive and respects the person's rights
6. an intervention gives effect to the person's will and preferences
7. consider the views of others
8. consider the likelihood of recovery and urgency of the matter
9. obtaining, using and storing relevant information.

2.3. Key organisations in health and social care standard setting

There are a number of organisations with a remit for setting standards in health and social care as set out in the following sections. These are the:

- Health Information and Quality Authority (HIQA)
- Department of Health
- Health Service Executive (HSE)
- Department of Children Disability, Equality and Integration (previously known as the Department of Children and Youth Affairs [DCYA])
- Child and Family Agency (Tusla)
- Mental Health Commission.

A number of other statutory agencies and independent regulatory bodies are responsible for the development and administration of standards of professional conduct for various health and social care professionals, including the Medical Council, the Nursing and Midwifery Board of Ireland (NMBI), the Pharmaceutical Society of Ireland (PSI), and the Pre-Hospital Emergency Care Council (PHECC). Other statutory bodies such as the National Disability Authority (NDA), the National Standards Authority (NSA), the National Council for Curriculum and Assessment (NCCA), and the Standards in Public Office Commission (SIPO) have a role in the development and implementation of standards and codes of conduct across different areas of the health and social care sector.

2.3.1. The Health Information and Quality Authority (HIQA)

HIQA is the statutory body established under the Health Act 2007 to drive high-quality and safe care for people using health and social care services in Ireland.(39) Its mandate extends across a specified range of public, private and voluntary sector services. Reporting to the Minister for Health and engaging with the Minister for Children, Equality, Disability, Integration and Youth, HIQA's role is to develop standards, inspect and review health and social care services and support informed decisions on how services are delivered. HIQA is driven by its core values, set out in Table 1, which reflect the essence of the legislation that defines its remit to improve health and social care services for people in Ireland. These core values were developed by the Board and staff of HIQA following extensive consultation with external stakeholders.

Table 1 Summary of HIQA's values

HIQA's values	**In practice, this means HIQA will:**
Putting people first	put the needs, voices, rights and protection of people who use the health and social care services at the centre of its work
Being fair and objective	be fair and objective in dealings with people and organisations
Being open and accountable	communicate the nature and outcomes of its work and accept full responsibility for its actions
Striving for excellence	continually improve the quality of work and use the best available evidence
Working together	listen to and work with those funding, planning, providing and using health and social care services

Source: HIQA's Code of Conduct, 2017.(40)

Section 7 of the Health Act 2007 outlines HIQA's role in promoting safety and quality in the provision of health and social services for the benefit of the health and welfare of the public. As well as setting standards for these services, one of the ways HIQA promotes safety and quality in service provision is by developing guidance and other tools to support service providers and staff to understand and implement national standards, regulations and other requirements. To date, national standards have been structured by and presented under eight themes, as initially set out in the 2012 *National Standards for Safer Better Healthcare.*(2) The eight themes relate to dimensions of quality, safety, capacity and capability and were developed following a review of national and international evidence, and engagement with national and international experts. The eight themes are illustrated in Figure 2. The four themes on the upper half of the circle relate to dimensions of safety and quality in a service, while the four themes on the lower half of the circle relate to the key areas of a service's capacity and capability.

Figure 2 Themes for quality and safety

Source: *National Standards for Safer Better Healthcare*, HIQA, 2012(2)

However, in recent national standards published by HIQA, there has been a move towards the use of principles alongside the eight themes. National standards, developed by HIQA and approved by the Minister for Health, aim to promote progressive quality improvements in the care and support provided in health and social care services. The standards give a shared voice to the expectations of the public, people using services, service providers and staff working in health and social care services in Ireland. The national standards:

- offer a common language to describe what high-quality, safe and reliable health and social care services look like
- enable a person-centred approach by focusing on outcomes for people using services and placing them at the centre of all that the service does
- can be used by people using services to understand what high-quality safe health and social care should be and what they should expect from a well-run service
- create a basis for services to measure the quality and safety of a service's performance against the standards, by identifying strengths and highlighting areas for improvement
- promote day-to-day practice that is up to date, effective and consistent and based on the best available evidence

- provide a framework for the service providers to be accountable to those using their services, the public and funding agencies, by setting out how they should organise, deliver and improve the care and support they provide.

2.3.2. The Department of Health

The Department of Health is a department of the Government of Ireland and is led by the Minister for Health. The Department's main role is to support the Minister for Health and Ministers of State in the development and implementation of policy and legislation for the health services.

The Department achieves this role by providing:

- leadership and policy direction for the health sector to improve health outcomes
- governance and performance oversight to ensure accountable and high-quality services
- an organisational environment where, on an ongoing basis, high performance is achieved, collaborative working is valued and the knowledge and skills of staff are developed
- collaboration to achieve health priorities and contribute to wider social and economic goals.

The mission of the Department of Health is to improve the health and wellbeing of people in Ireland by delivering high-quality health services and getting the best value from health system resources.

2.3.3. The Health Service Executive (HSE)

The HSE was established in 2005 under the Health Act 2004 as the single body with statutory responsibility for the management and delivery of health and personal social services to the population of Ireland.(41) The objective of the HSE is to use the resources available to it in the most beneficial, effective and efficient manner to improve, promote and protect the health and welfare of the public. The HSE provides all of Ireland's public health and social care services, including community care services, acute hospital services, disability services and mental health services. Its mission is to ensure people in Ireland are supported by health and social care services to reach their full potential and people can access safe, compassionate and quality care when needed. The core values of the HSE are: care; compassion; trust and learning.

2.3.4. The Department of Children, Disability, Equality and Integration

The Department of Children, Disability, Equality and Integration, previously called the Department of Children and Youth Affairs (DCYA), is a department of the Government of Ireland and is led by the Minister for Children, Disability, Equality and Integration. The Department holds primary responsibility for developing the legislative and policy framework through which child protection and welfare services are delivered, monitored, inspected and measured in Ireland. The Department is responsible for funding and overseeing the delivery of a range of children's services and ensuring that arrangements are in place to deal with child welfare and protection, family support, adoption, school attendance and reducing youth crime. As the centre of policy development and service delivery, the Department aims to place children, young people and families at the heart of its work.

In doing this, the Department:

- values its staff and creates an environment where they learn, develop and contribute to the goals of the organisation.
- places outcomes for children and young people at the centre of policy and service delivery.
- supports prevention and early intervention approaches.
- seeks to innovate and collaborate with other departments, agencies and sectors.
- is accountable, open to change, customer-focused and respectful in their dealings with the public.
- recognises the positive duty to ensure a human rights and equality approach to its work.

2.3.5. The Child and Family Agency (Tusla)

Established in 2014 to consolidate a wide range of children's services, Tusla is the State agency responsible for improving wellbeing and outcomes for children through a range of universal and targeted services. These targeted services include early intervention with families in the community, psychology services, child protection and welfare services, alternative care (including foster care and residential care) and aftercare, to support young people with a history of care. Tusla operates under the Child and Family Agency Act 2013 and is charged with supporting and promoting the development, welfare and protection of children and also the effective functioning of children.(35)

2.3.6. The Mental Health Commission (MHC)

The MHC was established in 2002 under the Mental Health Act 2001 as an independent statutory organisation whose primary function is to ensure high standards in mental health services in Ireland.(42) Receiving funding from the Government, it does not take direction from any outside organisation. The MHC aims to promote, encourage and foster the establishment and maintenance of high standards and good practices in the delivery of mental health services in Ireland. Its main functions are:

- to ensure that mental health services maintain the high standards and good practices as set out in the law
- to protect the interests of people using mental health services.

The MHC's remit includes the broad spectrum of mental health services including general adult mental health services, mental health services for children and adolescents, older people, people with intellectual disabilities and forensic mental health services. It is also responsible for implementing the provisions of the Mental Health Act 2001 in relation to involuntary admission, for setting up mental health tribunals and ensuring that the rights of patients are respected. In addition, under the provisions of the Assisted Decision-Making (Capacity) Act 2015, the MHC's remit has been extended to include the establishment of the Decision Support Service (DSS).(37) The DSS will support decision-making by and for adults with capacity difficulties and will regulate individuals who are providing those supports. The core values of the MHC are:

- **Human rights** – everyone is entitled to have their human rights respected and protected.
- **Dignity and respect** – everyone deserves to be treated with dignity and respect.
- **Person-directed** – support and care should be person-directed.
- **Quality** – all support and care should be of the highest standard.
- **Accountable and transparent** – support and care should be accountable and transparent.
- **Confidentiality** – everyone is entitled to have their confidentiality respected and protected.

2.4. Use of principles in key documents

There are a number of key documents available which discuss the use of principles within the context of standards in health and social care services in Ireland. These documents include national strategies, national standards, guidance and codes of conduct.

Table 2 sets out the key documents which are discussed in the following section.

Table 2 Key Irish documents using principles

Type of key document	Name of document	Organisation
National strategies	*National Healthcare Charter* (2012)(43)	HSE
	Health Service Executive Corporate Plan 2015 – 2017 (2015)(44)	HSE
	Statement of Strategy 2016 – 2019 (2016)(45)	DCYA
	Strategic Plan 2016-2018 (2016)(46)	Ombudsman for Children
	Child Protection and Welfare Strategy 2017–2022 (2017)(47)	Tusla
	Sláintecare Action Plan (2019)(48)	Department of Health
	Mental Health Commission Strategy 2019–2022 (2019)(49)	MHC
	National Disability Authority Strategic Plan 2019-2021 (2019)(50)	National Disability Authority
National standards	*National Standards for the Protection and Welfare of Children* (2012)(51)	HIQA
	National Standards for Residential Services for Children and Adults with Disabilities (2013)(21)	HIQA
	National Standards for Special Care Units (2014)(22)	HIQA
	National Standards for Residential Care Settings for Older People in Ireland (2016)(23)	HIQA
	National Standards for Adult Safeguarding (2019)(31)	HIQA and MHC
	Guidance on Supporting People's Autonomy (2016)(52)	HIQA

Guidance documents	*Children First - National Guidance for the Protection and Welfare of Children* (2017)(53)	DCYA
	Guidance on a Human Rights-based Approach in Health and Social Care Services (2019)(54)	HIQA
Codes of conduct	*Civil Service Code of Standards and Behaviour* (2008)(55)	SIPO
	Patient Safety Tool Box Talks (2012)(56)	HSE
	Code of Professional Conduct and Ethics (2014)(57)	NMBI
	Code of Professional Conduct and Ethics (2017)(58)	PHECC
	Charities Code of Governance (2018)(59)	Charities Regulator
	Guide to Professional Conduct and Ethics for Registered Medical Practitioners, (2019)(60)	Medical Council
	Code of Conduct – Professional Principles, Standards and Ethics for Pharmacists (2019)(61)	PSI

2.4.1. National strategy documents

National strategies are developed by governmental departments, statutory organisations and voluntary organisations in order to set out the core values and overall vision of the department or organisation. Strategy documents are also used as a means of identifying an organisation’s strategic objectives or priority areas of action. This section describes principles that have been used to develop, guide, underpin or structure a number of key national strategies for health and social care in Ireland.

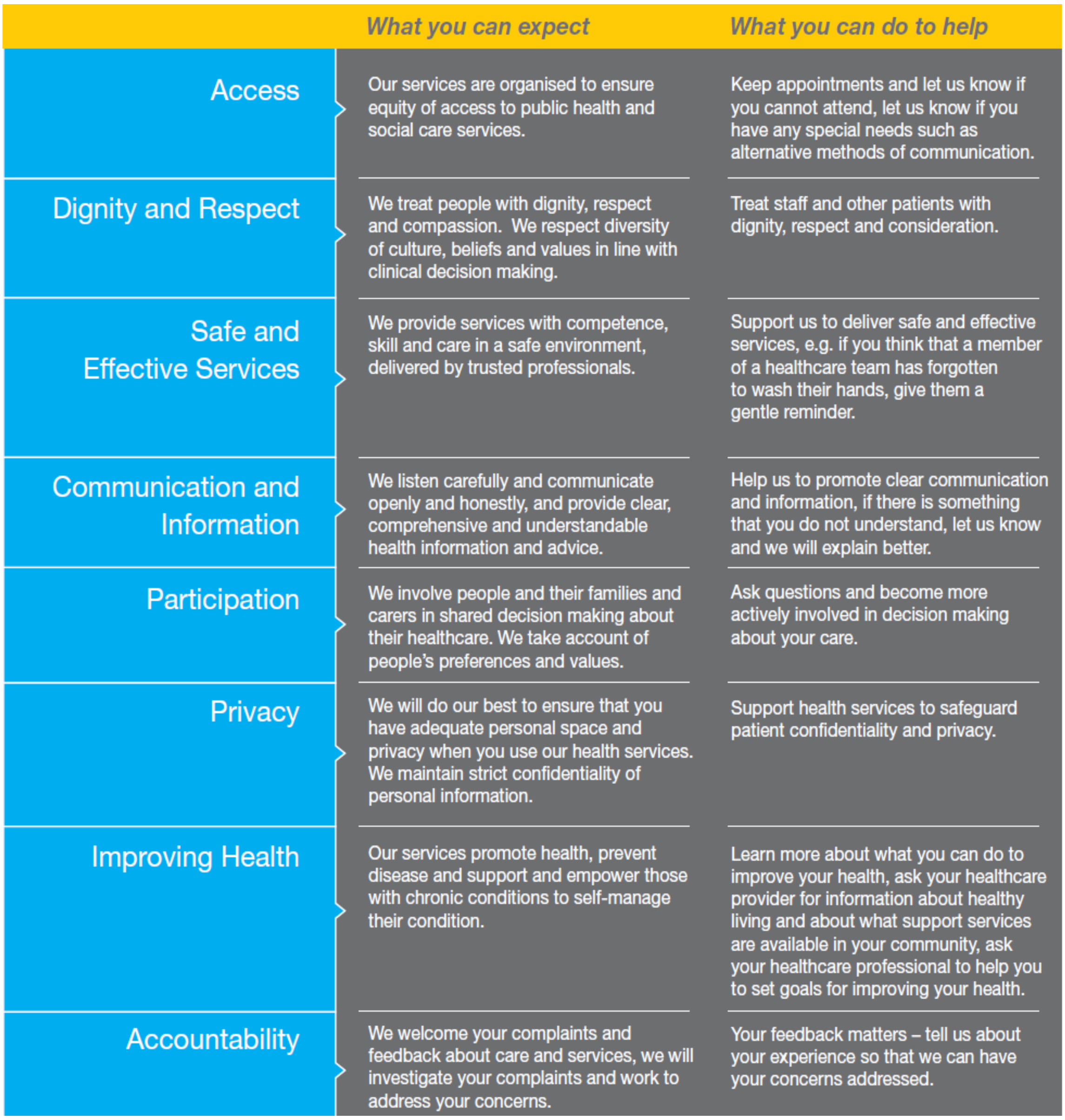
2.4.1.1. National Healthcare Charter: You and Your Health Service (HSE)

The *'National Healthcare Charter: You and Your Service'* is a statement of commitment by the HSE describing what service users can expect when using health services in Ireland, and what they can do to help Irish health services to deliver more effective and safe services.(43) It aims to inform and empower individuals, families and communities to actively look after their own health and to influence the quality of healthcare in Ireland. The charter is based on eight principles which underpin high-quality, people-centred care. The principles have been identified through a review of national and international patient charters and through consultation with the Irish public. The eight principles are:

- access
- dignity and respect
- safe and effective services
- communication and information
- participation
- privacy
- improving health and
- accountability.

The charter is structured according to each of the above principles. A description of each principle is set out below, along with what people using services can expect when they use a service and practical suggestions for what people can do to help ensure services are effective and safe. Figure 3 illustrates each of the eight principles and provides an overview of how the charter is structured.

Figure 3 Principles guiding 'You and Your Health Service'



	What you can expect	*What you can do to help*
Access	Our services are organised to ensure equity of access to public health and social care services.	Keep appointments and let us know if you cannot attend, let us know if you have any special needs such as alternative methods of communication.
Dignity and Respect	We treat people with dignity, respect and compassion. We respect diversity of culture, beliefs and values in line with clinical decision making.	Treat staff and other patients with dignity, respect and consideration.
Safe and Effective Services	We provide services with competence, skill and care in a safe environment, delivered by trusted professionals.	Support us to deliver safe and effective services, e.g. if you think that a member of a healthcare team has forgotten to wash their hands, give them a gentle reminder.
Communication and Information	We listen carefully and communicate openly and honestly, and provide clear, comprehensive and understandable health information and advice.	Help us to promote clear communication and information, if there is something that you do not understand, let us know and we will explain better.
Participation	We involve people and their families and carers in shared decision making about their healthcare. We take account of people's preferences and values.	Ask questions and become more actively involved in decision making about your care.
Privacy	We will do our best to ensure that you have adequate personal space and privacy when you use our health services. We maintain strict confidentiality of personal information.	Support health services to safeguard patient confidentiality and privacy.
Improving Health	Our services promote health, prevent disease and support and empower those with chronic conditions to self-manage their condition.	Learn more about what you can do to improve your health, ask your healthcare provider for information about healthy living and about what support services are available in your community, ask your healthcare professional to help you to set goals for improving your health.
Accountability	We welcome your complaints and feedback about care and services, we will investigate your complaints and work to address your concerns.	Your feedback matters – tell us about your experience so that we can have your concerns addressed.

Source: Health Service Executive. *National Healthcare Charter: You and Your Health Service* (62)

2.4.1.2. Corporate Plan 2015 – 2017 (HSE)

The HSE's most recent published corporate plan *'Corporate Plan 2015 – 2017'* sets out how the HSE aims to build a high-quality health service for a healthier Ireland.(44) It sets out four core values of the HSE which are intended to influence and guide the attitudes and behaviour of all staff working for the HSE. The values, illustrated in Table 3, are presented as an integral part of the HSE's drive for achieving continuous improvement when providing services.

Table 3: List of HSE values

Value	Description
Care	▪ We will provide care that is of the highest quality ▪ We will deliver evidence based best practice ▪ We will listen to the views and opinions of our patients and service users and consider them in how we plan and deliver our services
Compassion	▪ We will show respect, kindness, consideration and empathy in our communication and interaction with people ▪ We will be courteous and open in our communication with people and recognise their fundamental worth ▪ We will provide services with dignity and demonstrate professionalism at all times
Trust	▪ We will provide services in which people have trust and confidence ▪ We will be open and transparent in how we provide services ▪ We will show honesty, integrity, consistency and accountability in decisions and actions
Learning	▪ We will foster learning, innovation and creativity ▪ We will support and encourage our workforce to achieve their full potential ▪ We will acknowledge when something is wrong, apologise for it, take corrective action and learn from it

Source: Adapted from HSE's *'Corporate Plan 2015 – 2017'*(44)

These values are used to guide the corporate plan which is structured by strategic goals of the HSE. Five strategic goals, the actions required to deliver them and how the impact of the goals will be measured are set out in the corporate plan. The five goals of the HSE are:

1. Promote health and wellbeing as part of everything we do so that people will be healthier.
2. Provide fair, equitable and timely access to quality, safe health services that people need.
3. Foster a culture that is honest, compassionate, transparent and accountable.
4. Engage, develop and value our workforce to deliver the best possible care and services to the people who deepened on them.
5. Manage resources in a way that delivers best health outcomes, improves people's experience of using the service and demonstrates value for money.

2.4.1.3. Statement of Strategy 2016 -2019 (Department of Children and Youth Affairs)

The *'Statement of Strategy 2016-2019'* sets out the Department of Children and Youth Affairs' (DCYA, now known as the Department of Children, Disability, Equality and Integration) three-year vision to continue to build a unified framework for policy, legislation and service provision across Government for children and young people.(45) A number of operating principles are set out in the strategy that are being used to guide the work of the Department. These operating principles are:

- **Need for Transparency** – the DCYA operate in a transparent environment. A range of independent bodies inspect, evaluate, comment and make recommendations arising from the DCYA's national and international obligations for governance, quality and the rights of children.
- **Accountability** – the DCYA works with agencies under its remit and various bodies that are in receipt of Exchequer funds to monitor performance and governance.
- **Risk Management** – the DCYA monitor all corporate and unit-level risks and have in place a range of measures designed to reduce the likelihood of each risk occurring.
- **Civil Service Renewal and Change –** the Civil Service Renewal Plan outlines a vision for the Civil Service and practical changes that will create a more unified, professional, responsive and open and accountable Civil Service.

These operating principles are not used to structure or underpin the strategy. The strategy outlines six strategic objectives which are structured according to priority activities and outputs relating to each objective.

2.4.1.4. Strategic Plan 2016-2018 (Ombudsman for Children)

The Ombudsman for Children's *'Strategic Plan 2016-2018'* sets out its main objectives and key areas of activity the Ombudsman will undertake in order to achieve the objectives.(46) The values of the Ombudsman for Children's Office (OCO) are listed at the outset of the strategy and are:

- **Compassionate** – we care about children and young people and what to see their lives improved.
- **Independent** – our independence is important so we can say the things that need to be said and hold public organisations to account.
- **Accessible** – we are open to listening to children and young people and the adults who care and work with them.

- **Authoritative** – when we speak out on behalf of children and young people we do so in a confident way informed by our research and backed up by the law that created the OCO.
- **Innovative** – we are creative thinkers and are interested in promoting new ways of working with and for children and young people.
- **Transparent** – we want everything we do to be open and easily understood so we can be held to account for the work we do.

The strategic plan also makes reference to other values and states that the OCO will at all times treat children and young people politely, respectfully and with dignity. While these values are presented at the outset of the strategic plan, they are not used to structure the plan. The strategic plan sets out three strategic objectives and includes specific action areas for each of the objectives. The three objectives state that the OCO will:

1. increase awareness of children and young people's rights, the United Nations Convention on the Rights of the Child (UNCRC) and the role of the OCO.
2. work to build capacity among public organisations whose work impacts on children and young people to develop and implement a child rights-based approach to their practice.
3. influence positive change for and with children and young people of Ireland.

2.4.1.5. Child Protection and Welfare Strategy 2017 – 2022 (Tusla)

Tusla's *'Child Protection and Welfare Strategy 2017-2022'* arose out of a review of Tusla's core responsibilities that arise from legislation, Government strategies, research, findings of HIQA inspections and reports from its National Review Panel.(47) The strategy seeks to bring together six core elements to inform its strategic direction. These include:

- developing a consistent national practice approach, including the introduction of the *Signs of Safety* approach across Tusla
- ensuring there are clear referral pathways for children and families
- developing a supportive learning environment for staff
- engaging better with children, families and their communities
- supporting staff in making professional judgments
- setting clear expectations of how a child's life should improve as a result of engagement with Tusla.

The 10 best practice principles that underpin *Children First,* the national guidance on child protection and welfare published by DCYA, are set out in the strategy and also embedded within the six strategic objectives of the strategy. These principles represent the national approach to child protection and welfare.

2.4.1.6. Sláintecare Action Plan 2019 (Department of Health)

Sláintecare is the 10-year programme to transform health and social care services in Ireland. Published by the Department of Health in 2018, it is the roadmap for building a world-class, universal health and social care service in Ireland that provides care on the basis of need, and not ability to pay, and attracts and retains healthcare staff.(48) Sláintecare has a priority focus on developing primary and community care services within a national policy context. The 2019 Action Plan outlines key areas of focus for the first year of Sláintecare implementation. The implementation of Sláintecare is underpinned by eight fundamental principles that provided the guiding framework for the development of an implementation strategy for Sláintecare. It is envisaged that these principles will act as a reference point throughout the 10-year implementation process. The eight principles are:

- **Accountability –** Effective organisational alignment and good governance are central to the organisation and functioning of the health system.
- **Engagement –** Create a modern, responsive, integrated public health system, comparable to other European countries, through building long-term public and political confidence in the delivery and implementation of the plan.
- **Patient is Paramount** – All care is planned and provided so that the patient/service user is paramount, ensuring appropriate care pathways and seamless transition backed-up by a full patient record and information.
- **Timely Access** – To all health and social care according to medical need.
- **Prevention and Public Health** – Patients accessing care at the most appropriate, cost effective service level with a strong emphasis on prevention and public health.
- **Free at the point of delivery** – Care provided free at the point of delivery, based entirely on clinical need.
- **Workforce** – The health service workforce is appropriate, accountable, flexible, well-sourced, supported and valued.
- **Public Money and Interest** – Public money is only spent in the public interest for the public good (ensuring value for money, integration, oversight, accountability and correct incentives).

While these principles are set out at the outset of the document, the action plan is structured according to four different work-streams and the main projects within each work-stream. The work-streams are:

1. Service Redesign and Supporting Infrastructure
2. Safe Care, Co-ordinated Governance and Value for Money
3. Teams of the Future
4. Sharing Progress

2.4.1.7. Mental Health Commission Strategy 2019-2022 (MHC)

The *'Mental Health Commission Strategy 2019 - 2022'* sets out the MHC's strategic plan for the period 2019 to 2022.(49) The strategy is guided by the values of the Commission which are:

- **Dignity and Respect** – everyone deserves to be treated with dignity and respect.
- **Human Rights** – everyone is entitled to have their human rights respected and protected.
- **Person-Directed** – the Commission believes in person-directed support and care.
- **Accountable and Transparent** – the Commission is accountable and transparent.
- **Quality** – the Commission expects the highest standards of itself and of all those the Commission regulates.
- **Confidentiality** – the Commission respects and protects the confidentiality of all persons whose rights it upholds.

The strategy is structured by five key strategic objectives which are outlined in Figure 4. While the strategy does not refer to specific principles, within each strategic objective, the Commission outlines that it is committed to upholding human rights principles in all of its activities and ensuring compliance with national and international human rights principles through its regulation of mental health services.

Figure 4 Strategic objectives of MHC

Strategic Objective 1

Promote and uphold human rights to meet our responsibilities and remit under national and international legislation.

Strategic Objective 2

Implement the Commission's legislative mandate and pursue appropriate changes to the Mental Health Act 2001, the Assisted Decision Making (Capacity) Act 2015 and other relevant legislation.

Strategic Objective 3

Promote awareness of and confidence in the role of the Mental Health Commission.

Strategic Objective 4

Develop an organisation that is responsive to the external environment and societal changes.

Strategic Objective 5

Develop an agile organisation with an open and inclusive culture.

Source: *'Mental Health Commission Strategy 2019 - 2022'*(49)

2.4.1.8. National Disability Authority Strategic Plan 2019-2021 (National Disability Authority)

The National Disability Authority's (NDA's) *'Strategic Plan 2019-2021'* establishes the strategic priorities for the NDA.(50) It sets out the NDA's values which are presented as guiding principles to inform its work:

- **Independence** – we add value through objective, research informed advice and guidance.
- **Equality** – we uphold the fundamental principles of equality, non-discrimination and human rights in our work, policies and practices and in the delivery of our functions and as an employer.
- **Excellence** – we are committed to excellence in delivery of our functions in order to make a real difference to people's lives.
- **Engagement** – we work to enhance active engagement with persons with disabilities and communications with all relevant stakeholders.
- **Effectiveness** – we add value based on an ethos of public service, teamwork, flexibility, innovation and efficiency in delivering on our mandate.
- **Transparency** – we demonstrate integrity, openness and commitment in how we work to achieve the organisation's strategic priorities.
- **Respect** – we are always professional, respectful and ethical in our relationships and communications with each other and with all internal and external stakeholders.

While these values are presented as guiding principles of the strategic plan, five strategic priorities are used to structure the plan. These priorities are:

1. To provide research-informed advice to government to guide the development and implementation of national policies, programmes and strategies relevant to the lives of persons with disabilities.
2. To understand and advise on societal changes, challenges and opportunities that impact on the lives of persons with disabilities.
3. To promote and monitor the implementation of codes of practice, standards and guidelines in services and to evaluate policy and practice.
4. To continue to build awareness and adoption of the concept of universal design, maximising independence and participation for all.
5. To continue to be an effective and pro-active organisation, committed to delivering on our strategic priorities and communicating our work.

2.4.2. National standards

National standards can help show people who provide health and social care services and people who use services, what safe, high-quality care should look like. National standards promote practice that is up to date, evidence-based, effective and consistent. Standards also assist people who provide health and social care services to identify strengths and highlight areas of their service provision that may need improvement.

This section sets out national standards that have been developed by HIQA. While the standards are guided or underpinned by principles relevant to individual health and social care areas, the standards are structured and presented under eight themes which relate to dimensions of quality, safety, capacity and capability. These eight themes are intended to work together, and collectively describe how a health or social care service promotes the rights, health and wellbeing of people using its services and how it puts in place measures to reduce the risk of harm to people using its services.

2.4.2.1. National Standards for the Protection and Welfare of Children (HIQA)

The *National Standards for the Protection and Welfare of Children* were developed by HIQA in 2012 to support continuous improvements in the care and protection of children in receipt of HSE child protection and welfare services.(51) The outcome-based standards provide a framework for the development of child-centred services in Ireland that protect children and promote their welfare. These standards were developed to assess the wider performance of the HSE Children and Family Services, which at the time of development of the standards was the statutory provider of children's care and protection services.

The national standards are based on key principles which guide services on how to protect children and promote their welfare. The principles set out that services are expected to:

- Implement *Children First* in all services to protect children and promote their welfare,
- protect children from the risk of harm,
- listen to the needs of children and take account of their views,
- promote and improve children's wellbeing,
- focus on positive outcomes for children,
- provide effective governance arrangements with clear leadership, management and lines of accountability, and
- deliver services to children based on evidence and good practice.

HIQA currently monitors Tusla's child protection and welfare services to measure their compliance with the *National Standards for the Protection and Welfare of Children*. Following an inspection, HIQA publishes a report assessing compliance with the standards and highlights areas for improvement based on the assessment of evidence provided, interviews with staff and young people and observations of practice.

2.4.2.2. National Standards for Residential Services for Children and Adults with Disabilities (HIQA)

The *National Standards for Residential Services for Children and Adults with Disabilities* were developed by HIQA in 2013 to provide a framework for providers of the ongoing development of person-centred residential services for all people with disabilities including those with intellectual disabilities, physical and sensory disabilities and autism.(21) The standards also provide those who use services and their families or representatives with a guide as to what they should expect from residential services. The standards focus on outcomes which empower people with disabilities at the different stages of their lives to participate in and contribute to, activities which help them to realise their full potential.

These outcomes are:

- Respecting their autonomy, privacy and dignity and promoting their rights,
- facilitating them to exercise personal choice in their daily lives,
- safeguarding and protecting them from abuse, and
- providing them with accessible information and assessment to ensure appropriate support services are made available.

The standards are guided by the key principles outlined in Table 4 which serve to guide residential services on how best to provide a safe and effective service for children and adults with disabilities.

2.4.2.3. National Standards for Special Care Units (HIQA)

The *National Standards for Special Care Units* were developed by HIQA in 2014 to ensure that children living away from home are provided with safe, high-quality services.(22) These outcome-based standards provide a framework for providers for the ongoing development of child-centred residential services for children. The standards also provide children and their families and or representatives with a guide as to what they can expect from special care units.The outcome-based standards provide a framework for HIQA to assess whether special care units are providing high-quality, safe and effective services and supports to children, in line with the requirements of the Health Act 2007. The standards are based on key principles which are used to guide special care units on how to best provide safe and effective services to children. These principles are listed on Table 4.

2.4.2.4. National Standards for Residential Care Settings for Older People in Ireland (HIQA)

The *National Standards for Residential Care Settings for Older People in Ireland* were published by HIQA in 2016.(23) The standards place a strong focus on quality of life and a person-centred approach to care for all residents, including residents with dementia. The standards provide a framework for providers for the continual development of person-centred, safe and effective residential services. The scope of the standards extends to residential and residential respite services for older people in Ireland, regardless of whether they are operated by public, private or voluntary bodies or organisations. The standards are based on key principles which are used to guide residential services on how best to provide a safe and effective service to people. These key principles are outlined on Table 4.

Table 4 Principles informing national standards

National Standards for Children with Disabilities[21]	National Standards for Adults with Disabilities[21]	National Standards for Special Care Units[22]	National Standards for Residential Care Settings for Older People[23]
Provide the care and support to promote age-appropriate autonomy and an excellent quality of life for children.	Provide the care and support to promote autonomy and an excellent quality of life for people living in the service.	Provide safe and effective care and support to improve the welfare of children.	Provide the care and support to promote autonomy and an excellent quality of life for people living in the service.
Promote a child-centred, age-appropriate approach to service provision that meets the needs of each child.	Promote a person-centred approach to service provision that meets the needs of each person.	Promote a child-centred approach to service provision that meets the needs of each child.	Promote a person-centred approach to service provision that meets the needs of each person.
Safeguard and protect each child.	Safeguard and protect each person.	Safeguard and protect each child	Safeguard and protect each person.
Listen to the child's voice and uphold and promote the equal rights of children with disabilities.	Uphold and promote the equal rights of adults with disabilities.	Listen to the child's voice and uphold and promote the rights of children.	Uphold and promote the human and individual rights of each person.
Promote the health and development of each child.	Promote the health and development of each person.	Promote and improve the health, development and education of each child.	Promote and improve the health and wellbeing of each person.
Promote integration within the community and the development of social networks.	Promote integration within the community and the development of social networks.	Provide appropriate and effective interventions to improve the welfare and development of children.	Promote integration within the community and the development of social networks.
Provide effective governance arrangements with clear leadership, management and lines of accountability.	Provide effective governance arrangements with clear leadership, management and lines of accountability.	Provide effective governance arrangements with clear leadership, management and lines of accountability.	Provide effective governance arrangements with clear leadership, management and lines of accountability.
Plan and use resources effectively.	Plan and use resources effectively.	Plan and use resources effectively.	Plan and use resources effectively.
Deliver responsive and consistent services based on evidence, good practice and in the best interests of the child.	Deliver responsive and consistent services based on evidence and good practice.	Deliver responsive and consistent services based on evidence, good practice and in the best interests of the child.	Deliver responsive and consistent services based on evidence and good practice.

2.4.2.5. National Standards for Adult Safeguarding (HIQA)

HIQA and the MHC jointly developed *National Standards for Adult Safeguarding* in 2019.(31) The standards allow for a consistent approach to preventing and responding to harm if it does occur. They outline a way of working for health and social care services and support the development of a culture where safeguarding is embedded into practice rather than being viewed as a separate activity. The standards offer a common language to describe adult safeguarding in health and social care services and help people using services to understand what they should expect from a service that is committed to promoting their rights, health and wellbeing and protecting them from the risk of harm. The standards are underpinned by key adult safeguarding principles that emerged following review of the literature and engagement with stakeholders. The principles are:

- **Empowerment** – people are empowered to protect themselves from the risk of harm and to direct how they live their lives on a day-to-day basis according to their will and preferences. This requires people having access to the right information in a way they can understand, making decisions about their lives and being supported to engage in shared decision-making about the care and support they receive.
- **A rights-based approach** – people's rights should be promoted and protected by health and social care services. These include the right to autonomy, to be treated with dignity and respect, to be treated in an equal and non-discriminatory manner, to make informed decisions, the right to privacy and the right to safety. A rights-based approach is grounded in human rights and equality law.
- **Proportionality** – staff working in health and social care services should take proportionate action which is the least intrusive response appropriate to the risk presented and takes account of the person's will and preferences.
- **Prevention** – it is the responsibility of health and social care services to take action before harm occurs. Preventative action includes care, support and interventions designed to promote the safety, wellbeing and rights of adults.
- **Partnership –** effective safeguarding requires working in partnership, that is, health and social care services and the person using the service, their nominated person and professionals and agencies working together to recognise the potential for, and to prevent, harm.
- **Accountability –** health and social care services are accountable for the care and support they deliver and for safeguarding people using their services. This requires transparency in the ways in which safeguarding concerns are responded to and managed.

The outcome-based standards outline high-level outcomes that services are required to meet to deliver quality residential services and residential respite services for adults.

2.4.3. Guidance documents

HIQA also develops guidance to help support staff working in health and social care services to implement national standards. Guidance documents also serve as a practical guide for organisations on how to make improvements in a particular area. This section sets out recent guidance developed by HIQA*, Guidance on Supporting People's Autonomy*(52) and *Guidance on a Human Rights-based Approach in Health and Social Care Services*.(54) This section also describes national guidance *Children First*, developed by the DCYA for the protection and welfare of children.(53)

2.4.3.1. Guidance on Supporting People's Autonomy (HIQA)

In 2016, HIQA published *Guidance on Supporting People's Autonomy*.(52) The document aims to support the work of HIQA in ensuring that the rights of vulnerable services users are placed at the centre of services, including in the development of standards and guidance and in the assessment of the quality and safety of services through programmes of regulation. The purpose of the guidance is to help services to demonstrate how they show respect for human dignity, how they provide person-centred care, and how they ensure an informed consent process that values personal choice and decision-making. By ensuring that people's autonomy is respected, service providers will improve the quality of care, safety and quality of life of people who use health and social care services. The guidance is aligned with the core human rights principles that are found in standards and monitoring programmes developed by HIQA; fairness, respect, equality, dignity and autonomy.

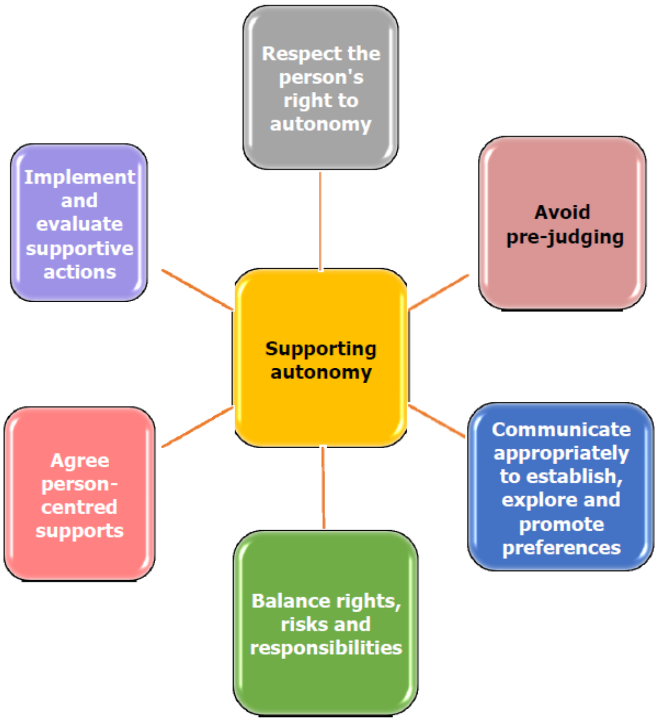
The guidance is underpinned by 14 key principles about autonomy in health and social care. These key principles are:

- Autonomy is one of the ethical principles that health and social care providers use to guide their practice.
- Autonomy does not always involve total independence; often, decisions are made based on our relationships with others, or with assistance of others.
- Irish and international laws support the promotion of personal autonomy in health and social care.
- Respect for autonomy means that every adult person has a right to be involved in decisions that affect them.
- The will and preferences of the individual are central to promoting autonomy.

- Respect for autonomy means that every adult person has a right to consent to, or refuse, treatment, unless it is decided they do not have the mental capacity (ability) to do so.
- Respect for autonomy means that informed consent involves a process of communicating with people, and not merely the signing of a consent form.
- The ability of people to be autonomous and make decisions can be developed if appropriate supports are put in place.
- The ability to make a decision can change over time and is specific to the decision to be made.
- Respecting autonomy involves careful balancing of the rights of people who use services, their safety and wellbeing, and the professional accountability of service providers.
- An ongoing process of engagement, and person-centred communication, with people who use services can help promote autonomy and wellbeing.
- Some individuals may wish to take less of a role in the decision-making process at some stages of their interaction with services.
- Respect for autonomy does not mean all choices are facilitated.

While the guidance is underpinned by these 14 principles, the guidance is presented within a framework which is designed to be used as a practical tool to assist providers to promote the autonomy of people who use health and social care services. Figure 5 illustrates this framework for supporting autonomy.

Figure 5 A framework for promoting autonomy in health and social care services



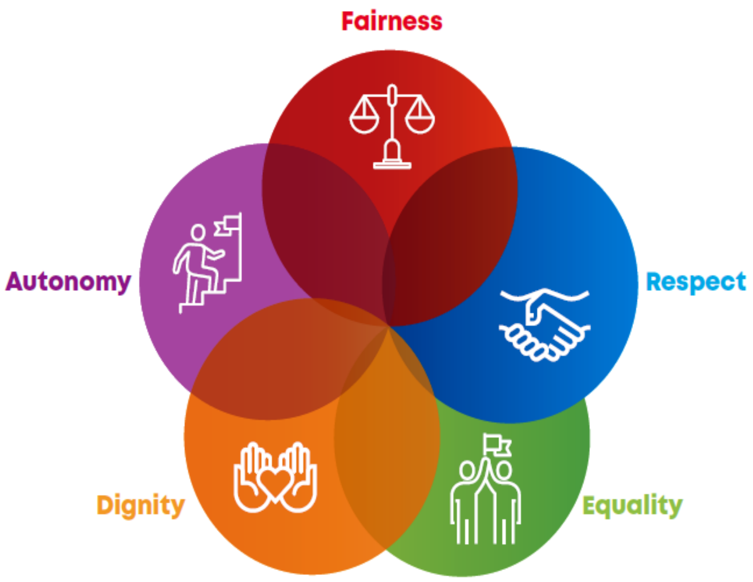
Source: *Guidance on Supporting People's Autonomy,'* HIQA (52)

2.4.3.2. Guidance on a Human Rights-based Approach in Health and Social Care Services (HIQA)

In 2019, HIQA published *Guidance on a Human Rights-based Approach in Health and Social Care Services.*(54). A number of national standards developed by HIQA make high-level reference to a human rights-based approach to care and support, with emphasis placed on protecting and promoting people's rights and respecting their autonomy, privacy, dignity, values, preferences and diversity.(2,23,63) The guidance is designed to support staff and organisations in understanding a human rights-based approach to care and support and implementing the principles of human rights in their work. The guidance outlines a way of working for health and social care staff, to assist them to uphold human rights in their day-to-day work. The guidance is intended for all staff working in health and social care services, but it will also be useful for people using services, their families, carers, friends and advocates.

The FREDA principles, an internationally recognised framework through which human rights can be considered, was used to structure the guidance.(64) The five principles are illustrated in Figure 6.

Figure 6 The FREDA principles



Source: '*Guidance on a Human Rights-based Approach in Health and Social care,'* HIQA 2019.(65)

The guidance also provides definitions for each of the FREDA principles as follows:

- Fairness means ensuring that when a decision is made with a person using a service about their care and support, that the person is at the centre of the decision-making process.
- Respect is the objective, unbiased consideration and regard for the rights, values, beliefs and property of other people. Respect applies to the person as well as their value systems.
- Equality means people having equal opportunities and being treated no less favourably than other people on the grounds set out in legislation.
- Dignity means treating people with compassion and in a way that values them as human beings and supports their self-respect, even if their wishes are not known at the time.
- Autonomy is the ability of a person to direct how they live on a day-to-day basis according to personal values, beliefs and preferences.

The guidance is a practical document and includes examples of how staff can support and promote the principles in their work and cases studies of the principles in practice.

2.4.3.3. Children First (DCYA)

Children First is Ireland's national guidance for the protection and welfare of children.(53) It sets out policy and practice in the area of child protection and welfare. A number of key principles that inform Government policy and best practice for those dealing with children have been used to underpin the guidance. These 10 key principles and their descriptors are illustrated in Table 5 below.

Table 5 Children First Principles

Principle	Description
1	The safety and welfare of children is everyone's responsibility
2	The best interests of the child should be paramount
3	The overall aim is always to intervene proportionately to support families to keep children safe from harm
4	Interventions by the State should build on existing strengths and protective factors in the family
5	Early intervention is key to getting better outcomes. Where the State must intervene to keep children safe, the minimum intervention necessary should be used
6	Children should only be separated from parents or guardians when all other means of protecting them have been exhausted
7	Children have a right to be heard, listened to and taken seriously. They should be consulted and involved in all matters and decisions that affect their lives
8	Parents and guardians have a right to respect and should be consulted and involved in matters than concern their family
9	A balance must be struck between protecting the children and respecting the rights of parents, guardians and families. Where there is conflict, the child's welfare must come first
10	Child protection is a multi-agency, multi-disciplinary activity. Agencies and professionals must work together in the interest of children

Source: Department of Children and Youth Affairs. *Children First National Guidance for the Protection and Welfare of Children.* 2017.(53)

The guidance is intended to assist members of the public, volunteers, social workers, professionals, organisations and individuals to help keep children safe and protected from harm. It also sets out the statutory responsibilities for mandated persons and organisations and provides information about how the statutory agencies respond to reports of concerns made about children.

2.4.4. Codes of conduct

In Ireland, a number of statutory agencies and independent bodies are responsible for the development, implementation and administration of professional codes and standards of conduct and professional practice for different health and social care professionals. This section sets out a number of key codes of conduct that relate to health and social care services.

2.4.4.1. Civil Service Code of Standards and Behaviours

The Standards in Public Office Commission in Ireland published the *Civil Service Code of Standards and Behaviours* in 2008.(55) The code sets out a clear framework that incorporates an integrated approach to the values, standards and behaviour of civil servants. The principles which should govern the behaviour of civil servants and the values which the civil service advocates are presented within the code.

The governing principles are:

- integrity,
- impartiality,
- effectiveness,
- equity, and
- accountability.

The principles of integrity and impartiality are outlined as standards that underpin the general ethos of the civil service and should be adhered to by civil servants. These two principles overlap with the traditional values of the public service that are set out in the code, which are honesty, impartiality and integrity. The code establishes that to work in the public service is to work for the common good and these values seek to serve the common good.

2.4.4.2. The Code of Professional Conduct and Ethics (NMBI)

The *Code of Professional Conduct and Ethics* was published by the Nursing and Midwifery Board of Ireland (NMBI) in 2014.(57) The purpose of the code is to guide nurses and midwives in their day-to-day practice and help them to understand their professional responsibilities in caring for patients in a safe, ethical and effective way. The code is based on five governing principles which underpin the ethical values and related standards of conduct and practice and guides the relationships between nurses, midwives, patients and colleagues. Figure 7 provides an overview of how the principles are presented within the code.

Figure 7 Code of conduct and ethics for registered nurses and midwives

Source: NMBI, *Code of Professional Conduct and Ethics* 2014.(66)

These five principles are used to structure the code. For each principle a description is provided alongside the ethical values relating to the principle, which state the primary goals and obligations of nurses and midwives. Standards of conduct and professional practice for each principle are also presented, demonstrating the attitudes and behaviours that members of the public have the right to expect from nurses and midwives.

2.4.4.3. Code of Professional Conduct and Ethics (PHECC)

The Pre-Hospital Emergency Care Council (PHECC) published its Code of Professional Conduct and Ethics in 2017.(58) The code is underpinned by five principles. The code sets out that each PHECC registered practitioner shall:

- uphold and maintain a duty of care to patients and public
- treat patients and seek consent of patient
- maintain high standards of professional accountability in:
  - education and training

    - record keeping
    - accountability
- co-operation and teamwork
- maintain confidentiality

These principles are used to structure the code and specific actions for practitioners are included under each principle.

2.4.4.4. Guide to Professional Conduct and Ethics for Registered Medical Practitioners (Medical Council)

The *Guide to Professional Conduct and Ethics for Registered Medical Practitioners* was published in 2019 and provides principles-based guidance to medical practitioners on a wide range of scenarios which are likely to arise over the course of their professional careers and also clarifies for patients the standards of care which they should expect from their doctor.(60) The guide outlines the principles of good medical practice which involves a partnership between patient and doctor that is based on mutual respect, confidentiality, honesty, responsibility and accountability.

The guide sets out that doctors should:

- show integrity, compassion and concern for others in day-to-day practice,
- develop and maintain a sensitive and understanding attitude with patients,
- exercise good judgment and communicate sound clinical advice to patients,
- search for the best evidence to guide professional practice, and
- be committed to continuous improvement and excellence in the provision of healthcare.

Although the guide is not structured according to the principles of good medical practice, reference to specific principles features in different sections of the guide. For example, the principles of dignity and autonomy are included as a key responsibility for medical practitioners where it is set out that all patients must always be treated with respect for their dignity, and patients with disabilities are entitled to the same treatment options and respect for their autonomy as any other patient. In addition, specific reference is made to confidentiality as a principle of medical ethics and to informed consent whereby the patient has the right to decide what happens to their own body and has a right to control their own life.

2.4.4.5. Code of Conduct – Professional Principles, Standards and Ethics for Pharmacists (PSI)

In 2019, the Pharmaceutical Society of Ireland (PSI) published the *Code of Conduct – Professional Principles, Standards and Ethics for Pharmacists.*(61) The code establishes the principles and ethical standards which govern pharmacists in the practice of their profession, and which the public, people using services, other healthcare professionals and society require and expect from pharmacists.

The code is structured by seven principles which pharmacists are required to uphold. For each principle a description of the principle is provided, along with direction on how compliance with each principle is demonstrated. This direction is intended to inform pharmacists on the proper use of the code and to also demonstrate the professional responsibilities of a pharmacist to people who use services and also to the wider public. The directions are neither exhaustive nor exclusive. Pharmacists must comply with the principles of the code and apply the principles in their everyday practice to ensure the health, wellbeing, care and safety of patients. Pharmacists must use their professional judgment and clinical expertise in order to make ethical decisions, while observing relevant legislation, practice standards and guidance. Figure 8 illustrates these principles and also demonstrates how the values of professionalism and care sit at the centre of pharmacy as a profession. These values provide a framework to support a professional in making difficult decisions and guide their practice in the interest of patients and the public, while also acknowledging his or her duties and obligations as a professional.

Figure 8 Code of conduct for pharmacists

Source: *'Code of Conduct – Professional Principles, Standards and Ethics for Pharmacists.'* PSI, 2019.(61)

2.4.5. Additional documents

This section sets out additional documents that were identified during the review process. These documents are relevant to standards in health and social care and describe how principles underpin and guide their practice.

2.4.5.1. Patient Safety Tool Box Talks: Quality & Patient Safety Principles (HSE)

The HSE published a patient safety toolbox which outlines principles that can be used to guide and inform decisions and conduct action.(56) The principles are:

- Patient first,
- Safety,
- Personal responsibility,
- Defined authority,
- Clear accountability,
- Leadership,
- Multi-disciplinary working,
- Supporting performance,

- Open culture, and
- Continuous quality improvement.

The toolbox outlines that clinical governance and improved patient outcomes are at the core of the guiding principles for quality and safety. A description of how to test each decision against the quality and safety principles is provided in the toolbox.

2.5. Summary and lessons learned

This section has outlined how Irish organisations which are involved in setting standards in health and social care services use principles within their standards. An overview of key organisations, relevant legislation and key documents including standards, guidance, and associated documents has been provided. Principles and values are used in a large number of key documents in Ireland's health and social care system. As evidenced in this section, the use of principles in standards, guidance or associated documents is inconsistent. The terms 'principles', 'values' and 'domains' are used interchangeably across organisations and key documents. Furthermore, considerable variation exists across organisations regarding how principles are used, with principles being referred to as underpinning, guiding, overarching, governing or operating principles.

Similar to the international evidence, principles are currently not being used to structure national standards in the health and social care system.(27) Rather, there has been a move towards presentation of principles alongside themes or frameworks.(52) However, as outlined in this section, exceptions to this move include guidance documents, codes of conduct and strategy documents.(43,57,59,67) Some organisations report having a core set of values that underpin the work they do, for example, HIQA, MHC, HSE and the Medical Council all report their core values or core domains in their key documents. However, as indicated in this section, no core set of principles overarching the health and social care system is currently available.

There is evidence of principles and values overlapping within organisations and documents, for example, in the *Civil Service Code of Standards and Behaviours*, impartiality and integrity are listed as both governing principles and values of the code.(55) Despite widespread inconsistencies in how principles are used in the Irish health and social care system, this section indicates that irrespective of service or setting, common principles are being used to underpin health and social care. The most commonly used principles in an Irish context include; accountability and transparency, responsiveness, safety and dignity and respect.

3. International review

The international review provides an overview of how principles are used internationally in health and social care systems.

This section begins with a summary of the use of principles in international legislation, in particular legislation relating to human rights. It goes on to review how a number of international organisations, including the World Health Organization, the International Standards Organisation, and the Institute for Healthcare Improvement use principles.

The review then examines how principles are used in health and social care systems in seven jurisdictions. This includes how principles are used in relevant legislation, how organisations who are involved in setting standards for, monitoring or delivering health and social services use principles within their standards, guidance, strategy and associated documents and any lessons for Ireland. The jurisdictions selected for review were:

- Scotland,
- England,
- Northern Ireland,
- Wales,
- New Zealand,
- Canada, and
- Australia

The seven jurisdictions were chosen following an initial scoping review. A further desktop review of these seven jurisdictions was undertaken involving web-based searches of relevant literature and websites. Where clarification was required, video conference calls, telephone conversations and email correspondence took place with experts in a number of the jurisdictions. This included in Scotland, Canada and Wales. The experts were primarily leaders in regulatory organisations or policy or standard setting bodies. They provided key information on the current developments within their jurisdictions and they assisted with providing relevant reference material and supporting documents relevant to the topic.

For each of the international jurisdictions, the review looks at four key areas:

1. Relevant legislation which includes principles
2. Key relevant organisations in health and social care systems
3. Use of principles in health and social care documents including standards, guidance, strategy, policy, and codes of practice
4. Summary and lessons learned

3.1. International context

3.1.1. Overview of the international context

Within an international context, principles and values are used within legislation to ensure that a number of core human rights principles are provided with a statutory footing globally. Ratification of international human rights treaties reflects a strong commitment by states to the protection and promotion of human rights. International organisations also use principles and values to establish standards for health and social care and often include them in a number of their key governing documents. This helps to provide organisations and their staff with collective guidance on how to improve the provision and delivery of health and social care.

This section of the review sets out key pieces of international health and social care legislation that are either guided by or specifically include principles. This section also describes how international organisations use principles within their standards, guidance and associated documents. This section is set out under the following headings:

- Overview of the relevant legislation
- Key international health and social care organisations
- Use of principles in key documents
- Summary and lessons learned.

3.1.2. Overview of the relevant legislation

This section provides a summary of the key pieces of international legislation relevant to health and social care. While some of these pieces of legislation are not structured by principles, development has been underpinned by a number of core human rights principles. Most of the member states of the United Nations have ratified the European Convention on Human Rights and the United Nations Convention on the Rights of Persons with Disabilities. The European Convention on Human Rights and the United Nations Convention on the Rights of Persons with Disabilities were ratified in Ireland in 1953 and 2018 respectively. This section is set out as follows:

- The Universal Declaration of Human Rights(68)
- The European Convention on Human Rights(69)
- The United Nations Convention on the Rights of Persons with Disabilities(70)
- The European Charter of Patients' Rights(71)

3.1.2.1. The Universal Declaration of Human Rights 1948

The Universal Declaration of Human Rights (UDHR) is a milestone document in the history of human rights. Adopted by the United Nations General Assembly in 1948, it set out, for the first time, fundamental human rights to be universally protected.(68) While not legally binding, the UDHR is considered to be the foundation of international human rights law and is an expression of fundamental values and agreed-upon standards and represents a strong commitment by each state to its implementation. The Declaration contains a series of principles and rights that are based on human rights standards that became enshrined in other legally binding international treaties. The core principles of human rights as set out in the UDHR are:

- **Universality** – human rights are universal and inalienable. Everyone is entitled to human rights and all human beings are born free and equal in dignity and rights.
- **Interdependence** – human rights are interdependent and interrelated and interact with each other.
- **Indivisibility** – there is no hierarchy of human rights. All human rights, irrespective of whether they are economic, social, civil, political or cultural rights.
- **Equality and non-discrimination** – all individuals are equal as human beings and by virtue of the inherent dignity of each human person.

3.1.2.2. European Convention on Human Rights 1953

The European Convention on Human Rights (ECHR) is directly derived from the UDHR and is the basis of the European human rights system.(69) It is an international treaty drafted to protect human rights and political freedoms in Europe. It was drafted by the Council of Europe in 1950, after the Second World War, and has been in force since 1953. While principles are not specifically set out in the ECHR, the core human rights principles that were set out in the UDHR (universality, interdependence, indivisibility and equality and non-discrimination) are recognised as general principles which the ECHR is based upon. The ECHR was the first regional treaty designed to protect human rights, democracy and the rule of law. Its main purpose was to limit a state’s interference with the rights of citizens. All 47 Council of Europe member states have signed the ECHR. The European Court of Human Rights applies and protects the rights and guarantees set out the ECHR. States which have signed up to the ECHR are bound by international law to secure for everyone within their jurisdiction the rights and freedoms set out in it.(72,73)

Key human rights defined under the ECHR that are often encountered in health and social care settings include:

- Article 1: Obligation to respect Human Rights
- Article 2: Right to life
- Article 3: Prohibition of torture
- Article 4: Prohibition of slavery and forced labour
- Article 5: Right to liberty and security
- Article 6: Right to a fair trial
- Article 7: No punishment without law
- Article 8: Right to respect for private and family life
- Article 9: Freedom of thought, conscience and religion
- Article 10: Freedom of expression
- Article 11: Freedom of assembly and association
- Article 12: Right to marry
- Article 13: Right to an effective remedy
- Article 14: Prohibition of discrimination

Article 8 has been identified as the most influential of the articles which directly affect the provision of healthcare. It adds statutory force to the capable adult's right to self-determination.(73)

3.1.2.3. European Charter of Patients' Rights 2002

The European Charter of Patients' Rights was drafted in 2002 by the Active Citizenship Network in collaboration with citizens' organisations from different European Union countries.(71) The Charter aims to guarantee a high level of human health protection and to assure the high quality of services provided by different national health services in Europe. The rights set out in the Charter are: the right to preventative measures, access, information, consent, free choice, privacy and confidentiality, respect of patient's time, observance of quality standards, safety, innovation, avoidance of unnecessary suffering and pain, the right to personalised treatment and the right to complain and receive compensation. The Charter is aligned with the duties and responsibilities that both service providers and people using services must assume. While the Charter applies to all individuals, it acknowledges that characteristics such as age, gender, religion, socio-economic status) may influence individual healthcare needs. While principles are not specifically set out in the Charter, the Charter is considered to be informed by the values common to European Union Health Systems which are: universality, access to quality care, equity and solidarity.(71)

3.1.2.4. United Nations Convention on the Rights of Persons with Disabilities 2006

The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) was adopted in 2006 and aims to promote, protect and ensure the full and equal enjoyment of human rights and fundamental freedoms by all persons with disabilities and to promote respect for their inherent dignity.(70) Under the UNCRPD, persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which may hinder their full and effective participation in society on an equal basis with others. There are eight principles that guide the UNCRPD and each of the Articles set out in the Convention.(70) The guiding principles are:

1. respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons
2. non-discrimination
3. full and effective participation and inclusion in society
4. respect for difference and acceptance of persons with disabilities as part of human diversity and humanity
5. equality of opportunity
6. accessibility
7. equality between men and women
8. respect for the evolving capacities of children with disabilities and respect for the rights of children with disabilities to preserve their identities.

3.1.3. Key organisations in health and social care

This section sets out a number of organisations that are responsible for developing health and social care standards at an international level. These organisations use principles or values to guide their work through the development of standards and also to structure a number of their key governing documents which are used to guide their staff and partners in the provision and delivery of care. A brief overview of these organisations will be set out in the following section.

- The World Health Organization
- The International Standards Organisation
- The Institute for Healthcare Improvement

3.1.3.1. World Health Organization

The World Health Organization (WHO) is a specialised agency of the United Nations, established in 1948 to further international cooperation for improved public health conditions. The goal of the WHO is to help ensure that all populations achieve and attain the highest possible level of health. In order to achieve this, the WHO mobilises nations to action when countries need assistance.(74) The WHO provides global leadership on health-related matters and at a high-level, responsibilities of the WHO include(75):

- Shaping the global health research agenda and stimulating the generation, translation and dissemination of knowledge.
- Setting health standards and promotion and monitoring their implementation.
- Promoting ethical and evidence-based policy options.
- Providing technical support to countries.
- Monitoring and assessing health trends.

3.1.3.2. The International Standards Organisation

Founded in 1947, the International Standards Organisation (ISO) is an independent, non-governmental international organisation with a membership of 165 national standards bodies.(76) The ISO has created a global network of national standards bodies with one member per country. Through its members, the ISO develops voluntary, consensus-based, market relevant international standards that support innovation and provide solutions to global challenges. The ISO has developed over 1,200 standards that are focused on health across a wide range of sectors. The aim of ISO standards for health is to ensure that individuals and communities receive the quality of care they deserve. As the ISO is a not-for-profit organisation, standards are sold in order to enable the ISO to finance their development, maintain them and develop new standards. The ISO standards for health cover a broad spectrum of areas within health including dentistry, optics, medical devices, surgical implants, physical assistance and health informatics.(77)

3.1.3.3. The Institute for Healthcare Improvement

Established in 1991, the Institute for Healthcare Improvement (IHI) uses science to advance and sustain better outcomes in health and healthcare across the world.(78) The vision of the IHI is to ensure that everyone has the best care and health possible. The IHI is made up of hundreds of leading academics and healthcare leaders from around the world and a team of internationally recognised scientists who provide expert guidance to improve the rigour of IHI's programmes of work. The values that guide the IHI in the way they work are:

- **Courage** – stay true to our values, even in the face of risk or loss. We do this in the service of personal and organisational integrity.
- **Love** – build relationships grounded in patience, kindness, gratitude and respect. In our work, we bring our whole selves in an authentic and caring spirit and encourage others to do the same.
- **Equity** – work to prevent and undo unfair systems, policies, and forms of racism and discrimination that drive gaps in our organisation and in our work.
- **Trust** – recognise the unique experience that each of us brings and believe in each other's strengths. We ensure that people feel empowered and supported.

The work of the IHI is focused on four key areas:

1. Pursuing safe and high-quality care by collaborating with global partners to achieve sustainable, large-scale improvements in quality and safety.
2. Improving the health of populations by discovering, testing and sharing innovative ways to improve health, lower individual and societal costs and increase equity in populations worldwide.
3. Building the capability to improve by bringing together like-minded colleagues at global conferences, training and career development programmes to help expand the safety, improvement and leadership skills of the health and healthcare workforce.
4. Innovating and sparking action by sharing practical tools, change ideas, improvement measures and white papers with professionals from all over the world to improve patient care and the health of populations.

3.1.4. Use of principles in key documents

At an international level, there are a number of key documents which discuss the use of principles within the context of health and social care services. These documents consist of international frameworks, guidance and also governing documents. The documents which are discussed in this section are:

- The FREDA Principles Framework
- The PANEL Principles Framework
- The Constitution of the World Health Organization
- WHO Code of Ethics and Professional Conduct
- The IHI's Framework for Safe, Reliable and Effective Care

3.1.4.1. Internationally recognised frameworks

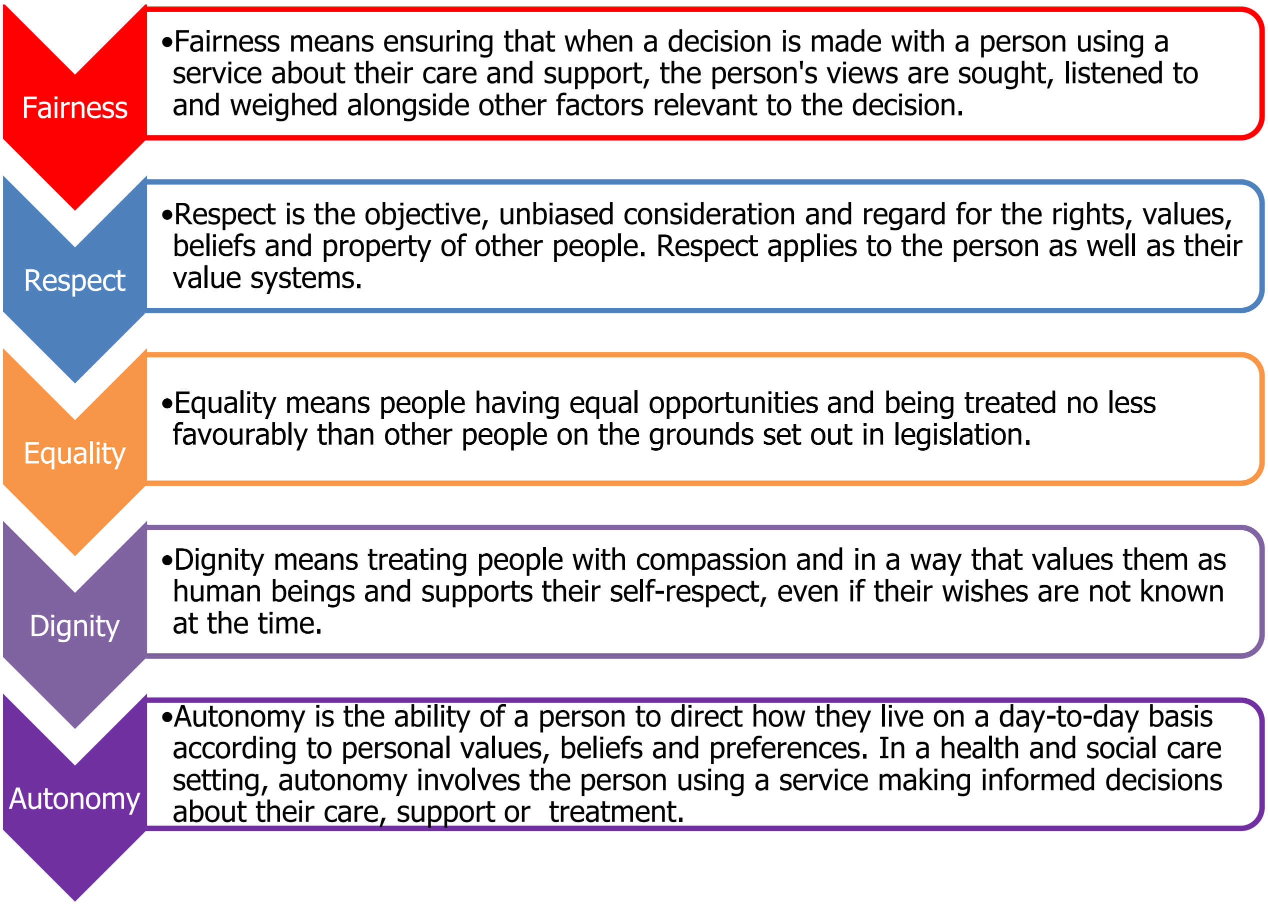
FREDA Principles

In recent years there has been an increased international focus on human rights, empowerment, choice and autonomous decision-making within health and social care sectors. This focus stems from the introduction of international human rights legislation which places an obligation on health and social care providers to uphold the human rights of people using their services. However, research has indicated that too much emphasis has been placed on the legalistic nature of human rights rather than their underlying values.(79) The FREDA principles of Fairness, Respect, Equality, Dignity and Autonomy represent an internationally recognised framework through which a human rights-based approach to care and support can be considered in a non-legalistic way.(64) A human rights-based approach to care and support seeks to ensure that the human rights of all people using health and social care services are protected and supported in day-to-day practice and are embedded in the culture of a service.

The FREDA principles have been adopted by international monitoring bodies in the regulation of health and social care services, including the Care Quality Commission in the UK, and by HIQA in the 2019 *Guidance on a Human Rights Based Approach to Care and Support in Health and Social Care Services.*(54,80) The FREDA framework seeks to ensure that health and social care providers are focusing on the underlying core values of human rights rather than on the technical aspects of human rights legislation. The principles are considered to form the basics of good care and should incorporate what service providers already do in their day-to-day work.(64) A human rights-based approach involves all five FREDA principles and while it is useful to consider each principle individually, it should be understood that they are interdependent. The principles should be used to inform decisions but not determine them. The weight given to each principle when making some decisions, will depend on the issues that are under consideration. In some instances, it may be the case that in making a decision, a greater weight is given to some principles over others. However, that does not mean that any of the principles should be disregarded in the decision-making process.

Figure 9 below provides definitions for each of the FREDA principles. These definitions have been adapted from a range of sources including HIQA(54) and the Care Quality Commission.(80)

Figure 9 The FREDA principles



- Fairness means ensuring that when a decision is made with a person using a service about their care and support, the person's views are sought, listened to and weighed alongside other factors relevant to the decision.
- Respect is the objective, unbiased consideration and regard for the rights, values, beliefs and property of other people. Respect applies to the person as well as their value systems.
- Equality means people having equal opportunities and being treated no less favourably than other people on the grounds set out in legislation.
- Dignity means treating people with compassion and in a way that values them as human beings and supports their self-respect, even if their wishes are not known at the time.
- Autonomy is the ability of a person to direct how they live on a day-to-day basis according to personal values, beliefs and preferences. In a health and social care setting, autonomy involves the person using a service making informed decisions about their care, support or treatment.

Source: Adapted from HIQA's *Guidance on a Human Rights-based Approach in Health and Social care*, 2019.(65)

PANEL principles

Another useful, internationally recognised, non-legalistic approach to human rights for health and social care is the PANEL principles. The PANEL Principles have been adopted by the Scottish Human Rights Commission as a means of ensuring people's rights are put at the centre of policies and practices.(81) The principles provide a way of breaking down what a human rights-based approach means in practice. PANEL stands for Participation, Accountability, Non-discrimination and Equality, Empowerment and Legality and is defined as follows:

- **Participation:** People should be involved in decisions that affect their rights.
- **Accountability:** There should be monitoring of how people's rights are being affected as well as remedies when things go wrong.
- **Non-discrimination and Equality**: All forms of discrimination must be prohibited, prevented and eliminated. People who face the biggest barriers to realising their rights should be prioritised.

- **Empowerment:** Everyone should understand their rights, and be fully supported to take part in developing policy and practices which affect their lives.
- **Legality:** Approaches should be grounded in the legal rights that are set out in domestic and international laws.

Constitution of the World Health Organization

The WHO has a broad mandate including advocating for universal healthcare, monitoring public health risks, coordinating responses to health emergencies and promoting human health and wellbeing. The Constitution of the WHO establishes the WHO's governing structure and principles.(82) The Constitution was adopted by the International Health Conference held in New York in 1946 and entered into force in April 1948. The principles enshrined in the Constitution are:

- Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.
- The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, and political belief, economic or social condition.
- The health of all peoples is fundamental to the attainment of peace and security and is dependent on the fullest co-operation of individuals and states.
- The achievement of any state in the promotion and protection of health is of value to all.
- Unequal development in different countries in the promotion of health and control of diseases, especially communicable disease, is a common danger.
- Healthy development of the child is of basic importance; the ability to live harmoniously in a changing total environment is essential to such development.
- The extension to all peoples of the benefits of medical, psychological and related knowledge is essential to the fullest attainment of health.
- Informed opinion and active co-operation on the part of the public are of the utmost importance in the improvement of the health of the people.
- Governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures.

These are high-level principles and are considered by the Constitution to be fundamental to securing the happiness, harmonious relations and security of all populations.

WHO code of ethics and professional conduct

The WHO published its *Code of Ethics and Professional Conduct* in 2017.(83) The code sets out the basic principles of ethical behaviour and standards of conduct that are applicable to all WHO staff. The following principles of ethical behaviour must be followed at all times by WHO staff:

- **Integrity:** WHO staff members are expected to demonstrate the highest standards of integrity and act in good faith, with intellectual honesty and fairness, in all matters affecting their official duties and the interests of the WHO.
- **Accountability:** Every staff member is answerable for their actions and decisions, and must accept responsibility for them. The WHO is accountable to its member states, and the WHO staff are accountable for achieving objectives and results in accordance with the programme budgets and with regulations, rules and standards.
- **Independence and impartiality:** WHO staff members are required to always act with impartiality and professionalism and to ensure that the expression of personal views and convictions do not compromise the performance of their official duties or the interests of WHO.
- **Respect for the dignity, worth, equality, diversity and privacy of all persons:** Staff members are expected to behave ethically at all times and with utmost respect for each other and external stakeholders, without regard to gender, race, religion, creed, colour, citizenship, national origin, age, marital status, family responsibilities and choices, pregnancy, sexual orientation, or disability.
- **Professional commitment:** WHO staff members contribute to the organization by building their professional competence on a foundation of ethical principles, professional expertise, and personal commitment to the mandate and objectives of WHO.

While the principles are not used to structure the code, they are set out at the start of the code and provide examples of the principles in practice. The intended purpose of the code is to provide WHO staff members with a greater understanding of the importance of their role, and the responsibilities of working with the WHO.

A Framework for Safe, Reliable and Effective Care

The IHI published *A Framework for Safe, Reliable and Effective Care* in 2017.(84) The white paper describes the development of the framework which is made up of two foundational domains, culture and the learning system, along with nine interrelated components. With patients and families at the core, the framework brings together the strategic, clinical and operational concepts that are critical to achieving safe, reliable and effective care. The paper describes the domains of culture and the learning system and outlines what is involved with each and how they interact. The white paper is intended to provide organisations with a clearer understanding of how to achieve safe, reliable and effective care. A key focus of the paper is on how organisations can achieve high levels of reliability across processes and systems. The paper provides four foundational principles for making systems and processes more reliable:

- **Standardise** - this involves designing processes so that people do the same thing the same way every time. Standardisation makes it easier to train people on the processes, and it becomes more apparent if the processes fail and where they fail, enabling the organisation to improve targets.
- **Simplify** - the more complex something is, the less likely it is to be successful because there are more opportunities for mistakes, and staff may avoid following processes that are too difficult or time consuming. Simplified processes, however, make it easy for people to do the right thing.
- **Reduce autonomy** – healthcare professionals have historically been autonomous, making decisions based on personal preference or belief. However, this can result in care variation and less consistent outcomes. To achieve greater reliability, organisations must set the expectation that care delivery follows evidence-based best practices, unless contraindicated for specific patients.
- **Highlight deviation from practice** - smart healthcare organisations create environments in which clinicians can apply their expertise and deviate from protocols when necessary, but also capture the deviations for analysis. Once analysed, the new insights can lead to educating clinicians or altering the protocol. Both result in greater reliability.

3.1.5. Summary and lessons learned

This section has provided an overview of how principles are used at an international level within international health and social care legislation, how they are used by key organisations and how they are used within key documents including frameworks, guidance and governing documents. As observed in the reviewed jurisdictions, the terms principles and values are used interchangeably by organisations and across key documents. The use of interchangeable terms is also reflected in legislation. For example, while the UDHR sets out the core human rights principles of universality, interdependence, indivisibility and equality and non-discrimination, the European Charter of Patient’s Rights has been informed by values that are considered common to European Union Health Systems which are: universality, access to quality care, equity and solidarity.

Similar to the jurisdictions reviewed, at an international level there has been a move towards the use of principles to underpin or guide key documents rather than structure them, as seen in the WHO's *Code of Ethics and Professional Conduct.*(83) However, in contrast to this, the internationally recognised frameworks, the FREDA and PANEL principles, represent a way in which principles can be used to structure frameworks and serve as useful practical tools to guide international organisations and staff in the delivery of care.

3.2. Scotland

3.2.1. Introduction

In Scotland, both the Scottish government and Healthcare Improvement Scotland have a remit for setting standards for health and social care services. In 2018, the Scottish government introduced the *Health and Social Care (HSC) Standards: My support, my life.*(27) Jointly developed by the Care Inspectorate and Healthcare Improvement Scotland, the HSC standards are a set of overarching standards that aim to promote integration across health and social care and lead to a joined-up service for the public. The development of the HSC standards represented a move towards having high-level national standards across health and social care services.(27) The standards outline how principles can be used to underpin overarching standards. Principles are also used throughout the Scottish health and social care system in a number of other ways, including in legislation, which has helped to shape the development of standards, strategies and key documents. Principles are also used by key health and social care organisations to guide strategic priorities and to guide staff in their duties.

This section of the review provides a summary of the key pieces of Scottish legislation that relate to the use of principles in the Scottish health and social care system. It also sets out how Scottish organisations which are involved in setting standards for, or delivering, health and social care services use principles within their standards, guidance and associated documents. This section is set out under the following headings:

- Overview of the relevant legislation
- Key organisations in Scotland's health and social care system
- Use of principles in key documents
- Summary and lessons learned

3.2.2. Overview of the relevant legislation

This section describes Scotland's use of principles in relevant pieces of health and social care legislation, including:

- Mental Health (Care and Treatment) (Scotland) Act 2003
- Public Services Reform (Scotland) Act 2010
- Social Care (Self-directed Support) (Scotland) Act 2013
- Public Bodies (Joint Working) (Scotland) Act 2014
- Health and Care (Staffing) (Scotland) Act 2019

3.2.2.1. Mental Health (Care and Treatment) (Scotland) Act 2003

The Mental Health (Care and Treatment) (Scotland) Act 2003, came into effect in 2005.(85) The act enables medical professionals to detain and treat people against their will on the grounds of mental disorder, with the Mental Health Tribunal for Scotland and the Mental Welfare Commission for Scotland providing safeguards against mistreatment. The following are set out as guiding principles(85) when considering the use of compulsory measures under the act to provide care and treatment:

- The present and past wishes and feelings of the patient must be considered.
- The views of the patient's carer, guardian or any named person must be taken into account.
- The patient should be assisted to participate as fully as possible.
- The patient should be provided with support, for example, access to advocacy services.
- The full range of treatment options should be considered.
- Treatment must provide maximum benefit to the patient.
- The act must impose minimum restriction of the freedom of the person, which appears to be necessary under the circumstances.
- The person's background and characteristics, including age, sex, sexual orientation, religious persuasion, racial origin, cultural and linguistic background and membership of any ethnic group must be considered.
- It is important to provide appropriate services and continuing care to the patient.
- The needs and circumstances of the person's carer should be considered, providing such information as might be necessary for the ongoing care of the patient.
- Where society imposes an obligation on an individual to comply with a programme of treatment and care, it should impose a parallel obligation on the health and social care authorities to provide safe and appropriate services.

3.2.2.2. Public Services Reform (Scotland) Act 2010

The Public Services Reform (Scotland) Act came into force in 2010.(86) The purpose of the act was to make changes to the organisation of public services in Scotland including the transfer and delegation of certain functions and the dissolution of certain bodies. Among other provisions, the act provided for the establishment of Social Care and Social Work Improvement Scotland (SCSWIS) which now operates under the name of the Care Inspectorate. The act set out general principles(86) to guide the work of the SCSWIS, which included:

- The safety and wellbeing of people who use or are eligible to use, any social service are to be protected and enhanced.
- The independence of people who use social services is to be promoted.
- Diversity in the provision of social services is to be promoted with a view to those persons being afforded choice.
- Good practice in the provision of social services is to be identified and promoted.

3.2.2.3. Social Care (Self-directed Support) (Scotland) Act 2013

Enacted in 2013, the Social Care (Self-directed Support) (Scotland) Act makes legislative provisions relating to the arranging of care and support, community care services and children's services to provide a range of choices to people for how they are provided with support.(87) The act sets out five guiding principles(87) as follows:

1. Involvement – a person must have as much involvement as they wish in relation to the assessment of their needs for support or services and in the provision of supports or services.
2. Information and choice – a person must be provided with assistance to enable them to express their views about the options for self-directed support and to make an informed choice when choosing an option for self-directed support.
3. Collaboration – a local health authority must collaborate with a person in relation to the assessment of the person's needs for support services and the provision of support or services to the person.
4. Dignity – a person has the right for the dignity to be respected.
5. A right to take part in community life – a person's right to participate in the life of the community in which the person lives should be respected.

3.2.2.4. Public Bodies (Joint Working) (Scotland) Act 2014

The Public Bodies (Joint Working) (Scotland) Act 2014 came into effect in April 2016.(26) It sets the framework for integrating adult health and social care to ensure consistent provision of quality, sustainable care services for the increasing numbers of people in Scotland who need joined-up support and care, particularly people with multiple, complex, long-term conditions.(88) The act sets out principles for improving patients' wellbeing and sets the national health and wellbeing outcomes which apply across all integrated health and social care services. Under the act, health and social care integration is about improving peoples' experiences of care, as well as the quality of care. The principles of integration as set out in the act state that services should:

- be integrated from the point of view of service users,

- take account of the particular needs of different service users,
- take account of the particular needs of service users in different parts of the area in which the service is being provided,
- take account of the particular characteristics and circumstances of different service users,
- respect the rights of service users,
- take account of the dignity of service users,
- take account of the participation by service users in the community in which they live,
- protect and improve the safety of service users,
- improve the quality of the service,
- be planned and led locally in a way that is engaged with the community,
- best anticipate needs and prevent them arising, and
- make the best use of the available facilities, people and other resources.

3.2.2.5. Health and Care (Staffing) (Scotland) Act 2019

The Health and Care (Staffing) (Scotland) Act was passed into law by the Scottish Parliament in May 2019.(89) The purpose of the act is to ensure that at all times suitably qualified and competent individuals, from such a range of professional disciplines as necessary, are working in such numbers as are appropriate for the health, wellbeing and safety of patients, the provision of safe and high-quality healthcare and the wellbeing of staff. The act leads with a set of guiding principles for health and care staffing and planning in health and social care services. The guiding principles(89), as set out in the act, state that the main purposes of staffing for healthcare and care services are:

- to provide safe and high-quality services, and
- to ensure the best healthcare or care outcomes for service users.

The principles further state that staffing for healthcare and care services should be arranged while:

- improving standards and outcomes for service users,
- taking account of the particular needs, abilities, characteristics and circumstances of different service users,
- respecting the dignity and rights of service users,
- ensuring the wellbeing of staff,
- being open with staff and service users about staffing decisions,
- allocating staff efficiently and effectively, and
- promoting multidisciplinary services as appropriate.

3.2.3. Key organisations in Scotland's health and social care system

This section describes some of the key organisations that are responsible for developing standards, guidance or strategic direction for health and social care services or provide health and social care services. These organisations use principles or values to guide the development of standards and also to guide their staff in the provision and delivery of care. The organisations described in this section are:

- Healthcare Improvement Scotland,
- The Care Inspectorate,
- National Health Service Scotland,
- Public Health Scotland, and
- Health and Social Care Alliance Scotland

3.2.3.1. Healthcare Improvement Scotland

Established in 2011, Healthcare Improvement Scotland is the national healthcare improvement organisation in Scotland. The public body forms part of the Scottish National Health Service (NHS Scotland) and its function is to support and implement the healthcare priorities of the Scottish government.(90) It provides the expertise and resources to co-produce health and social care standards which are developed, informed and shaped by those who commission, deliver and use services. Healthcare Improvement Scotland is focused on the following five priority areas of work(91):

1. enabling people to make informed decisions about their care and treatment,
2. helping health and social care organisations to redesign and continuously improve services,
3. providing evidence and share knowledge that enables people to get the best out the services they use and helps services improve,
4. providing quality assurance that gives people confidence in the services and supports providers to improve, and
5. making the best use of resources, we aim to ensure every pound invested in our work adds value to the care people receive.

In 2018, Healthcare Improvement Scotland, together with the Care Inspectorate, led on the development of the Health and Social Care (HSC) Standards. The HSC standards provide one set of overarching standards which aim to integrate health and social care into a joined-up service for the public. The standards are applicable to NHS services in Scotland, as well as services registered with the Care Inspectorate and Healthcare Improvement Scotland.(92) The HSC standards are discussed further in Section 3.2.4.1.1.

Healthcare Improvement Scotland also has a role in developing evidence-based standards for effective clinical practice. These clinical standards aim to support staff in providing high-quality care, wherever healthcare is delivered. The clinical standards developed by Healthcare Improvement Scotland are integrated under the HSC standards and Care Inspectorate guidance. Examples of clinical standards developed by Healthcare Improvement Scotland include standards for the care of older people in hospitals, management of hospital post-mortem examinations and healthcare and forensic medical services. All standards and guidance developed in the future for NHS Scotland health provision, independent healthcare, social care and social work, early learning and childcare, and community justice will be underpinned by the overarching HSC standards.(93)

3.2.3.2. The Care Inspectorate

The Care Inspectorate, formally known as Social Care and Social Work Improvement Scotland) was established by the Scottish government in 2011. It is the national regulatory body for social care and social work services, including child protection and the integration of children's services. The Care Inspectorate inspects social work services provided by local authorities and conducts joint inspections with partner organisations.(94) All care services in Scotland are required to be registered with the Care Inspectorate and there are currently 14,000 care services in Scotland registered with the Inspectorate. The vision of the Care Inspectorate is that everyone experiences safe, high-quality care that meets their needs, rights and choices. Staff working for the Care Inspectorate specialise in a range of areas including, health and social care, early learning and childcare, social work, children's services and community justice.

The work of the Care Inspectorate is focused on the following areas(95):

- Inspecting individual care services and talking to people using the service, staff and managers. After each inspection, an inspection report showing findings of the inspection is published.
- Inspecting how care is provided across different areas including how local authorities, community planning partnerships and health and social care partnerships deliver a range of services in their communities across Scotland.
- Supporting improvement by working with and supporting services by offering advice, guidance and sharing good practice to help services reach the highest standards.
- Making recommendations for improvement and issuing requirements for change which are monitored for compliance.

As outlined in Section 3.2.4.1.1, the Care Inspectorate, along with Healthcare Improvement Scotland developed the HSC standards which are intended to help inform how the Care Inspectorate regulates and inspects social care services, as well as supporting improvement.(92)

3.2.3.3. National Health Service (NHS) Scotland

NHS Scotland is the publicly-funded healthcare system in place in Scotland. Responsibility for NHS Scotland is devolved and lies with the Scottish government. The Scottish government sets national objectives and priorities for NHS Scotland and also monitors performance against the objectives. There are 14 regional NHS Boards operating in Scotland and these take overall responsibility for the protection and improvement of their population's health. The Boards plan, commission and deliver NHS front-line services including hospital and community health services.(96)

NHS Scotland develops workforce policies which are single standardised polices that are intended to be used consistently across the NHS in Scotland. The purpose of the policies is to outline the core values of the NHS and provide clear guidance on workforce processes and procedures. The core values of NHS Scotland are:

- care and compassion,
- dignity and respect,
- openness, honesty and responsibility, and
- quality and teamwork.(96)

The workforce polices are also intended to be person-centred policies and are underpinned by the following key principles:

- right to be represented,
- equality and diversity,
- confidentiality,
- supportive approach and open communication, and
- equity of access.(96)

NHS Scotland has developed a range of workforce policies for a number of areas including, attendance at work, conduct, bullying and harassment, grievance, capability and investigation processes.(96) The policies are guided by the core values of NHS Scotland and underpinned by the principles in an effort to ensure NHS Scotland employees are treated fairly and consistently at work. An example of a NHS Scotland workforce policy is set out in section 3.2.3.3.

3.2.3.4. Public Health Scotland

Previously known as NHS Health Scotland, Public Health Scotland is Scotland's lead national agency for improving and protecting the health and wellbeing of all of Scotland's people. The vision of Public Health Scotland is a Scotland where everyone thrives and the focus of the agency's work is to increase healthy life expectancy and reduce premature mortality.(97) The main roles of Public Health Scotland is to provide evidence of what works to reduce health inequalities and to work to put this evidence into action. Public Health Scotland also supports national and local policy-makers to design and evaluate interventions that help build a fairer, healthier Scotland. The core values of Public Health Scotland are respect, collaboration, innovation, excellence and integrity.(97) Public Health Scotland has used these core values to develop and structure its first strategic plan, *A Scotland where everybody thrives: Public Health Scotland's Strategic Plan 2020-2023* which will be discussed further in section 3.2.4.(98)

3.2.4. Use of principles in key documents

There are a number of key documents available which discuss the use of principles within the context of standards in health and social care services in Scotland. These documents include national strategies, national standards, guidance documents and codes of conduct. Table 6 sets out the key documents which are discussed in the following section.

Table 6 Use of principles in key documents in Scotland

Type of key document	Name of document	Organisation
National strategies and frameworks	*'National Performance Framework' (2007)*(99)	Scottish government
	'A Fairer Healthier Scotland: A strategic framework for action 2017-2022' (2017)	Public Health Scotland
	'Mental Health Strategy 2017 - 2027' (2017)	Scottish government
	'National Services Scotland 2019-2024' (2019)	National Services Scotland
National standards	*'Health and Social Care Standards*`(2017)	The Care Inspectorate and Healthcare Improvement Scotland
Guidance	*'Everyone Matters: 2020 Workforce Vision'* (2020)	NHS Scotland
Codes of conduct	*'Standards of conduct, accountability and openness'* (2001)	NHS Scotland
	'Code of Conduct for Members of the Care Inspectorate' (2016)	The Care Inspectorate

3.2.4.1. National strategy documents

This section describes principles that have been used to develop, guide, underpin or structure a number of key national strategies for health and social care in Scotland.

3.2.4.1.1 National Performance Framework (Scottish government)

Developed by the Scottish government in 2007, the *National Performance Framework* aims to increase the wellbeing of people living in Scotland, reduce inequalities and give equal importance to economic, environmental and social progress.(99) The purpose of the framework is to focus on creating a more successful country with opportunities for all of Scotland to flourish through increased wellbeing and sustainable and inclusive economic growth. The framework offers a practical way for national and local government, businesses, voluntary organisations and people living in Scotland to work in collaboration to achieve and deliver on a set of national outcomes. These outcomes are aligned to the United Nations Sustainable Development Goals and help to track progress in reducing inequality in Scotland. The values that guide the framework are to:

- treat all people with kindness, dignity and compassion,
- respect the rule of law, and
- act in an open and transparent way.

While the framework is not structured by these values, they are placed at the core of the framework and inform each of the national outcomes. The framework consists of 11 national outcomes; human rights, culture, environment, health, fair work and business, education, children, communities, poverty, international and economy. Under each outcome area, the national indicators for measuring the impact of the framework are outlined along with the United Nations Sustainable Goals that relate to the outcome.(99)

3.2.4.1.2 A Fairer Healthier Scotland: A strategic framework for action 2017-2022 (Public Health Scotland)

A Fairer Healthier Scotland: a strategic framework for action 2017-2022 describes the strategic priorities that NHS Health Scotland will focus on to fairly improve the health and healthy life expectancy of people living in Scotland.(100) While the framework is not structured by principles, it is underpinned by the PANEL principles (participation, accountability, non-discrimination, empowerment and legality). The framework is structured according to five strategic priority areas that are focused on the social determinants of health. These are:

- Fairer and healthier policy
- Children, young people and families

- A fair and inclusive economy
- Healthy and sustainable places
- Transforming public services.

For each of the strategic priority areas, the long-term outcomes that the framework intends to achieve are listed. In addition, each priority area is linked to outcomes from the *National Performance Framework* and the national indicators that the framework will use to measure the impact of each strategic priority on these outcomes are also listed.(99)

3.2.4.1.3 The Mental Health Strategy 2017 – 2027 (Scottish government)

Published by the Scottish government in 2017, the *Mental Health Strategy 2017 – 2027* sets out the governmental approach to mental health services in Scotland. The vision of the strategy is of a Scotland where people can get the right help at the right time, expect recovery, and fully enjoy their rights, free from discrimination and stigma.(101) The strategy is part of a wide range of measures that the Scottish government is taking to help create a fairer Scotland, including the framework *A Fairer Healthier Scotland: a strategic framework for action 2017-2022*.(100) The main aim of the strategy is to work towards achieving parity between mental and physical health by preventing and treating mental health problems with the same commitment, passion and drive as physical health problems. The four areas that the strategy seeks to improve regarding mental health are:

- prevention and early intervention,
- access to treatment, and joined up accessible services,
- the physical wellbeing of people with mental health problems, and
- rights, information use and planning.

The strategy sets out 40 actions across these four areas which are designed to better join up, refocus and deliver mental health services across Scotland. While the strategy is not structured by principles, it does make reference to the need for the actions of the strategy to take a human rights-based approach using the PANEL principles of Participation, Accountability, Non-discrimination, Empowerment and Legality. This human rights-based approach is designed to ensure that people in marginalised situations are prioritised in achieving better mental health and are empowered to live as healthy, happy and productive lives as possible.

3.2.4.1.4 The National Services Scotland Strategy 2019 -2024 (National Services Scotland)

The NHS National Services Scotland (NSS) provides national infrastructure services and solutions which are integral to the delivery of local, regional and national health and care services in Scotland. The vision of NSS is to be integral to a world-leading health and care service and for the people of Scotland to have the best possible healthcare services in the world. This infrastructure is wide-ranging and covers clinical areas such as the supply of blood, tissue and cells, and non-clinical areas such as providing digital platforms and cyber security for health and care. The *National Services Scotland Strategy 2019-2024* sets out how the NSS will reform Scotland's health services so that they remain integral to the ongoing success of NHS Scotland and the wider health and social care landscape. The strategy sets out the values of NSS which underpin the work that they do. These values are:

- Respect and care
- Excel and improve
- Integrity
- Openness
- Customer focus
- Committed to each other

These values underpin the three priority areas that are set out in the strategy. These priority areas were identified by key stakeholders and were also informed by a number of key requirements for health and social care. The priority areas are:

- Enabling health and care transformation with new services,
- underpinning NHS Scotland with excellent services, and
- assisting other organisations involved in health and social care.

It is envisaged that improvements in these three priority areas will help many different areas of front-line services to improve outcomes for the people of Scotland and achieve the goals that were set out in the National Performance Framework.

3.2.4.2. National standards

This section sets out the national standards for health and social care that were jointly developed by the Care Inspectorate and Healthcare Improvement Scotland and are underpinned by principles.

3.2.4.1.1 The Health and Social Care Standards

In 2018, the Scottish government published the *Health and Social Care Standards: My support, my life* (HSC standards).(27) These standards provide one set of overarching standards which aim to integrate health and social care into a joined-up service for the public. The standards apply to all health, social care and social work services in Scotland. This includes services run by the NHS, as well as services registered with the Care Inspectorate and with Healthcare Improvement Scotland.

The HSC standards set out what the public should expect when they are using healthcare, social care or social work services in Scotland. They were developed from the point of view of the person using the service and are written in the first person. They reflect a human rights-based approach to care and emphasise the importance of human relationships, kindness and compassion rather than focusing on physical outputs such as records, procedures, and health and safety.(92)

The HSC standards are considered to be a 'parent' set of standards for all health and social care services as they are high level and general. They consist of five standards that are focused on the experience of people using services and supporting their outcomes. They are structured into five headline outcomes, and each headline outcome has descriptive statements explaining what achieving the outcome should look like in practice.(92) The headline outcomes are:

1. I experience high quality care and support that is right for me.
2. I am fully involved in all decisions about my care and support.
3. I have confidence in the people who support and care for me.
4. I have confidence in the organisation providing my care and support.
5. I experience a high quality environment if the organisation provides the premises.

While not structured by principles, the standards are underpinned by the following five principles as shown in Figure 10 below:

- dignity and respect
- compassion
- be included
- responsive care and support
- wellbeing.

These principles reflect the way that everyone should expect to be treated and demonstrate how each standard is underpinned by principles. As described in Section 3.2.2, there are a number of key pieces of health and social care legislation in Scotland that have set out principles with the aim of guiding implementation of legislation. These pieces of legislation have played an important role in shaping the development of the HSC standards. The language used in the legislation to describe principles facilitated the translation of the legislation into the five principles which underpin the standards. These five underpinning principles embody the principles set out in the key pieces of legislation in Section 3.2.2.

Figure 10 Principles underpinning the HSC Standards

PRINCIPLES

Dignity and respect

- My human rights are respected and promoted.
- I am respected and treated with dignity as an individual.
- I am treated fairly and do not experience discrimination.
- My privacy is respected.

Compassion

- I experience warm, compassionate and nurturing care and support.
- My care is provided by people who understand and are sensitive to my needs and my wishes.

Be included

- I receive the right information, at the right time and in a way that I can understand.
- I am supported to make informed choices, so that I can control my care and support.
- I am included in wider decisions about the way the service is provided, and my suggestions, feedback and concerns are considered.
- I am supported to participate fully and actively in my community.

Responsive care and support

- My health and social care needs are assessed and reviewed to ensure I receive the right support and care at the right time.
- My care and support adapts when my needs, choices and decisions change.
- I experience consistency in who provides my care and support and in how it is provided.
- If I make a complaint it is acted on.

Wellbeing

- I am asked about my lifestyle preferences and aspirations, and I am supported to achieve these.
- I am encouraged and helped to achieve my full potential.
- I am supported to make informed choices, even if this means I might be taking personal risks.
- I feel safe and I am protected from neglect, abuse, or avoidable harm.

December 2017

Source: Scottish Health and Social Care principles. Figure adapted from the *International review of the methodologies for developing national standards and guidance,* HIQA, 2018.(1)

How the HSC standards were developed

The Scottish government commissioned the Care Inspectorate and Healthcare improvement Scotland to lead the development of the HSC standards on its behalf. A

Development Group, co-chaired by these two organisations, worked on the HSC standards over a period of three years. The development of the HSC standards and the principles involved significant engagement with the public, with three public consultations held. These public consultations confirmed overwhelming support for basing the standards on the principles of human rights, compassion, involvement and wellbeing rather than safety, policies or procedures.(92) The choice to use principles themselves was based on a decision by Scottish ministers. Following further public consultations, Scottish ministers agreed for the new Standards to be based on a set of 'principles' reflecting human rights, compassion, involvement and wellbeing.(102)

How the HSC standards are used

The HSC standards help inform how the Care Inspectorate and Healthcare Improvement Scotland regulate and inspect health and social care services, as well as supporting improvement. Non-regulated services are also expected to use the HSC standards as a guideline to help achieve high quality care. The HSC standards do not replace the need to comply with legislation, which sets out requirements for the provision of services. Instead, the HSC standards should be used to complement the relevant legislation and best practice guidelines that support health and social care services perform high-quality care. The Care Inspectorate describe the standards as firmly embedding "a rights based approach to assessment where quality in care is assessed through the lens of the person experiencing care".(93)

3.2.4.3. Guidance documents

This section describes a guidance document published by the Scottish government that sets out the core values that are intended to guide those working in health services.

3.2.4.1.1 Everyone Matters: 2020 Workforce Vision (Scottish government)

Published in 2013 by the Scottish government, *Everyone Matters: 2020 Health Workforce Vision* sets out the aim of Scotland's Health Service which is to provide safe, effective and person-centred care.(103) The document represents a commitment to valuing the health service workforce and treating people well. The document also sets out a common set of values that are shared across Scotland's health services. These core values are intended to guide the work of those working in health services, the decisions they make and the way in which they treat one another. The core values are:

- care and compassion

- dignity and respect
- openness, honesty and responsibility
- quality and teamwork.

The principles of dignity and respect and compassion as set out in the HSC standards reflect these core values. The document also sets out various ways in which people working in health services can embed these values in their work. These include:

- demonstrate our values in the way we work and treat each other
- use our values to guide the decisions we make
- identify and deal with behaviours that don't live up to our expectations
- be responsible for the way we work and not just the work we do.

3.2.4.4. Codes of conduct

This section sets out two of codes of conduct for people working in health and social care in Scotland that set out the core values and principles of key organisations.

3.2.4.4.1 Standards of Conduct, Accountability and Openness (NHS Scotland)

NHS Scotland published *Standards of Conduct, Accountability and Openness* in 2001.(104) The document states the commitment of NHS Scotland to the core public service values of conduct, accountability and openness which underpin the work of the health service. The values are outlined as follows in the document:

- Conduct – There should be an absolute standard of honesty and integrity which should be the hallmark of all personal conduct in decisions affecting patients, staff and suppliers in the use of information acquired in the course of NHS Scotland duties.
- Accountability – Everything done by those who work in NHS Scotland must be able to stand the test of parliamentary and public scrutiny, judgments on propriety, and professional codes of conduct.
- Openness – NHS Scotland should be open about its activities and plans so as to promote confidence between the NHS Board, NHS Trust or other health organisations and its staff, patients and the public.

These values are not used to structure the document, rather they are outlined at the outset of the document.

3.2.4.4.2 Code of Conduct for Members of the Care Inspectorate (The Care Inspectorate)

The Care Inspectorate published its *Code of Conduct for Members of the Care Inspectorate* in 2016.(105) The code sets out the professional behaviour and conduct expectations for all Board members of the Care Inspectorate. The code has been developed in line with nine key principles which members should observe when performing their duties as Board members of the Care Inspectorate. The code also provides additional information on how the principles should be interpreted and applied in practice. The key principles of the code are outlined in Table 7.

Table 7 Key principles of the Code of Conduct for Members of the Care Inspectorate

Principle	Application in practice
Duty	You have a duty to uphold the law and act in accordance with the law and the public trust placed in you. You have a duty to act in the Care Inspectorate's interests and in accordance with its core functions and duties.
Selflessness	You have a duty to take decisions solely in terms of public interest. You must not act in order to gain financial or other material benefit for yourself, family or friends.
Integrity	You must not place yourself under any financial, or other, obligation to any individual or organisation that might reasonably be thought to influence you in the performance of your duties.
Objectivity	You must make decisions solely on merit and in a way that is consistent with the functions of the Care Inspectorate when carrying out public business including making appointments, awarding contracts or recommending individuals for rewards and benefits.
Accountability and Stewardship	You are accountable for your decisions and actions to the public. You have a duty to consider issues on their merits, taking account of the views of others and must ensure that the Care Inspectorate uses its resources prudently and in accordance with the law.
Openness	You have a duty to be as open as possible about your decisions and actions, giving reasons for your decisions and restricting information only when the wider public interest clearly demands.
Honesty	You have a duty to act honestly. You must declare any private interests relating to your public duties and take steps to resolve any conflicts arising in a way that protects the public interest.
Leadership	You have a duty to promote and support these principles by leadership and example, and to maintain and strengthen the

	public's trust and confidence in the integrity of the Care Inspectorate and its members in conducting public business.
Respect	You must respect fellow Care Inspectorate Board members and its employees and the role they play, treating them with courtesy at all times. Similarly you must respect members of the public when performing duties as Care Inspectorate Board member.

Source: *Code of Conduct for Members of the Care Inspectorate,* Care Inspectorate, 2016.(105)

3.2.5. Summary and lessons learned

This section has provided a description of how principles are used in Scotland within relevant pieces of legislation, key organisations and key documents including national strategies, guidance documents and codes of conduct. The use of principles in key pieces of health and social care legislation has had a role in shaping many of the key documents described in this section. The principles set out in the legislation have been adapted and incorporated into the documents as guiding or underpinning principles. Principles and values are used in a large number of key documents in Scotland's health and social care system. As evidenced in this section, the terminology regarding principles is inconsistent, with the terms 'principles' and 'values' used interchangeably across organisations and documents. There is consistency in terms of the principles being used in documents, with the principles of care and compassion, integrity, openness, and dignity and respect used frequently across different organisations and types of documents. Consistency is also present with regard to the description of how the principles are used in documents, with the principles described as 'underpinning principles' in many of the key documents. In contrast, principles are referred to as guiding principles in the key pieces of health and social care legislation.

The Scottish HSC standards offer an overarching set of high-level standards that apply to all health and social care and social work services in Scotland. They provide one of the clearest representations of how high-level principles can underpin and run throughout standards. The principles were developed through extensive stakeholder engagement and reflect a human rights-based approach to care and emphasise the importance of human relationships, kindness and compassion. These standards reflect a move towards having high-level national standards across health and social care services.

3.3. England

3.3.1. Introduction

In England, high-level principles are used throughout the health and social care system in a number of ways. This section starts by providing a summary of the key pieces of legislation that relate to the use of principles in the English health and social care system. For example, the importance of the principle of wellbeing is considered to be of such significance as to be enshrined in English Law in the Care Act 2014. This act also includes the duty of providers to identify and meet the needs of services users.

The section then goes on to explore how organisations in England that are involved in setting standards for, regulating or delivering health and social care services use principles within their standards, guidance and associated documents. This section is set out under the following headings:

- Overview of the relevant legislation
- Key organisations in England's health and social care system
- Use of principles in key documents
- Summary and lessons learned.

3.3.2. Legislation

This section describes England's use of principles in relevant pieces of health and social care legislation. It begins with a description of the Law Commission's 2011 report(106) into adult social care law and then describes the following pieces of legislation:

- The Care Act 2014(107)
- The Children's act 1989(108)
- The Mental Capacity Act 2005(109)
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014(110)

3.3.2.1. Law Commission into Adult Social Care 2011

The Law Commission (the Commission) conducted a three-year review, which included extensive stakeholder consultation, into adult social care law.(106) In 2011, the Commission published its report and made recommendations for reform of legislation in adult social care. This report found that the legislative framework for adult social care in England at that time was confusing and there was a need for a single modern statute to which local authorities, service users, carers and others could refer to determine whether services can or should be provided.

The report included detailed discussion about the use of statutory principles. The report set out that statutory principles "are intended to give legislative expression to the underlying purpose of the statute in question, and to guide decision makers acting under the legislation".(106)

In this report, the Commission recommended the introduction of a single overarching principle that adult social care must promote or contribute to the wellbeing of the individual.(106) The Commission explained such a principle would establish clearly in law that the overarching purpose of adult social care is to promote or contribute to the wellbeing of the individual and that individual wellbeing must be the basis for all decisions made and actions carried out under the statute.

The Commission further explained that: "A primary well-being principle would provide a positive statement about the nature and purpose of adult social care. This principle would operate on two levels. First, when general decisions are being made under the legislation which do not relate directly to an individual (such as when local authorities commission services or set their eligibility criteria), decision makers would be required to ensure that in a broad sense adult social care promotes the well-being of individuals. Second, the principle would also apply when decisions are being made in relation to individuals."(106)

The Commission recommended that the term wellbeing would not be defined precisely in the legislation. Instead, they recommended that the statute would set out a broad list of outcomes to which the wellbeing principle must be directed and provide a checklist of factors which must be considered before a decision is made in relation to an individual.(106) The Commission also advised that in giving effect to the wellbeing principle, decision-makers should be required to consider the individual's views, wishes and feelings and follow them wherever practicable and appropriate. It recognised that in order to make this principle meaningful it would be important to ensure that individuals can make informed decisions. It therefore recommended that the statute include a general duty on providers to provide information, advice and assistance.(106)

Furthermore, the Commission recommended that the wellbeing principle would require decision-makers to always consider the need to safeguard adults from abuse and neglect when making any decision or undertaking any action under the statute. The Commission viewed this as helping to underline the importance of acting to prevent abuse, as well as the need to investigate and intervene in cases of abuse or neglect.

3.3.2.2. The Care Act 2014

Following on from recommendations made by the Law Commission 2011 report, the Care Act was introduced in 2014.(107) On its introduction it was described by the Department of Health as representing the most significant reform of care and support in more than 60 years and as creating a single, modern law that makes it clear what kind of care people should expect.(107)

Central to this act is the concept of wellbeing. The Care Act 2014 defines the primary responsibility of local authorities as the promotion of individual wellbeing. The act created a shift from existing duties on local authorities to provide particular services, to the concept of 'meeting needs' of the individual (set out in sections 8 and 18 to 20 of the act). Councils now have a duty to consider the physical, mental and emotional wellbeing of the individual needing care and a duty to provide preventative services to maintain people's health.

The Care Act states that local authorities must promote wellbeing when carrying out any of their care and support functions in respect of a person. Statutory guidance on the act explains that this is sometimes "referred to as 'the wellbeing principle' because it is a guiding principle that puts wellbeing at the heart of care and support".(111) The guidance describes wellbeing as a broad concept covering the following areas:

- personal dignity (including treatment of the individual with respect)
- physical and mental health and emotional wellbeing
- protection from abuse and neglect
- control by the individual over day-to-day life (including over care and support provided and the way it is provided)
- participation in work, education, training or recreation
- social and economic wellbeing
- domestic, family and personal
- suitability of living accommodation
- the individual's contribution to society

The guidance explains there is no hierarchy between these areas, and all should be considered of equal importance when considering wellbeing.

The Care Act 2014 was also one of the first pieces of UK legislation to include the concept of co-production in its statutory guidance.(111)The Social Care Institute for Excellence highlights that co-production is an important way of achieving the overarching aims of the Care Act, including prevention, wellbeing and a focus on outcomes.(112)

3.3.2.3. The Children's Act 1989 and 2004

The Children Act 1989 provides the legislative framework for the care and protection of children up until they turn 18.(108) Similar to the Irish Child Care Act 1991, the act defines the responsibility of parents and guardians and outlines the responsibilities and powers of the local authorities in responding to child welfare and child protection concerns.(108) The Children Act 2004 supplemented the Children Act 1989 and promoted the message that all organisations working with children have a duty to help to safeguard and promote the welfare of children.(113)

The welfare principle is the overarching principle of the Children's Act and is given primacy, with the act stating that when decisions are made "the child's welfare shall be the court's paramount consideration". The interpretation of the welfare principle is assisted by a checklist of factors that should be considered and weighed against each other. This checklist includes:

- The child's wishes and feelings (considered in light of their age and understanding);
- Their physical, emotional and educational needs;
- The likely effect on the child of any change in their circumstances;
- The age, sex, background and characteristics of the child which the court considers relevant;
- Any harm the child has suffered or is at risk of suffering;
- How capable the child's parents, and any other person in relation to whom the court considers the question to be relevant, are in meeting the child's needs.

The 2004 act places a statutory duty on certain agencies to cooperate to safeguard and promote the welfare of children. This includes local authorities, NHS services and trusts, police, probation services and young offenders' institutions.(113)

3.3.2.4. The Mental Capacity Act (MCA) 2005

There are five statutory principles of the Mental Capacity Act.(109) These statutory principles are to:

- presume capacity,
- take practicable steps to support capacity,
- respect unwise decisions,
- act in the person's best interests, and
- look for least restrictive options.(114)

The statutory principles aim to:

- protect people who lack capacity, and
- help them take part, as much as possible, in decisions that affect them.(115)

3.3.3. Key organisations in health and social care system

This section describes some of the key organisations in England that are responsible for developing standards, guidance or strategic direction for health and social care services or providing or regulating health and social care services. These organisations use principles or values to guide their inspection against standards and also to guide their staff in the provision and delivery of care. The organisations described in this section are:

- The Care Quality Commission (CQC),
- Office for Standards in Education, Children's Services and Skills (Ofsted),
- National Institute for Health and Care Excellence (NICE),
- Social Care Institute for Excellence (SCIE), and
- National Health Service (NHS) England.

3.3.3.1. The Care Quality Commission (CQC)

The Care Quality Commission (CQC), established in 2009, is the independent regulator of health, mental health and adult social care services in England. It regulates these services against standards produced by the Department of Health and Social Care with the aim of ensuring health and social care services provide people with safe, effective, compassionate, high-quality care. Where standards are not met, the CQC can take enforcement action. The CQC also works to encourage improvement in care quality in services. The CQC registers care providers; monitors, inspects and rates services; takes action to protect people who use services; and publishes its views on major health and social care quality issues.

3.3.3.2. Office for Standards in Education, Children's Services and Skills (Ofsted)

The Office for Standards in Education, Children's Services and Skills (Ofsted) is a non-ministerial department that inspects and regulates both local authority’s services that care for young people and services that provide education and skills for young people. Ofsted reports directly to parliament and is independent and impartial.

3.3.3.3. National Institute for Health and Care Excellence (NICE)

Since its establishment in 1999, the National Institute for Health and Care Excellence (NICE), a non-departmental public body in England, has been responsible for using best available evidence to provide the National Health Service (NHS) and the public, with an increasing range of information and advice on effective, good value care and support. To meet this responsibility, NICE develops many forms of products that aim to improve health and social care outcomes for people using these services including:

- clinical and public health guidelines,
- social care guidelines and quick guides, and
- technology appraisals.

In addition to this, NICE also develops quality standards that contain statements designed to support quality improvement across care provision. NICE's information aims to inform those making decisions about the funding of care and to assist health and social care practitioners and others to improve the quality of care and treatment across England.

3.3.3.4. Social Care Institute for Excellence (SCIE)

Social Care Institute for Excellence (SCIE) is an independent charity and leading improvement support agency working with adults, families and children's care and support services across the United Kingdom. The SCIE co-produces, shares, and supports the use of the best available knowledge and evidence about what works in social care and social work.

3.3.3.5. National Health Service (NHS) England

NHS England is the publicly-funded healthcare system in place in England. The English government sets the framework for the NHS and is accountable to parliament for its operation.

The NHS is founded on a common set of principles and values. The NHS constitution establishes these principles and values of the NHS in England.(116) The Secretary of State for Health, all NHS bodies, private and voluntary sector providers supplying NHS services, and local authorities in the exercise of their public health functions are required by law to take account of this constitution in their decisions and actions.

The term principles is described as: "enduring high level 'rules' that govern the way that the NHS operates, and define how it seeks to achieve its purpose".(117) Values are described as underpinning the principles and are intended to "provide the common ground for co-operation to achieve shared aspirations".(117)

The NHS constitution outlines the following seven key principles which are used to guide the NHS in all it does:

1. The NHS provides a comprehensive service, available to all (This principle includes concepts of equality and non-discrimination, equity and respect for human rights).

2. Access to NHS services is based on clinical need, not an individual's ability to pay.
3. The NHS aspires to the highest standards of excellence and professionalism- (This principle details how the NHS must provide high quality care that is safe, effective and focused on patient experience. It includes how respect, dignity, compassion and care should be at the core of how patients and staff are treated).
4. The patient will be at the heart of everything the NHS does: (This principle details how the NHS services should be coordinated around and tailored to, the needs and preferences of patients, their families and their carers and should support individuals to promote and manage their own health).
5. The NHS works across organisational boundaries: (This principle details how the NHS is an integrated system of organisations and services bound together by the principles and values reflected in the Constitution).
6. The NHS is committed to providing best value for taxpayers' money.
7. The NHS is accountable to the public, communities and patients that it serves.

There are six values in the NHS constitution which underpin the principles. The constitution details that these values should underpin everything the NHS does and by living these values staff can ensure the best possible care for patients. These values are presented in Table 8.

Table 8 NHS (England) Constitution – Values underpinning principles

Value	Descriptor
Working together for patients	Patients come first in everything we do. We fully involve patients, staff, families, carers, communities, and professionals inside and outside the NHS. We put the needs of patients and communities before organisational boundaries. We speak up when things go wrong.
Everyone counts	We maximise our resources for the benefit of the whole community, and make sure nobody is excluded, discriminated against or left behind. We accept that some people need more help, that difficult decisions have to be taken – and that when we waste resources we waste opportunities for others.
Compassion	We ensure that compassion is central to the care we provide and respond with humanity and kindness to each person's pain, distress, anxiety or need. We search for the things we can do, however small, to give comfort and relieve suffering. We find time for patients, their families and carers, as well as those we work alongside. We do not wait to be asked, because we care.
Improving lives	We strive to improve health and wellbeing and people's experiences of the NHS. We cherish excellence and

	professionalism wherever we find it – in the everyday things that make people's lives better as much as in clinical practice, service improvements and innovation. We recognise that all have a part to play in making ourselves, patients and our communities healthier.
Respect and dignity	We value every person – whether patient, their families or carers, or staff – as an individual, respect their aspirations and commitments in life, and seek to understand their priorities, needs, abilities and limits. We take what others have to say seriously. We are honest and open about our point of view and what we can and cannot do.
Commitment to quality of care	We earn the trust placed in us by insisting on quality and striving to get the basics of quality of care – safety, effectiveness and patient experience – right every time. We encourage and welcome feedback from patients, families, carers, staff and the public. We use this to improve the care we provide and build on our successes.

Source: NHS (England) Constitution.

3.3.4. Use of principles in key documents

This section outlines how principles are used in a number of key documents in England. Table 9 sets out the key documents which are discussed in the following section.

Table 9 Use of principles in key documents in England

Type of key document	Name of document	Organisation/Regulations
National standards	Fundamental Standards (2014)	Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
	Quality standards for children's homes (2015)	Children's Homes (England) Regulations 2015
	NICE Quality standards for looked-after children and young people (2013)	NICE
Guidance documents	Promoting the Health and Wellbeing of Looked after Children (2015)	Department for Education and Health
	NICE guidance for looked-after children and young people (2010)	NICE and SCIE

	Social care governance: a workbook based on practice in England (2011)	SCIE
	The Seven Principles of Public Life (the Nolan Principles) (1995)	Nolan Committee
	Person-centred care made simple. What everyone should know about person-centred care (2015)	The Health Foundation
Codes of conduct	Good Medical practice (2019)	The Medical Council
	Professional standards of practice and behaviour for nurses, midwives and nursing associates.(2018)	The Nursing and Midwifery Council
	The principles of Nursing Practice (2010)	Royal College of Nursing (RCN)
	Code of Ethics for Social Work (2014)	British Association of Social Workers

3.3.4.1. National standards

This section outlines national standards relating to adult health and social care and how they relate to principles.

Fundamental standards

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 set out the fundamental standards which the Care Quality Commission (CQC) use to regulate health and social care services against.(118) While the act does not use the term 'principles' in these standards, the concepts that the standards cover correlate with principles described in other jurisdictions. The 13 fundamental standards are outlined in Table 10 below.

Table 10 13 Fundamental Standards

1. **Person-centred care:** You must have care or treatment that is tailored to you and meets your needs and preferences.
2. **Dignity and respect:** You must be treated with dignity and respect at all times while you're receiving care and treatment.

3. **Consent:** You (or anybody legally acting on your behalf) must give your consent before any care or treatment is given to you.
4. **Safety:** You must not be given unsafe care or treatment or be put at risk of harm that could be avoided
5. **Safeguarding from abuse:** You must not suffer any form of abuse or improper treatment while receiving care.
6. **Food and drink:** You must have enough to eat and drink to keep you in good health while you receive care and treatment.
7. **Premises and equipment:** The places where you receive care and treatment and the equipment used in it must be clean, suitable and looked after properly.
8. **Complaints:** You must be able to complain about your care and treatment.
9. **Good governance:** The provider of your care must have plans that ensure they can meet these standards. They must have effective governance and systems to check on the quality and safety of care. These must help the service improve and reduce any risks to your health, safety and welfare.
10. **Staffing:** The provider of your care must have enough suitably qualified, competent and experienced staff to make sure they can meet these standards.
11. **Fit and proper staff:** The provider of your care must only employ people who can provide care and treatment appropriate to their role.
12. **Duty of candour:** The provider of your care must be open and transparent with you about your care and treatment.
13. **Display of ratings:** The provider of your care must display their CQC rating in a place where you can see it.

Source: Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.(110)

The CQC outlines that everybody has the right to expect these fundamental standards and care must never fall below these standards.(119) The CQC has developed guidance for providers on meeting these standards and key lines of enquiry that guide its inspection against them.(118) In line with the Care Act 2014, these key lines of enquiry have a strong emphasis on service providers being responsive and meeting people's day-to-day health and wellbeing needs.

The CQC has also developed seven human rights principles which it applies when regulating services against these standards.(120) These are based on the FREDA principles – this stands for Fairness, Respect, Equality, Dignity, and Autonomy (choice and control). The CQC has added two further principles to its human rights approach to regulation which are the human rights article of right to life, and a principle of staff rights and empowerment. This latter addition was based on research that links staff empowerment to the quality of care they deliver.

The CQC applies these human rights-based principles to its five key questions it asks when reviewing health and social care services against the 13 fundamental standards. These five questions are:

1. Is it safe? Are you protected from abuse and avoidable harm?
2. Is it effective? Does your care, treatment and support achieve good results and help you maintain your quality of life, and is it based on the best available evidence?
3. Is it caring? Do staff involve you and treat you with compassion, kindness, and respect?
4. Is it responsive? Are services organised so that they can meet your needs?
5. Is it well-led? Does the leadership of the organisation make sure that it's providing high-quality care that's based around your needs? And does it encourage learning and innovation and promote an open and fair culture?

These five questions, while not explicitly called principles, cover many of the recurrent themes found in principles for health and social care in other jurisdictions.

The CQC has also developed principles for its staff in applying its human rights approach to regulation. These principles are:

1. putting people who use services at the heart of our work.
2. embedding human rights into our regulatory approach.
3. ensuring that staff who are not human rights specialists can use the human rights approach, providing tailored advice and support, if required from human rights specialists in CQC.
4. delivering the human rights approach with a culture of fairness, equality and inclusion for CQC staff.
5. work across the health and social care system to promote equality and human rights with a single shared view of quality.

The quality standards for children's homes

The Children's Homes (England) Regulations 2015 set out the quality standards for children's homes. These include standards which cover quality and purpose of care, children's views, wishes and feelings, education, enjoyment and achievement, health and wellbeing, positive relationships, protection of children, leadership and management and care planning.

The Department for Education has published a *Guide to the children's homes regulations, and quality standards* which explains and supplements the regulations.(15) In it they set out principles which they state underpin the regulations and the guide. These are shown in Table 11.

Table 11 Principles contained in Guide to the children's homes regulations, and quality standards

- Children in residential child care should be loved, happy, healthy, safe from harm and able to develop, thrive and fulfil their potential.
- Residential child care should value and nurture each child as an individual with talents, strengths and capabilities that can develop over time.
- Residential child care should foster positive relationships, encouraging strong bonds between children and staff in the home on the basis of jointly undertaken activities, shared daily life, domestic and non-domestic routines and established boundaries of acceptable behaviour.
- Residential child care should be ambitious, nurturing children's school learning and out-of-school learning and their ambitions for their future.
- Residential child care should be attentive to children's need, supporting emotional, mental and physical health needs, including repairing earlier damage to self-esteem and encouraging friendships.
- Residential child care should be outward facing, working with the wider system of professionals for each child, and with children's families and communities of origin to sustain links and understand past problems.
- Residential child care should have high expectations of staff as committed members of a team, as decision makers and as activity leaders. In support of this, children's homes should ensure all staff and managers are engaged in on-going learning about their role and the children and families they work with.
- Residential child care should provide a safe and stimulating environment in high-quality buildings, with spaces that support nurture and allow privacy as well as common spaces and spaces to be active.

Source: Guide to the children's homes regulations, and quality standards. Department for Education.(15)

Ofsted inspect against the quality standards and this guidance in relation to these standards. Similar to CQC, they have a set of principles to guide their approach to the inspection of services.

NICE quality standards for looked-after children and young people 2013

NICE developed a set of quality standards for looked-after children and young people, published in 2013.(17) These standards are endorsed by the Department of Health and Social Care, as per the Health and Social Care Act 2012. Although these standards are not statutory, they are recommended as pathways to service improvement for agencies. NICE recommends that any commissioner of services, such as the NHS or local authorities, use these standards to assess service providers' performance. These standards are arranged by the following quality statements:

- warm, nurturing care
- collaborative working between services and professionals
- stability and quality of placements
- support to explore and make sense of identity and relationships
- support from specialist and dedicated services
- continuity of services for placements outside the local authority or health boundary
- support to fulfil potential.

These quality standards state that they are informed by the principles and values set out in the joint 2010 NICE and Social Care Institute for Excellence (SCIE) public health guidance on promoting the quality of life of looked-after children and young people, which is discussed in the next section.

3.3.4.2. Guidance documents

This section begins by detailing statutory and non-statutory guidance that use principles in relation to the care of looked-after children:

- *Promoting the Health and Wellbeing of Looked-after Children*(121)
- *NICE guidance for looked-after children and young people.*(17)

In then outlines a social care governance guide and a set of principles which apply to all people working in the public service (including health and social care services) in England:

- Social care governance: a workbook based on practice in England(122)
- The Seven Principles of Public Life (the Nolan Principles).(123)

Finally it looks at a guidance document on person-centred care developed by the Health Foundation:

- Person-centred care made simple. What everyone should know about person-centred care.(28)

Statutory Guidance on 'Promoting the Health and Wellbeing of Looked after Children'

Under the Children Act 2004, and in line with relevant legislation governing the work of local authorities, local authorities are issued with the *Statutory Guidance on Promoting the Health and Wellbeing of Looked after Children*.(17) This statutory guidance was issued jointly by the Department for Education and the Department of Health and Social Care. Looked-after children are children who are being accommodated by the local authority through voluntary or compulsory care orders. The guidance also applies to other professionals involved in the care of looked-after children such as Primary Care Trusts, the NHS, and Strategic Health Authorities.

The guidance is underpinned by principles set out in the Children Act 2004. These principles are to:

- deliver services that are tailored to the individual and diverse needs of children and young people
- put the voices of children, young people and their families at the heart of service design and delivery
- address health inequalities and have an emphasis on prevention
- make sure that health needs are accurately assessed and met
- deliver excellent, world-class, standards of care
- make sure all professionals working with looked-after children have a clear understanding of the roles and responsibilities of all relevant agencies
- be holistic, including consideration of physical health, sexual, emotional and mental health, wellbeing and health promotion
- use integrated working and joint commissioning based around effective partnerships at both strategic and individual case level to improve service delivery, information sharing, confidentiality and consent.

This guidance is due to be reviewed in 2020; however, at the time of writing the review had not been carried out.

Non-statutory 'NICE guidance for looked-after children and young people'

NICE and the Social Care Institute for Excellence (SCIE) developed joint guidance for children in the care of the state in 2010.(17) Although this guidance is not on a statutory footing, NICE recommends its use by all services and institutions involved in the care of looked-after young people to meet their statutory obligations. It details recommendations on audits and inspections for children's services, decisions on family contact, and professional collaboration for professionals involved in the care of young people. All of the recommendations are underpinned by principles which focus on supporting participation, building meaningful relationships, promoting overall wellbeing, and delivering high-quality tailored services to suit a child's needs.(17)

Social care governance: a workbook based on practice in England

The SCIE published this guide on social care governance in 2011.(122) It was written in collaboration with Somerset County Council. It defines social care governance as:

> "Social care governance is a framework for making sure that social care services provide excellent ethical standards of service and continue to improve them.
>
> Our values, behaviours, decisions and processes are open to scrutiny as we develop safe and effective evidence-based practice. Good governance means that we recognise our accountability, we act on lessons learned and we are honest and open in seeking the best possible outcomes and results for people."

The guide sets out the key principles fundamental to the development of a quality service as:

- public and service user involvement
- safety and effectiveness, to include supports for staff, and among these, training and development to provide effective services
- robust organisational structures and processes
- quality of service provision through policies and procedures to enable continuous improvement.

It goes on to state the key principles fundamental to good governance as:

- a clear focus on the organisation's purpose and outcomes for people who use
- services
- clarity about roles and functions
- managing risk and transparent decision-making
- engaging with key stakeholders
- clear accountability and ownership of practice.

It explains that the process of undertaking social care governance works to embrace these two sets of principles.

The Nolan Principles: The Seven Principles of Public Life

The Seven Principles of Public Life (also known as the Nolan Principles) were published in 1995 and apply to anyone who works as a public office-holder.(124) This includes all those who work in health, education, social and care services.(123)

1. Selflessness
2. Integrity
3. Objectivity
4. Accountability
5. Openness
6. Honesty
7. Leadership

These principles have stood the test of time and are still frequently included in both organisational codes of governance and professional codes of conduct.

Person-centred care made simple. What everyone should know about person-centred care.

The Health Foundation is an independent charity committed to bringing about better health and healthcare for people in the UK.(28) It produced this quick guide examining person-centred care in 2015. It describes how the term 'person-centred care' is used to refer to many different principles and activities but that there is no single agreed definition of the concept. It explores the terminology used in this area and gives examples including patient-centred care, personalisation, relationship-centred care and, mutuality (Scotland). The Health Foundation argues for the use of person-centred care in order to emphasise a holistic approach to care, that takes into account the whole person – not a narrow focus on their condition or symptoms but also their preferences, wellbeing and wider social and cultural background.

The Health Foundation has identified a framework, as opposed to a definition, for person-centred care. It comprises four principles of person-centred care:

1. Affording people dignity, compassion and respect.
2. Offering coordinated care, support or treatment.
3. Offering personalised care, support or treatment.
4. Supporting people to recognise and develop their own strengths and abilities to enable them to live an independent and fulfilling life.

This is a clear example of where person-centred care is not viewed as a principle in itself. Instead it outlines how any example of person-centred care, within any healthcare experience, will involve a combination of these principles. These principles can be seen to include the concepts of a human rights-based approach (dignity, compassion and respect), responsiveness (coordinated and personalised care and support), wellbeing (supporting people to develop their own strengths) and accountability (coordinated care).

3.3.4.3. Use of principles in professional codes of conduct

There are a number of regulatory bodies that regulate health and social care professionals practising in England. These include:

- The General Medical Council which regulates doctors
- The Nursing and Midwifery Council
- The British Association of Social Workers

This section describes how these bodies commonly use principles and values to set out the behaviours that professionals should follow. It also includes principles developed by the Royal College of Nursing.

Good medical practice

The General Medical Council sets standards of professional practice for students and doctors in the UK. These standards set out the professional values, knowledge, skills and behaviours required of doctors working in the UK.

Good medical practice sets out the principles of good practice which all doctors must be familiar with.(125) It first came into effect in April 2013 and was last updated in April 2019. It is split into four sections which describe the professional values knowledge, skills and behaviours expected of all doctors working in the UK. It details how doctors must work in line with the principles and values outlined in the document to maintain their licence to practise. The document does not define the term principle or values and it is set out in four domains:

- Knowledge, skills and performance
- Safety and quality
- Communication, partnership and teamwork
- Maintaining trust

These standards are written to apply to individual doctors in their professional practice as opposed to standards for the service as a whole. However, the principles they contain, such as making care of patient your first concern, patient safety, protecting and promoting health, treating patients as individuals and respecting their dignity, working in partnership with patients and colleagues, honesty, openness and trust are consistent with principles outlined in key documents that apply to health and social care services.

The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates

The Nursing and Midwifery Council (NMC) published this code in 2015 and updated it in 2018.(126) The code presents the professional standards that nurses, midwives and nursing associates must uphold in order to be registered to practise in the UK.

The code sets out common standards of conduct and behaviour for nurses. Principles and values underpin the standards which constitute the code. The document details that the values and principles it sets out can be applied in a range of different practice settings, but they are not negotiable or discretionary. The code does not provide a definition of the principles and is set out in the following four sections: prioritise people, practise effectively, preserve safety, and promote professionalism and trust. In addition, the document outlines that the professional commitment to work within one's competence is a key underpinning principle of the code.

The principles of nursing practice

The Royal College of Nursing (RCN) developed the principles of nursing practice in partnership with the Department of Health (England), the NMC, and other patient and service user organisations.(127) These set out eight principles that apply to all nursing staff in any care setting. They were published in 2010 and endorsed by the NMC, the CQC and patient groups.(127)

The principles of practice are described as a set of statements describing what constitutes safe and effective nursing care and cover aspects of behaviour, attitude and approach which underpin professional practice. While the principles are for individual nurses, they describe to patients and services what good nursing care looks like and cover many of the principles that are described in key documents relating to health and social care services. This includes concepts such as dignity, compassion, responsibility, managing risks, putting people at centre of care and involving them in decisions, effective communication and management of complaints, co-ordinated care and being open and responding to patient's needs.

The Code of Ethics for Social Work

The British Association of Social Workers (BASW) (the professional association for social workers in the UK) developed a *Code of Ethics for Social Work*.(128) This code sets out the values and ethical principles on which the profession of social work is based.

The code details three ethical values on which social work is based. These are detailed along with their underlying ethical principles in Table 12 below. The code states that social workers have a responsibility to apply these professional values and principles to their practice. They should act with integrity and treat people with compassion, empathy and care.

Table 12 Values and principles from Code of Ethics for Social Work

Value	Description of value	Underlying principles
Human rights	Social work is based on respect for the inherent worth and dignity of all people as expressed in the United Nations Universal Declaration of Human Rights (1948) and other related UN declarations on rights and the conventions derived from those declarations.	1. Upholding and promoting human dignity and well-being. 2. Respecting the right to self-determination 3. Promoting the right to participation. 4. Treating each person as a whole. 5. Identifying and developing strengths.
Social justice	Social workers have a responsibility to promote social justice, in relation to society generally, and in relation to the people with whom they work.	1. Challenging discrimination. 2. Recognising diversity. 3. Distributing resources. 4. Challenging unjust policies and practices. 5. Working in solidarity.
Professional integrity	Social workers have a responsibility to respect and uphold the values and principles of the profession and act in a reliable, honest and trustworthy manner.	1. Upholding the values and reputation of the profession. 2. Being trustworthy. 3. Maintaining professional boundaries. 4. Making considered professional judgements. 5. Being professionally accountable.

Source: Code of Ethics for Social Work, BASW, 2014.(128)

The code also includes 17 practice principles that explain how these values should be applied in practice.

3.3.5. Summary and lessons learned

Principles are used in the English health and social care system in a number of ways and there is consistency in the concepts considered important. A key development in relation to principles has been in the area of legislation. For example the principle of promotion and protection of people's wellbeing has been enshrined in English law in the Care Act 2014. This is reflected in equivalent legislation in Wales (Section 3.4.2) and Scotland (Section 3.2.2) which has also emphasised the importance of this principle. In tandem with the principle of wellbeing, the Care Act also emphasises the importance of services meeting people's needs which supports the concept of the principle of responsiveness.

These concepts set out in legislation are also reflected in standards, guidance and both organisational and professional codes of conduct.

England has an overarching set of minimum standards for adult health and social care, which are set out in regulations. In inspecting against these standards, the CQC has adopted a human rights approach and its lines of enquiry include an emphasis on the need for services to be responsive in meeting people's health and wellbeing needs and a focus on kindness, compassion and caring. Similarly, quality standards for children and associated guidance also has an emphasis on children's rights and promotion of wellbeing.

The importance of services meeting people's needs and improving people's wellbeing through compassionate care are also included as principles and values in the NHS constitution. These principles are also reflected in a number of codes of practice for health and social care professionals.

3.4. Wales

3.4.1. Introduction

Principles and values are currently used throughout the Welsh health and social care system in a variety of ways. This includes in legislation, national standards and in health and social care organisations to guide staff in their delivery of care. In recent years, strategic reviews carried out by the Welsh government have identified the need for a more integrated approach to the delivery and inspection of health and social care services.(11,13,129) The reviews have recommended the development of a common set of whole-system principles and standards to support this integration.

This section of the review includes how principles are used in relevant legislation and how Welsh organisations that are involved in setting standards for, or delivering, health and social care services use principles within their standards, guidance and organisations. The section is set out under the following headings:

- Overview of the relevant legislation
- Key organisations in Wales' health and social care system
- Use of principles in key documents
- Summary and lessons learned

3.4.2. Overview of the relevant legislation

This section describes the use of principles in relevant pieces of health and social care legislation in Wales.

In 2011, the Welsh government published the white paper Sustainable Social Services: A Framework for Action.(130) This set out a plan to create a new, integrated and person-centred approach to providing social services in Wales. To achieve this new approach, two pieces of primary legislation were developed:

- the Social Services and Well-being (Wales) Act 2014(131) and
- the Regulation and Inspection of Social Care (Wales) Act 2016.(132)

3.4.2.1. Social Services and Well-being (Wales) Act 2014

The Social Services and Well-being (Wales) Act became law in 2014 and came into force on 6 April 2016.(131) The act covers: adults, children and carers (adults or children who provide or intend to provide care and support).

The 2014 act changed the foundation of the social care sector and imposes duties on local authorities and health boards to focus on prevention and to work towards promoting the wellbeing of those who need care and support, or carers who need support. It changed the way people's needs are assessed and the way care is delivered, and aims to give people a greater voice and control as equal partners in decisions about their care and support.

Social Care Wales describes the act as providing the legal framework for improving the wellbeing of people who need care and support, and carers who need support and for transforming social services in Wales.(133) The legal framework consists of three elements: the act itself; regulations, which provide greater detail about the requirements of the act; and the codes of practice, which give practical guidance about how it should be implemented.(133)

The act consists of 11 parts and is described as being built on the five principles outlined in Table 13 below.(25,131,133)

Table 13 Principles of Social Services and Well-being (Wales) Act

- **Voice and control** – putting an individual and their needs at the centre of their care and support, with voice and control over the outcomes that will help them achieve well-being.
- **Prevention and early intervention** – being able to access advice and support at an early stage to maintain a good quality of life, and reduce or delay the need for longer term care and support.
- **Well-being** – supporting people to achieve well-being in every part of their lives.
- **Co-production** – involving people in the design and provision of their support and services, and recognising the knowledge and expertise they can bring.
- **Multi agency** – strong partnership working between all agencies and organisations is essential to improve the well-being of people in need of care and support, and carers in need of support.

In addition, the act outlines that local authorities must have 'due regard' to the United Nations Conventions and principles listed below when exercising functions in relation to an individual:

- United Nations Principles for Older Persons (134)
- United Nations Convention on the Rights of the Child(135)
- United Nations Convention on the Rights of People with Disability(70)

Social Care Wales explains that the principles of the act "are important as they underpin not only how services are delivered but how we work with individuals on a day-to-day basis". An evaluation of the act by the Welsh Institute for Health and Social Care describes the "duties, principles and ideals, mechanisms and practices laid out in the Act" as "guides to certain outcomes, most notably the fulfilment of well-being for people in Wales and sustainability of services."(4)

The Welsh government has developed a number of codes of practice to help services apply the Social Services and Well-being (Wales) Act and these are described in section 3.4.4.(136,137)

3.4.2.2. Regulation and Inspection of Social Care (Wales) Act 2016 Act

In January 2016, the Regulation and Inspection of Social Care (Wales) Act became law. This legislation establishes a system of regulation and inspection consistent with the ethos and principles of the Social Services and Wellbeing Act (2014) that is centred around people who need care and support, and the social care workforce. It moves away from a system based on the registration of establishments and agencies to a service-based model and places the quality of services and improvement at the heart of regulation.

Schedule 1 of the 2016 Act defines the regulated services which fall within its scope. These include: care home services (for children and adults), domiciliary support services, residential family centre services, secure accommodation services, fostering services, adoption services, adult placement services and advocacy services.

3.4.3. Key organisations in Wales health and social care system

This section describes some of the key organisations involved in delivering, regulating or setting strategic direction for Welsh health and social care services that have included principles in the standards, guidance or strategy documents they have developed. They include:

- The Welsh government
- Healthcare Inspectorate Wales
- Care Inspectorate Wales
- Social Care Wales
- National Health Service Wales

3.4.3.1. The Welsh government

The Welsh government sets policy for health and wellbeing in Wales. The Department for Health and Social Services advises the Welsh government on policies and strategies for health and social care in Wales. This includes contributing to relevant legislation and providing funding for the NHS and other related bodies.

The Welsh government has introduced legislation and associated codes of practice for social care which includes the use of principles as detailed in section 3.4.2. It has also published a set of high level healthcare standards which are grouped according to themes and include reference to principles which are covered in section 3.2.4. Finally, the Welsh government has conducted a recent public consultation on a white paper for health and social services(138), a parliamentary review of health and social services(129) and a strategy document(11) which have all included reference to principles.

3.4.3.2. Healthcare Inspectorate Wales

The Healthcare Inspectorate Wales is the independent inspectorate and regulator of health care in Wales. It regulates and inspects NHS services and independent healthcare providers in Wales against a range of standards, policies, guidance and regulations to highlight areas requiring improvement.

The Health and Care Standards (2015)(29) are used by Healthcare Inspectorate Wales as a means of assessing continuous improvement in healthcare services.

3.4.3.3. Care Inspectorate Wales (CIW)

The Care Inspectorate Wales (CIW) is an independent regulator of social care and childcare in Wales. It registers, inspects and takes action to improve the quality and safety of services for the wellbeing of the people of Wales. These services include:

- adult services: care homes for adults, domiciliary support services, adult placement schemes and residential family centre services
- children's services: care homes for children, fostering services, adoption services, advocacy services and secure accommodation services
- childcare and play services: child minders, crèches, full day care, sessional day care, out of school care and open access play provision.

The key principles of the Social Services and Well-being (Wales) Act form the foundation of CIW's inspection and performance review activity.(131) CIW also integrate a rights-based approach in their inspections by adhering to the underlying FREDA core principles of:(139)

- Fairness
- Respect
- Equity
- Dignity
- Autonomy

The CIW has mapped the basic human rights, as set out in the Human Rights Act, against the lines of enquiry they consider during inspection under the four inspection themes of:

- Well-being
- Care and Support / Care and Development
- Leadership and Management

- Environment (where services are "setting" based).

Lines of enquiry in relation to upholding human rights weave through each of these four themes.(139)

The work of CIW is guided by the following principles:

- Being people-focused
- Supporting improvement
- Being transparent
- Being fair and impartial
- Being robust
- Being proportionate
- Being consistent

3.4.3.4. Social Care Wales

Social Care Wales was established by the Regulation and Inspection of Social Care (Wales) Act 2016.(132) Social Care Wales is responsible for setting standards for the care and support workforce in Wales and maintains the register of social care workers in Wales.(4)

Five principles are described as underpinning Social Care Wales' system of regulation and inspection:

- reflecting the changes brought about by the Social Services and Well-being (Wales) Act 2014
- putting people at the centre of their care and support
- developing a coherent and consistent Welsh approach
- tackling provider failure
- responding quickly and effectively to new models of service and any concerns over the quality of care and support.(133)

Social Care Wales has developed a learning hub which includes resources to help people understand and apply the principles of the Social services and Well-being (Wales) Act in their day-to-day work.(133) These resources include videos, workbooks, presentations and case studies outlining what the act means for people in practice. It highlights that the principles do not stand alone, rather there is an overlap between them and that they link together.(133)

3.4.3.5. National Health Service (NHS) Wales

NHS Wales is the publicly-funded National Health Service of Wales providing healthcare to some three million people who live in the country.(140) The NHS has a key principle which is that good healthcare should be available to all, regardless of wealth.

Safe Care, Compassionate Care, a national governance framework for NHS Wales, outlines that the culture, values and behaviours that organisations and staff exhibit has the greatest impact in ensuring all patients and service users get the very best standards of care.(141) It lists the following as NHS Wales' core values:

- Putting quality and safety above all else: providing high value evidence based care for our patients at all times
- Integrating improvement into everyday working and eliminating harm, variation and waste
- Focusing on prevention, health improvement and inequality as key to sustainable development, wellness and wellbeing for future generations of the people of Wales
- Working in true partnerships with partners and organisations and with our staff
- Investing in our staff through training and development, enabling them to influence decisions and providing them with the tools, systems and environment to work safely and effectively.

In addition to these core values, NHS Wales also has a set of key principles which set out how all staff are expected to behave. They aim to re-balance the way staff work together so they are 'less reliant on process, and are guided by these Principles when applying policies and procedures' and to 'strengthen the values and behaviours of Health Boards and Trusts'.(140)

The principles were developed in partnership with employers and staff representatives. The core principles are:(140)

1. We put our patients and users of our services first.
2. We seek to improve our care.
3. We focus on wellbeing and prevention.
4. We reflect on our experiences and learn.
5. We work in partnership and as a team.
6. We value all who work for the NHS.

The principles are described as being at the core of NHS Wales and reinforce the values and behaviours within NHS organisations. They are described as being rooted in the prudent healthcare concept discussed in the next section.(140)

3.4.4. Use of principles in key documents

This section sets out how principles are used in key documents in Wales. Table 14 sets out the key documents which are discussed in the following section.

Table 14 Use of principles in key documents Wales

Type of key document	Name of document	Organisation
National strategies	Principles of prudent health care (2014) (142)	Welsh government
	Services Fit for the Future, Quality and Governance in Health and Care in Wales (2017)	Welsh government
	The Parliamentary Review of Health and Social Care in Wales. A Revolution from Within: Transforming Health and Care in Wales (2018)	Parliamentary review
	A healthier Wales: Our plan for health and social care (2019)(13)	Welsh government
National standards	Health and Care standards (2015)	Welsh government
Guidance documents	Codes of practice to help services apply the Social Services and Well-being (Wales) Act (2014) (136,137)	Welsh government

3.4.4.1. National strategy and policy documents

This section sets out some recent Welsh health and social care policy, reviews and strategy documents which have included reference to principles. The section begins by describing prudent healthcare, which was a key policy developed for Welsh healthcare services in 2014.(142) It then goes on to describe three consecutive reviews and strategy documents which have examined the Welsh health and social care system and made recommendations concerning the use of principles.(11,13,129)

Principles of prudent healthcare

Prudent Healthcare was a policy introduced by the Welsh government in 2014.(142) It was designed to bring about fundamental change throughout the health system in Wales.(143) The four principles of Prudent Healthcare are:(142)

- Achieve health and wellbeing with the public, patients and professionals as equal partners through co-production.
- Care for those with the greatest health need first, making the most effective use of all skills and resources.
- Do only what is needed, no more, no less; and do no harm.
- Reduce inappropriate variation using evidence based practices consistently and transparently.

A review of Prudent Healthcare carried out by the Health Foundation in 2017 found that the principles are widely seen as being 'sensible' and have helped to shape thinking on current and future innovation.(144) Of the four principles, the first and second were identified as those with the most potential to make a difference overall, but the first – relating to co-production – was seen as the one that would be hardest to achieve, over the longest time scale. The review also reported that the Prudent Healthcare principles have "commanded overwhelming support, as being in accordance with most people's values, and as addressing important issues for the quality and sustainability of care".

A separate 2018 study, examining the barriers and enablers to implementing the Prudent Healthcare principles also found that there was a positive response and widespread support for the principles by clinicians.(145) The study also found that increasing awareness of the initiative and improvement to systems to enable information sharing and the monitoring of patient outcomes could improve the consistency of implementation.

Services Fit for the Future, Quality and Governance in Health and Care in Wales

In 2017, the Welsh government held a public consultation on a white paper entitled *Services Fit for the Future, Quality and Governance in Health and Care in Wales*.(11) The government sought views on a set of proposals for health and social care services which may require future legislation.

In this document, the Welsh government sets out that it believed there should be a common set of high-level standards applied to health and social care and that the standards should apply regardless of location of care. Respondents were asked if they supported this proposal and what further issues would need to be taken into account in developing this proposal.

The white paper outlined that the person receiving care needs to feel confident that the standard of care will remain the same regardless of where they receive their care. The care should be focused on meeting the person's needs and helping the person to achieve the outcome they desire.(11) The paper recommended that the standards that underpin care should, therefore, have common principles regardless of whether the focus is health or social care. It also recommended that care, and the standards that underpin care, need to be perceived principally through the eyes of the person receiving care and not through the eyes of the organisations delivering the care. The paper, therefore, proposed that a common set of high-level standards be developed which would apply to health and social care and regardless of the location where care is delivered.(11)

The white paper outlined that these common standards would provide a common set of requirements applying across all health and social care organisations to ensure that services commissioned and provided are both safe and of an acceptable quality. Common standards would also provide a framework for continuous improvement in the overall quality of care people receive. In addition, they propose that introducing common standards would therefore have a positive effect in improving service delivery by improving equity and allowing a focus on individualised care.

One of the objectives outlined as part of the white paper is to promote key principles across NHS organisations in Wales to encourage a common approach across the whole system, while ensuring that individual needs are met. This means that individuals and their families can expect to have the same standard of care across regions and services, rather than a fragmented, disparate approach.

The white paper described person-centred care as care that "aims to be people focused, to promote independence and autonomy and to provide choice and control. The principle of individual care is that people are treated as individuals, reflecting their own needs and responsibilities.” It also states that “those who provide care have a responsibility to ensure that whatever care they are providing includes attention to basic human rights”.(11)

The outcome of the consultation showed support for a common standards framework including principles across healthcare, social care and the independent and third sector services.(138) The summary of responses document reported that the main theme throughout responses was that individuals should be entitled to a high standard of care regardless of the location of care or the provider, with some suggesting that common standards may address inconsistencies in care.

However, many respondents reported that considerable work had already been undertaken in social care and it was felt that these elements should be given an opportunity to be further embedded before introducing changes, “with a need to ensure that any standards introduced complement and fit in with the work that is already well underway”.

At the time of writing this review, such a set of common standards were not in development. However, the following two sections include detail of work relating to development of a common set of principles for health and social care in Wales.

The Parliamentary Review of Health and Social Care in Wales. A Revolution from Within: Transforming Health and Care in Wales (2018)

This Parliamentary Review into Health and Social Care was established on a cross-party basis, to advise on the long-term future of health and social care in Wales and published its final report in 2018.(12) The review concluded that new models of care must be co-designed and co-developed with the public and users of care alongside front-line health and social care professionals, and be underpinned by the design concepts set out in Prudent Healthcare, the Wellbeing of Future Generations (Wales) Act 2015, and the Social Services and Wellbeing (Wales) Act 2014.

The review advised that local innovation in health and social care services needs to be guided and supported by common principles and implementation supported through a national programme of transformation and robust evaluation. The review recommended that

- national standards and principles of design created ‘Once for Wales’, supported by a programme of transformation including joined-up inspection and improvement support;
- regional joined-up leadership to support implementation;
- joined-up local service design, development and delivery to meet the specific needs of each local population; and

- joint planning, performance, quality, infrastructure and resources to help local areas deliver seamless care that is also actively working to improve population health and wellbeing.

The review used older people's services as an example and examined what a common set of 'Once for Wales' design principles for seamless locality care and support might look like, and tested this with an advisory group. On the basis of this, it advised that every locality should work to a common set of principles for the delivery of health, social care and wellbeing services designed co-productively with the local population.

It recommended that these principles for new models of care should be agreed on a 'Once for Wales' basis and guide local service development across the country. The principles should be developed by or on behalf of the Welsh government with the commitment of all key national health and care delivery, inspection and improvement bodies, and with the public.

The review concluded that the principles should apply to the whole system of seamless health, care and wellbeing for specific groups in localities. This includes: services and practices across the NHS, local authorities and the third and independent sectors; across community, primary and specialist care; and across physical and mental health and wellbeing. It goes on to suggest that there should be related but specific principles for older people, working age adults with disabilities and learning disabilities, people with mental health problems and children and young people.

Finally, it recommended that national inspection agencies across health, wellbeing and social care should develop a shared programme of inspection of integrated locality arrangements for all population groups which use a common national set of principles as the basis for inspection standards.

A healthier Wales: Our plan for health and social care

This strategic plan was developed in response to the 2018 Parliamentary Review detailed above and published by the Welsh government in 2019.(13) It sets out a long-term future vision of a 'whole system approach to health and social care', which is focused on health and wellbeing, and on preventing illness. It emphasises that the 2018 review "made a strong case that a service based mainly on a medical model of health, and a separate system of social care, is not fit for the future".

The strategic plan outlines how the philosophy of Prudent Healthcare and associated principles will continue to be a distinctive feature of the Welsh system, enabling higher quality and value through reducing variation, waste and harm, and through less intensive clinical interventions. The plan sets out a 'quadruple aim' which was originally put forward in the 2018 parliamentary review. It consists of four 'interlocking aims' which detail how they want health and social care services to develop and how they will prioritise change. The four themes of Wales' Quadruple Aim, are:

- Improved population health and wellbeing;
- Better quality and more accessible health and social care services;
- Higher value health and social care; and
- A motivated and sustainable health and social care workforce.

The plan also builds on the recommendations from the 2018 parliamentary review and includes 10 national design principles to help the public and staff to understand in practical terms how the quadruple aim and the philosophy of Prudent Healthcare can be applied to drive change.

These 10 national design principles, which aim to drive change and transformation in health and social care services are:

1. **Prevention and early intervention** – acting to enable and encourage good health and wellbeing throughout life; anticipating and predicting poor health and wellbeing.
2. **Safety** – not only healthcare that does no harm, but enabling people to live safely within families and communities, safeguarding people from becoming at risk of abuse, neglect or other kinds of harm.
3. **Independence** – supporting people to manage their own health and wellbeing, be resilient and independent for longer, in their own homes and localities, including speeding up recovery after treatment and care, and supporting self-management of long-term conditions.
4. **Voice** – empowering people with the information and support they need to understand and to manage their health and wellbeing, to make decisions about care and treatment based on 'what matters' to them, and to contribute to improving our whole system approach to health and care; simple clear timely communication and co-ordinated engagement appropriate to age and level of understanding.
5. **Personalised** – health and care services which are tailored to individual needs and preferences including in the language of their choice; precision medicine; involving people in decisions about their care and treatment; supporting people to manage their own care and outcomes.
6. **Seamless** – services and information which are less complex and better co-ordinated for the individual; close professional integration, joint working, and

information sharing between services and providers to avoid transitions between services which create uncertainty for the individual.

7. **Higher value** – achieving better outcomes and a better experience for people at reduced cost; care and treatment which is designed to achieve 'what matters' and which is delivered by the right person at the right time; less variation and no harm.
8. **Evidence driven** – using research, knowledge and information to understand what works; learning from and working with others; using innovation and improvement to develop and evaluate better tools and ways of working.
9. **Scalable** – ensuring that good practice scales up from local to regional and national level, and out to other teams and organisations.
10. **Transformative** – ensuring that new ways of working are affordable and sustainable, that they change and replace existing approaches, rather than add an extra permanent service layer to what we do now.

While these are design principles for health and social services, the plan outlines that these are principles for everyone, not just for health and social care service providers. These design principles aim to align the many change projects and programmes across the whole system, so that they can combine together to deliver a change within health and social care. They are higher level, as they are focused on the design of a service but concepts contained within these principles are similar to those outlined in many health and social care standards for services.

The plan describes the core values of the NHS (detailed in the previous section) as providing "a good foundation for the distinctive character and culture we want to see across the whole of our future health and social care system". But it highlights that a whole system approach will need additional commitment and ambition across all health and social care providers and they want to engage everyone in developing the values and common priorities required to meet this future vision. The proposed whole system values are:

- Co-ordinating health and social care services seamlessly, wrapped around the needs and preferences of the individual, so that it makes no difference who is providing individual services.
- Measuring the health and wellbeing outcomes which matter to people, and using that information to support improvement and better collaborative decision making.
- Proactively supporting people throughout the whole of their lives, and through the whole of Wales, making an extra effort to reach those most in need to help reduce the health and wellbeing inequalities that exist.

- Driving transformative change through strong leadership and clear decision making, adopting good practice and new models nationally, more open and confident engagement with external partners.
- Promoting the distinctive values and culture of the Welsh whole system approach with pride, making the case for how different choices are delivering more equitable outcomes and making Wales a better place in which to live and work.

3.4.4.2. National standards

There is one set of overarching healthcare standards that apply to NHS services delivered in Wales and this section sets out their structure, purpose and use of principles.

Health and Care Standards (2015)

In April 2015, the Welsh government introduced a revised set of healthcare standards: Health and Care Standards.(29) The standards were developed under Section 47 of the Health and Social Care (Community Health and Standards) Act 2003, which states that Welsh ministers are permitted to prepare and publish statements of standards in relation to the provision of healthcare for Welsh National Health Service (NHS) bodies.

The standards aim to support NHS Wales and partner organisations in providing effective, timely and quality services across all healthcare organisations, settings and locations, and by all teams and services. The Health and Care Standards are used by Healthcare Inspectorate Wales as a means of assessing continuous improvement in NHS healthcare services.

The Health and Care Standards consist of seven quality themes designed to work together. The standards describe how the provision of high-quality, safe and reliable care is underpinned by good governance, leadership and accountability and this is illustrated in the standards by placing them around the quality themes as shown in Figure 11. The figure illustrates how the seven themes are intended to work together. Collectively, they describe how a service provides high-quality, safe and reliable care centred on the person.

Figure 11 How the Welsh Health and Care Standards are structured

Source: *Health and Care Standards*, Welsh government, 2015.(29)

Each theme includes a number of standards which describe the high-level outcomes required to provide quality care. Each of the seven themes is described in the introduction to each theme by a key principle. The document describes the term 'principle' as equating to the point of the theme. The principle of:

- **staying healthy** is to ensure that people in Wales are well informed to manage their own health and wellbeing.
- **safe care** is to ensure that people in Wales are protected from harm and supported to protect themselves from known harm.
- **effective care** is that people receive the right care and support as locally as possible and are enabled to contribute to making that care successful.
- **dignified care** is that the people in Wales are treated with dignity and respect and treat others the same.
- **timely care** is that people have timely access to services based on clinical need and are actively involved in decisions about their care.
- **individual care** is that people are treated as individuals, reflecting their own needs and responsibilities.
- **staff and resources** is that people in Wales can find information about how their NHS is resourced and make careful use of them.

The standards require that effective multi-professional and multi-agency working and co-operation are in place to comply with these principles set out in the Social Services and Well-being (Wales) Act.(131)

3.4.4.3. Guidance

The Welsh government developed a number of codes of practice to help services apply the Social Services and Well-being (Wales) Act.(136,137) These codes of practice are described as guidance backed by law, to help people and organisations work within the new framework created by the act. For example, one of the codes of practice (code of Practice 4) outlines what is required in meeting people's needs under the act.(136) It details that the following principles should underpin the process of preparing care and support plans and should be used as the basis for testing the fitness of any local or specialist arrangements:

- People centred
- Promote Well-being
- Outcome Based
- Involving wider family, community and carers
- Proportionate
- Use appropriate language and communication methods
- Clear
- Safeguarding and protecting
- Integrated
- Multiagency
- Sustainable
- Informed
- Equitable
- Delivered by the right people
- Performance measured

Another code of practice for the act details what is required when assessing people's needs.(137) It outlines that the following principles underpin the approach to assessing children and their families. Assessments must:

- be child centred;
- be rooted in child development;
- be holistic in their approach;
- ensure equality of opportunity;
- involve working with children and families;
- build on strengths as well as identify difficulties;
- be inter-agency in their approach to assessment and the provision of services;
- be a continuing process, not a single event;

- be carried out in parallel with other action and providing services;
- be grounded in evidence based knowledge.

3.4.5. Summary of Wales and lessons learned for development of principles

Wales has emphasised the importance of certain principles such as wellbeing, shared voice and control, prevention and early intervention, and co-production in legislation through the Social Services and wellbeing (Wales) Act. Associated statutory codes of practice set out further detail on how these principles should be applied in practice. These principles also form the foundation for how social care systems are inspected and regulated. Finally, these principles and are also reflected in recent strategy documents for Welsh health and social care services.

Recently, a 2017 white paper(11), 2018 review of health and social care services(12) and 2019 strategy document(13) have all set out the need for high-level standards or common principles to apply to all health and social care settings to help improve the integration of services, streamline inspection processes and improve clarity for service users.

For example, the 2018 parliamentary review of health and social care services recommended a 'whole system approach to health and social care' which is underpinned by principles.(12) The review emphasised that future standards which underpin care and support services should therefore have common principles, regardless of whether the focus is health care or social care. In addition, it recommended that standards should be perceived principally through the eyes of the person receiving care and not through the eyes of the organisations delivering the care. This means that individuals and their families can expect to have the same standard of care across regions and services rather than a fragmented disparate approach.

In response to this review the Welsh government has developed 10 national design principles, which aim to drive change and transformation in health and social care services and a common set of values for the whole health and social care system.

3.5. Northern Ireland

3.5.1. Introduction

Northern Ireland has one regulatory organisation, the Regulation and Quality Improvement Authority (RQIA), with a remit over both health and social care services. The Department of Health, Social Services and Public Safety (DHSSPS) in Northern Ireland has the responsibility for setting national health and social care standards. In 2006, the DHSSPS developed a single set of overarching national standards for both health and social care that include a common set of principles and values. From these standards, nine sets of minimum care standards, all of which include reference to these principles and values, have also been developed for specific services, including for example residential care homes, day care settings and child minding services.

This section of the review sets out how principles are used within legislation, standards and health and social care reviews in Northern Ireland. The section is set out under the following headings:

- Overview of the relevant legislation
- Key organisations in Northern Ireland's health and social care system
- Use of principles in key documents
- Summary and lessons learned for development of principles

3.5.2. Legislation in Northern Ireland

This section describes Northern Ireland's use of principles in relevant pieces of health and social care legislation.

3.5.2.1. Use of principles in legislation for adult social care services

Unlike other jurisdictions within the UK, existing adult social care legislation in Northern Ireland does not include reference to principles. For example, there is no Northern Irish equivalent of the Care Act 2014 in England,(107) the Social Services and Well-being (Wales) Act 2014(131) nor the Public Bodies (Joint Working) (Scotland) Act 2014.(26) These English, Welsh and Scottish Acts consolidated legislation in these areas and introduced major reforms to how social care was delivered, with an emphasis on the principle of wellbeing and placing a duty on local authorities to meet people's needs in delivering services.

A number of authors have criticised the lack of equivalent legislation in Northern Ireland. For example, a 2015 review commissioned by the Commissioner for Older People in Northern Ireland to examine the legislation relating to adult social care in Northern Ireland noted:(146)

> "The current legislation governing adult social care in Northern Ireland is provided through a myriad of laws dating back to 1978. Our research notes the absence of any overarching connecting themes or principles governing these and, more importantly, the absence of any sense of coherence in regard to directly locating the specific legal provisions governing social care for older people."

These authors concluded from their review that adult social care law should be based on core principles such as equality, dignity, citizenship, choice, personalisation and human rights.

It is worth noting that the Northern Irish Assembly, the devolved government for Northern Ireland, collapsed in January 2017 and was only reinstated in January 2020. Therefore, there was no government in place during this three-year period to introduce legislation.

3.5.2.2. Use of principles in legislation for children services

The legislative framework for Northern Ireland's children's services is set out in The Children (Northern Ireland) Order 1995.(147) The legislation is extensive and covers childcare, child employment, children living in an educational setting such as a boarding school, and fostering arrangements, among others. While the term 'principle' is not used in the legislation, associated guidance and regulations set out that the major principles on which the order is based are:(148)

- The welfare of the child is the paramount consideration.
- Wherever possible, children should be brought up and cared for within their own families.
- Children should be safe and be protected by effective intervention if they are in danger, but such intervention should be open to challenge.
- When dealing with children, courts should ensure that delay is avoided, and may only make an order if to do so is better than making no order at all.
- Children should be kept informed about what happens to them, and should participate when decisions are made about their future.
- Parents continue to have parental responsibility even when their children are no longer living with them. They should be kept informed about their children and participate when decisions are made about their children's future.
- Parents who have children in need should be helped to bring up their children themselves and such help should be provided in partnership with parents.
- Services provided to children and their families should draw on effective partnership between Health and Social Services Boards and Trusts and other agencies.

These principles are similar to those outlined in equivalent children's legislation in other jurisdictions.

3.5.3. Key organisations in Northern Ireland's health and social care system

This section describes the key organisations in Northern Ireland's health and social care services that use principles in the standards, guidance, policy or strategy documents they develop. In Northern Ireland the Health and Personal Social Services (Quality Improvement and Regulation) Order 2003 gives powers to the Department of Health, Social Services and Public Safety (DHSSPS) to publish minimum standards that the Regulation and Quality Improvement Authority (RQIA) must take into account in the regulation of establishments and agencies.

3.5.3.1. Department of Health, Social Services and Public Safety

The Department of Health, Social Services and Public Safety (DHSSPS) is one of nine Northern Ireland Government Departments. Within the DHSSPS, the Quality, Regulation, Policy & Legislation Branch has a role in developing standards for services regulated by the Regulation and Quality Improvement Authority (RQIA) in Northern Ireland. The Health and Personal Social Services (Northern Ireland) Order 2003 places a statutory duty of quality upon health and social care organisations, and requires the DHSSPS to develop standards against which the quality of services can be measured by RQIA.(149)

Standards developed by the DHSSPS include high-level governance standards for service delivery in any health and social care service across the acute and community sector, known as the Quality Standards for Health and Social Care (2006).(10) The DHSSPS has also developed nine sets of minimum care standards for the regulation, inspection and monitoring of specific health and social care services. These are discussed in section 3.5.4.2.

3.5.3.2. Regulation and Quality Improvement Authority (RQIA)

RQIA is an independent non-departmental body of the Department of Health Northern Ireland established under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.(149) RIQA uses standards developed by the DHSSPS as a guide to promote continuous improvement and best practice. RQIA assesses the quality of healthcare services during inspections and reviews clinical and social care governance arrangements. RQIA reports its findings on the quality of care provided by services across Northern Ireland to the department and the public.

3.5.4. Use of principles in key documents

There are a number of key documents in Northern Ireland which use principles. Table 15 sets out the key documents which are discussed in the following section.

Table 15 Use of principles in key documents Northern Ireland

Type of key document	Name of document	Organisation or group
National strategies	Systems not structures. Changing health and social care. Expert Panel Report (2018)	Expert Panel
	Power to People: proposals to reboot adult care and support in Northern Ireland (2016) (150)	Department of Health (Northern Ireland)
	Co-operating to Safeguard Children and Young People in Northern Ireland (2017)	Department of Health (Northern Ireland)
National standards	Quality Standards for Health and Social Care (2006)	Department of Health, Social Services and Public Safety (DHSSPS)
	Nine sets of minimum care standards that cover: ▪ nursing agencies, ▪ residential care homes, ▪ domiciliary care agencies, ▪ residential family centres, ▪ day care settings, ▪ childrens homes, ▪ independent healthcare establishments, ▪ child minding and day care for children under 12, and ▪ nursing homes.	DHSSPS

	Standards for Child Protection Services in Northern Ireland (2008)	DHSSPS

3.5.4.1. National strategy and review documents

While the health and social care system in Northern Ireland is an integrated system,(151) there have been a number of reviews in recent years which have examined how to further improve its configuration. This section first looks at two of these most recent reviews:

- Systems not structures. Changing health and social care. Expert Panel Report 2016 (The Bengoa Report),(151) and
- Power to People: proposals to reboot adult care and support in Northern Ireland.(150)

It then describes another recent policy document, Co-operating to Safeguard Children and Young People in Northern Ireland 2017,(152) aimed at improving safeguarding children and young people and recommending principles that should underpin strategies, policies, procedures, practice and services related to safeguarding children and young people.

Systems not structures. Changing health and social care. Expert Panel Report 2016 (The Bengoa Report)

In April 2014, the then Health Minister for Northern Ireland, commissioned Sir Liam Donaldson, to review the health and social care system to examine the arrangements for assuring and improving the quality and safety of care, to assess their strengths and weaknesses and to make proposals to strengthen them.(153) Sir Liam Donaldson's report 'The Right Time, The Right Place' was published in 2015. Recommendation 1 of this report called for an expert panel to consider the best configuration of health and social care services in Northern Ireland.(153) In response to this, an expert clinically-led panel comprising local and international members and chaired by Professor Rafael Bengoa was appointed in January 2016.(151) This panel was given the remit to:

- Produce a set of principles to underpin reconfiguration of health and social care services.
- Support and lead debate including at a political summit to be held in early 2016 to agree the principles.

- Use the results of the political summit to develop a clinically informed model for the future configuration of health and social care, which will ensure world class provision for everyone in Northern Ireland.
- Clearly quantify the specific benefits in health outcomes that will be derived from the new model, both for individuals and the Northern Ireland population as a whole.

At the end of this project, the panel published the report *Systems not Structures: Changing health and social care*, which contained a set of 13 principles for health and social care system remodelling.(151) These principles are grouped under four headings as shown in Table 16 below.

Table 16 Principles from Systems not Structures: Changing health and social care

Heading	**Principle**
Ethos	The system should be collaborative, not competitive.
	The system should adopt a population health and wellbeing model with a focus on prediction and prevention rather than reaction.
	Patients should be active participants in their own care, not passive recipients.
Delivery Model	Health and social care is already integrated in Northern Ireland. Remodelling must build on this strength and take a whole system perspective.
	Only people who are acutely unwell need to be in a hospital.
	Very specialist services can be based anywhere in Northern Ireland.
	The location and composition of resources should be based on meeting patients' needs and achieving the best outcomes.
	The real value of health and social care is in its people, not its buildings.
Implementation	Whole system remodelling is a medium to long term process.
	The system must be supported to implement change with pace and scale.
	Technology should be developed and adopted where it can support and enable transformation.
Leadership and Culture	The panel will engage constructively with elected representatives when designing and communicating a remodelled health and social care. The Panel will also engage openly with health and social care staff and the public.
	Northern Ireland can be a world leader in transforming health and social care.

Source: *Systems not Structures: Changing health and social care, Expert Panel Report*, 2016. (151)

While these are very high-level principles for the configuration of the health and social care system as a whole, the concepts of people being active in their own care, the focus on wellbeing and meeting people's needs in an integrated way are recurrent principles that are reflected in Northern Ireland's, and other jurisdictions, existing national standards for individual health and social care services.

The expert panel report also made 14 recommendations to improve health and social care services. In response to the Expert Panel's report, a 10-year approach to transforming health and social care — *Health and Wellbeing 2026: Delivering Together* — was launched in October 2016 to address recommendations made by the report.(154) This report highlights that the political summit hosted by the expert panel secured a political mandate for the need for change and the principles to underpin it.

Power to People: proposals to reboot adult care and support in Northern Ireland

In accordance with the commitments made in Health and Wellbeing 2026 to develop proposals for change to adult care, two leading experts in social care were appointed to form an expert advisory panel to review and identify possible solutions to meet the challenges facing the adult care and support system in Northern Ireland and develop proposals for reforming the system.(150) The panel was informed by stakeholder engagement through various means including a call for evidence, workshops, site visits and meetings and discussion with a service user and carer reference group. The panel was also informed by the Bengoa report and noted that the same principles outlined in 'Systems, Not Structures' should extend to adult care and support.

The panel's 16 proposals on how to reform the adult care and support system are outlined in their 2017 report *Power to People: proposals to reboot adult care and support in Northern Ireland.*(150) The report sets out principles to both underpin and guide the transformation process to reform adult care and support services in Northern Ireland. The authors stated that principles are relevant to all adult groups receiving care and support, although they were mindful that specific policy will need to be agreed to ensure that individuals receive services that are appropriate to their specific needs.

Proposal 16 of the report proposes that a Concordat (described as a settlement between individuals and the state with a recognition that rights are balanced by risks and responsibilities on both sides) is developed as the major means of stimulating a comprehensive debate, and agreement, with the public about the principles underpinning a transformed adult care and support system. The panel explains that the process of developing and designing the Concordat would, in itself, need to determine the appropriate underpinning principles. However, they believe it would be necessary to ensure that the Concordat is informed by the following fundamental principles:

- A human-rights approach,
- person-centred and self-directed,
- simple and easy to understand,
- transparent,
- fair and equitable,
- flexible and responsive,
- clarifying rights and entitlements alongside responsibilities,
- suitably aligned with healthcare, the NHS and other key partners, and
- affordability and value for money.

The proposal paper also emphasised the importance of the principle of individual support which has the person, as citizen, at the centre, as opposed to 'client' classifications that group people's needs according to their age or to a specific condition. They explain this will help refocus attention on people's assets rather than their needs, rights rather than risks, and outcomes rather than processes. Finally, the panel also state that an outcome-based approach to the provision of social care should also be an explicit fundamental principle.

Co-operating to Safeguard Children and Young People in Northern Ireland — Department of Health (Northern Ireland)

The Co-operating to Safeguard Children and Young People in Northern Ireland (152) policy published by the Department of Health in 2017 provides the framework for all organisations who work with children and young people to work together to keep children and young people safe. The policy has a number of principles to underpin all strategies, policies, procedures, practice and services related to safeguarding children and young people. These principles are:

- The child or young person's welfare is paramount,
- the voice of the child or young person should be heard,
- parents are supported to exercise parental responsibility and families helped to stay together,
- partnership,
- prevention,
- responses should be proportionate to the circumstances,
- protection, and
- evidence-based and informed decision making.

It outlines that these principles are reflected in the Children (Northern Ireland) Order 1995.(147) This policy frames these principles as fundamentals which should underpin all strategies, policies, procedures, practice and services relating to safeguarding children and young people. They do not however lay out the policy under these principles.

3.5.4.2. Standards

This section sets out the standards that apply to health and social care services and how they use principles, including the:

- *Quality Standards for Health and Social Care*,(155) and
- nine sets of minimum care standards.(156,157,158,159,160,161,162,163,164)

Quality Standards for Health and Social Care

In 2006, *Quality Standards for Health and Social Care* (Quality Standards) were launched by the Northern Ireland Executive.(155) These are high-level governance standards for all health and social care services, and aim to address unacceptable variations in the quality of services provided, including timeliness of service delivery and ease of access. Classed as essential standards, the Quality Standards outline the absolute minimum level of care required to ensure safe and effective practice.

The Quality Standards are set out in five quality themes to improve the health and social wellbeing of the population of Northern Ireland:

1. corporate leadership and accountability of organisations
2. safe and effective care
3. accessible, flexible and responsive services
4. promoting, protecting and improving health and social wellbeing
5. effective communication and information.

These themes were identified through consultation with service users, carers and Health and Personal Social Services (HPSS) staff and through a review of standards developed elsewhere at local, national and international level.

The standards document outlines that standards are underpinned by values and principles. It states that the quality of a service provided is dependent on managers and HPSS staff basing their practice on the values and principles presented in Table 17 and Table 18 below.

Table 17 Values outlined in Quality Standards for Health and Social Care

Dignity and respect	The uniqueness and intrinsic value of the individual is acknowledged and each person is treated with dignity and respect. This is applicable to service users, carers, staff and others who come in contact with services.
Independence	A balance between the promotion of independence and risk taking is needed. Service users have as much control as possible over their lives. Service users are informed about risk whilst being protected against unreasonable risks.
Promotion of rights	In the context of services delivered to them, the individual and human rights of service users are promoted and safeguarded. Where necessary, appropriate advocacy arrangements are put in place.
Equality and diversity	Equality of opportunity and positive outcomes for service users and staff are promoted; their background and culture are valued and respected.
Choice and capacity	Service users are offered, wherever possible, according to assessed need and available resources, the opportunity to select independently from a range of options based on clear and accurate information, which is presented in a manner that is understood by the service user and carer.
Privacy	Service users have the right to be free from unnecessary intrusion into their affairs and there is a balance between the consideration of the individual's safety, the safety of others and HPSS organisational responsibilities.
Empowerment	Service users are enabled and supported to achieve their potential in health and social well-being. Staff are supported and developed to realise their ability and potential.
Confidentiality	Information about service users and staff is managed appropriately and everyone involved in the service respects confidential matters.
Safety	Every effort is made to keep service users, staff and others as safe as is possible. In all aspects of treatment and care, service users are free from exploitation, neglect or abuse.

Source: *Quality Standards for Health and Social Care*, Northern Ireland Executive, 2006.(155)

These values have a strong emphasis on supporting and promoting human rights including the importance of treating people with dignity and respect, promoting independence and non-discrimination, meeting people's needs in line with their choices, and also include an emphasis on safety and wellbeing.

In addition, the document outlines that the standards are underpinned by the four principles set out in Table 18 below. These principles are described as being fundamental to the development of a quality service.(155)

Table 18 The principles listed in The Quality Standards for Health and Social Care

Public and service user involvement	The views and experiences of service users, carers, staff and local communities are taken into account in the planning, delivery, evaluation and review of services. Service users and carers, wherever possible, are involved in, and informed about, decisions made when they seek access to or receive services during their treatment or care.
Safety and effectiveness	Systems are in place to ensure that the safety of service users, carers, staff and the wider public, as appropriate, underpin all aspects of health and social care delivery. For example, the imperative to protect children and vulnerable adults may take precedence over the specific wishes of the service user and their carers. In addition, the protection of staff may need to be balanced with the specific wishes of service users, carers, families and friends. Quality systems are in place to enable staff to play a full and active role in providing effective and efficient health and social care services for all who use these services. Staff are fully supported, regularly supervised and appropriately trained and educated, to provide safe and effective health and social care services.
Robust organisational structures and processes	Robust organisational structures and processes are in place, which are regularly reviewed to promote safe and effective delivery of care. Timely information is shared and used appropriately to optimise health and social care.
Quality of service provision	Policies, procedures and activities are in place to encourage and enable continuous quality improvement. Service developments and provision are based on sound information and knowledge of best practice, as appropriate.

Source: *Quality Standards for Health and Social Care*, Northern Ireland Executive, 2006.(155)

For the development of these Quality Standards, a Departmental Project Team and an Internal Departmental Reference Group were convened and an External Reference Group was also established. (165) A public consultation was held on the draft Quality Standards for Health and Social Care. The consultation included questions asking respondents if they agreed with the values and principles outlined in the standards. Overall, respondents agreed with the values and principles, however, they expressed concerns about the need for consistency of approach particularly within the Clinical and Social Care Governance environment.

Nine sets of minimum care standards

The DHPSSP has also developed nine sets of minimum care standards for the regulation, inspection and monitoring of specific health and social care establishments and agencies provided by the health and social care services and the independent sector, as specified in legislation (the Health and Personal Social Services (Northern Ireland) Order 2003). These apply to many services across Northern Ireland and are used by RQIA, alongside the requirements of regulations, in the registration and inspection of establishments and agencies. In addition, the standards also assist organisations in assessing the quality of their service provision and provide greater transparency for the public on the standard of care and treatment they can expect to receive. The nine sets of standards cover:

- nursing agencies (2008)(162)
- residential care homes (2011)(164)
- domiciliary care agencies (2011)(161)
- residential family centres (2011)(159)
- day care settings (2012)(156)
- children's homes (2019)(158)
- independent healthcare establishments (2014)(157)
- child minding and day care for children under 12 (2018)(156)
- nursing homes (2015).(160)

Focusing on the safety, dignity, wellbeing and quality of life of people who use services, these standards are designed to address unacceptable variations in the standard of treatment, care and services and to raise the quality of services. These nine sets of standards are underpinned for the most part by the same nine values outlined in the 2006 Quality Standards. Therefore, they are a good example of how a common set of high-level, overarching health and social care principles can be applied to individual services.

These nine sets of minimum care standards refer to the nine values outlined in the overarching 2006 as values or principles interchangeably. They describe these principles and values as fundamental to all the standards and the quality of a service is dependent on managers and staff basing their practice on these principles of care.

Standards for Child Protection Services in Northern Ireland

The *Standards for Child Protection Services in Northern Ireland* were developed and published by the DHSSPS in 2008.(166) The standards are applicable to all public bodies, organisations, professionals, and persons who provide statutory services to children and young people. These standards are used by health and social care (HSC) commissioners for the planning, commissioning, quality-assuring and auditing of such services. They also provide guidance for people receiving services and providers, as well as regulatory and professional bodies, on what is reasonably expected from child protection services. The standards are underpinned by eight principles, presented in Table 19 below.

Table 19 Principles underpinning the Standards for Child Protection Services 2008

1	Safeguarding and promoting the welfare of children who are abused or at risk of abuse or neglect is a priority when decisions are made about access to and eligibility for services.
2	Listening to and engaging children and their families is a crucial element to ensuring their full participation in discussions where decisions are being made that affect them.
3	Children and their families receive responses and services which engage them as partners in problem solving, avoiding where possible family breakdown, preventing harm and promoting children's development and life chances.
4	Some children are particularly vulnerable due to their circumstances, and the design and delivery of services should promote and safeguard their wellbeing.
5	Child Protection Services promote the inclusion and citizenship of children, are provided within an ethos that maximises protection, access to appropriate education, life chances, opportunities and independence, and accommodates religious, linguistic, ethnic, social and cultural backgrounds, individual circumstances and children and families rights to privacy.
6	Services are planned and delivered in a way which empowers children requiring to be safeguarded, respects their dignity and assists them to lead as full a life as possible, while ensuring that professionals discharge their responsibilities for safeguarding children.
7	Children and their families are involved in the assessments of their needs and in the coordinated approaches designed to meeting these.
8	Children have a right to equality of access to services, which are developed or tailored to best meet their assessed need.

Source: *Standards for Child Protection Services in Northern Ireland*, DHSSPS, 2008.(166)

While the standards are underpinned by the above principles, they are not structured or presented according to them. Rather, there are eight standard statements, laid out under eight headings relating to different aspects of planning and providing care.

3.5.5. Summary and lessons learned

Unlike other jurisdictions within the UK, at the time of writing existing adult social care legislation in Northern Ireland does not include reference to principles. For example, there is no Northern Irish equivalent of the Care Act 2014 in England(167), the Social Services and Well-being (Wales) Act 2014(131) nor the Public Bodies (Joint Working) (Scotland) Act 2014.(5)

However, Northern Ireland does have one set of overarching health and social care standards that includes a common set of principles and values. These have a strong emphasis on supporting and promoting human rights, including the importance of treating people with dignity and respect, promoting independence and non-discrimination; meeting people's needs in line with their choices and also include an emphasis on safety and wellbeing. These principles and values are used in minimum care standards developed for a number of specific services which sit under the overarching health and social care standards. This is a clear example of how high-level common principles can be applied successfully across all health and social care services.

The Bengoa review in 2016 developed a set of principles to underpin reconfiguration of health and social care services and promote integration across these services. While these are very high-level principles, the concepts of people being active in their own care, the focus on wellbeing and meeting people's needs in an integrated way are recurrent principles that are reflected in Northern Ireland's, and other jurisdictions, existing national standards for individual health and social care services.

3.6. Australia

3.6.1. Introduction

There is no overarching set of standards for health and social care standards in Australia. Rather, there are separate high-level standards for healthcare, disability services, children's services and aged care services. While principles are described for some of these settings, there is no consistent use of principles across standards or associated documents across the services.

That said, there is strong emphasis on promoting human rights in legislation, strategy and framework documents, standards and guidance in place across health and social services.

This section of the review sets out how principles are used within legislation, standards, strategy documents and codes of practice that apply to Australian health and social services. The section is set out under the following headings:

- Overview of use of principles in legislation
- Key organisations in Australia's health and social care system
- Use of principles in key documents
- Summary and lessons learned for development of principles.

3.6.2. Overview of relevant legislation

This section describes Australia's use of principles in relevant pieces of health and social care legislation including:

- Legislation relevant to children's social services
    - Family Law Act, 1975
    - Australian Human Rights Commission Act, 1988
- Legislation relevant to disability services
    - The National Disability Insurance Scheme Act, 2013.
- Legislation related to older persons
    - The Aged Care Act, 1997
    - The Accountability principles, 2014
    - Quality of Care principles, 2014
    - User rights principles, 2014
- Legislation related to healthcare
    - National charter for healthcare rights, 2019

3.6.2.1. Legislation relevant to children social services

In Australia, under the federal system, the country's children's social services are governed by both federal and state laws. State and territory governments hold statutory responsibility for child protection and welfare. Each state and territory government operates according to independent governing acts and has individual departments that coordinate child protection and welfare services. While the governing acts differ across each state and territory, key pieces of Commonwealth legislation provide collective guidance, in particular the Family Law Act 1975(168) and the Australian Human Rights Commission Act 1986.(169) These acts have established guiding principles, which are applicable to child protection and welfare services nationally. Similar to other jurisdictions these principles are:

- Best interest of the child,
- early intervention, and
- participation of children and young people in decision-making.

3.6.2.2. Legislation relevant to disability services.

The National Disability Insurance Scheme Act 2013 is one of the key pieces of Australian legislation relating to disability services and established the National Disability Insurance Scheme.(19) It includes guiding principles and the act represented a fundamental change to how supports for people with a disability are funded and delivered across Australia. It aims to support a better life for Australians with a significant and permanent disability and their families and carers, providing them with individualised support, encouraging greater inclusion and access to mainstream services, community activities and other government initiatives. The general principles guiding actions under this act(19) are presented in Table 20.

Table 20 Guiding principles from National Disability Insurance Scheme Act

1.	People with disability have the same right as other members of Australian society to realise their potential for physical, social, emotional and intellectual development.
2.	People with disability should be supported to participate in and contribute to social and economic life to the extent of their ability.
3.	People with disability and their families and carers should have certainty that people with disability will receive the care and support they need over their lifetime.
4.	People with disability should be supported to exercise choice, including in relation to taking reasonable risks, in the pursuit of their goals and the planning and delivery of their supports.
5.	People with disability should be supported to receive reasonable and necessary supports, including early intervention supports.

6.	People with disability have the same right as other members of Australian society to respect for their worth and dignity and to live free from abuse, neglect and exploitation.
7.	People with disability have the same right as other members of Australian society to pursue any grievance.
8.	People with disability have the same right as other members of Australian society to be able to determine their own best interests, including the right to exercise choice and control, and to engage as equal partners in decisions that will affect their lives, to the full extent of their capacity.
9.	People with disability should be supported in all their dealings and communications with the Agency and the Commission so that their capacity to exercise choice and control is maximised in a way that is appropriate to their circumstances and cultural needs.
10.	People with disability should have their privacy and dignity respected.
11.	Reasonable and necessary supports for people with disability should: (a) support people with disability to pursue their goals and maximise their independence; and (b) support people with disability to live independently and to be included in the community as fully participating citizens; and (c) develop and support the capacity of people with disability to undertake activities that enable them to participate in the community and in employment.
12.	The role of families, carers and other significant persons in the lives of people with disability is to be acknowledged and respected.
13.	The role of advocacy in representing the interests of people with disability is to be acknowledged and respected, recognising that advocacy supports people with disability by: (a) promoting their independence and social and economic participation; and (b) promoting choice and control in the pursuit of their goals and the planning and delivery of their supports; and (c) maximising independent lifestyles of people with disability and their full inclusion in the community.
14.	People with disability should be supported to receive supports outside the National Disability Insurance Scheme, and be assisted to coordinate these supports with the supports provided under the National Disability Insurance Scheme.
15.	Innovation, quality, continuous improvement, contemporary best practice and effectiveness in the provision of supports to people with disability are to be promoted.
16.	Positive personal and social development of people with disability, including children and young people, is to be promoted.

Source: National Disability Insurance Scheme Act 2013.(19)

As can be seen, these principles reflect international human rights principles and include the importance of: participation and exercising choice and control; personal and social development; supports that meet individual needs; safeguarding; complaints and advocacy services. These include recurrent concepts that are included internationally in social care law such as the Social Services and Well-being (Wales) Act 2014, the Public Bodies (Joint Working) (Scotland) Act 2014, and the Care Act 2014 (England).

3.6.2.3. Legislation relevant to older person's services

Care of the older person is referred to as 'aged care' in Australia. Of note, the quality and safety of Australia's aged care services are currently being reviewed by a Royal Commission into Aged Care Quality and Safety which is due to publish its final report in February 2021. The Interim Report, entitled Neglect, reported that the aged care system in place in Australia fails to meet the needs of older citizens in the delivery of safe and quality care and called for a "fundamental overhaul of the design, objectives, regulation and funding of aged care in Australia".(170)

There are currently a large number of pieces of legislation relating to aged care health and social services in Australia and these were summarised in 2019 in a background paper by a Royal Commission examining aged care in Australia.(171) This section sets out the relevant aged care legislation which refers to principles.

The Aged Care Act and the Aged Care Quality and Safety Commission Act

The Aged Care Act (1997)(172) and the Aged Care Quality and Safety Commission Act 2018(173) set out the legislative framework for aged care regulation. The Aged Care Act(172) provides for the regulation and funding of aged care services including providers of residential aged care and homecare packages. Section 96-1 of the act allows the Minister for Aged Care to make principles providing for various matters required or permitted by a part or section of the act.

The Royal Commission explains that sitting underneath the Aged Care Act are a number of legislative instruments known as principles that contain detail about the operation and regulation of the aged care system.(170) These principles specify certain obligations, including the care and services that must be provided to older people in aged care.(170) These principles include the Accountability Principles 2014,(174) User Rights Principles 2014(175) and Quality of Care Principles 2014.(176) These principles set out the responsibilities and obligations of providers with respect to quality of care, user rights, and accountability. The principles, as well as other regulatory documents, also contain certain standards against which compliance is measured.(170)

The Quality of Care Principles 2014

The Quality of Care Principles 2014(176) were made under section 96-1 of the Aged Care Act 1997. These principles set out the following:

- Responsibilities of, and accreditation standards for, approved providers of residential care services, and
- responsibilities of approved providers of home care services and home care standards.

Each standard contains a descriptive principle, the intention of the standard and indicators and expected outcomes of the standard. These principles are similar in structure to what would be termed ‘regulations’ in other areas. That said, they are high level and contain many of the recurrent concepts seen in national standards in other jurisdictions, including ensuring that services are responsive to people’s needs, promoting physical and mental health and quality of life and welfare, and promoting and respecting human rights.

Accountability principles

Approved providers are accountable for the services they provide. These are provided for in Part 4.3 of the Aged Care Act and the Accountability Principles.(174)

The Accountability Principles 2014 were made under section 96-1 of the Aged Care Act 1997 and detail additional responsibilities of approved providers(174) The term ‘principles’ in this case is used to set out specific responsibilities as opposed to high-level principles.

User rights principles

The User Rights Principles set out the responsibilities of approved providers in delivering residential or homecare services. Therefore, they are similar to the Accountability Principles, in that the term ‘principles’ is used to set out specific responsibilities as opposed to high-level principles. For example, the principles relating to homecare specify approved provider responsibilities in relation to the details that are to be included in homecare agreements with the care recipient, information that must be given to care recipients, and the rights and responsibilities of care recipients.

From 1 July 2019, the User Rights Principles have also contained a Charter of Aged Care Rights.(177) The Charter of Aged Care Rights is made under the Aged Care Act 1997.(172) This Charter replaced three separate charters of care recipients’ rights that previously applied to residential care, homecare and short-term restorative care. This Charter provides the same rights to all people regardless of the type of subsidised aged care and services they receive. Again, these rights strongly reflect international human rights legislation and emphasise the importance of safe, high quality care.

National charter for healthcare rights

Australia also has a national charter for healthcare rights.(178) This charter describes the rights that consumers, or someone they care for, can expect when receiving healthcare. These rights apply to all people in all places where healthcare is provided in Australia. This includes public and private hospitals, day procedure services, general practice and other community health services.

The first edition of the Australia Charter of Healthcare Rights was endorsed by health ministers in 2008. In 2018, the Australian Commission on Safety and Quality in Healthcare commenced a review of the Charter. Over 1,600 survey responses were received and eight workshops were held with consumers, health service staff and policy-makers. The second edition was launched in August 2019. The second edition reflects an increased focus on person-centred care and empowers consumers to take an active role in their healthcare.

There are seven rights which relate to access, safety, respect, communication, participation, privacy and comment. The charter also includes three guiding principles:

- Everyone has the right to be able to access healthcare and this right is essential for the Charter to be meaningful.
- The Australian government commits to international agreements about human rights which recognise everyone's right to have the highest possible standard of physical and mental health.
- Australia is a society made up of people with different cultures and ways of life, and the Charter acknowledges and respects these differences.

While these are principles that apply to the model of health service delivery, the concepts they contain such as the importance of respecting and promoting human rights are recurrent principles seen in the health and social care systems reviewed.

3.6.3. Key organisations in health and social care system

Standards that apply to health and social care services in Australia are set by a number of different bodies. This section provides detail of these organisations including:

- The Australian Commission on Safety and Quality in Healthcare,
- The Australian Aged Care Quality and Safety Commission,

- The Department of Social Services, and
- NDIS Quality and Safeguards Commission.

3.6.3.1. The Australian Commission on Safety and Quality in Healthcare

The Australian Commission on Safety and Quality in Health Care was established under the National Health Reform Act 2011 to lead and coordinate key national improvements in safety and quality in health care across Australia. The Commission's functions are specified in Section 9 of the National Health Reform Act 2011, and include:

- developing national safety and quality standards,
- developing national safety and quality accreditation schemes for organisations providing healthcare services,
- developing clinical care standards to improve the implementation of evidence-based health care,
- coordinating work in specific areas to improve outcomes for patients, and
- providing information, publications and resources about safety and quality.

3.6.3.2. The Australian Aged Care Quality and Safety Commission

The Australian Aged Care Quality and Safety Commission works under the Aged Care Quality and Safety Commission Act 2018(173) and the Aged Care Quality and Safety Commission Rules.(179) The role of the Aged Care Quality and Safety Commission is to protect and enhance the safety, health, wellbeing and quality of life of people receiving aged care. The Commission is the national regulator of aged care services, and the primary point of contact for consumers and providers in relation to quality and safety.

3.6.3.3. The Department of Social Services

The Department of Social Services (DSS), within the Australian government, works to improve the lives of people with disabilities through the provision of targeted supports and services for people with disabilities and their carers. It has a number of responsibilities across the following areas from communities and vulnerable people, disability and carers, families and children, housing support, mental health, seniors, settlement services, women's safety, working age and welfare reform, and the National Office for Child Safety.

The DSS manages programmes and services in the following areas:

- Families and children,

- housing support,
- seniors,
- communities and vulnerable people,
- women's safety,
- mental health, and
- disability and carers.

3.6.3.4. The NDIS Quality and Safeguards Commission

This independent Commonwealth body was established to improve the quality and safety of the National Disability Insurance Scheme's (NDIS) supports and services, under the National Disability Insurance Scheme Act, 2013.(19) This scheme aims to support a better life for Australians with a significant and permanent disability and their families and carers, providing them with individualised support, encouraging greater inclusion and access to mainstream services, community activities and other government initiatives.

The Commission's role is to regulate the NDIS market, provide national consistency, promote safety and quality services, resolve problems and identify areas for improvement.

3.6.4. Use of principles in key documents

This section outlines how principles are used in Australia in national standards and guidelines.

Table 21 sets out the key documents which are discussed in the following section.

Table 21 Use of principles in key documents in Australia

Type of key document	Name of document	Organisation
National strategies	*Australian Safety and Quality Framework for Health Care (2009)*(180)	Australian Commission on Safety and Quality in Healthcare
	National Disability strategy (2010 to 2020)(181)	Australian government
	National Framework for Protecting Australia's Children (2009–2020)(182)	Australian government Department of Social Services
	NDIS Quality and Safeguarding Framework (2016)	Australian government Department of Social Services
National standards	*National Safety and Quality Health Service (NSQHS) Standards (2017)*	Australian Commission on Safety and Quality in Healthcare
	National Safety and Quality Primary Healthcare (NSQPH) Standards for Public Consultation (2020)	Australian Commission on Safety and Quality in Healthcare
	Clinical care standards	Australian Commission on Safety and Quality in Health Care
	National Standards for Disability services (2013)	Australian Government Department of Social Services

	The Aged Care Quality Standards (2019)	Aged Care Quality and Safety Commission
	National standards for out-of-home care (2011)	Department of Families, Housing, Community Services and Indigenous Affairs
Codes of conduct	*Codes of conduct for nurses and midwives*(183)	Nursing and Midwifery Board of Australia
	Australian Association of Social Workers Code of Ethics (2008)(184)	Australian Association of Social Workers

3.6.4.1. National strategy and policy documents

This section sets out key strategy documents relating to healthcare, disability, aged care and children's services that refer to principles.

They are the:

- Australian Safety and Quality Framework for Health Care(180)
- National Disability strategy (2010 to 2020)(181)
- NDIS Quality and Safeguarding Framework(185)
- National Framework for Protecting Australia's Children(182)
- National Principles for Child Safe Organisations(20)

Australian Safety and Quality Framework for Health Care

The Australian Commission on Safety and Quality in Healthcare developed the Australian Safety and Quality Framework for Health Care in 2009.(180) The Framework aims to promote a common understanding of the nature of safety and quality in health care and describes a vision for safe and high-quality care for all Australians. It was endorsed by health ministers in 2010 and sets out the strategic actions needed to achieve this vision over the 10-year period 2010 -2020.

The Framework was developed to apply across the whole health system, including primary care. It specifies three core principles for safe and high-quality care, which are outlined in Table 22, together with a description of what they mean.

Table 22 Principles in Australian Safety and Quality Framework for Health Care.

Principle Safe, high-quality health is always:	**What this means**
consumer centred	Providing care that is easy for patients to get when they need it. Making sure that healthcare staff respect and respond to patient choices, needs and values. Forming partnerships between patients, their family, carers and healthcare providers.
driven by information	Using up-to-date knowledge and evidence to guide decisions about care. Safety and quality data are collected, analysed and fed back for improvement. Taking action to improve patients' experiences.
organised for safety	This means making safety a central feature of how healthcare facilities are run, how staff work and how funding is organised.

Source: Australian Safety and Quality Framework for Health Care, Australian Commission on Safety and Quality in Healthcare, 2009.(180)

The Framework sets out 21 areas for action, grouped under these three principles, that all people in the health system can take to improve the safety and quality of care provided in all healthcare settings.

National Disability Strategy (2010 -2020)

Australia ratified the United Nations Convention on the Rights of Persons with Disabilities (CRPD) in 2008. The National Disability Strategy (2010 to 2020)(181) aimed to help ensure that the principles underpinning the CRPD were incorporated into policies and programmes affecting people with disability, their families and carers.

This strategy adopts the principles set out in Article 3 of the CRPD:

- Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons,
- non-discrimination,
- full and effective participation and inclusion in society,
- respect for difference and acceptance of persons with disabilities as part of human diversity and humanity,
- equality of opportunity,

- accessibility,
- equality between men and women, and
- respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities.

The strategy highlights that these principles align well with the Australian public policies of inclusion and non-discrimination. The strategy is structured around six broad outcome areas. These are based on issues raised during the consultation on the strategy and are also aligned to principles underpinning the CRPD. These are:

1. Inclusive and accessible communities,
2. rights protection, justice and legislation,
3. economic security,
4. personal and community support,
5. learning and skills, and
6. health and wellbeing.

Under each of these outcome areas, the desired outcomes and agreed policy directions are identified, together with areas for future action. The National Disability Strategy promotes active participation in decision-making to safeguard and advance the human rights, wellbeing and interests of people with disability.

NDIS Quality and Safeguarding Framework

The Department of Social Services developed a Quality and Safeguarding Framework in 2016 to provide a nationally consistent approach to help empower and support NDIS participants to exercise choice and control, while ensuring appropriate safeguards are in place, and establish expectations for providers and their staff to deliver high-quality supports.(185) The framework consists of measures targeted at individuals, the workforce and providers within developmental, preventative and corrective domains. The following key principles underpin the framework:(185)

- Human rights,
- the presumption of capacity to exercise choice and control,
- national consistency,
- proportionately and risk responsiveness, and
- efficiency and effectiveness.

National Framework for Protecting Australia's Children

The National Framework for Protecting Australia's Children(182) consists of six action areas that aim to reduce child abuse and neglect in Australia. Since 2009, the framework has set out a rolling series of three-year action plans. The framework also details the role of the statutory and non-statutory organisations in child protection and welfare services in Australia, and acts as a long-term response approach to addressing child protection at a national level.

The Framework outlines that in line with Australia's obligations as a signatory to the UN Convention, the National Framework is underpinned by the following principles:

- All children have a right to grow up in an environment free from neglect and abuse.
- Their best interests are paramount in all decisions affecting them.
- Children and their families have a right to participate in decisions affecting them.
- Improving the safety and wellbeing of children is a national priority.
- The safety and wellbeing of children is primarily the responsibility of their families, who should be supported by their communities and governments.
- Australian society values, supports and works in partnership with parents, families and others in fulfilling their caring responsibilities for children.
- Children's rights are upheld by systems and institutions.
- Policies and interventions are evidence based.

National Principles for Child Safe Organisations

The National Principles for Child Safe Organisations were developed as part of the National Framework for Protecting Australia's Children Third Action Plan 2015-2018. These National Principles aim to improve the safety of organisations through creating underpinning principles focused on child wellbeing and safety.(20)

The Australian Human Rights Commission was engaged by the Commonwealth DSS to lead the development of these principles. The 10 principles (as outlined in Table 23) aim to provide a nationally consistent approach to creating organisational cultures that foster child safety and wellbeing. The principles are underpinned by the United Nations Convention of the Rights of the Child (UNCRC) and build on recommendations from the Royal Commission into institutional responses to Child Sexual Abuse.(186)

Table 23 The National Principles for Child Safe Organisations (Australia)

1.	Child safety and wellbeing is embedded in organisational leadership, governance and culture
2.	Children and young people are informed about their rights, participate in decisions affecting them and are taken seriously
3.	Families and communities are informed and involved in promoting child safety and wellbeing
4.	Equity is upheld and diverse needs are respected in policy and practice

5.	People working with children and young people are suitable and supported to reflect child safety and wellbeing values in practice
6.	Processes for complaints and concerns are child focused
7.	Staff and volunteers are equipped with the knowledge, skills and awareness to keep children and young people safe through ongoing education and training
8.	Physical and online environments promote safety and wellbeing while minimising the opportunity for children and young people to be harmed
9.	Implementation of the national child safe principles is regularly reviewed and improved
10.	Policies and procedures document how the organisation is safe for children and young people

Source: The National Principles for Child Safe Organisations, The Australian Human Rights Commission.(20)

The principles are described as being underpinned by a child's rights, strengths-based approach. They are designed to allow for flexibility in implementation across all sectors engaging with children and young people and in organisations of various sizes. The principles are aligned with existing child safe approaches at the state and territory level.

3.6.4.2. National standards

As previously outlined, standards that apply to health and social care services in Australia are set by a number of different bodies. In line with this accountability structure, it follows that there is no overarching set of standards for health and social care standards in Australia. Rather, there are separate high level standards for healthcare, disability services, children's services and aged care services. While principles are described for some of these settings, there is no consistent use of principles across standards or associated documents across the services.

This section describes key standards that apply to Australia's health and social care services including how they are structured and whether they include reference to principles. These standards are:

- *National Safety and Quality Health Service (NSQHS) Standards,*
- *National Safety and Quality Primary Healthcare Standards,*
- *Clinical care standards,*
- *National Standards for Disability services,*
- *The Aged Care Quality Standards (2019), and*
- *National standards for out-of-home care*.

National standards for healthcare

The Australian Commission on Safety and Quality in Healthcare (the Commission) published the second edition of the *National Safety and Quality Health Service (NSQHS) Standards* in 2017.(187) They apply to all Australian hospitals and day procedure services and comprise of eight standards. They do not include any overarching or underpinning principles or values nor make reference to principles in the Australian Safety and Quality Framework for Health Care (detailed above). However, the Commission explains that the Clinical Governance Standard and the Partnering with Consumers Standard set the overarching system requirements for the effective implementation of the remaining six standards, which consider specific high-risk clinical areas of patient care.

At the time of writing, the National Safety and Quality Primary Healthcare (NSQPH) Standards are also being developed by the Commission and in October 2020, a consultation document on the NSQPH Standards was published.(188)

The NSQPH Standards are comprised of the following three individual standards:

- Clinical Governance Standard, which describes frameworks or systems that primary healthcare services require to support the delivery of safe and high-quality care,
- Partnering with Consumers Standard, which describes strategies to ensure primary healthcare services deliver person-centred care by partnering with patients in the delivery of care and incorporating the views and experiences of patients and consumers into the design of services, and
- Clinical Safety Standard, which considers specific high-risk areas of care commonly encountered in primary health care.

Again, the Clinical Governance Standard and the Partnering with Consumers Standard are described as setting the overarching requirements, or clinical governance framework, for the effective implementation of the third Clinical Safety Standard.(188)

The recent public consultation for the National Safety and Quality Primary Healthcare standards do reference the principles (see section 3.6.4.1). The consultation document makes reference to the principles outlined in Australian Safety and Quality Framework for Health Care.(187) The consultation document states that principles and areas of action in this framework apply in primary care. However, it explains that the "heterogeneous nature of the sector and different service delivery environments of primary care services would need to be considered when determining what types of strategies are likely to be most effective in improving safety and quality, and deciding how these should be implemented".

The NSQPH consultation document also describes the importance of a person-centred approach to care describing it as: "an approach to the planning, delivery and evaluation of health care that is founded on mutually beneficial partnerships among clinicians and patients. Person-centred care is respectful of, and responsive to, the preferences, needs and values of patients and consumers".(188)

Clinical care standards

The Australian Commission on Safety and Quality in Health Care also produces clinical care standards to support the delivery of appropriate care for defined conditions.(189) Examples of topics for which clinical care standards have been developed include acute coronary syndromes, acute stroke, hip fracture and antimicrobial stewardship. The Commission explains that clinical care standards can play an important role in delivering appropriate care and reducing unwarranted variation, as they identify and define the care people should expect to be offered or receive, regardless of where they are treated in Australia.(189) While individual standards are detailed and specific to each service, the Commission outlines that the following principles underpin all of the clinical care standards:

- **Person-centred care:** This is described as "health care that is respectful of, and responsive to, the preferences, needs and values of patients and consumers".
- **Multidisciplinary care:** This is described as "comprehensive care provided by different clinicians from one or more organisations, who work collectively with the aim of addressing as many of a patient's health and other needs as possible".
- **Carers and family members:** This is described as "although clinical care standards do not specifically refer to carers and family members, each quality statement should be understood to mean that carers and family members are involved in clinicians' discussions with patients about their care, if the patient prefers carer involvement."
- **Integrated approach to care**: This is described as "an integrated, systems-based approach supported by health service organisations and their networks is central to the delivery of person-centred care as identified in this clinical care standard".

These provide a good example of how high-level, overarching principles can be applied as guiding principles to a wide range of more specific standards which, in this case, set out clinical practice standards for individual service types and medical conditions.

National Standards for Disability Services

The National Standards for Disability Services (NSDS) were first produced in 1993. In 2010, people with disability, their family and carers, service providers and advocates provided feedback on the 1993 National Standards.(190) Based on this feedback, the NSDS was revised, with a draft version tested nationally in 2012. In 2013, the revised NSDS was endorsed by the Standing Council on Disability Reform Ministers from all jurisdictions across Australia. These are considered critical standards under the National Disability Insurance Scheme.

The revised standards have a greater focus on individualised supports and person-centred service delivery, focusing on rights and outcomes and promoting choice and control by people with disability than previous versions.

There are six national standards that apply to disability service providers. These are:

1. **Rights:** The service promotes individual rights to freedom of expression, self-determination and decision-making and actively prevents abuse, harm, neglect and violence.
2. **Participation and Inclusion:** The service works with individuals and families, friends and carers to promote opportunities for meaningful participation and active inclusion in society.
3. **Individual Outcomes:** Services and supports are assessed, planned, delivered and reviewed to build on individual strengths and enable individuals to reach their goals.
4. **Feedback and Complaints:** Regular feedback is sought and used to inform individual and organisation-wide service reviews and improvement.
5. **Service Access:** The service manages access, commencement and leaving a service in a transparent, fair, equal and responsive way.
6. **Service Management:** The service has effective and accountable service management and leadership to maximise outcomes for individuals.

The document explains that the national standards reflect the move towards person-centred approaches whereby people with a disability are at the centre of planning and delivery. They describe this approach as helping individuals to shape and direct service and support arrangements to suit their strengths, needs and goals with the support of families, friends, carers and advocates.

The NDSD states that the standards are set out in a framework which promotes person-centred approaches and is based on principles related to human rights and quality management. These human rights principles are described as 'overarching' all the standards, and the quality management principles are described as 'underpinning' all the standards.

Australia has agreed to uphold human rights set out in a number of international treaties and declarations. The NSDS draws on these, and in particular the principles within the United Nations Convention on Rights of Persons with Disabilities.(190) An additional principle has been added to the NSDS to strengthen the focus on partnerships which is consistent with Australia's National Disability Strategy. This emphasises the importance of people with disability participating in decisions that affect their lives, along with family, friends, carers and advocates. The NSDS explains that these 'overarching' human rights principles are relevant across all the standards and each standard supports the achievement of basic rights.

The 'underpinning' quality management principles in the NDSD describe core features of a service focused on quality for people with disability. These principles emphasise the involvement of people with disability, as well as family, friends, carers and advocates in monitoring and reviewing services and supports and encourage continuous improvement. They also emphasise taking a long-term view of how the service or support contributes to the person's life, with a focus on outcomes for people who use services and supports.

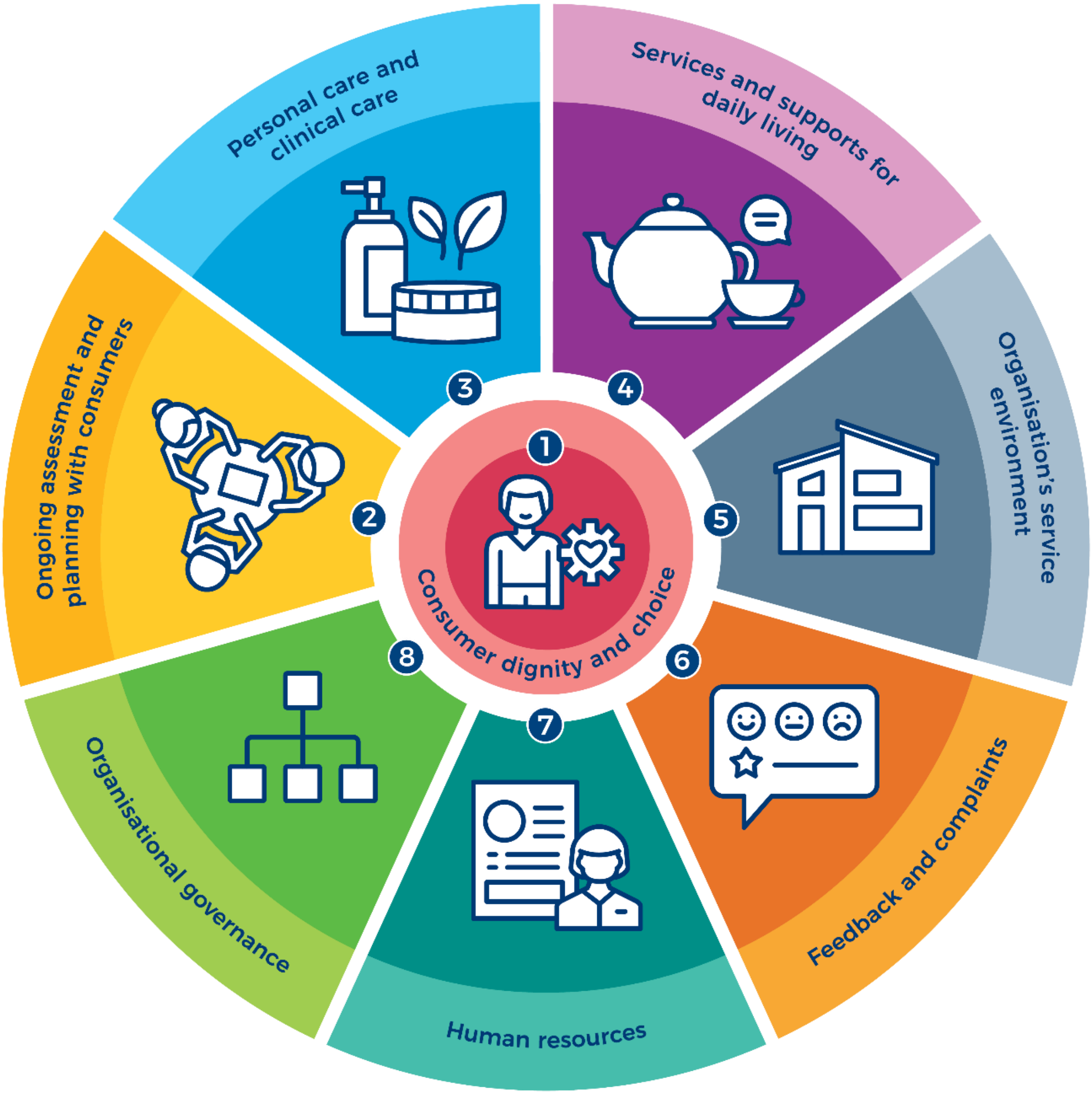
The Aged Care Quality Standards (2019)

The Aged Care Quality and Safety Commission published the Aged Care Quality Standards (Quality Standards) in 2019.(191) These Quality Standards apply to all aged care services including residential care, home care, flexible care, short-term restorative care, as well as services under the National Aboriginal and Torres Strait Islander Flexible Aged Care Programme and the Commonwealth Home Support Programme.(191)

Similar to developments in other jurisdictions in recent years, the Quality Standards are high level and have replaced a number of different sets of standards including four sets of Accreditation Standards, Home Care Standards, National Aboriginal and Torres Strait Islander Flexible Aged Care Program Quality Standards and Flexible Care Standards for short-term restorative care.(191)

The eight Quality Standards (see Figure 12 below) focus on outcomes for consumers (people using services) and reflect the level of care and services the community can expect from organisations that provide aged care services. Compliance with the Quality Standards is mandatory and the Australian government may take action when providers do not comply.

Figure 12 Aged Care Quality Standards diagram from Australian Aged Care Commission



Source: *Aged Care Quality Standards* (Quality Standards), Aged Care Quality and Safety Commission.(191) Downloaded with permission from Aged Care Quality and Safety Commission website https://www.agedcarequality.gov.au/ Note: HIQA's use of the images does not constitute an endorsement by the Aged Care Quality and Safety Commission.

Again, the standards do not include a set of overarching principles or values. However, the concepts contained in each of the standards reflect principles in use in other jurisdictions. For example, a human rights approach to care and support emphasising the importance of dignity and respect; an emphasis on safety, health and wellbeing; responsive services with knowledgeable, capable, caring staff that can deliver personal care that meets people's needs; and organisational governance that provides people with confidence in their service.

The commission has also published guidance on the standards.(192) The commission outlines throughout this guidance document that, in all cases, it is expected that organisations manage consumer choices in line with the Aged Care Charter of Rights, their agreement with the consumer and other responsibilities under the Aged Care Act 1997, as well as their obligations under competition and consumer law.

National Standards for Out-of-Home Care

The National Standards for Out-Of-Home Care(18) were developed by the Department of Families, Housing, Community Services and Indigenous Affairs (now part of the DPSS) as a priority under the 'National Framework for Protecting Australia's Children 2009-2020.'(182) The standards are designed to deliver consistency and drive improvements in the quality of care provided to children and young people in out-of-home care settings. The 13 standards focus on the key factors that directly influence better outcomes for children and young people living in out-of-home care.

These standards include the principles presented in Table 24. These principles are described as being overarching to the national standards.

Table 24 Overarching Principles Overarching Principles from *National Standards for Out-of-Home Care*

1.	Children and young people in out-of-home care have their rights respected and are treated in accordance with the United Nations Convention on the Rights of the Child.
2.	Care provided to children and young people living in out-of-home care is focused on providing a nurturing environment, promoting their best interests, and maximising their potential.
3.	Children and young people living in out-of-home care are provided with opportunities for their voice to be heard and respected and have the right to clear and consistent information about the reasons for being in care.
4.	Care provided to children and young people will promote the benefits of ongoing safe, meaningful and positive connection and involvement of parents and families and communities of origin.
5.	Carers and their families are key stakeholders and partners in the care of children and young people, and their role is to be respected and supported.
6.	Children and young people living in out-of-home care are provided with a level of quality care that addresses their particular needs and improves their life outcomes.
7.	Continuous system improvements are designed to achieve better outcomes for all children and young people living in out-of-home care.

8.	Out-of-home care for children and young people is measured, monitored and reported in a transparent, efficient and consistent manner over time.
9.	Aboriginal and Torres Strait Islander communities are to be involved in decisions in accordance with the Aboriginal Child Placement Principle

Source: *The National Standards for Out-Of-Home Care,'*(18) Department of Families, Housing, Community Services and Indigenous Affairs

3.6.4.3. Use of principles in professional codes of conduct

This section outlines the use of principles in the Australian

- Nursing and Midwifery Board of Australia Codes of conduct for nurses and midwives,(183) and
- Australian Association of Social Workers Code of Ethics.(184)

Codes of Conduct for nurse and midwives

The Nursing and Midwifery Board of Australia (NMBA) regulates the practice of nursing and midwifery in Australia, and one of its key roles is to protect the public. The NMBA does this by developing standards, codes and guidelines that together establish the requirements for the professional and safe practice of nurses and midwives in Australia. The code of conduct for nurses(184) sets out the legal requirements, professional behaviour and conduct expectations for all nurses, in all practice settings, in Australia. It describes the principles of professional behaviour that guide safe practice, and clearly outlines the conduct expected of nurses by their colleagues and the broader community.

The code includes seven principles of conduct, grouped into domains, each with an explanatory value statement. Each value statement is accompanied by practical guidance to demonstrate how to apply it in practice.

The code of conduct for midwives(183) contains essentially the same seven principles with the exception that person-centred practice is called woman-centred practice and the values being tailored to midwifery practice accordingly.

While these codes are for individual practitioners to apply in their day-to-day practice, they share common themes with the principles outlined in standards and guidance documents for health and social care services, such as a focus on health and wellbeing, a person-centred approach to practice with nurses engaging with patients as individuals and the need for open, honest and compassionate care and support.

Australian Association of Social Workers Code of Ethics

The Australian Association of Social Workers (AASW) Code of Ethics(184) sets out the 'democratic values and principles' as stated in the Constitution of the AASW (2008) (Constitution) including:

- Belief in the equal worth of all human beings,
- commitment to Australian plural democratic society with equality under law and equal opportunity,
- respect for others, including compassion, fairness, equity and justice,
- acceptance of the uniqueness of each individual,
- belief in collaboration as the cornerstone of effective practice,
- valuing families and communities as social structures fundamental to the functioning and well-being of individuals and society,
- positive change that brings about growth and development for human beings,
- individual choice and both personal and collective responsibility,
- high quality social work service provision,
- the right of individuals to have their privacy respected,
- valuing diversity and difference, and
- promoting human rights.

Again, while these are principles and values that social workers should apply in their day-to-day work they share common themes with the principles outlined in standards and guidance documents for health and social care services internationally. For example, they have a strong emphasis on promoting and respecting human rights, compassion, wellbeing and the importance of wellbeing, growth and development.

3.6.5. Summary of Australia and lessons learned for development of principles

As in other jurisdictions there are examples of the use of guiding principles in Australian social care legislation and these have a strong emphasis in the promotion of human rights across health and social care services. An example of this is seen in the National Disability Insurance Scheme Act 2013(19) which includes guiding principles that reflect international human rights principles and include the importance of: participation and exercising choice and control; personal and social development; supports that meet individual needs; safeguarding; complaints and advocacy services.

The framework for the legislation of Aged Care Act includes a number of pieces of legislation called principles that contain detail about the operation and regulation of the aged care system. In addition, they have set out a charter of rights people using aged care services are entitled to under this act. Again these rights strongly reflect the principles set out in human rights legislation.

Australia has also included a strong emphasis on human rights principles in various framework, policy and strategy documents as a way of translating these principles from legislation and helping to ensure these principles are upheld and respected in planning and delivering health and social care services. Examples of this include the emphasis on rights of the person with disabilities in principles underpinning the National Disability Strategy, the Quality and Safeguarding Framework and the emphasis on children's rights in the National Framework for Protecting Australia's Children and National principles for Child Safe Organisations. These documents also have an emphasis on the importance of safety and wellbeing.

There is no overarching set of standards for health and social care standards in Australia. Rather, there are separate high-level standards for healthcare, disability services, children's services and aged care services. While principles are detailed in some of these standards, there is no consistent use of principles and values across standards or associated documents across the services. That said, there is once again a strong emphasis on the principles of human rights across all standards and guidance documents reviewed.

Finally, the Australian Commission on Safety and Quality in Health Care also produces clinical care standards to support the delivery of appropriate care for defined conditions.(189) These do include a common set of guiding principles which are applied to all these clinical care standards. This provides a good example of how high-level overarching principles can be applied to a wide range of more specific standards which may set out practice standards for individual service types or even defined medical conditions.

3.7. New Zealand

3.7.1. Introduction

The New Zealand government has recently conducted a comprehensive review of the health and social care system which has recommended better integration across the services and a shared set of values, set out in a legislated charter, to underpin all services.

New Zealand has also developed a single set of overarching national standards for health and social care services. At the time of writing the updated version of these standards are currently in draft format and undergoing public consultation.

This section of the review sets out how principles are used within legislation, standards and health and social care reviews in New Zealand under the following headings:

- Overview of the relevant legislation
- Key organisations in New Zealand's health and social care system
- Use of principles in key documents
- Summary and lessons learned

3.7.2. Overview of relevant legislation.

This section describes New Zealand's use of principles in health and social care legislation. This includes:

- Tiriti o Waitangi/Treaty of Waitangi(193)
- Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996(194)

3.7.2.1. Treaty of Waitangi principles

Tiriti o Waitangi or the Treaty of Waitangi is a founding document of New Zealand, which informs legislation, policy and practice and aims to reduce the health inequalities between Māori and non-Māori.(193) It recognises and respects the specific importance of health services for Māori as the indigenous people of New Zealand. The three principles of partnership, participation and protection underpin the relationship between the Government and Māori under the Treaty of Waitangi.

As will be seen in the following sections, the Treaty's principles are referenced throughout New Zealand's health and social care standards, codes of practice, framework and strategy documents as guiding principles. Further descriptions of each principle are detailed below:(193)

- Partnership involves working together with iwi, hapū, whānau and Māori communities to develop strategies for Māori health gain and appropriate health and disability services.
- Participation requires Māori to be involved at all levels of the health and disability sector, including in decision-making, planning, development and delivery of health and disability services.
- Protection involves the government working to ensure Māori have at least the same level of health as non-Māori, and safeguarding Māori cultural concepts, values and practices.

3.7.2.2. Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996

The Code of Health and Disability Services Consumers' Rights (the Code)(194) sets out the rights of consumers (shown in Table 25) and the obligations and duties of providers to comply with the Code. It is a regulation under the Health and Disability Commissioner Act.(195) Consumer means a health consumer or a disability services consumer; and, where relevant, includes a person entitled to give consent on behalf of that consumer. Provider means a healthcare or disability service provider.

Table 25 The 10 rights set out in the Code of Health and Disability Services Consumers' Rights

Right to be treated with respect
Right to freedom from discrimination, coercion, harassment, and exploitation
Right to dignity and independence
Right to services of an appropriate standard
Right to effective communication
Right to be fully informed
Right to make an informed choice and give informed consent
Right to support
Rights in respect of teaching or research
Right to complain

Source: Code of Health and Disability Services Consumers' Rights (the Code)(194)

While the term 'principle' is not used within this code, the rights echo concepts often included as principles such as an emphasis on human rights. In addition, this is an example of a piece of legislation that is applied across both health and disability services, which could lead to better integration of services. As outlined in section 3.7.4, the development of an overarching, legislated charter for all people receiving health or social care services is an area the New Zealand Health Ministry has recently proposed.

3.7.3. Key organisations in New Zealand's health and social care system

The Ministry of Health has remit over New Zealand's health and disability system. It is made up of a number of business units that have distinct responsibilities. This section describes these key organisation which use principles in the standards, guidance, policy or strategy documents they develop. These are:

- The Ministry of Health and associated business units
- The Ministry of Business, Innovation and Employment (MBIE) - Standards New Zealand

3.7.3.1. The Ministry of Health

The Ministry of Health sits within the New Zealand government and leads New Zealand's health and disability system and has overall responsibility for its management and development. The Ministry of Health is made up of a number of business units, each with its own functions and areas of responsibility. These include the:

- Protection, Regulation and Assurance Business Unit, which ensures the quality and safety of health and disability services
- Service Commissioning Business Unit, which has responsibility for managing relationships between the Ministry of Health and health and disability service providers.

The Ministry also has a key role in administering, implementing and enforcing legislation and regulations. This important regulatory work is carried out by HealthCERT, which is a part of the Ministry of Health. HealthCERT is responsible for ensuring hospitals, rest homes, residential disability care facilities and fertility providers provide safe and reasonable levels of service for people who use services, as required under the Health and Disability Service (Safety) Act 2001.

3.7.3.2. The Ministry of Business, Innovation and Employment (MBIE) - Standards New Zealand

Standards New Zealand is a business unit of the Ministry of Business, Innovation and Employment that is within the New Zealand Government. This unit specialises in managing the development of standards and standards-related products or solutions, as well as publishing and selling New Zealand, international and joint Australia-New Zealand standards.

3.7.4. Use of principles in key documents

There are a number of key documents in New Zealand which use principles. These documents consist of national review and strategy documents, standards, and codes of practice.

Table 26 sets out the key documents which are discussed in the following section.

Table 26 Use of principles in key documents in New Zealand

Type of key document	Name of document	Organisation
National strategies	Enabling Good Lives (2014) (196)	New Zealand Government
	New Zealand Disability Strategy (2016-2026)(197)	New Zealand Government
	New Zealand Health Strategy (2016) (198)	New Zealand Government
National standards	Draft Amended Health and Disability Services Standards (2020)	Ministry for Health, Standards New Zealand

3.7.4.1. Use of principles in strategy and policy documents

Principles have been used in a number of recent strategy and policy documents and these are presented in this section in the order of the year they were published, including:

- Enabling Good Lives(196)
- New Zealand Disability Strategy 2016-2026(197)
- New Zealand Health Strategy(198)

Enabling Good Lives

Enabling Good Lives is a partnership between the disability sector in New Zealand and government agencies to ensure that people with disabilities have greater control over their lives.(196) The vision of Enabling Good Lives is:

> "In the future, disabled children and adults and their families will have greater choice and control over their supports and lives, and make more use of natural and universally available supports."

The Enabling Good Lives approach is based on a set of eight principles that guide development. They explain that a principles-based approach will ensure they stay on track as they work towards the vision by using the principles to help guide decisions.

The principles and their descriptions are outline in Table 27.

Table 27 Enabling Good Lives principles

Principle	Description
Self-determination	People with disabilities are in control of their lives.
Beginning early	Invest early in families and whānau to support them; to be aspirational for their child; to build community and natural supports; and to support children with disabilities to become independent, rather than waiting for a crisis before support is available.
Person-centred	People with disabilities have supports that are tailored to their individual needs and goals, and that take a whole life approach rather than being split across programmes.
Ordinary life outcomes	People with disabilities are supported to live an everyday life in everyday places; and are regarded as citizens with opportunities for learning, employment, having a home and family, and social participation - like others at similar stages of life.
Mainstream first	People with disabilities are supported to access mainstream services before specialist disability services.
Mana enhancing	The abilities and contributions of people with disabilities and their families are recognised and respected.
Easy to use	People with disabilities have supports that are simple to use and flexible.
Relationship building	Supports build and strengthen relationships between people with disabilities, their whānau and community.

Source: Enabling Good Lives.(196)

There are multiple references to these Enabling Good Lives principles in the Disability Strategy document(197) discussed in the next section and in draft amended standards for health and disability services which will be discussed further in this section.

New Zealand Disability Strategy 2016-2026

The Ministry of Social Development (Office for Disability Issues) published a 10-year strategy in November 2016.(197) The strategy is for all services in New Zealand, not just health and social care services. The vision of this strategy is that New Zealand will become a non-disabling society, where people with disabilities have an equal opportunity to achieve their goals and aspirations.

The document outlines three sets of principles to help implement the strategy.

The three sets of principles are the:

1. Principles of Te Tiriti o Waitangi/Treaty of Waitangi
2. Principles of the Convention on the Rights of Persons with Disabilities
3. Ensuring people with disabilities are involved in decision-making that impacts them.

The document explains that principles of both Te Tiriti o Waitangi and the Convention will be reflected in the way that the strategy is implemented and describes these principles as a framework for building a positive relationship between persons with disabilities and the government. In order to remain true to the vision and priorities of the people at the centre of this strategy, the principles, along with other elements of the strategy, have been written from the perspective of people with a disability.

New Zealand Health Strategy

New Zealand's 2016 Health Strategy set out the direction for New Zealand's health and disability system over a 10-year period.(198) The strategy is underpinned by guiding principles which are presented in Table 28 below. These principles are described as outlining the kind of values, behaviour and culture that are important to bringing about change to the health system.

These principles were originally included in the 2001 strategy. Consultation for the 2016 strategy indicated that the principles still reflected the values and the expectations New Zealanders have of their health and disability system. The 2016 strategy therefore kept the existing seven principles and added one more that reflected the importance of working beyond the boundaries of health services. These principles are set out in Table 28 below.

Table 28 Guiding principles for New Zealand Health Strategy

Refreshed guiding principles for the system	
1.	Acknowledging the special relationship between Māori and the Crown under the Treaty of Waitangi
2.	The best health and wellbeing possible for all New Zealanders throughout their lives
3.	An improvement in health status of those currently disadvantaged
4.	Collaborative health promotion, rehabilitation and disease and injury prevention by all sectors
5.	Timely and equitable access for all New Zealanders to a comprehensive range of health and disability services, regardless of ability to pay
6.	A high-performing system in which people have confidence
7.	Active partnership with people and communities at all levels
8.	Thinking beyond narrow definitions of health and collaborating with others to achieve wellbeing

Source: New Zealand's Health Strategy, Government of New Zealand 2016.(198)

These are principles for the whole health and disability system as opposed to individual services and they have a strong focus on achieving equity and the best health and wellbeing for all New Zealanders.

The strategy has five themes which build on the principles to guide development of the health system. The five themes are people-powered, closer to home, value and high performance, one team and smart system. These are described as cornerstones in establishing a health sector that understands people's needs and provides services that are integrated across sectors, emphasising investment early in life, maintaining wellness, preventing illness, and providing support for the final stages of life.

Health and disability system review

In 2018, the Government of New Zealand established an expert panel to conduct a review of the New Zealand Health and Disability System. The aim of this review was to identify opportunities to improve the performance, structure, and sustainability of the system with a goal of achieving equity of outcomes, and contributing to wellness for all, particularly Māori and Pacific peoples. It produced an interim report in 2019 and a final report in 2020.(7,14)

The interim report highlighted that if the health and social care system is to be more equitable and more sustainable, significant change needs to happen. It explained that the system needs to work "in a much more cohesive, collective, and collaborative style within a set of agreed values and principles that apply throughout the publicly funded system."(14) It identified the need for common values and unifying principles, reporting that "New Zealand needs to create a more cohesive health and disability system that is underpinned by a:

- Common set of values that aligns workforce behaviour, culture, and cooperation in delivering exceptional patient and whānau-centred outcomes across all publicly funded services, and
- A unifying set of principles that aligns the system toward a common set of objectives and shapes funding, governance, accountability, data, and service delivery within in the home, community, and hospital."(14)

It analysed existing values in use across health and disability organisations in New Zealand and found that although commonalties exist, there was no core set of principles or values overarching the system. It concluded that values in use across health and disability organisations could be broken into three categories:

- **People centred:** the way we look after people under our care, patients and whānau (Compassion, empathy, professionalism, respect).
- **Workforce centred:** The way we look after each other and work together (partnership, respect, communication, supporting, collaboration).
- **Accountability and quality improvement**: the way we ensure continued improvement and quality of services (excellence, monitoring, being responsible, accountability, learning systems).

The interim report concluded that a more integrated health and disability system is needed that operates within an agreed set of values and principles, with clear decision frameworks, national long-term planning, and explicit accountabilities.

During direct stakeholder engagement and public consultation, people were asked "What are the key values that you would want to underpin our future public health and disability system?" Based on this engagement, the interim report set out a tentative set of shared system values that were grouped into seven themes:

- **Te Tiriti o Waitangi / the Treaty of Waitangi:** A system that embraces Te Tiriti, including a commitment to rangatiratanga (authority, ownership, leadership) and mana motuhake (self-determination, autonomy). One that works to avoid institutional racism and build cultural leadership and governance across all aspects of the system.

- **Wellbeing, hauora (health and wellbeing), and prevention:** A system that empowers people to keep healthy and avoid, minimise, or delay poor health. One that embraces a holistic perspective – including wairuatanga (spirituality), relationships, belonging, and empowerment.
- **Upholding equity, aroha (love), manaakitanga (reciprocity and support), fairness, and respect:** A system that provides all New Zealanders with high-quality, culturally appropriate, affordable, and accessible services regardless of where you live and how you identify.
- **Trust:** A mana-enhancing system that builds trust within and across communities and organisations, treating people as partners in care and actively collaborating to enhance health and wellbeing. A system that builds and values inter-sectoral relationships.
- **Integrated, collaborative, and connected:** A system that is cohesive and well-coordinated, exemplified by high levels of collaboration within the entire system and intersectorally. A system that supports cooperation and transitions between services, with a workforce that works together to deliver seamless support to all.
- **Outstanding leadership, work practice, and whakawhānaungatanga (relationship building):** A system with a shared understanding of purpose and clarity of leadership that values its workforce and provides secure and supported workplaces cross the system.
- **Supporting excellence, integrity, and innovation:** An evidence-based system that makes best use of available resources for all New Zealanders and strives for quality of care in all it does. This includes using data effectively and ethically across the system, valuing expertise of communities in service delivery, and welcoming fresh thinking and innovation.

The review highlighted that many health and disability organisations share common perspectives on and motivations for delivering services. However, while the health and disability system has legislation, plans and guidelines, there is no one place for its combined core values and goals. To address this, the final review recommended that a legislated health and disability system charter be developed setting out shared common values and guiding the culture, behaviours and attitudes expected of all parts of the system

The final review also recommended that a new crown entity, Health NZ, should be established to lead delivery of health and disability services across the country under this charter. All providers funded with public money will be expected to abide by the charter, and other provisions of the commissioning framework. This would help to ensure a focus on each part of the system on the same values, objectives and outcomes.

3.7.4.2. Use of principles in health and social care standards

The following health and social care standards are currently in place in New Zealand:

- The Fertility Services Standards, 2007(NZS8181:2007) which apply to fertility services.(199)
- The Health and Disability Standards, 2008(NZS8134:2008) which apply to a wide range of specialties, age groups and service settings within the health and disability sector including hospitals, rest homes (nursing homes) and providers of residential disability care.(200)
- Home and Community Sector Standards NZS 8158:2012 which apply to home and community-based support services including personal care and household management, developing, maintaining, or restoring daily living skills and access to social services and participation in community activities.(201)

A review of these standards began in December 2018. The main aims of the review were to reduce duplication between the three standards, distinguish the guidance from the standard documents, and update the standards to reflect contemporary models of care. At the time of writing, this review has resulted in a new draft single set of standards called the '*Draft Amended Health and Disability Services Standards'* (NZS 8134:2021)(8), that will replace the '*Health and Disability Standards, 2008'* (NZS8134:2008)(200), Fertility Services Standards, 2007(NZS8181:2007)(199) and the Home and Community Sector Standards NZS 8158:2012.(201)

The next two sections set out how firstly how the review was conducted and some of its main findings in relation to the use of principles, and secondly outline the structure and content of the Draft Amended Health and Disability Services Standards and their reference to principles.

The review of the health and disability standards

The Ministry of Health and Standards New Zealand adopted a partnership approach to reviewing these standards. A principles-based approach informed the revision of the standards. The Ministry of Health worked with the Operative Alliance, the Governance Group, the Ministry's Māori Health team and key health and disability sector partners to develop the following five key principles to support the review process:(202)

- **Achieving Māori health equity:** Te Tiriti principles (kāwanatanga, tino rangatiratanga, ōritetanga) underpin the standards.
- **Accessible health and disability services**: People and whānau, regardless of culture, gender, age, sexual orientation, ethnicity, economic situation, or

geographic location, have timely and equitable access to appropriate health and disability support services.
- **Partners with choice and control**: People and whānau using health and disability services have their rights upheld to make choices about their care. Working alongside professionals improves service quality, safety, experience of care and equity of health and wellbeing outcomes.
- **Best practice through collaboration**: Appropriate care includes understanding of the lived experiences of people and whānau and shared decision making with them.
- **Standards that increase positive life outcomes:** The standards reflect the interaction between people and whānau and their health, wellbeing, and disability support needs.

The review team reported that these principles guided discussions, informed debate, and helped achieve consensus during the sector-wide engagement phase of this review.(8) To inform the review of the standards, an international scan of certification frameworks for health and disability services was conducted.(202) From this, the Ministry concluded that regulators responsible for developing and or reviewing standards are trending towards a modular approach to certification frameworks. They described this approach as having high-level, outcome-based standards which apply to all health and disability service types which are supported by service specific guidance. The group reported that countries that have moved to this model have found it provides flexibility for changing models of care, while ensuring the spirit of care remains focused on the people and whānau using health and disability services.

A number of workshops were also held at various stages of the development process throughout New Zealand to establish changes required to the standards. Attendees strongly supported having the standards written from the perspective of the people and whānau using services.(203) Workshop participants also agreed the updated standards should have a dedicated section on consumer rights with the consumers' voice being foremost. There was also agreement that overarching standards (or high level principles for Disability and Aged residential care) could be acceptable for all health and disability services, with supporting guidance being developed specific to each service type. Participants at the disability workshop were interested in this section being titled 'Human Rights'.

Draft amended health and disability services standards, 2020

As stated, at the time of writing the review of the draft amended health and disability services standards is currently at the public consultation stage.(8) These draft amended standards are overarching and apply to the following wide range of services:

- aged residential care services
- assisted reproductive technology services
- home and community support services
- residential disability services
- residential mental health and addiction services
- public and private overnight hospital inpatient services
- birthing unit services
- hospice services
- abortion services.

These standards are mandatory for those services that are subject to the Health and Disability Services (Safety) Act 2001, the Human Assisted Reproductive Technology (HART) Act 2004, and the Abortion Legislation Act 2020.The new draft amended standards are said to present the minimum requirements necessary to present fair and equitable health and disability services that aim to improve the experience and outcomes of people and whānau and reduce care variation. The standards are described as reflecting fundamental shifts towards more person and whānau-centred health and disability services with a stronger focus on outcomes for people receiving support.

The Ministry notes that while the high-level and the overarching nature of the amended standards should ensure the standards remain relevant, the sector solutions will likely require more frequent updating to reflect changing models of care. The draft amended standards make references to a number of principles throughout the standards document. For example, the principles of Te Tiriti o Waitangi are described as formative in developing the draft standards and there is a clear strengthening of adherence to the principles throughout the amended standards.

In addition, the amended standards make reference to principles included in a 2019 report, known as the Hauora report, which found shortcomings in the ability of the New Zealand's primary healthcare system to improve Māori health.(204) The Hauora report recommended a series of principles be applied to the primary healthcare system. The amended standards conclude that these principles are applicable to the wider health and disability system as a whole and states that these principles apply to all health and disability services certified against the standards. These principles are:

- Tino rangatiratanga: providing for Māori self-determination and mana motuhake in the design, delivery, and monitoring of health and disability services.
- Equity: being committed to achieving equitable health outcomes for Māori.

- Active protection: acting to the fullest extent practicable to achieve equitable health outcomes for Māori.
- Options: providing for and properly resourcing kaupapa Māori health and disability services and ensuring that all health and disability services are provided in a culturally appropriate way that recognises and supports the expression of hauora Māori models of care. Working in partnership with Māori in the governance, design, delivery, and monitoring of health and disability services.

The standards also make multiple references to the principles of Enabling Good Lives, the New Zealand Disability Strategy and the United Nations conventions and human rights principles.

The amended health and disability services standards are arranged into six parts, each part includes an overall outcome which is followed by a number of sections and criteria. The six parts are:

- Our rights
- Workforce and structure
- Pathways to wellbeing
- Person-centred and safe environment
- Infection prevention and antimicrobial stewardship
- Restraint and seclusion.

The standards are outcome focused and the document explains that as part of the interpretation of this standard and the outcomes it describes, service providers, auditors, and others using this standard must consider the context for service provision. This context includes both the specific needs of the person seeking services and support and the overarching aim to support wellbeing and quality of life. This is another example of the importance of wellbeing and responsive services as a principle.

3.7.4.3. Use of principles in professional codes of conduct

The New Zealand code of conduct for nurses and the physiotherapy code of ethics and professional conduct, are both set out under principles.(205) This section includes further detail on the code of conduct for nurses.

Code of conduct for nurses

Te Kaunihera Tapuhi o Aotearoa/The Nursing Council of New Zealand ('the Council') under the Health Practitioners Competence Assurance Act 2003 is the authority that governs the practice of nurses in New Zealand.(206) The code of conduct for nurses is a set of standards defined by the Council describing the behaviour or conduct that nurses are expected to uphold.

The code is made up of eight principles and 81 associated standards which are grouped under the principles. Thus the eight principles form the structure of the document. These principles are:

1. Respect the dignity and individuality of health consumers
2. Respect the cultural needs and values of health consumers
3. Work in partnership with health consumers to promote and protect their wellbeing
4. Maintain health consumer trust by providing safe and competent care
5. Respect health consumers' privacy and confidentiality
6. Work respectfully with colleagues to best meet health consumers' needs
7. Act with integrity to justify health consumers' trust
8. Maintain public trust and confidence in the nursing profession

These principles are for individual practitioners to apply in their day-to-day practice, but they share common concepts included in the national standards and strategy documents. These include an emphasis on respecting human rights, including dignity and individuality, working in partnership with people to meet their needs and promote their wellbeing and the importance of providing safe care and acting with integrity and maintaining public trust.

3.7.5. Summary

Principles and values are used in a large number of key documents in New Zealand's health and social care system. However, as a 2018 Government review of the health and disability system identified there is no core set of principles or values overarching the system. The interim report of this review proposed a draft set of shared system values which emphasised the importance of accessible, equitable, integrated, evidence-based services that promote health and wellbeing and are built on trust and strong leadership. The final report of this review recommended the need for better integration across the services and a shared set of values, to be set out in a legislated charter, to underpin all services.

Similar to some other jurisdictions, like Scotland and Northern Ireland, New Zealand, has a single set of national standards for health and social care services — the most recent version of which are, at the time of writing, in draft format. These are an overarching set of standards that apply to all service types and include reference to a number of sets of principles that apply to health and social care services. These principles have a strong emphasis on equity of service provision for Maori and the United Nations' conventions and human rights principles.

3.8. Canada

3.8.1. Introduction

The organisation of Canada's publicly-funded healthcare system is largely delineated by the Canadian constitution, in which roles and responsibilities are divided between federal, and individual provincial and territorial governments. Each province and territory has responsibility for the governance, delivery and organisation of health and social care services in its own jurisdiction. The federal government is responsible for setting and administering national standards for the Canadian healthcare system through the Canada Health Act 1984.(207) The government seeks to assure quality of care through these federal standards. However, as each province has the authority to develop strategies and policies to implement the standards, provincial standards vary in terms of how they are developed, the aspects of care and support they cover and the level of guidance provided.

This section of the review provides a summary of the key pieces of Canadian legislation that relate to the use of principles in the Canadian health and social care system. This section also sets out how Canadian organisations that are involved in setting standards for, or delivering, health and social care services use principles within their standards, guidance and associated documents. For an illustrative example of how principles are set out in legislation and used in key health and social care documents at a jurisdictional level, this review will also focus specifically on Ontario. This section is set out under the following headings:

- Overview of the relevant legislation
- Key organisations in Canada's health and social care system
- Use of principles in key documents
- Summary and lessons learned.

3.8.2. Overview of the relevant legislation

This section describes Canada's use of principles in relevant pieces of health and social care legislation. While the legislation set out in this section applies to Canada at a national level, there are some areas of health and social care that are governed by provincial and territorial laws. For example, there is no national legislation governing social care in Canada, rather each province and territory has its own child protection legislation and regulations. Similarly, in Canada, mental health is governed by individual provincial and territorial legislation. This section sets out a number of Acts that govern Canada at a national level:

- Canadian Human Rights Act 1977(208)
- Canada Health Act 1984(207)
- Accessible Canada Act 2019(209)

At a provincial level:

- Excellent Care for All Act 2010 (Ontario)(210)
- Connecting Care Act 2019 (Ontario)(211)

3.8.2.1. Canadian Human Rights Act 1977

The Canadian Human Rights Act was enacted in 1977 with the aim of extending the Canadian laws to give effect to the principle that all individuals should have an equal opportunity to live the lives that they are able and wish to have, and to have their needs accommodated without being prevented from doing so by discriminatory practices.(208) This overarching principle is set out within the act itself. The act establishes a set of 11 prohibited grounds for discriminatory practices; race, national or ethnic origin, colour, religion, age, sex, sexual orientation, gender identity or expression, marital status, family status, genetic characteristics, disability or conviction for an offence for which a pardon has been granted or in respect of which a record suspension has been ordered. While this act applies throughout Canada, it applies only to federally regulated activities. However, each province and territory has its own anti-discrimination law that applies to activities that are not federally regulated.

3.8.2.2. Canada Health Act 1984

Enacted in 1984, the Canada Health Act is Canada's federal legislation for publicly-funded healthcare insurance.(207) The act aims to ensure that all eligible residents of Canadian provinces and territories have reasonable access to medically necessary hospital and physician services on a prepaid basis, without charges related to the provision of insured health services. The act sets out conditions that provincial and territorial health insurance plans must adhere to in order to receive federal cash contributions. While these conditions are not referred to as principles within the act itself, Health Canada, Canada's federal department responsible for helping the Canadian population to maintain and improve their health, has interpreted the conditions as national principles.(212) These principles are:

- **Public Administration -** this principle requires provisional and territorial healthcare insurance plans to be administered and operated on a non-profit basis by a public authority, which is accountable to the provincial or territorial government for decision-making on benefit levels and services, and whose records and accounts are publicly audited.
- **Comprehensiveness –** this principle requires that the healthcare insurance plan of a province or territory must cover all insured health services provided by hospitals, physicians or dentists.

- **Universality –** this principle sets out that all insured residents of a province or territory must be entitled to the insured health services provided by the provincial or territorial healthcare insurance plan on uniform terms and conditions.
- **Portability –** this principle sets out that residents moving from one province or territory to another must continue to be covered for insured health services by their home jurisdiction during any waiting period imposed by the new province or territory of residence.
- **Accessibility –** this principle ensures that insured persons in a province or territory have reasonable access to insured hospital, medical and surgical-dental services on uniform terms and conditions, unprecluded or unimpeded, either directly or indirectly, by charges or other means (for example, on the basis of age, health status or financial circumstances).

3.8.2.3. Accessible Canada Act 2019

The Accessible Canada Act was enacted in 2019 and builds upon the Canadian Human Rights Act.(209) The act provided for the development of Accessibility Standards Canada, a public organisation with a mandate for developing and revising accessibility standards within federally regulated organisations. The act also gives the Government of Canada the authority to work with stakeholders and persons with disabilities to create new accessibility regulations that will apply to sectors with the federal jurisdiction. These new regulations will set out requirements for organisations to follow in order to identify, remove and prevent barriers to accessibility and put in place mechanisms to systematically address accessibility. The act will also put in place compliance and enforcement measures, as well as an accessibility complaints mechanism.(213) The guiding principles set out in the act are:

- All persons must be treated with dignity regardless of their disabilities.
- All persons must have the same opportunity to make for themselves the lives that they are able and wish to have regardless of their disabilities.
- All persons must have barrier-free access to full and equal participation in society, regardless of their disabilities.
- All persons must have meaningful options and be free to make their own choices, with support if they desire, regardless of their disabilities.
- Laws, policies, programmes, services and structures must take into account the disabilities of people, the different ways that people interact with their environments and the multiple and intersecting forms of marginalisation and discrimination faced by people.
- People with disabilities must be involved in the development and design of laws, policies, programmes, services and structures.

- The development and revision of accessibility standards and the making of regulations must be done with the objective of achieving the highest level of accessibility for persons with disabilities.

3.8.2.4. Excellent Care for All Act 2010 (Ontario)

Enacted in 2010, the Excellent Care for All Act (ECFAA) embodies the Ontario Government's commitment to provide quality care that is centred on patients and driven by improving outcomes and satisfaction for those patients. The ECFAA also centres on improving the health system by harnessing and disseminating the delivery of healthcare based on evidence-based best practices. The ECFAA is based on the following principles:

- Care is organised around the person to support their health.
- Quality and its continuous improvement is a critical goal across the healthcare setting.
- Quality of care is supported by the best evidence and standards of care.
- Payment, policy and planning support quality and efficient use of resources.

These principles place patients first by strengthening the healthcare system's organisational focus and accountability for delivering high-quality patient care.(210)

3.8.2.5. Connecting Care Act 2019 (Ontario)

Enacted in 2019, the Connected Care Act sets out the foundation for the continued implementation of Ontario's phased strategy to transform and strengthen the public healthcare system.(211) While principles are not set out in the act, the act reflects the principles of person-centred care and quality improvement that are set out in the ECFAA. The purpose of the act is to establish a new model of integrated public healthcare delivery which will put each patient at the centre of a connected care system anchored in the community and, where possible, at home. It is intended that the act will empower health providers to work directly with one another to offer the highest quality, coordinated care that protects patients from disruptive transitions through the health system. Also under the act, the new province-wide central agency Ontario Health was established. This agency is responsible for managing health services across the province of Ontario and it is envisaged that it will promote best-in-class clinical guidance and approaches to care.

3.8.3. Key organisations in health and social care standard setting

Standards for health and social care services in Canada are developed and governed at an individual provincial and territorial level. At a national level, there are a number of organisations that issue guidance and develop codes of ethics that contain standards for practice in health and social care. These organisations use principles or values in a number of different ways. Organisations often set out principles or values that guide the work of an organisation at the outset of their documents. Organisations also use principles or values to guide the development of these documents, or to structure or underpin the content of the document. These organisations will be set out in the following section:

- Accessibility Standards Canada
- Health Standards Organisation
- Accreditation Canada
- Mental Health Commission of Canada
- Canadian Patient Safety Institute

At a provincial level:

- Ontario Health
- Health Quality Ontario (Ontario)

3.8.3.1. Accessibility Standards Canada

Established under the Accessible Canada Act 2019, Accessibility Standards Canada is a public organisation mandated to create and review standards that apply to the federal government and federally regulated activities. It is intended that the standards will aim to prevent, identify, and eliminate accessibility barriers. The priority areas for the work of Accessibility Standards Canada as set out in the Accessible Canada Act 2019 include, employment, transportation, information and communication technologies and the built environment. It is intended that accessibility standards will be published and submitted to the Minister of Employment, Workforce Development and Disability Inclusion. The Minster will then consider making them mandatory by adopting them into regulations. In addition, Accessibility Standards Canada is tasked with advancing accessibility standards research and will promote, support and conduct research into the identification and removal of barriers to accessibility and the prevention of new barriers. At the time of writing this review, Accessibility Standards Canada had not yet published a set of standards.(214)

3.8.3.2. Health Standards Organisation

Established in 2017, Health Standards Organisation (HSO) is a registered non-profit organisation that aims to achieve quality health services for all people in Canada.(215) HSO is focused on developing evidence-based standards, assessment programmes, and other methodologies to enable health and social service providers to provide quality services. HSO offers more than 120 health standards to improve health and social care services. The standards cover a broad spectrum of health services and range from long-term care services to biomedical laboratory services. HSO standards focus on providing the highest achievable quality for patients and their families covering a broad spectrum of health services. The standards are designed in partnership with clinicians and policy-makers to ensure they provide for effective health services and overall value. This partnership consists of a participatory, co-creative process in which the voices of patients, community members, families, health service providers, clinicians and policy-makers are heard.

There are various different stages in the HSO's standards review and development process. The HSO's process firstly identifies opportunities for standard review, which are brought to the standards development committee to finalise the project proposal and establish a technical committee for the particular standards being proposed. Following this, the subject undergoes a preliminary study in order to prepare a draft outline ahead of the review stage. This draft is built on by consensus with the technical committee and standards development committee. The draft standards are then sent out for public consultation, and eventually approved with the public review incorporated by means of a vote. The approved standards are then published by the HSO.(216)

Standards developed by HSO are not freely available and have to be purchased through the HSO website and these include either system-wide standards that consist of leadership and governance standards or service-sector standards that focus on a specific area of healthcare.

3.8.3.3. Accreditation Canada

Accreditation Canada is an independent, not-for-profit accreditation body that works with patients, policy-makers and the public to improve the quality of health and social services for all. Accreditation Canada is affiliated with the HSO and its mission is to inspire people to make positive changes that improve the quality of health and social services in Canada. While Accreditation Canada does not set standards in health and social care, it assesses organisations against standards developed by HSO.(217) Accreditation Canada delivers a wide range of assessment programmes for health and social service organisations in order to advance quality and safety in healthcare. Together, Accreditation Canada and HSO work with governments, regional health authorities, hospitals and community-based programmes and services in both the public and private sectors. They create flexible, integrated assessment modules that cover a range of health services including long-term care, homecare, community health centres and primary care organisations.

3.8.3.4. Mental Health Commission of Canada

The Mental Health Commission of Canada (MHCC) is a national non-profit organisation established by the Canadian Government in 2007.(218) Funded by Health Canada, the MHCC leads the development of innovative programmes and tools to support the mental health and wellness of Canadians. Through its mandate from the Government of Canada, the MHCC supports federal, provincial and territorial governments in the development and implementation of public policy. The mission of the MHCC is to raise awareness of the mental health and wellness needs of Canadians and to catalyse collaborative solutions to mental health system challenges. The MHCC is focused on:

- Increasing the effectiveness of Canada's mental health system by convening cross-sector stakeholders and developing and influencing public policy.
- Encouraging actions that advance the Mental Health Strategy for Canada. This includes collaborating with provinces and territories and reviewing and evaluating progress.
- Developing and sharing effective and innovative knowledge by implementing relevant and timely mental health and wellness indicators for Canada.

The MHCC have developed a set of principles to guide how they operate. These principles are to:

- champion ambitious, courageous, and progressive ideas
- co-create and collaborate
- give voice to people with lived experience
- encourage and develop leaders
- continuously improve with new approaches
- be passionate
- celebrate the contributions of others
- embrace recovery.

3.8.3.5. Canadian Patient Safety Institute

Established in 2003, the Canadian Patient Safety Institute (CPSI) is a not-for-profit organisation funded by Health Canada. CPSI works with governments, health organisations, leaders, patients and healthcare providers to drive improvement in patient safety and quality.(219) CPSI's mission statement is to inspire and advance a culture committed to sustained improvement for safer healthcare by leading system strategies to ensure safe healthcare by demonstrating what works, and strengthening commitment. CPSI is focused on four priority areas of patient safety: medication safety, surgical care safety, infection prevention and control and homecare safety. While CPSI does not develop standards within these areas, it does develop and publish a range of reports, guides and frameworks that are designed to influence healthcare practice.

3.8.3.6. Ontario Health

Established under the Connecting Care Act 2019, Ontario Health is a province-wide central agency mandated to connect and coordinate Ontario's healthcare system to ensure those living in the region receive the best possible care.(220) Ontario Health consists of various healthcare organisations that have come together as one agency in order to integrate knowledge and expertise to support healthcare professionals and to benefit people living in Ontario. The organisations that now operate as part of Ontario Health are Cancer Care Ontario, eHealth Ontario, HealthForce Ontario, Health Quality Ontario, Health Shared Services Ontario and Ontario Telemedicine Network. The core values that guide Ontario Health's work are patient-centred care and health equity. Ontario Health oversees healthcare delivery across the province, which includes ensuring front-line providers and other health professionals have the tools and information they need to deliver the best possible care in their communities. One of the priority areas for Ontario Health is to provide leadership on patient safety through the development of evidence-based clinical and quality standards for patient care and safety.(220) This standards development function is carried out by Health Quality Ontario which is described in further detail in this section.

3.8.3.7. Health Quality Ontario

Health Quality Ontario (HQO) is part of Ontario Health and is responsible for the standards development function of Ontario Health.(221) This includes:

- Monitoring and reporting on how the health system in Ontario is performing.
- Providing guidance on important quality issues.
- Assessing evidence to determine what constitutes optimal care.
- Partnering with patients and giving them a voice in shaping a quality health system.
- Promoting continuous quality improvement aimed at substantial and sustainable positive change in healthcare.

HQO's vision is to ensure better health and excellent quality care for everyone in Ontario. The core values of HQO are collaboration, integrity, respect and excellence. HQO provides a road map for health system improvement, reports on health system performance and collaborates with patients, families and the public to create a foundation for improving healthcare quality.(222) The condition-specific quality standards developed by HQO inform clinicians and organisations about what high-quality healthcare looks like. The standards focus on areas where there is variation in current practice or where there are gaps between current practice and optimal care in Ontario. Quality standards aim to help healthcare organisations measure, assess and improve the care that they deliver; they also assist the government to prioritise systems that require improvement.

3.8.4. Use of principles in key documents

Across Canada's provinces and territories, there are a number of key documents available which discuss the use of principles within the context of standards in health and social care services. These documents consist of national frameworks, guidance, and codes of conduct and ethics. Table 29 below sets out the key documents which are discussed in the following section.

Table 29 Use of principles in key documents in Canada

Type of key document	Name of document	Organisation
National strategies	*Advancing the Mental Health Strategy for Canada 2017-2022* (2017)(223)	MHCC
	The Canadian Quality and Patient Safety Framework for Health and Social Services(224)	CPSI
Guidance documents	*Principles to Guide Health Care Transformation in Canada* (2011)(225)	Jointly published by CNA and CMA
	Principles for the Protection of Patient Privacy (2017)(226)	CMA
Codes of conduct	*Code of Ethics for Registered Nurses* (2017)(227)	CNA
	Code of Ethics and Professionalism (2018)(228)	CMA
Standards (Ontario)	*Transitions between Hospital and Home (2020)(229)*	HQO

3.8.4.1. National strategies

This section sets out key national strategies for health and social care which use principles.

Advancing the Mental Health Strategy for Canada: A Framework for Action 2017-2022 (MHCC)

The MHCC published *Advancing the Mental Health Strategy for Canada: A Framework for Action 2017-2022* in 2017.(223) The framework aims to improve the mental health and wellbeing of people in Canada and the services they need. The main goal of the framework is to outline areas for action that are likely to have the greatest impact over a five-year time frame. The framework is structured by four pillars which represent focal points for change and each pillar represents a key area for achieving the vision set out in the framework. The four pillars are: leadership and funding, promotion and prevention, access and services, and data and research. A brief description of the scope of each pillar and corresponding objectives, along with a brief description of considerations for each objective and the potential role and actions that the MHCC can undertake to achieve each of the objectives, is provided in the framework.

While these four pillars are used to structure the framework, the development of the pillars has been informed by a number of foundational principles that the MHCC have set out. These principles are:

- a focus on recovery
- fostering mental health universally
- respecting diversity and addressing inequalities
- including families and caregivers in care and decision-making
- informing action based on diverse sources of evidence
- fully including people living with mental health problems and illnesses in society.

The Canadian Quality and Patient Safety Framework for Health and Social Services (CPSI and HSO)

The CPSI and the HSO have, through national consultations and support from an advisory committee, developed the *Canadian Quality and Patient Safety Framework for Health and Social Services*.(224) Published in 2020, the framework reflects and builds upon the perspectives developed through significant investments and contributions from several federal, national and provincial and territorial organisations, as well as information from international organisations such as the World Health Organization (WHO) and the World Bank. Over the next five years, the framework aims to support national and jurisdictional stakeholders to describe overarching principles and goals for safe, high-quality health and social services in Canada. The framework aims to:

- Describe overarching principles and goals for safe, high-quality health services in Canada.
- Focus policy, action and resources that improve experience and outcomes from health and social services offered.
- Enhance collaboration of stakeholders around common goals.
- Reduce care variations across different communities.

3.8.4.2. Guidance documents

This section describes guidance that has been developed to support staff working in health and social care services in Canada.

Principles to Guide Health Care Transformation in Canada (CNA and CMA)

The Canadian Medical Association (CMA) is a national voluntary association of physicians and medical learners that advocates on national health matters. The values of the CMA are professionalism, integrity, compassion and community building. The primary objective of the CMA is to drive positive change in healthcare by advocating on key health issues facing doctors and their patients. While the CMA does not develop healthcare standards, it does develop codes of ethics and professionalism that provide standards of ethical practice to guide physicians in providing care to patients and a common ethical framework for physicians in Canada.(230) The Canadian Nurses Association (CNA) is the national professional voice of Canadian nursing and aims to advance the practice and profession of nursing to improve health outcomes and strengthen Canada's publicly-funded, not-for-profit health system. Similar to the CMA, the CNA does not develop standards for health and social care in Canada, it does however, develop guidance for all nurses on working through ethical challenges that arise in practice with persons receiving care.

In 2011, the CNA and the CMA put forward the *Principles to Guide Health Care Transformation in Canada.*(225) The principles served to guide the transformation of the healthcare system in Canada towards one that is sustainable and adequately resourced, and provides universal access to quality, patient-centred care that is delivered in a timely and cost-effective manner. Development of the principles was driven by the need for federal and jurisdictional changes in healthcare to be guided by a national framework and to build upon the five principles set out in the Canada Health Act 1984 (universality, accessibility, portability, comprehensiveness and public administration).

The six guiding principles are presented according to the Institute for Healthcare Improvement's Triple Aim Framework which consists of three overarching approaches to optimise health system performance.(231) These three approaches are:

1. Enhance the healthcare experience.
2. Improve population health.
3. Improve value for money.

Within the first approach to enhance the healthcare experience, the following principles are presented:

- **Patient-centred** – patient-centred care is seamless access to the continuum of care in a timely manner, based on need and not on ability to pay, that takes into consideration the individual needs and preferences of the patient and his/her family, and treats the patient with respect and dignity.
- **Quality** – quality services are appropriate for patient needs, respect individual choice and are delivered in a manner that is timely, safe, effective and according to the most currently available scientific knowledge.

Within the second approach to improve population health, the following principles are presented:

- **Health promotion and illness prevention** – broader social determinants of health affect the ability of individuals to assume personal responsibility for adopting and maintaining healthy lifestyles and minimising exposure to avoidable health risks.
- **Equitable** – the healthcare system has a duty to provide and advocate for equitable access to quality care and multi-sectoral policies to address social determinants of health.

Within the third approach to improve value for money, the following principles are presented:

- **Sustainable** – sustainable healthcare requires universal access to quality health services that are adequately resourced and delivered along the full continuum in a timely and cost-effective manner. Canada's healthcare system must be sustainable in the following areas:
    - resourcing
    - research
    - measuring and reporting
    - public support.

- **Accountable** – all stakeholders (public, patients, families, providers and funders) have a responsibility for ensuring the system is effective and accountable. This includes:
    - good governance
    - responsible use
    - strong public reporting
    - enforceability and redress
    - leadership
    - responsive.

Framing these six guiding principles within the Triple Aim Framework emphasises the importance of providing patient-centred care that is sustainable and accountable, ensuring population health through prevention strategies and addressing social determinants of health.

Principles for the Protection of Patient Privacy (CMA)

The CMA published *Principles for the Protection of Patient Privacy* in 2017 to provide guidance on key ethical considerations pertinent to the protection of patient information in a way that takes into account a physician's ethical, professional and legal obligations.(226) The principles are not designed to provide a standard of care or to serve as a tool for legislative compliance in any particular jurisdiction or territory. Rather, physicians should consider them alongside privacy legislation and standards of care specific to the jurisdiction in which they practice.

Two sets of principles are used to structure the document — principles that outline the obligations of the physician to protect patient privacy and principles that guide the practical application of the obligations through data stewardship.

The principles that outline the obligations of the physician are:

- **Trust** – trust is the cornerstone of the patient-physician relationship and plays a central role in providing the highest standard of care.
- **Confidentiality** – physicians owe a duty of confidentiality to their patients; there is both an ethical (respect for autonomy) and a legal basis imposed by privacy legislation for this duty.
- **Consent –** patient consent is an important mechanism for respecting patient autonomy; obtaining voluntary and informed consent to share patient information is fundamental to the protection of privacy and the duty of confidentiality.
- **Physician as data steward** – as data stewards, physicians have the responsibility to understand their role in protecting patient privacy and appropriate access to patient information.

The principles that guide the application of physician obligations through data stewardship are set out as:

- access to personal information
- collection, use and disclosure of personal health information
- retention of personal health information
- use of technology.

3.8.4.3. Codes of conduct

This section sets out a number of codes of conduct for different health and social care professionals that set out the core values and principles of key organisations.

Code of Ethics for Registered Nurses (CNA)

The CNA published the *Code of Ethics for Registered Nurses* in 2017.(227) The code is a statement of the ethical values of nurses and of nurses' commitments to persons with healthcare needs and persons receiving care. The code provides guidance for all nurses on ethical relationships, behaviours and decision-making and is used in conjunction with professional standards, best practice, research, laws and regulations that guide practice. It provides guidance for nurses working through ethical challenges that arise in practice with persons receiving care and with colleagues in nursing and other fields of healthcare provision.

The code sets out the seven primary values central to ethical nursing practice:

1. Providing safe, compassionate, competent and ethical care – nurses provide care that is safe, compassionate, competent and ethical.
2. Promoting health and well-being – nurses work with persons who have health care needs or are receiving care to enable them to attain their highest possible level of health and wellbeing.
3. Promoting and respecting informed decision-making – nurses recognise, respect and promote a person's right to be informed and make decisions.
4. Honouring dignity – nurses recognise and respect the intrinsic worth of each person.
5. Maintain privacy and confidentiality – nurses recognise the importance of privacy and confidentiality and safeguard person, family and community information obtained in the context of a professional relationship.
6. Promoting justice – nurses uphold principles of justice by safeguarding human rights, equity and fairness and by promoting public good.
7. Being accountable – nurses are accountable for their actions and answerable for their practice.

The code sets out how all of the values are related and in different situations the values may be in conflict. It describes how nurses can use the code in practice as a means of addressing societal inequities.

Code of Ethics and Professionalism (CMA)

The *Code of Ethics and Professionalism* published by the CMA in 2018 outlines the ethical and professional commitments and responsibilities of the medical profession.(228) The code provides standards of ethical practice to guide physicians in fulfilling their obligation to provide the highest standard of care and to foster patient and public trust in physicians and the profession. The core values and commitments of the profession have been used to inform the code. The code provides standards of ethical practice that can be interpreted and applied in particular situations. Within the code, the values of an ethical physician are referred to as virtues. As with other CMA policies, the code serves to provide a common ethical framework for physicians in Canada.(225,226)

The code sets out the interdependent virtues of an ethical physician:

- **Compassion** – a compassionate physician recognises suffering and vulnerability, seeks to understand the unique circumstances of each patient and to alleviate the patient’s suffering.
- **Honesty** – an honest physician is forthright, respects the truth, and does their best to seek, preserve and communicate that truth sensitively and respectfully.
- **Humility** – a humble physician acknowledges and is cautious not to overstep the limits of their knowledge and skills or the limits of medicine, seeks advice and support from colleagues in challenging circumstances, and recognises the patient’s knowledge of their own circumstances.
- **Integrity** – a physician who acts with integrity demonstrates consistency in their intentions and actions and acts in a truthful manner in accordance with professional expectations, even in the face of adversity.
- **Prudence** – a prudent physician uses clinical and moral reasoning and judgment, considers all relevant knowledge and circumstances, and makes decisions carefully, in good conscience and with due regard for principles of exemplary medical care.

While physicians are expected to aspire to the virtues and commitments outlined in the code, they should also be aware of the legal and regulatory requirements that govern medical practice in the jurisdiction they practice in.

3.8.4.4. Standards

This section describes an example of a quality standard that has been developed by HQO and that is based on a set of foundational principles.

Transitions between Hospital and Home (Ontario)

HQO developed a quality standard that addresses care for people of all ages transitioning between hospital and home after a hospital admission.(229) The quality standard focuses on people who have been admitted as inpatients to any type of hospital, including complex continuing care facilities and rehabilitation hospitals. 'Home' is broadly defined as a person's usual place of residence and may include personal residence, retirement residences, assisted-living facilities, long-term care facilities, hospices and shelters. The scope of the quality standards includes all clinical populations and all healthcare providers.

The quality standard was developed based on a set of foundational principles that should also be used to guide implementation of the standard in practice. In recent years, HQO have started to develop quality standards based on these foundational principles. The principles are:

- Respect and dignity
- Empathy and compassion
- Accountability
- Transparency and equity
- Engagement.

While these foundational principles are set out at the outset of the quality standard, the document is structured by 10 quality statements that describe what high-quality care looks like for people as they transition between hospital and home. The purpose of these quality statements is to help articulate the foundational principles into more practical action points. The quality statements are based on best available evidence and are:

- Information sharing on admission
- Comprehensive assessment
- Patient, family and caregiver involvement in transition planning
- Patient, family and caregiver education, training and support
- Transition plans
- Coordinated transitions
- Medication review and support
- Coordinated follow-up medical care
- Appropriate and timely support for home and community care

- Out-of-pocket costs and limits of funded services.

Under each of the quality statements, the document sets out what the statement means for patients, clinicians and health service providers. Under each statement a set of quality indicators are also provided which indicate how health service providers can measure improvement under each quality statement.

3.8.5. Summary and lessons learned for development of principles

This section has set out how principles are used at a federal-level in key health and social care documents in Canada and has also provided examples of this at a jurisdictional level in Ontario. An overview of how principles are used within relevant legislation, key organisations and key documents including national frameworks and strategies, guidance documents and codes of conduct has been provided. As observed in other jurisdictions, the terms principles and values are used interchangeably in key documents. However, in contrast to other jurisdictions, there is consistency across the principles being used in documents and also the description of the principles is consistent across organisations with the principles described as guiding principles.

While principles are set out in legislation at a federal-level by the Canada Health Act 1984, it is difficult to extend and apply the principles within the act (universality, accessibility, portability, comprehensiveness and public administration) to health and social care services, due to their specificity to the health insurance sector. However, as evidenced in this section, there is growing cohesion between key health and social care organisations regarding the use of principles to structure codes of practice and conduct. The CNA and CMA published *Principles to Guide Health Care Transformation in Canada* as a way of providing a national framework to guide both federal and jurisdictional changes in healthcare.(225) This publication was also an attempt to build upon the five principles set out in the Canada Health Act 1984 and provide guiding principles for the transformation of Canada's healthcare system towards one that is sustainable and adequately resourced, and provides universal access to quality, patient-centred care that is delivered in a timely and cost-effective manner. This cohesion indicates that there may be scope to adapt a collaborative approach to health and social care in Canada that is underpinned by principles. Further evidence to suggest there is a move towards a collaborative approach between health and social care organisations is through the development of the *Canadian Quality and Patient Safety Framework for Health and Social Services* by the CPSI and the HSO.(224) Using these principles to structure key documents at the federal level would allow Canada to reflect international changes where there has been a move towards having high-level national standards across services, as seen in Scotland and Australia.

3.9. Overall summary of findings from the international review

The international review has idenified consistencies in the principles that are used across the jurisdictions and literature reviewed. It has also highlighted a recognition in many jurisdictions that one set of high-level principles can underpin the delivery of all health and social care, irrespective of the service or setting.

This section summarises the key findings from the international review and lessons for developing principles for the Irish health and social care system.

3.9.1. Use of principles in legislation

Principles have been used in legislation in a number of jurisdictions to highlight the importance of particular concepts in health and social care and there is a move towards setting out guiding principles in legislation and associated codes of practice.

This is most evidently seen in social care legislation in the UK with the Social Services and Well-being (Wales) Act 2014(25), the Public Bodies (Joint Working) (Scotland) Act 2014,(5) and the Care Act 2014 (England),(6) which all include principles relating to wellbeing. In addition, these acts all provide a radical shift from existing duties on local authorities to provide particular services, to the concept of 'meeting needs' of the individual and thus delivering more responsive services. These principles have helped inform the development of health and social care regulations and standards in these jurisdictions and the approach to inspection and regulation of these services.

These high-level principles set out in legislation often sit above more regulations or minimum standards. In that sense, the regulations can be seen as the specific minimum requirements which a service provider must meet for individual services, and the principles can be seen as the overarching vision of the regulations.

A recent review of health and disability services in New Zealand, published in 2020,(7) also recommends the move to common principles and or values across health and social care services and for these values to be mandated in a legislated charter.

Within an international context, principles and values are used within legislation to ensure that a number of core human rights principles are provided with a statutory footing globally. Ratification of international human rights treaties within jurisdictions examined reflects a strong commitment to the protection and promotion of human rights.

In conclusion, there is a clear move in a number of jurisdictions towards setting out guiding principles for health and social care services in legislation. Principles can be understood as fundamental values or goals that are needed to underpin good services, plans, practices and processes — and apply regardless of the service setting or type. Therefore, there is an opportunity in developing high-level guiding principles that can be generalised to all legislation, and statutory instruments focused on people's care and support, regardless of the services that they are using. This would have the effect of ensuring that each piece of relevant legislation, and subsequent national policy, standards, guidance and other documents would interact in synergy with each other to achieve high-quality, integrated and consistent care and support.

3.9.2. Use of principles in National Standards, Strategy and Review documents

In 2018, a review carried out by HIQA into methodologies used internationally for developing national standards and guidance for health and social care services identified a move to overarching standards and that trend has continued in the last number of years.(1) For example, in New Zealand the recent draft amended standards for health and disability services care have amalgamated and replaced a number of individual standards.(8)

In addition, there is a recognition that higher level and less prescriptive standards can be underpinned by principles. This is most clearly seen in *Scottish Health and Social Care Standards*,(27) which are underpinned by five principles: dignity, compassion, be included, responsive care and support, and wellbeing. This can also be seen in existing overarching quality standards from Northern Ireland which include a set of common principles and values.(10) Recent reviews of the Welsh health and social care system and associated strategy documents have also identified the need for a common set of principles or values to promote integration across health and social services.(11,13,129)

There is also evidence from a number of jurisdictions, including Wales, Scotland and England, demonstrating how the use of principles in key pieces of health and social care legislation has had a role in shaping national standards, regulations, codes of practice, guidance and strategy documents. The principles set out in the overarching legislation have been adapted and incorporated into the documents as guiding or underpinning principles.

3.9.3. Use of principles in codes of practice

Codes of practice are developed by professional regulatory bodies for individual health and social care professionals to apply in their day-to-day practice, as opposed to standards developed to apply to health and social care services. However, across jurisdictions they share common themes, with the principles outlined in standards and guidance documents for health and social care services. The principles that apply to individual health and social professionals should reflect and complement the principles that apply to the overall service they work in.

3.9.4. Areas covered by principles

While aimed at different levels of service provision and delivery, there is consistency in the concepts included in principles used in national strategy documents, national standards and associated guidance, and codes of professional practice for health and social care practitioners.

Recurrent concepts in the international review were consistent with and supported findings from the evidence synthesis and the review of what is currently in place in Ireland. These recurrent concepts are described under the following headings, which represent the overarching principles:

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

It is generally recognised that these principles are interlinked and can overlap in places. There was evidence that 'person-centred care and support' should be viewed as an overall approach to, and ultimate goal of, care and support as opposed to an individual principle in itself. That is to say, the above four principles, when in place and working together, should achieve person-centred care and support.

The following sections summarise the international evidence in support of these draft principles.

3.9.4.1. A human rights-based approach

In recent years there has been an increased international focus on human rights, empowerment, choice and autonomous decision-making within health and social care sectors. This is strongly reflected in the principles included in standards, guidance and strategy documents in the jurisdictions included in this review. This focus stems from the introduction of international human rights legislation which places an obligation on health and social care providers to uphold the human rights of people using their services.

The FREDA principles of Fairness, Respect, Equality, Dignity and Autonomy are used by a number of organisations in their human rights-based approach to regulation and monitoring of health and social care services including the CQC(232) in England and the CIW in Wales.(139)

In addition, a number of jurisdictions have included individual principles relating to human rights in their national standards. For example, this can be seen in Scotland where 'dignity and respect' and 'be included' are two of the five principles used to underpin their standards.(27) Northern Ireland also has a strong emphasis on human rights in the principles which underpin their standards, with promotion of rights being included as a principle, along with core components of human rights as stand-alone principles — including dignity and respect, independence, equality and diversity, choice and capacity, empowerment, privacy and confidentiality.

The promotion of human rights also features strongly across Australian health and social care services. There are examples of guiding principles reflecting human rights in legislation,(19) and charters of rights for people using aged care services and healthcare services.(177,178) Australia has also included a strong emphasis on human rights principles in a number of national standards, framework, policy and strategy documents as a way of translating these principles from legislation and helping to ensure these principles are upheld and respected in planning and delivering health and social care services.(20,181,182,190,192)

New Zealand also has a strong emphasis on promoting and protecting the human rights of people using its health and social care services. Rights of people using these services are set out in regulations.(194) In addition, New Zealand has an overarching setting of standards for health and social care services which have a strong focus on equity of service provision for Maori and the United Nations' conventions and human rights principles.(8)

Finally, codes of practice reviewed from all jurisdictions included principles relating to the importance of health and social care professionals' role in supporting and promoting people's human rights. Recurrent concepts in these principles related to treating patients as individuals and respecting their dignity; working in partnership with people and promoting participation; respecting the right to self-determination, independence and autonomy; the importance of informed choice and consent, recognising and challenging discrimination; and the need for fairness, equality, equity and justice in the delivery of services and day to day practice.

3.9.4.2. Safety and wellbeing

The principle 'wellbeing' has been described in legislation, national standards, guidance and strategy documents as a broad concept which includes, for example, physical and mental health and emotional wellbeing, protection from abuse and neglect, autonomy and control over day-to-day life, participation in work, education, training or recreation and contribution to society.(5,6,8,14,25,27) Thus, wellbeing is tied to the concept of a holistic approach to care and support that focuses not only on people's condition or symptoms but on the person as a whole, and safety within their environment.

Similarly, in a number of jurisdictions quality of life, supporting people to fulfil their potential and thrive are often included as concept principles referring to wellbeing. This is especially seen in national standards, strategies and guidance documents for children and young people.(15,18,19,233)

The principle of compassion is also a recurrent principle in national standards,(27) guidance,(229) strategy and review documents,(234) monitoring and inspection processes,(232) organisational values,(96,116) and codes of professional conduct.(128,227) For example, it is included in Scotland's Health and Care Standards and covers areas such as warm, compassionate and nurturing care and support. It is included here under an overall principle of 'safety and wellbeing', but equally it is important in achieving a human rights-based approach to care, providing responsive services that meet people's needs and in the overall culture of a service which supports people to provide compassionate care.

A person's wellbeing is intrinsically linked to their health and a number of additional concepts associated with the principle of wellbeing often include health promotion and illness prevention. The principles of health promotion and improvement along with a focus on prevention and early intervention in terms of care and support are often included as principles in national health and social care strategies,(144,198,225) legislation,(6) service values,(140) and professional codes of conduct.

Again safety, both in terms of providing safe care and support and safeguarding people from harm, is essential to a person's overall health and wellbeing. Safety as a principle was included in jurisdictions both in terms of preventing unnecessary harm caused by medical or social care interventions and safeguarding people (especially children, older people and people with disabilities) against abuse by taking preventative actions.(10,13,235) A good example of this can be seen in *A healthier Wales: Our plan for Health and social care*(13) which includes safety as one of its 10 design principles. It describes the principle of safety as "not only healthcare that does no harm, but enabling people to live safely within families and communities, safeguarding people from becoming at risk of abuse, neglect or other kinds of harm".

3.9.4.3. Responsiveness

An emphasis on the necessity for health and social care services to be designed and delivered to meet the needs of people safely and effectively is a key principle for health and social care services. This principle was often called responsiveness and included both how the services are organised to deliver coordinated care and support, and how health and social care professionals respond to a person's needs in day-to-day practice.

In the UK, a number of pieces of adult social care legislation, including the Care Act 2014 in England,(6) the Social Services and Well-being (Wales) Act 2014 (25) and the Public Bodies (Joint Working) (Scotland) Act 2014(5) have emphasised the need for services to be designed and delivered to meet the needs of people using services as opposed to needs of the service. This is reflected in national standards and guidance in these jurisdictions. For example, the Scottish HSC standards(27) include responsive care and support as one of the five principles in its common set of principles that underpin all health and social services.

In addition, the CQC in England in inspecting adult social care services examines whether services are responsive, which they describe as organised to meet people's needs.

One of the themes in Northern Ireland's *Quality Standards for Health and Social Care* is accessible, flexible and responsive services.(10) In addition, a recent review of Northern Ireland's adult social care services included 'flexible and responsive' as a suggested principle to underpin a transformed adult care and support system.(150)

Finally, in relation to individual health and social care professionals being responsive to people's needs, codes of practice for health and social care professionals internationally consistently include principles related to meeting people's needs and the importance of professional duty and competence, integrity and honesty, and communication.

3.9.4.4. Accountability

Accountability was a recurrent principle in health and social care national standards, guidance, patient charters and strategy documents across jurisdictions. Concepts used to describe the principle of accountability included:

- effective organisational alignment and good governance,(225)
- transparency in the ways concerns and complaints are responded to and managed,
- being accountable for care and support delivered to people using services and to the public,(96,105,225)
- strong, clear leadership which promotes an open and fair culture and encourage learning and innovation,(119)
- trust, confidence and integrity,(139)

- monitoring performance and ensuring continued improvement and quality of services,(7)
- value for money and using resources prudently, responsibly and in accordance with the law.(105,223)

Professional accountability is also included as a principle in most codes of practice and includes professionals being answerable for their actions and decisions, and accepting responsibility for them.

The concept of health and social care services being designed and delivered to achieve integrated, co-ordinated, seamless care for people using services was also a recurrent principle, especially in national review and strategy documents,(7,13,129) legislation and associated codes of practice,(5,25,121) and organisational values.(116,140) While integrated coordinated care is an essential component of responsive care and support, it is included here under accountability in terms of the need for health and social care systems to be designed and organised to support such integration of services.

3.9.4.5. Person-centred care and support

Person-centred care and support can be viewed as an overall approach to care and support that underpins the above principles, as opposed to being a standalone principle in itself. A person-centred approach to care and support takes into account the whole person and places them at the centre of planning and delivery of services.

The Health Foundation has identified a framework for person-centred care which comprises of four principles.(28) This is a clear example of where person-centred care is not viewed as a principle in itself. Instead, it outlines how any example of person-centred care, within any healthcare experience, will involve a combination of these principles. These principles can be seen to include the concepts of a human rights-based approach (dignity, compassion and respect), responsiveness (coordinated and personalised care and support), wellbeing (supporting people to develop their own strengths) and accountability (coordinated care).

Another example of where person centred care is seen as an overall approach to care and support and the ultimate goal of all that services do, can be seen the Welsh Health and Care Standards.(29) These are set out according to seven themes which are intended to work together and collectively describe how a service provides high-quality, safe and reliable care centred on the person.

4. Evidence synthesis methodology

4.1. Overview of the evidence synthesis process

HIQA's Health Information and Standards Directorate undertakes detailed syntheses and reviews of existing literature and evidence to inform the development of national standards and guidance. These reviews describe the Irish and international context in which the work is being conducted and ensure that the work is informed by quality evidence and reflects international best practice. This is detailed in *HIQA's Evidence Synthesis Process: Methods in the development of National Standards, Guidance and Recommendations for the Irish health and social care sector*.(3) The evidence synthesis process has two phases: Phase 1 involves a scoping review and Phase 2 consists of a systematic search and literature review.

For the purposes of this project, the same process and methodology was used to inform the development of the overarching principles for health and social care.

4.2. Scoping review

The scoping review was a time-limited review and was a preliminary assessment of the potential size and scope of the existing literature and how long it would take to review relevant literature. Through the scoping review, relevant databases and websites were identified. Three grey literature repositories were identified: Lenus, Open Grey and HEN. The academic databases identified were: EmBase, PsycInfo, Social Services Abstracts, and CINAHL. The scoping review also informed the development of a tailored research question, search terms and search limiters. The returns were catalogued according to the type of article and the source of the article. The findings from the scoping review were integrated and used to inform Phase 2 of the evidence synthesis.

4.3. Objectives

The aim of the evidence synthesis was to assess and appraise available evidence to identify characteristics of principles that underpin national standards in health and social care.

Phase 2 of the evidence synthesis included the following objectives:

- To conduct a formal systematic search of the following literature sources, as identified in Phase 1:
  - grey literature repositories
  - academic databases
- To screen all articles for inclusion in the evidence synthesis.

- To conduct a quality appraisal of all included articles in the evidence synthesis.
- To describe and critically evaluate the articles and to identify emerging principles.

4.4. Search strategy methodology

4.4.1. Conducting a formal systematic search

Search terms identified in Phase 1 of the evidence synthesis were used to identify, retrieve and evaluate literature from academic databases and grey literature repositories from between 2012 and 2020. Publications dated before 2012 were not included, as any findings from evidence published prior to this date would have been represented in HIQA's eight theme wheel for standards and guidance development, which was published in 2012. Four electronic academic databases were searched between June and July 2020: EmBase, PsychInfo, Social Services Abstracts, and CINAHL. A combination of search terms was used; these related to the setting (for example 'healthcare', 'social care' and 'mental health') and the topics of interest (for example, 'person-centred', 'high quality', 'safe' and 'effective'). Terms such as 'practice', 'standard', 'guidance', 'guideline' and 'recommendation' were included to ensure that the search focused on standards in health and social care. The full list of terms used to search the academic databases is shown in Table 30 below.

Table 30 Concepts used for academic and grey literature database searching

Concept 1	Concept 2	Concept 3	Concept 4
Healthcare	Principles	Practice	Person-centred
Health care	Guid*	Practise	High-quality
Social care	Framework	Ethic*	Safe
Health and social care	Strategy	Values	
Community care	Code	Conduct	
Mental health	Legislat*	Best practi*	
	Constitution	Rights-based	
	Standard	Evidence-based	

Three grey literature repositories (Lenus, Open Grey and HEN) were searched. The search terms used for the academic databases were also applied to the grey literature, however it was not possible to apply all combinations of search terms at one time.

4.4.2. Screening articles for inclusion

Evidence was deemed to be eligible for inclusion in the evidence synthesis if it described elements of principles that underpin the development of standards in health and social care services. Quantitative, qualitative, mixed methodologies and reviews were considered in the evidence synthesis. The following exclusion criteria were applied at three stages of study selection (screening by title, screening by title and abstract and during the assessment of the full text):

- documents focusing on settings outside of scope (non-health or social care settings)
- documents focusing on developing countries
- books, book reviews, editorials and letters.

4.4.3. Summary of search results

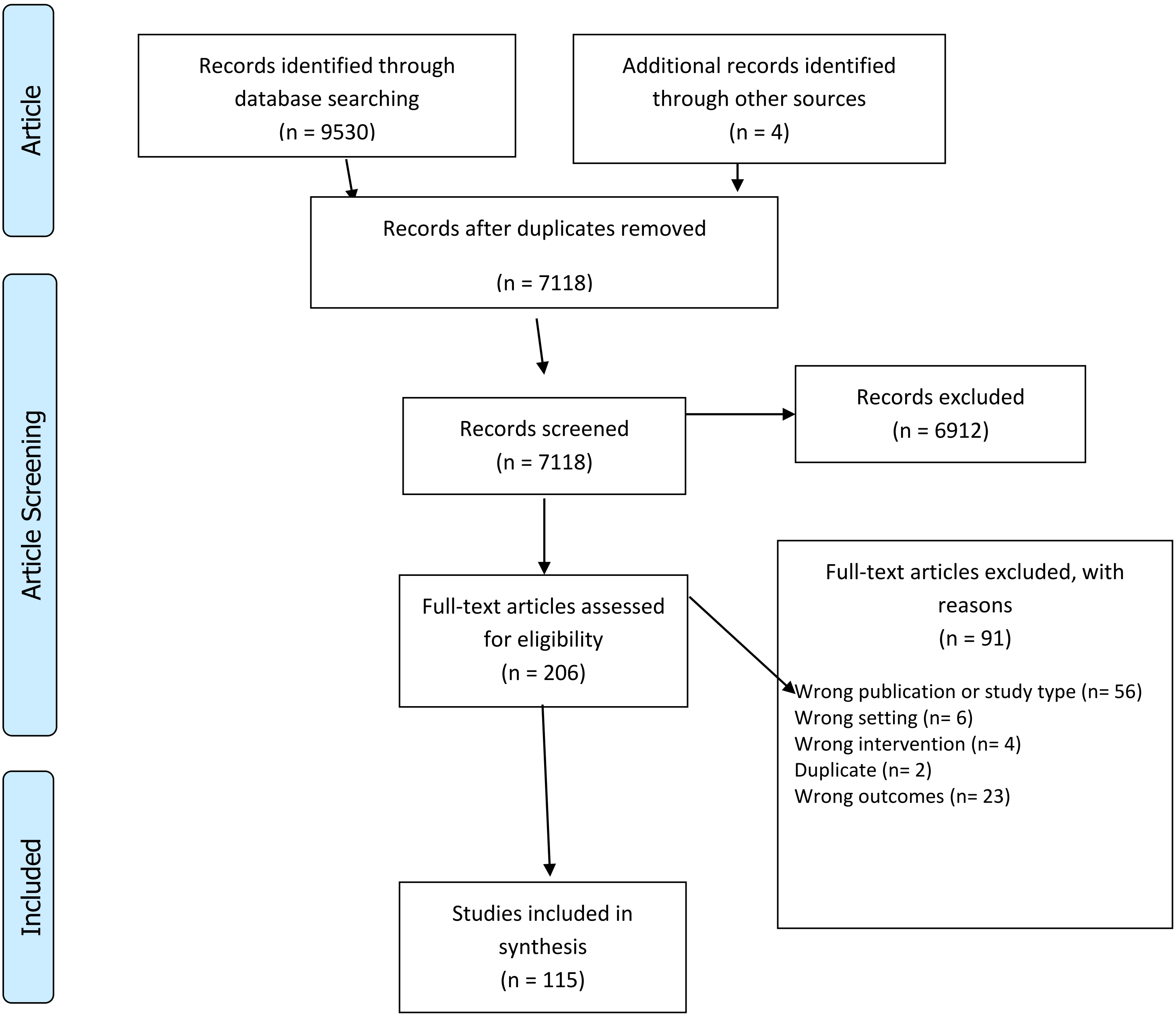
The PRISMA diagram at Figure 13 depicts a flow chart of the selection process for relevant articles based on the combined evidence. Following the removal of duplicates, 7,118 potential documents were identified for inclusion. Two researchers conducted initial title and abstract screening for potential inclusion. The remaining documents were read by one author to determine eligibility for inclusion. Discrepancies about whether a paper or document met the inclusion criteria were discussed among the team, and a final decision was made based on consensus. 115 documents were identified for inclusion in the evidence synthesis following a review of full texts.

4.4.4. Quality appraisal

The AACODS checklists were used to appraise the quality of the grey literature and assessed the literature using the following criteria: Authority, Accuracy, Coverage, Objectivity, Date and Significance.(236) Grey literature articles assessed through this process made a significant contribution to the evidence synthesis. The articles came from reputable and credible authors or organisations and the findings were presented in a balanced and objective manner.

The Mixed Methods Appraisal Tool (MMAT) was used to assess the quality of empirical studies.(237) The Critical Appraisal Skills Programme (CASP) tool was used to evaluate systematic reviews.(238) Peer-reviewed academic articles were also assessed using the AACODS checklist as they did not have a methodology consistent with a particular MMAT or CASP checklist.

Figure 13 PRISMA Diagram summarising search results and included studies



5. Evidence synthesis findings

5.1. Structure of the literature review

During the evidence review, four key principles emerged, both in the course of the review of international jurisdictions and the evidence synthesis of the literature. The evidence synthesis is structured under the following headings, which represent the overarching principles:

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

Each of these principles is further sub-divided into a number of themes, as can be seen at Figure 1. These four principles and associated sub-themes are underpinned by the concept of 'person-centred care and support,' which was found in the literature to be at the core of each of the principles described.

Although each principle and the core underlying concept of person-centred care and support can be seen as distinct, there is significant overlap in terms of the interrelatedness and applicability of each principle. In this literature review, themes that relate to more than one principle are discussed in the context of the most relevant principle.

5.2. A human rights-based approach

5.2.1. Introduction

A human rights-based approach to care and support seeks to ensure that the human rights of people using health and social care services are protected, promoted and supported in practice, and embedded in the culture of a service. Central to such an approach is putting people using services and their legally protected rights at the centre of policy-making, service development and day-to-day practice.(239) From the evidence that emerged in the literature, this means care that respects an individual's human rights, and is appropriate to each person's social, mental, and physical needs.(240,241,242)

According to a 2016 World Health Organization (WHO) review on older people's rights to health, adopting a rights-based approach emphasising the human rights of the person highlights inequities in the system and encourages services to aim for the highest possible standard for each individual person receiving care and support.(240) It is important to note, however, this review also states that a human rights-based approach does not guarantee their access to care, nor does it guarantee good health and wellbeing.

In the literature, a human rights-based approach was found to focus on integration and person-centredness, and placed an emphasis on giving people their own voice and agenda. This was consistent across a range of health and social care settings, such as older person's services, mental health services and healthcare.(240,243,244) Person-centredness as a core philosophy in health and social care will be discussed later in this review in the section: 'Person-centred care and support.'

The 2016 WHO review on older people's right to health, stated that a human rights-based approach meant broadening of care, by incorporating a holistic viewpoint with governmental and societal factors considered, without a narrow focus on aspects such as cost of care.(240) The values inferred by a human rights-based approach, according to the literature, may act as the moral position to which healthcare workers should strive in order to provide care where human rights and health equity are considered.(245,246)

Through a systematic search of the literature, evidence supporting a human rights-based approach as a principle emerged under eight major themes. These themes are:

1. participation
2. fairness
3. dignity and respect
4. equality and diversity
5. consent and freedom to choose
6. autonomy
7. empowerment and
8. communication.

Each theme is presented, alongside the evidence supporting its importance, in achieving a human rights-based approach in a health and social care context.

5.2.2. Participation

Participation, in the context of a human rights-based approach, emerged from the literature as people being included in their care and support, without discrimination and in a way that respects the individual's needs, background, and preferences.

According to the literature, participation in care that empowers the person receiving care and support can have significant benefits, particularly for those that have previously experienced trauma, stigma, or exclusion.(247,248,249,250) It was identified that these benefits can be related to the health, wellbeing and community inclusion of the service user.

According to a 2016 WHO review on the rights to health for older people, participation can be enabled by four sub-dimensions, which are:

- non-discrimination
- physical accessibility
- economic accessibility
- and information accessibility.

The same review highlighted that participating in care should not result in inappropriate risks to the health or life of the person receiving care and support.(248)

The evidence highlighted that an emphasis should be placed on access, equity and social justice for a person's right to participation. For example, the model of health and wellbeing described in one Canadian 2018 review states that the accessibility of care and support should not be constrained by normal working hours of service providers.(246) This review also found that care and support should be inclusive of a wide range of different linguistic, socio-economic, cultural, geographic and racial backgrounds, with a focus on removing the barriers to health improvement that are associated with these.

Participation was described from the point of view of both the person receiving care and support, and the health and social care professional, but also from the viewpoint of patient advocacy groups. For example, in one 2013 review of participation in US healthcare, it was suggested that participation taking place solely via advocacy groups creates a passiveness and blurring of each individual's needs.(249) In other words, this review suggested that the diversity and individual preferences of each patient may not be fully represented where individuals were not actively participating in their care.

In a 2017 Australian study of participation in mental health services, professionals universally acknowledged the need to consider service users' views; however they had varying opinions on the extent to which people receiving care and support should be involved in decision-making.(247) This was also highlighted in a 2015 review of participation in guideline development in a number of jurisdictions, which found that consideration of service users' views was not commonplace nor was it generally accepted, as professionals were trusted to have the skills and knowledge necessary to know what is best for their patients.(251) Across the literature in general, professionals identified the value of participation, however many noted the need to intervene in participation of a person receiving care and support when they believed that their decision-making was detrimental to their health.(246,247,249)

Lastly, barriers and facilitators towards participation were identified in the literature, whereby feeling validated and treated as an individual facilitated participation, and a lack of humanity and empathy undermined it.(246,247,252) For example, in a 2017 Australian study of mental health services, participants raised the issue of 'tokenism' as a means of creating the illusion of participation — people in care found that they could voice their opinions on mental health services, but rarely felt that their concerns were met with action.(247) As a result, this led to the view that emphasising participation was a tick-box exercise employed at an organisational level for policy reasons, but not actually applied in any meaningful way.

Across a number of studies it was identified that service users feel as though empathy is a fundamental and essential component in facilitating participation.(247,252,253,254) Specifically, in the same 2017 study on participation in Australian mental health services, this meant 'to be heard, seen and valued.' Feeling validated, particularly through meaningful interactions with professionals, was key in facilitating participation.(247) This supports findings from a 2020 systematic review on nurses' adherence to safety principles, where facilitating participation, and the associated benefits, required healthcare workers to understand what encourages each person to actively engage in decisions around their care.(254) According to this review, participation should therefore focus on the individual person rather than blanket policies or governance structures. Lastly, in a 2015 study on an inpatient mental health facility in the UK, effective participation was found to come from working together with proactive professionals to achieve the best outcomes for the person receiving care and support.(252)

5.2.3. Fairness

Fairness, in the context of a human rights-based approach, means care that is equitable, impartial, and as compatible as possible with the needs of each person receiving care and support. Across multiple health and social care contexts, fairness emerged as a central aspect of efficient care that respects the human rights of the person receiving care and support.(241,243,244,245,247,248,255,256,257) This importance is highlighted by the fact that participants in one 2017 Australian study on prioritisation in healthcare were willing to sacrifice some health gain if this meant improving fairness in the provision and access to treatment.(244) Service users in this study felt that more people should be able to access care, even if it means that the quality of their care is reduced as a result.

The absence of discrimination is a major hallmark of a human rights-based approach where fairness is respected; this emerged as a central theme in a 2016 review of the rights to health in older people.(248) Here, it was found that placing an emphasis on non-discrimination allows people involved in the design of care to avoid misunderstanding or overlooking the care of older people. This review highlighted that disability and illness in old age are not inevitable, but are instead brought about through a multitude of factors experienced by the person receiving care and support throughout their life.(248) It was found that discrimination in the context of older people can be direct, such as exclusion from certain activities or services, or it can be indirect, through otherwise unintended means, and in either form can negatively affect a person's care.

The evidence highlighted that fairness in health and social care should be sensitive to the social and economic barriers that people face in accessing care.(246,257) For example, in one English study, clinical staff in NHS child and adolescent mental health services found that discrimination surrounding the home address of a person receiving care and support can be a barrier towards receiving equitable care.(257) Similarly, it was found that almost half of all population health outcomes in Canada can be attributed to social and economic factors, particularly in certain communities, often because residents could not access basic necessities.(246) Effective services adopting a human rights-based approach should therefore be sensitive to the cultural diversity and individual needs of each community, where a person’s home address is not a barrier to receiving care or support.(257)

The concept of fairness in healthcare emerged in terms of prioritisation of care and support, and resources.(241,244,256) One 2015 review describing a US framework for quality improvement in healthcare found that equitable care involved distributing resources fairly and evenly across a system according to need, but that priority should be given to the most disadvantaged individuals or populations.(242) This was described in one 2012 review in a primary care context as equity that applies to the outcomes as well as the accessibility of services.(241) One framework for end-of-life care described in a 2017 review highlighted the family, friends and support network of the person receiving care and support, who themselves have the right to have their needs assessed.(256)

Participants in a 2017 study on prioritisation in Australian healthcare had varying perceptions of fairness, for example some people felt that access to care and treatments should be prioritised for people who were younger, as opposed to older people who had already lived a long life.(244) This viewpoint was also linked to the person's potential for productivity in society. In the same study, others had a more age-inclusive perception of fairness, and that quality of care should not be determined by arbitrary cut-off points in a person's age, that instead the potential for improved quality of life should be considered. Fairness in this study was also discussed in the context of having dependent children, where some participants felt as though care of parents should be prioritised due to their pivotal role in their children's lives.(244) Other themes that emerged in this study for prioritising care and support included severity of illness, socio-economic background, and cultural considerations.

5.2.4. Dignity and respect

Dignity and respect in health and social care, as it emerged from the literature, is when people receiving care and support are treated in a way that considers their human rights, and honours these in a compassionate way.(243,246,248) Importantly, this should overcome any preconceptions or barriers resulting from the individual characteristics of a person accessing health and social care services. The importance of meeting people 'where they are' and recognising their individual dignity and rights to care is particularly highlighted in one 2018 systematic review, which found that professionals should be able to provide compassionate care despite any preconceptions about a person's social, economic, or racial background.(246)

The right to dignity and respect has significant overlap with other aspects of a human rights-based approach to care, where the former is an outcome for people when the approach is adopted effectively. According to evidence that emerged from the literature, people receiving care and support feel as though their dignity and respect is upheld when their participation is considered.(243,247,249,258) For example, in one 2017 study of Australian mental health services, being able to participate in mental healthcare allowed service users to feel a sense of respect, which to them meant 'turning rhetoric into meaningful action.'(247) This respect and the independence that accompanied it allowed people receiving care and support to enhance their recovery, and also fulfilled the expectations of the mental health professional.

This is supported by findings from a 2013 international review on patient issues in healthcare, which found that people feel empowered and more positively about their own self-image when they are treated with respect and dignity.(243) According to a 2013 review on decision-making in healthcare across multiple jurisdictions, occasionally people receiving care or support may be too sick or incapacitated to express their preferences, and even where correct processes are in place, the act of fulfilling the needs and preferences of these individuals can be complicated.(249) Despite this, according to the literature, care should always be as least restrictive as possible, and should not involve seclusion of the person, deliberate or otherwise.(248,258,259) The benefits of using the least-restrictive practice was emphasised in one 2013 study of mental healthcare, where professionals highlighted how important it is to always aim to uphold the rights and dignity of the person being cared for.(258)

5.2.5. Equality and diversity

Equality and diversity emerged in the literature as a person's right to access high-quality care despite their physical or mental capacity, or their social, racial or economic background. This means being viewed as a whole person, rather than just a person with care and support needs, and being aware of a person's background but not allowing it to negatively affect the standard of care and support that they receive.(243,248,252,253) This is highlighted in one 2013 review of patient issues in healthcare research, which emphasised the need for consideration of a person's social background, their cultural differences, their ethnicity, and how this influences their experience of care.(243) This was also described in a 2016 WHO review of older people's services, which found that consideration of the diversity of a group highlights the need for an individualistic approach to care, with equal consideration of the diverse range of health conditions and complications that they may be susceptible to.(248) This was further supported by findings from a 2017 Dutch review on patient preferences in healthcare, which found that people receiving care and support place importance on the ability of professionals to treat them with equality and without discrimination, particularly by viewing them as a unique person not defined by their health problem.(253)

It emerged from the literature that good quality relationships between people receiving care and support and professionals are crucial, particularly relationships built on trust, equality and respect. This should also involve equal consideration for all types of conditions, having a holistic view of the person receiving care and support, and respecting their diversity as distinct individuals.(247,252) In this sense, a person's feelings of validation are important. For example, one British study on how people thrive and develop in residential mental health services found that people valued professionals understanding their distress in the context of their past experiences.(252) Above all else, people in this study wanted to be understood, and to have their feelings about their own traumatic experiences validated.

People receiving care or support should not be discriminated against for any reason, and professionals should be aware of the various conscious and unconscious ways in which discrimination can occur.(246,252,260) For example, in one 2018 Australian review, discrimination is described as occurring through overt and deliberate actions, such as exclusion, racism or abuse, and also through subtler means such as communicating in an inaccessible way, and creating an unequal power balance.(246) According to the same review, an emphasis on non-discrimination should also take the person's cultural background into account, and should have an awareness of socio-economic and social barriers that people can experience.(246)

5.2.6. Consent and freedom to choose

According to the literature, care and support should be provided in collaboration with the person receiving it, in accordance with their consent, and with regard to their physical and mental capacity.(242,247,252) The concept of consent and freedom of choice is raised in a 2017 study of mental health services, whereby it is questioned whether people are given true influence over decisions involving their care or if the freedom to choose is only applicable when their choices reflect those of the professional.(247) A 2015 study of mental health services in the UK found that people valued being given opportunities to make their own decisions on aspects of their treatment and their daily lives, especially when this is not constrained by time limits imposed by the professionals involved in their care and support.(252)

In situations where a person's privacy is not respected when accessing health and social care services, or informed consent is not received with their capacity for decision-making taken into account, this can lead to legal repercussions for the health and social care provider.(242,255) According to one 2015 review on ethical treatment of patients in healthcare, guidelines and legislation should be in place as safeguards where patients do not have this capacity for decision-making.(242) According to this study, when followed, these safeguards preserve the patient's dignity and integrity throughout the course of their treatment.

5.2.7. Autonomy

A human rights-based approach to care places emphasis on people having autonomy over aspects of their own care and support, and this emerged in the literature as being a highly valued characteristic in health and social care.(249,252,253,261) From the point of view of the person receiving care and support, autonomy was defined in one 2017 review of preferences in healthcare as being given opportunities for decision-making around essential aspects of their care.(253) Consistent with this, in a 2015 study of a residential mental health facility in the UK, participants placed great value on having autonomy and control, particularly in terms of economic autonomy and being allowed to earn their own money.(252) In this study, service users did not express the need for absolute control, but instead preferred a shared responsibility between them and the professionals involved in their care.(252) Autonomy is a central aspect in person-centred care, and is highlighted in various models and frameworks for translating this into practice.(262)

In one 2017 study of participation in Australian mental healthcare, people receiving care and support noted the importance of being able to exercise some influence, as being involved in decision-making raised their self-esteem and made them feel more capable.(247) When these requests were denied, which occurred frequently according to studies identified in the literature, the results were damaging to the patient-professional relationship. For example, not providing mental healthcare service users with a degree of independence led to people developing covert strategies, such as withholding information, in order to regain some control.(247)

5.2.8. Empowerment

Empowerment emerged in the literature in the context of people receiving care and support being enabled to have control over their situation, through informing them about their care in a way that fosters trust between health and social care professionals and people receiving care and support.(253,258,263,264,265,266) According to a Dutch study on people's preferences in healthcare, this means focusing on the strengths of the person receiving care and support rather than their weaknesses, and allowing the person to have responsibility and control over their own life.(253) In this sense, the person receiving care and support can be encouraged to utilise their strengths in dealing with their illness. The evidence suggests that people should have access to care and support that empowers them to be independent. For example, in the context of older people's services, according to a 2016 review, this meant supporting them to 'age in place' within their own home or community.(248) In a 2017 US study, empowerment was found to be important in achieving person-centred healthcare, through policies and procedures that enhance the patient's engagement in their care and promote patient self-management goals.(267)

5.2.9. Communication

Communication emerged as an essential element of a human rights-based approach, where good communication is an enabler for participation in care and support, and for making sure the person's voice is heard and listened to.(243,247,251,253,261) This was particularly evident from a 2017 systematic review on patient preferences, which found that patients should feel as though they are in partnership with the people providing their care.(253) To achieve this, according to this review, there should be open dialogue in the context of respecting a patient's human rights, where people can speak easily and deliberately.

The evidence reviewed highlighted the importance of information about care and support being delivered in an accessible format, with consideration of the individual's literacy needs. Literacy at all ages is highlighted in the literature as a key enabler towards people accessing and understanding information about their care, as well as being able to communicate confidently with health and social care professionals.(243,247,248) Communication as a means of enhancing patient decision-making in mental health services was discussed in one 2017 study of participation in mental healthcare, where participants felt that the use of technical and jargonistic language was less inclined to promote patient engagement.(247) According to a 2016 review on older people's services, lack of access to information in an appropriate format can hinder access to timely and appropriate care and support, particularly for older people.(248) Simply put, people should receive information about their care in clear language that they can understand.(243)

Communication from the point of view of the daily work of health and social care professionals will be discussed further under the principle of responsiveness in the sections: 'Communication' and 'Open disclosure.'

5.2.10. Summary

A human rights-based approach emerged from the literature across multiple health and social care settings as respecting, protecting and promoting the human rights of the person receiving care and support at all times. These rights, in a health and social care context, mean the right to participate in their care and support, fairness in terms of access and delivery of care and support, to be treated with dignity and respect and not discriminated against for any reason, to have the freedom to choose and give consent where this is possible, and to be empowered to self-manage and be independent. The human rights of the person receiving care and support could be upheld by health and social care professionals not making assumptions about the physical or mental capacity of any person. People accessing health and social care services have the right to receive information about their care and support in an accessible format, where this is possible, and communicated with in an appropriate manner.

While a human rights-based approach to care and support does not necessarily guarantee good health for the person, or the availability of services, it aims to achieve the highest standard of care and support possible, and highlight where this standard is not achieved. These findings were consistent across multiple jurisdictions and across health and social care settings.

5.3. Safety and wellbeing

5.3.1. Introduction

Safety and wellbeing as a principle relates to safeguarding, the prevention of harm, and the comfort of a person while they are accessing health and social care services. It emphasises the importance of the experience of a person using health and social care services, and encourages professionals to view the person as a whole, rather than focusing solely on their identified medical or social care needs. The principle of 'safety and wellbeing' emerged from the literature under three central themes:

- Safety,
- quality of life and experiences,
- and compassion.

Each theme is presented in this section, alongside the evidence supporting its importance in a health and social care context.

5.3.2. Safety

Safety emerged as a major theme from the literature in the context of the principle of 'safety and wellbeing,' and could be seen as either the physical safety of the person in care, or the sense of security they felt while receiving care.(257,268,269,270,271)

The concept of safety was often synonymous with the quality of a service, and in its most simple terms, is "treatment [that] helps patients and does not cause harm."(257) A 2017 systematic review on defining quality in healthcare included 'safe' as a defining attribute of healthcare quality. This was described as "the provision of effective and safe care, reflected in a culture of excellence, resulting in the attainment of optimal or desired outcome." (269)

The concept of safeguarding and prevention was also threaded through the theme of safety, and its importance in ensuring patient safety should be highlighted. Safeguarding emerged particularly in a 2020 American white paper by the Institute of Healthcare Improvement (IHI), where prevention of abuse and mistreatment was described as being central to the person's experience of safe, comfortable care.(270)

From a patient's perspective, safe, high-quality care was described as care that came from reputable and trustworthy services.(257,270) This was highlighted in a 2017 study on barriers to service provision in child and adolescent mental health services in England, where teenage participants noted that being able to access trustworthy services that had been recommended to them encouraged a sense of security.(257) According to the 2020 white paper published by the IHI, people want to feel confident that the care they receive will always be care that is safe and effective. No-one wants to receive inadequate, 'less-than-perfect' care or experience unintended harmful consequences from seeking care.(270) This was described in the IHI white paper as having a sense of 'psychological safety,' where people feel secure enough to share their concerns with professionals, and where people are open about what they are experiencing. In the same paper, it is highlighted that people should not feel as though they will be judged, or reprimanded, if they tell care providers that they are not adhering to their treatment programmes, or that they are experiencing new symptoms. Furthermore, according to the IHI white paper, both patients and staff should feel as though they can ask questions, or make suggestions, without appearing incompetent or disruptive. Encouraging 'psychological safety' allows for exchange of more comprehensive and accurate information which could be vital to a person's care.(270)

Safe care is fundamental to achieving other aspects of health and social care quality; however, according to one 2017 systematic review on defining healthcare quality, safety and quality are two distinct attributes, where quality is the outcome of safe care.(269) As highlighted in the same review, safety is facilitated by skills arising from the responsiveness of the professional involved in a person's care. This means working in a way that ensures harm reduction, is critical in ensuring safety, and is facilitated by healthcare providers in a well-integrated system focused on protecting patients from harm or injury.(269) According to a 2014 review of Canadian safety frameworks for healthcare, the attribute 'safe' means people should not be harmed by an accident, or mistakes when they receive care.(271) According to the same review, this means care providers work in such a way that prevents accidents, injuries or adverse events, and where care that is intended to help patients does not inadvertently harm them. In the context of palliative care, one 2017 study undertaken in the Chelsea and Westminster Hospital NHS Foundation Trust in England, described safe services as those that enable people to live and die well, and reduce preventable hospitalisations.(256)

The culture of the health or social care organisation has a significant impact on the delivery of safe care.(254,272,273,274,275) For example, in a 2019 systematic review on the implementation of patient safety culture by nurses, having an institutional commitment to strengthening patient safety, along with support from management to do this, was found to be a key facilitator in promoting the safe practices of individual healthcare workers.(272) Furthermore, in a 2016 case study on the impact of quality accreditation on a Portuguese hospital, strengthening awareness of patient safety issues in the workplace actually increased notification of even minor incidents, as healthcare workers were more likely to report them without a fear of being reprimanded.(273) A 2018 English study on standards for work-based learning in health and social care environments reported that in a safe environment, healthcare workers feel valued through mutual respect and a sense of having an important role to play.(274)

Promoting safety in the workplace also involves providing access to continuous learning for professionals, as variation in health and social care workers’ skills and knowledge leads to inconsistent or inadequate application of safety principles.(254,257,272,276,277,278) In one 2017 study of Children and Adolescent Mental Health Services in England, the organisation emphasised identifying and reducing the risk of harms through promoting staff competency and accountability.(257) Here, staff recognised the importance of their role in facilitating a sense of safety for people and their families. In the context of older people’s services, it is particularly important that optimal levels of safety should be achieved when treating people with cognitive impairments. According to a review on ageing and health, which was published in the USA in 2015, this means medication reconciliation, adequate documentation and prevention of falls and home injuries.(276) Optimising safety, according to this article, provides a safeguard against abuse and neglect of vulnerable people.

Safe care is also dependent on the availability of resources and overcoming challenges in meeting the demands of a changing population.(244,256,275) For example, a 2017 study undertaken in an NHS hospital in London recommended that the challenges associated with an increasingly aged population should focus on early detection, and preventing and supporting older people in the community; however, this study highlighted that many healthcare systems do not have the resources to meet these challenges.(256) Some participants in one Australian study on the ethical considerations for the triaging of resources in healthcare felt that life-saving and preventative care was more important than life extending care, or care at the end of life.(244)

5.3.3. Quality of life and experiences

The theme ‘quality of life and experiences’ refers to the experience of a person receiving care and support, and how this experience affects their wellbeing. Overlapping with the theme of 'Safety,' a systematic review on defining safety and quality found that the person’s sense of wellbeing while accessing care and support was a good measure of the quality of care that they received.(269)

A Dutch study on patient preferences in healthcare found that good experiences in care usually result from care that emphasises a person-centred approach, and ensures their physical, mental and social needs are being met.(253) A person's background and the reasons why they require care and support should be considered when supporting their quality of life and experiences. For example, one 2015 study in the UK found that people entering inpatient mental health services had often experienced harrowing and bleak situations, which led to them feeling isolated and hopeless, with feelings of worthlessness and low confidence.(252) After accessing care that helped them to learn, change, and grow, the people in this study experienced significant benefits in their personal wellbeing. Their confidence and optimism improved, and they felt more in control of their emotions and their lives. Furthermore, in a 2017 Swedish study describing what attributes are valued in primary care, patients placed human-connectedness and feelings of validation as being the most important.(279) Conversely, healthcare providers were more concerned with the routine aspects of providing care.

The concept of retaining 'personhood' in care emerged in a 2020 study on frameworks for dementia care in the UK, where multiple attributes are described as facilitating good quality experiences for people with dementia. These include comfort, attachment, inclusion, occupation, and identity.(280) The same study reported that wellbeing is likely to be prolonged, and personhood is likely to be validated, through fulfilment of these attributes. This reflects findings from a study undertaken in 2015 in England on the impact of inpatient mental health services on improving the quality of peoples' lives, where meaningful activities, such as educational courses or having a job, improved residents' quality of life by supporting their sense of 'aliveness'. (252) Furthermore, participants in the same study noted that their quality of life improved through widening of their social networks, and improving their relationships with their families.

Lastly, the environmental and operational aspects of care and support can have a significant impact on the experience of the service user.(252,258,281,282) Where care or support is being received in an environment that is in a poor physical condition, one study noted that professionals tried to work harder to improve the experiences of the patients. This included talking and laughing with patients, and 'treating patients as we want our family members treated.'(258) Improving a person's sense of community inclusion can also vastly improve their experience. For example, one 2015 study carried out in an English residential mental health facility found that the discussion of shared experiences in patient-led peer-support programmes can improve self-esteem, reduce isolation, and promote patient growth and development.(252) Other interventions for improving the care and support experience include carrying out personalised health promotion plans. This was identified in one 2017 study in the context of older people's services, to decrease hospitalisations and readmissions, and increase the likelihood of people being able to receive care at home. It was found that these plans can improve the person's quality of life, by supporting them to self-manage, and carry out more activities of daily living.(282)

5.3.4. Compassion

Compassion emerged from the literature as being a valued aspect of care and support both from the point of view of the health and social care professional and the service user, where the professional saw it as their duty to deliver compassionate care and this allowed the service user to feel a sense of ease and improved their overall experience.(252,253,258,259) One 2017 Dutch study on patient preferences in healthcare described facilitators of compassion in care as listening, being respectful and understanding, trust and honesty.(253) Compassionate care in this study made patients feel comfortable, valued and reassured, and improved their own subjective wellbeing while in care.

In general, patients value user-led services where staff show empathy.(247,252,258,259,261) One 2015 study on quality improvements in Scottish general medical practices found that compassion can be found in simple daily interactions, and small gestures can make a big difference to the people in care. For example, staff smiling and chatting and interacting with a friendly attitude and polite manner, and other efforts to make a person feel less like a 'patient' or a number, and more like a human being.(259) On the other hand, professionals in one 2013 study on inpatient mental health services admitted that the way the people in care interact with them has an impact on the delivery of compassionate care.(258) However, as they felt that it is their duty to be compassionate, many professionals were proud of their ability to overcome initial barriers such as judgment or subjective feelings. Professionals in this study felt as though it is a central aspect of their role to 'provide the best care for [their] patients during a difficult time in their life' by creating a supportive and compassionate environment for both patients and healthcare workers.

5.3.5. Summary

In summary, safety and wellbeing emerged from the literature across a range of health and social care settings, both in terms of the physical safety and wellbeing of the person receiving care and support, and also in terms of a person's sense of psychological safety. Safety, in various health and social care settings, was consistently found to be facilitated by the daily work of health and social care professionals and access to adequate resources, but this needs to be supported by the culture and environment of the health and social care organisation. Highlighting this, it was found that people feel safe when they are receiving care from a reputable organisation where they can be confident they will receive high-quality care. Indeed, the perceived quality of a person's care experience, and how their care and support improved their quality of life, emerged across a range of settings as having a significant impact on a person's wellbeing. A person-centred, empathetic approach to care, where the identity of each person was preserved and considered, was found to be valued highly amongst people in various care contexts. This could be facilitated by positive daily interactions, and creating a supportive and compassionate environment for health and social care professionals and people receiving care and support.

5.4. Responsiveness

5.4.1. Introduction

The principle of 'responsiveness' emerged from the literature as the way in which health and social care professionals respond to a person's needs, and how their abilities, duties and competencies facilitate this. Responsiveness as a principle is intrinsically linked with the concept of person-centredness, where responsive care puts the person receiving care and support first, at the core of everything a professional does.(253,257,283) Responsiveness is facilitated by the daily work of individuals, but should also be ingrained in and supported by the culture of health and social care organisations, as discussed further in the section on aAccountability. This section on responsiveness will focus on the ways in which health and social care professionals facilitate responsiveness in their daily work, which emerged under the following five themes:

- Communication
- open disclosure
- efficiency
- evidence-based, and
- professional duty and competence.

These themes, and how they emerged from the literature across various health and social care contexts, will be discussed in the following section.

5.4.2. Communication

Communication in this context focuses on the skills of the professional, and their ability to speak openly and transparently with the people they provide care and support to. It emerged from the literature that a health or social care professional's communication skills are key in achieving the principle of responsiveness in health and social care services.(276,279,283,284) This is also supported by findings discussed under Person-centred care and support and aA human rights-based approach.

Communication skills emerged from the literature as a characteristic of responsiveness across multiple health and social care settings, including healthcare, older people's services, midwifery and mental health services. According to a 2018 study on patient satisfaction with their outpatient care in Dubai, it was extremely valuable to receive clear explanations from professionals that can help to inform people about treatments and supports that are available to them.(283)

Open and transparent communication in healthcare was found to enhance partnerships, and can have a positive impact on the patient-professional relationship.(276,279,283) A responsive professional needs to have good interpersonal skills, and be able to ask open questions in a non-judgmental way. This was emphasised in a 2015 review in the context of older person's services across multiple jurisdictions, which also highlighted the importance of open communication in promoting safety and safeguarding.(276) It was found that, generally, communication should always be initiated with the intention of being respectful, attentive and empathetic.

The evidence found that responsive care should ideally be tailored to each person, and so communication must be adapted in such a way that helps to inform people about their care. In a 2017 Israeli study in a healthcare context, responsiveness was described as adopting a person-centred approach, and having advanced communication skills that facilitate this approach.(285) A number of publications highlighted that health and social care plans are an excellent way of helping to support good communication in person-centred care, particularly through live documents that can be altered and edited depending on what works.(283,286,287) This allows tailoring of content based on what works for the patient, and helps the professional to see a person's care and follow-up from a holistic point of view. The importance of having access to a care plan was seen in a 2017 study on understanding patient preferences in British mental health services, where this approach encouraged proactive communication between patients and professionals.(286) Furthermore, having access to information about their care was important, as supported by findings from a 2013 review of the use of quality frameworks in primary care in Canada, which found that patients should be able to access their medical records, and these should be managed in an efficient way that prevents duplication or unnecessary administration.(271)

5.4.3. Open disclosure

Open disclosure in health and social care means that professionals communicate with people in an open, honest, timely and transparent manner if something goes wrong during care, if harm is experienced during care, or there is a suspicion that harm may have occurred as a result of care.(288) Open disclosure as a value should be ingrained in the culture of organisations, and is carried out in practice through the daily work of professionals interacting with patients.(289,290) This supports findings from the section on Accountability further in this document.

While the concept of open disclosure emerged in the literature largely from a healthcare context, the same principles can be applied to diverse situations across health and social care.(289,290) One 2015 systematic review on open disclosure in healthcare, for example, highlighted that difficult conversations are often necessary, and should not be avoided simply because they are difficult.(289) This systematic review found that many patients and their families highlight transparency in communication as a key attribute of responsive professionals. According to the review, this is especially important when an adverse event occurs due to the actions or omissions of the professional, which should be communicated openly and transparently. This 2015 systematic review provided the following scenario by way of example:

> If a patient suffers a fall while under anaesthesia and they appear to be unharmed, but it cannot be said for certain that issues will not emerge later on, then any omission of detail on the professional’s part could compromise

the person’s understanding of what is happening to them and may cause delays in treatment.(289)

A 2018 study on midwifery care in a hospital setting noted that open disclosure can be facilitated by professionals with good interpersonal skills who can build rapport with their patients.(290) However, according to findings from the 2015 systematic review on open disclosure in healthcare, it should also be considered whether open disclosure in some instances could cause additional distress for families already experiencing loss or other major life changes.(289) Importantly, according to the same review, there is no 'one-size-fits-all' for open disclosure, and professionals need to respond to situations as they arise and make judgments based on the uniqueness of the people and situations that they encounter.(289)

5.4.4. Efficient

Efficiency in the context of responsiveness refers to ways in which the professional works to maximise their potential both in terms of time, and resource management. This theme emerged from the literature in the context of older people’s services, mental health services, primary care and healthcare settings.(257,276,283,291)

According to a 2017 review on healthcare quality in the US, the concept of efficiency means high-quality care that is streamlined, timely, and achieved through the use of minimal resources.(269) In two studies on patient satisfaction in healthcare, the ability to deliver care in a timely fashion emerged as a key determinant of a patient’s satisfaction with their care, and also as an indicator of efficiency.(253,283) Timeliness in these two studies meant that patients are seen to with minimal delay, appointments are available and scheduled at times that suit them, and that staff can perform procedures swiftly and with ease. According to a 2013 review of Canadian primary care frameworks, staff should always carry out their work in a way that maximises the use of their time.(271)

While professionals agree that care should be provided with minimal delay to be most effective, there may be resource implications that need to be considered. For example, one study of mental health services in England noted that staffing issues are often a barrier to timely care.(257) As noted in an American review of healthcare quality, improvement of the total time spent carrying out administrative work through consistent teamwork and coordination can often be successful in improving the effectiveness of healthcare delivery.(269) The use of resources in health and social care organisations will be discussed in detail in the accountability section.

5.4.5. Evidence-based

A professional’s knowledge and application of evidence-based practice emerged as a key facilitating factor for the principle of responsiveness across multiple health and social care settings, including primary care, mental health services, end-of-life care, and healthcare.(256,263,292,293,294,295) According to a 2017 study surveying NHS mental health services in England, this means that staff should have appropriate qualifications, and should always have access to up-to-date knowledge of best practice and know how to implement it.(257) Implementation of evidence-based guidelines, and working towards the best clinical outcomes, can promote continuous learning of staff and drive the adoption of evidence-based practice in a professional’s daily work.(271,296,297) Despite this, it was found that there is often inconsistent application of evidence-based practice across various health and social care settings. For example, one systematic review published in 2013 found that up to 70% of doctors and nurses worldwide did not believe that their knowledge of evidence-based practice was sufficient.(297) Interestingly, as evidenced by findings from a more recent 2020 systematic review on nurses’ adherence to patient safety principles, new or recently graduated staff can often show greater levels of compliance with evidence-based practice.(254) The others proposed that this may be due to the fact that they have only recently been trained in them and are less likely to have picked up bad habits.

Knowledge was identified in the literature as a facilitator of positive change in a professional's behaviour.(274,290,295,298) For example, in one 2013 thematic synthesis of publications across multiple jurisdictions and healthcare contexts, it was found that primary care practitioners’ knowledge of guidelines facilitated the uptake of evidence-based practice.(295) Conversely, a lack of knowledge was identified as a barrier.

Guidelines and protocols outline the most up-to-date evidence that should inform daily practice, however the literature indicates that these are not always transferable in real-world situations.(254,257,297,299,300) For example, a 2016 study of primary care nursing practice in Spain identified that difficulties in implementing evidence-based practice can arise from the fact that staff feel hindered or limited by restrictive guidelines.(300) Furthermore, adherence to evidence-based principles and guidelines is often influenced by the knowledge, perceptions, and attitudes of professionals involved in their application.(254) In a healthcare context, this requires support from multiple levels, and synergy from the policy-making stage to the application stage, so that they can be transferable to various settings.(297) For example, according to a Spanish study, when primary care nurses find themselves moving from one setting to another quite often without become familiar with their environment, their uptake of evidence-based practice suffers.(300) Lastly, clinical staff in child and adolescent mental health services in England saw the measurement of quality indicators as a barrier in providing care, particularly if there is a lot of administrative work involved in their collection. This, in their opinion, undermined the potential for improved outcomes as it was not always an efficient use of their time.(257)

5.4.6. Professional duty and competence

Professional duty and competence emerged as a key theme under the principle of responsiveness, and described the importance of having the skills, qualifications and attitude needed to carry out responsive care in their daily work.(242,256,267,269,274,298,301) As described in one review in the context of healthcare in the USA, professionals should have the competency, skills and training to carry out the highest quality care possible, where the best interests of the patient are considered at all times.(242) Another review in a similar context supported this, describing a responsive professional as having the knowledge and skills to be able to identify the needs, preferences and abilities of a patient in order to achieve the best care outcomes.(269)

Professionals should ideally be able to deal with issues proactively before they become emergencies, as highlighted in various health and social care contexts that emerged from the literature.(256,267,276) According to one 2017 review on palliative care, professionals also have a duty to deliver proactive care where possible, such as care in the community that identifies and addresses these needs before they become larger problems.(256) In one 2017 study on mental health services in the USA, proactive care may include: improvement of accessibility through use of translators if there is a language barrier; being aware of a person's transport limitations and attempting to overcome these; consolidating appointments to minimise visits to different buildings; and being aware of a person's needs beyond their mental health care, such as their nutritional or behavioural needs.(267) When professionals are able to effectively inform people about the treatments and supports available to them, this was found to improve their ability to care for themselves at home. This was found to be particularly relevant in the context of older people’s services, according to one 2014 review, as this can allow patients to reduce their visits to formal care settings, and moves care closer to home.(276)

Professionals have a duty to work together to achieve the best possible outcomes for patients.(258,274,302,303) In one study of Australian healthcare carried out in 2013, nursing staff identified their ultimate purpose as being the provision of the best possible care for patients during a difficult time in their lives.(258) The nurses in this study identified that they would fulfil this purpose by working together, supporting one another, and learning continuously. Teamwork can be facilitated by knowledgeable staff who are inclusive, and can work across various learning styles and overcome structural and organisational barriers. This was evidenced by multiple sources in the literature, particularly in a primary care setting as found in two 2017 studies,(302,303) but also in a more general health and social care context, as found in a 2018 study on inter-professional teamwork.(274) Teamwork, and working together in health and social care organisations, will be discussed in more detail in the accountability section.

Knowledge and assessment skills, according to a 2017 study on midwifery care, can be improved by training, and familiarity with standardised processes.(290) When there are standard processes in place, this improves the readiness of professionals and removes ambiguity in what optimal care looks like.(254,296,300,304,305) For example, one 2020 Spanish study found that having processes for standardisation of intensive care unit (ICU) handovers, informed nurses about the preparation of required equipment and allowed them to focus more on the patient's needs, identity and medical history.(254) Adherence to standard processes, however, can be difficult in practice and requires uptake of training, and continuous self-evaluation of practice.(296,305) According to one 2016 systematic review on nursing in a healthcare context, self-evaluation of practice means that staff should continuously question their own knowledge and behaviour in a way that promotes continuous learning, and allows them to explore and use various methodologies to facilitate the use of best knowledge.(300)

As highlighted in the literature, a professional’s behaviour is also often dictated by how they perceive their own competence.(290,295) The evidence suggests that there is a direct correlation between knowledge improvement and confidence in one's own abilities: as a professional's level of knowledge increases, so does their confidence.(290,295) According to one study on midwifery practice, a novice is still a student and therefore lacks confidence, an expert in their field is confident enough to transfer their skills to tackle unique and challenging situations where they may or may not have any direct experience.(290) The same study found that if a professional is skilled, then they are more likely to implement improvements and changes, and a lack of confidence can lead to staff referring more patients to different services, as they may not believe they are capable of giving them the care that they need.(290) This is also supported by findings from a 2013 thematic synthesis in a healthcare context, which stated that high levels of skill are almost always facilitators to responsive care, and a lack of skill is almost always a barrier.(295) In contrast, according to the same study, high levels of self-confidence are not always facilitators of responsive care, and could even sometimes be a barrier. This study identified that, if a professional believes they perform well enough without guidelines, then they are less likely to follow them.(295) However, confidence in one’s own ability to some degree could also make professionals more likely to suggest and implement improvements.

Motivation was found to be a positive driving force for encouraging professionals to carry out responsive care.(300,306) According to one 2017 systematic review on health-promoting leadership in nursing, motivation to do work can be facilitated by the belief that one's own work is meaningful, and will bring about real and significant benefits for the person in their care.(306) Positive motivation, according to a 2016 study on nursing staff in a healthcare setting, encourages professionals to expand and develop their knowledge and skills.(300) On the other hand, it was identified in this study that a lack of motivation can be a significant barrier to the competence and skills of health and social care professionals, particularly when nurses struggle with high workloads and a large volume of administrative work. While most staff in the same 2016 study agreed that they should be continuously questioning and improving their skills, they also noted that it can be difficult to find the motivation to do so when there is no incentive or recognition of the improvement of their performance from managerial staff.(300) Workloads have an impact on the ability of health and social care staff to perform their duties effectively, according to a 2020 systematic review on nurses' adherence to patient safety principles, which found that guidelines were adhered to more strictly when nurses had less patients to care for.(254)

As well as being up-to-date with the evidence, health and social care professionals need to have sufficient knowledge of the people they are treating.(253,283) An example of this is highlighted in one 2017 study of patient preferences in healthcare, where people valued when professionals were aware of their cultural, social, and economic background, and felt more comfortable as a result.(253) This supported findings as discussed earlier in the section on Safety and wellbeing. It was found that this could be facilitated by allocating the same dedicated team to the person each time they visit the care setting. According to a 2018 study on outpatient care in Dubai, this improved familiarity could also allow staff to improve the person's ability to self-manage at home.(283)

One 2017 review of patient-centred healthcare highlighted that, because nurses have the most interaction with patients, particularly at the bedside, their roles are critical for implementing aspects of various approaches to care, such as person-centredness and a rights-based approach.(285) Including patients in decisions about their care can not only improve their experience, but can also improve the competence of the professionals involved in their care. According to a 2020 review of nurses' adherence to patient safety principles across multiple jurisdictions, the act of planning and performing nursing care at the bedside improved patient participation, reduced distractions and improved nurses' overall adherence to safe care guidelines.(254) It was found that staff performance, therefore, should focus on patient outcomes, and should avoid unnecessary costs through efficient, streamlined care delivery. This is in line with findings from a 2018 study of high-performing Australian primary care practices, in order to be effective this approach should involve both self-reflection and feedback from their patients, team and team leaders.(264)

5.4.7. Summary

In summary, responsiveness emerged across multiple health and social care settings as responding to the needs of the person in care through the delivery of timely, consistent and appropriate care. Professionals should be open with the people they provide care and support to and communicate transparently, particularly when things go wrong. Familiarity with the people in a professional's care emerged as being an important facilitator of responsiveness, where the more that was known about a person, the more the ability of professionals to care for them improved. Knowledge in general is key in facilitating responsiveness, and practices should be up to date and informed by evidence at all times. Lack of skills, confidence and knowledge is seen as a barrier to carrying out responsive care, but continuous learning, positive motivation, and belief in one's own ability to carry out meaningful work facilitated this. These findings were consistent across multiple jurisdictions and health and social care contexts. As a principle, responsiveness should be ingrained in the culture of the organisation, but should also be applied in everything that the professional does in their daily work.

5.5. Accountability

5.5.1. Introduction

The principle of accountability in health and social care refers to the way in which health and social care organisations operate to achieve the best outcomes for people receiving care and support, and also the best outcomes for the people working in these organisations.(270,277,280,282) Accountability, according to the literature, means that health and social care organisations are ultimately responsible for providing the highest standard of care and support that can be delivered to the people who need it, within the resources and facilities available to them.(264,274,307,308) Accountability also means that there are transparent and robust structures in place so that staff understand their roles and responsibilities, and service users and staff alike know who to talk to when they have concerns about how care and support is being delivered.(258,273,306) Accountability emerged in the literature under five themes. These themes are:

- Governance and culture,
- sustainability and value for money,
- integration across settings,

- working together, and
- leadership.

Each of these themes, and how they emerged from the literature, will be discussed in the following section.

5.5.2. Governance and culture

Governance in health and social care, according to the HSE code of governance, can be defined as "the framework of rules, practices and policies by which an organisation can ensure accountability, fairness and transparency in an organisation's relationship with its stakeholders, including health and social care staff, service users, and the Department of Health."(309) According to this code of governance, this also means that health and social care providers are responsible for implementing quality improvement strategies in organisations under their remit, and can be held accountable for the success of these strategies. This section will explore how this is reflected in the evidence under the following three sub-themes:

- Workplace culture,
- quality improvements,
- and frameworks.

5.5.2.1. Workplace culture

According to the literature, a workplace culture that supports health and social care professionals should encourage staff to work together, and should highlight the roles and responsibilities of the individual in sustaining the culture.(287,298,310,311) A 2018 review on enabling teamwork in healthcare found that the culture of an organisation influences how staff work together in an effective way.(298) This review highlighted that, within organisational cultures, there are often micro-cultures within hospital units, and these influence how healthcare teams operate and interact. According to a 2017 study on a person-centred care framework in a Swedish healthcare setting, teamwork and collaboration was emphasised in the framework but had to be reinforced by managers who devoted time and effort to ensure staff understood and carried out their roles. As staff turnover in this setting was high, deliberate strategies had to be developed in order to transfer skills effectively to new staff, for example through an introductory programme.(287)

According to a 2013 review on primary care quality improvement in Ontario, a move towards a more equitable and accessible primary healthcare system requires increased attention on creating consistent leadership, good teamwork, a culture of person-centredness, and also buy-in from staff across all levels of the organisation.(293) Reform and renewal of primary healthcare was identified in this study as being facilitated by an integrated accountability framework, where staff are supported to work together towards a common vision. This supports findings from the section 'Integration across settings' which will be discussed at a later stage in this review.

The culture of the organisation should be built around achieving the best outcomes for the patient, but should also take consideration of the needs and preferences of its employees.(245,258,290) For example, this is highlighted in a 2013 study on inpatient mental health services in Australia which identified that goals in person-centred care, which promote respect for patient values and autonomy, are most effectively delivered when governed by a work culture that applies these same principles to management and leadership strategies.(258)

In one study on an accreditation process in a Portuguese hospital, respondents found that the accreditation process itself played a key role in the establishment of a robust culture of person centredness with a focus on patient safety. The accreditation process in this study allowed staff to become more aware of their own behaviour, and created a higher degree of transparency in reporting of even minor safety incidents. In this study, there was also a feeling of inclusivity and participation as a result of the accreditation process, with staff reporting they felt as though they could each have an active and meaningful role in strengthening the culture of the organisation.(273) This in turn increased the level of self-reported buy-in from staff in terms of implementing the culture of the organisation in their daily work.

5.5.2.2. Quality improvement strategies

Various types of quality improvement strategies in health and social care emerged in the literature, including models, theories and frameworks, both conceptualised and realised.(250,282,307,312,313,314,315,316,317,318,319,320) This section, therefore, will largely focus on the ways health and social care organisations aim to improve the delivery of their services, and how these strategies shape and are shaped by the culture of organisations.

According to various sources in the literature, the governance and culture of health and social care settings can influence the application and implementation of quality interventions.(269,295,319,321,322,323) A 2017 review of definitions of quality in healthcare found that quality care and support is delivered in the daily work of individuals, but must also be supported by the culture of the organisation, which according to this review should be focused on attainment of the best outcomes in care and support.(269) For example, a 2013 thematic synthesis on clinical quality interventions in healthcare found that such strategies are more likely to be implemented if they are consistent with the culture of the organisation, and vice versa.(295) This review highlighted the need for a culture that is focused on accountability, collaboration between clinical practices, and promoting self-reflection among staff. According to one 2017 systematic review on theories for capacity building in public health, applying theories recognised in the literature and evidence-based practice, such as transformational learning and diffusion of innovations, can expand the perspective of staff, allowing for greater self-reflection and autonomy, while promoting a sustainable and readily implementable quality intervention.(319)

According to one 2013 American review paper, increased clarity around the roles and responsibilities of employees helps prevent workers from practicing outside of their professional scope.(324) The same review states that increased transparency, particularly around the reasons and processes for disciplinary action, results in a more fair process, and greater acceptance of accountability.(324) A willingness to change among individual staff was identified as a key facilitator of uptake of quality interventions in one 2013 thematic synthesis.(295) Here, an individual's sense of commitment and optimism about the quality intervention strategy was seen as a facilitator of change and indeed of uptake of clinical quality interventions, whereas a lack of intention to change was a barrier. Implementation of quality improvement strategies can be confined by the infrastructure of the organisation. For example, a 2017 study on quality in Norwegian healthcare settings identified infrastructural improvements as a key facilitator of overall quality improvement. According to this study, the infrastructure should allow for a system that provides improvement guidance for front-line teams, and offers staff easy access to clinical outcome data that they need to self-reflect on their work.(311)

A 2017 mixed-methods study on quality improvement in Norwegian healthcare settings found that organisations should place effective benchmarking and guidance at the forefront of quality improvement strategies. In the same study, domains such as measurement, team guidance and professionalism were associated with improvement, while interestingly organisational leadership was not. According to the authors of this study, the emergence of these domains highlights the importance of a culture of continuous learning amongst staff, and the pivotal role of personnel in achieving the goals of the organisational culture.(311)

How quality improvement initiatives in health and social care are designed has an effect on how acceptable and readily implementable interventions will be. The importance of the design stage of interventions was highlighted in one 2017 systematic review on theories for capacity building in public health.(319) The design stage, according to the findings of this review, should incorporate considerations such as perceptions of the intervention, how the decisions will be made, how it will be communicated, and who is ultimately responsible for implementing and promoting the intervention. According to this review, applying these considerations is essential in encouraging organisation-wide uptake.

5.5.2.3. Frameworks

A 2012 review of quality frameworks in primary care found consistent adoption of frameworks based on a Donabedian system of structure, process and outcome, with varied implementation and application strategies. This review identified both top-down and bottom-up initiatives. Top-down initiatives, such as those in New Zealand and the UK, place further emphasis on the 'structure' element of the framework, including the development of robust standards and guidance. Conversely, bottom-up initiatives, such as those seen in German primary care, place further emphasis on the 'outcomes' element, where the delivery of care is the primary focus and guidelines are formulated around this. Critics of the top-down approach, according to this review, argue that good clinical performance does not equate to good clinical care, and that an emphasis on evidence-based practice should not replace a clinician's own judgment.(265) Supporting this, a 2013 review of Canadian quality improvement frameworks in primary care, recommended that quality improvement strategies should be system wide, and promoted through the culture of the organisation.(293) This review favoured flexibility over more prescribed methods of implementation, where flexible strategies have the potential to be applied consistently across more varied settings. This supports findings from the earlier 2012 systematic review on quality frameworks which found that there should not be an over-reliance on such models, as not all aspects of clinical quality are readily quantifiable, and measurement of quality in this way can often necessitate the translation of highly theoretical concepts into more concrete representations.(265)

Lastly, frameworks in health and social care should take the functional and social challenges of service users into account, and according to one 2015 review on the provision of homecare for older people, this requires a care delivery model that adapts to the person being cared for in their home. According to this review, such care delivery models need to be appropriate to the needs of the service user, and accountable, particularly when people are vulnerable due to being housebound or chronically ill.(276) A recent 2020 review of dementia care in residential settings across England and Northern Ireland identified the importance of promoting a culture of holistic care, where care homes should not only seek to provide optimal care and support but also providing optimal quality of living for their residents.(280) This supports the need to ingrain other overarching principles for health and social care, such as ‘responsiveness’ and ‘a human rights-based approach’ into the culture of the organisation.

5.5.3. Leadership

Leadership emerged in the literature as being key to achieving safety, collaboration and learning in the culture of health and social care organisations.(264,270,303,306,325,326,327) The characteristics of good leaders emerged in these publications as being leaders who effect positive change, consider the health and safety of employees, promote continuous learning, and are not overly authoritative. According to a 2020 white paper published by the IHI, leaders in healthcare should influence others to develop behaviours, habits, processes and technologies that foster continuous improvement of performance.(270) Leaders, according to this paper, should be transparent, continuously learning, and should inspire improvements both in their employees and across the organisation.

According to the evidence that emerged from the literature, good leaders effect positive changes in the organisation.(264,270,300,327,328) The leader's role, in a 2018 study of Australian primary care, was identified as encouraging staff to reach realistic goals, and empowering their autonomy and accountability. This was facilitated in this study by fostering knowledge gain, being respectful, reviewing and reflecting on their practice.(264) This is supported by findings from a 2016 study in a Spanish primary care setting, where nurses stated that not feeling recognised by their organisation or leaders when they are trying to improve their practice could be highly discouraging.(300) Leaders are key in promoting a culture of continuous learning within organisations. A 2020 IHI white paper, mentioned previously, describes leaders as being guardians of learning systems in healthcare.(270) This means that they should lead by example through understanding and promoting improvement strategies, and encouraging transparency and accountability at all levels.(270)

Various styles of leadership emerged from the literature, including those that focused on influencing safety and wellbeing for patients and staff, and also those that focused on influencing staff performance and behaviour.(306,329) The concept of health-promoting leadership emerged in one systematic review in the context of healthcare, as a leadership style that creates a more holistic view and promotes good relationships between co-workers, supervisors and people in care.(306) This involves developing manageable work plans with a focus on stress reduction, and recognising the employee's need for recognition. Health promoting leadership was seen in the same review as being the interaction between leadership and the work environment, and focusing on building a culture that promotes a healthy work environment.(306) Leadership in a 2018 review on nursing and midwifery care was described as being a relationship where one person, or team, influences another person or team.(329) This review identified two common forms of leadership, situational and transformational. Situational leadership in this study referred to the ability to adapt ones leadership style to the context as required, whereas transformational leadership referred to influencing employees by being a champion of good practice and behaviour.(329)

According to evidence from the literature, leaders should empower health and social care teams to work together effectively.(254,258,274,303,329) A 2017 systematic review on teamwork in primary care identified leadership as promoting inter-professional practice, by empowering teams to work together.(303) This review identified leadership as something that should be shared, particularly in the context of teamwork. A 2018 review on leadership in midwifery and nursing highlights the concept of leadership as not only being an individual effort but also one that has to be reflected in organisational policy. A greater emphasis on leadership in midwifery practice was associated with greater engagement of staff and improved quality of care.(329) According to a 2018 study on healthcare in the UK, team leaders should work together with employees without being overly authoritative.(274) This study also found that when teams are led by effective leaders, staff become better leaders themselves. This is supported by findings from a 2013 Australian study on inpatient mental health facility, where engaging staff with an experienced and motivated project team leader resulted in development of strong leadership skills among the nursing staff that were involved in the project.(258) In this sense, good team leaders can influence others to take ownership over their roles and promote a greater degree of accountability without fear of being reprimanded. For example, in a 2020 systematic review on nurses' adherence to patient safety principles, safety measures were more likely to be adhered to when staff received regular feedback and interaction with senior colleagues.(254)

5.5.4. Sustainability and value for money

Sustainability and value for money, according to the literature, means health and social care organisations working in a way that provides the best quality of care and support possible, with consideration of the physical and human resources that are available to them.(246,257,271,276,293,295,302,330,331,332,333,334) This section focuses on the financial and resource implications that influence the delivery of care and support in health and social care organisations.

Efficiency is key in ensuring appropriate use of resources, according to a 2017 study in a British mental health setting.(257) In this study, the term 'efficient' in the context of care and support provision was defined as treatment that does not waste resources and is good value for money. This sentiment of waste reduction is also emphasised in a Canadian model for health and wellbeing in healthcare settings, which was the focus of a 2018 literature review and highlighted the importance of using resources effectively and sustainably.(246) In this model, all organisations are accountable to their funders and local health authorities to manage their finances and resources in a way that maximises efficiency and service provision. Also in a Canadian context, a 2013 review of healthcare frameworks states that efficiency in terms of sustainability means reducing the use of physical resources insofar as possible while still carrying out high-quality care.(271) According to this review, an appropriately resourced primary healthcare system means one that has enough qualified providers; funding to retain management; and enough information, equipment and supplies to look after people's health needs and keep staff safe and motivated. In a 2013 thematic synthesis on Australian healthcare, even a perceived lack of resources was a barrier to implementation of quality interventions.(295) This review found that concerns about a lack of resources could be sustained by too many demands being made too quickly, and by burdensome practical and administrative requirements associated with workplace changes.(295)

The 2013 review on Canadian healthcare frameworks also highlighted the need to be prepared for the changing population as people age, and that an appropriately resourced system should prepare and plan for the extra costs associated with this.(271) This is also supported by findings from a 2015 review on US homecare, which found that moving care away from high-cost, high-dependency hospital settings can concentrate resources in a manner that is appropriate to the needs of patients and their caregivers.(276) According to this review, homecare in high-risk patients can be sustainable by encouraging proactive management of conditions before they become emergencies, thus saving on costs both to the patient, the hospital and the exchequer.

Human resource capacity is a challenge in many health and social care settings. For example, according to a Canadian 2013 review on primary care reform and quality improvements in Ontario, a lack of human resources can lead to a lack of clarity around who is doing what and how much things will cost.(293) In a 2017 study on primary care teams across different cultural contexts in the US, respondents from rural practices had experienced difficulties in hiring and retaining staff due to resource limitations, both in terms of incentives such as equipment and salary but also in terms of workforce availability. In this study, more experienced staff were more likely to gravitate towards urban and suburban practices that could afford to offer a higher salary.(302) In rural practices, a lack of resources led to staff carrying out activities that they would not normally be expected to do, and incentives to attract workforce were more likely to rely on non-financial aspects.

5.5.5. Working together

The theme of 'working together' emerged under the principle of accountability as the way that health and social care teams operate to achieve shared goals in the delivery of care and support. A successful, effective team was found in the literature to mean one that is collaborative and works towards a shared vision for patient outcomes, without a focus on creating overly hierarchical structures.(258,264,287,302,329,335,336) A 2018 review on midwifery practices identified collaboration as a key characteristic in creating a supportive practice climate.(329) A 2013 study on Australian inpatient mental health services identified the promotion of positive teamwork as an essential factor in the success of a project.(258) According to this review, positive teams are more collaborative, and achieve better outcomes in patient care. Teamwork, like other interventions for creating an effective workplace, should be ingrained within the culture of the organisation.(287,298,302,303) A 2018 review on enabling teamwork in healthcare found that leadership is key in sustaining the culture change necessary to adopt effective team working strategies.(298)

Collaboration and teamwork were also identified as key success characteristics in a 2018 study of high-performing primary care practices in Australia.(264) In this study, participants from these high-performing practices noted that a willingness of staff to help each other, as well as appreciation and respect for the various roles people play, contributed to the success of the practice. Staff in this study all worked together towards a shared purpose, and did not feel as though they were restricted by overly authoritative management.

A 2017 study in a Swedish healthcare setting found that teamwork encouraged professionals to take on new roles and responsibilities, and extended the person-centred culture of the organisation to the way co-workers interacted with one another.(287) This was facilitated in the study by a less hierarchical team structure, where co-workers showed greater inter-professional collaboration, collective action, and greater communication with patients. Furthermore, a 2017 study on multidisciplinary primary care teams in the US found a variety of successful team designs, although practices were often not able to identify how the team structures and workflow pattern came about.(302) In this study, from an organisational point of view, teamwork could be facilitated by the availability of technological resources that streamlined communication, quality improvement initiatives, and supportive and collaborative cultures within practices.

Working together in a way that fostered trust and did not create a culture of competitiveness was found to be a facilitator of effective teamwork across a number of jurisdictions and health and social care settings.(302,303,329) A 2017 study on multidisciplinary primary care teams found that each practice identified the importance of individuals in creating effective teams, and highlighted their co-workers supportive and collaborative behaviour.(302) Another 2017 systematic review on teamwork in primary care found that facilitators of collaboration included trust, respect, openness, humility, and giving time to listen to their co-workers.(303) A 2018 review on supportive midwifery practices identified five essential components of effective collaboration — these were mutual respect and trust, working without competitiveness, communicating effectively, having a shared vision, and a sense of clarity amongst all staff around their roles and responsibilities.(329)

Communication strategies, such as team huddles and debriefs, were frequently mentioned in the literature as being facilitators of good teamwork.(270,298,302) A white paper published in 2020 by the Institute of Healthcare Improvement highlighted some key characteristics of a well-performing team. Good communication, in this paper, meant that team members were spoken to with respect, and messages were repeated if any member of the team did not understand it correctly the first time.(270) Other characteristics of good team communication mentioned in this paper included being able to think ahead, reflect back, communicate clearly and manage risks as they arise. Thinking ahead in this context meant outlining the next steps, talking about what could go wrong, and agreeing on a plan together that manages risk while optimising safety and efficiency.(270) Debriefs, or reflecting back, meant evaluating what went well and what did not, what could be improved, and whether each person knew the role they had to play in the team. This was supported by findings from a 2018 review which highlighted the importance of briefings and debriefings in offering valuable learning opportunities and allowing teams to discuss and evaluate their own performance.(298) There was a strong consensus in one 2017 study that encouraging communication within teams through huddles enhanced the overall functioning of the team.(302) This study also noted that having processes in place for streamlined communication, such as electronic health records, enhanced the ability of healthcare professionals to work together. Communicating with clarity, in the same study, was carried out in high-functioning teams using structured communication where critical information was shared in a succinct, consistent and credible way.(302) The importance of communication within teams was also supported by a 2017 review on defining quality in healthcare, which highlighted that effective communication should be accurate, evidence based, consistent, credible, and easy to understand.(269)

The literature highlighted that strong teamwork is associated with an improvement of workplace safety and culture, and also improves accountability.(254,287,298,329,337) According to a 2018 review on teamwork, professionals being able to work together on multidisciplinary teams can improve the quality and safety of care delivery for both patients and staff.(298) In this review, it was found that that hospitals reporting higher rates of teamwork had lower rates of workplace injuries, less burnout, and lower levels of fatigue within their roles.(298) This review found that teamwork led to increased staff engagement with their roles, and greater ownership over their responsibilities. The idea of teamwork facilitating higher quality of care delivery was also evidenced by a 2020 systematic review which found that collaborative tasks in hospital wards were associated with increased adherence to patient safety principles.(254) This study also found a higher degree of adherence to infection prevention and control measures when a higher number of nurses were working and collaborating together. The review suggests that this improvement was a result of a greater emphasis on shared accountability, resulting in double-checking of procedures and a higher awareness of safety measures.(254) Teamwork in one 2018 review of supportive midwifery practice meant emphasising shared accountability when things go wrong to promote a culture of collaboration.(329)

5.5.6. Integration across settings

The theme 'integration across settings' emerged in the literature as the way that health and social care organisations and teams interact with one another with a shared goal of achieving the best outcomes of care and support for people accessing multiple services.(271,274,282,303,308,338,339,340,341,342) The importance of integrated care in the Irish context was highlighted in a 2017 evidence review on conceptualising an overarching model of nursing and midwifery care, which found that the need for integration and closer collaboration between services and teams should be inherent in the philosophy or care of an organisation.(282) In this review, the ideal model was found to be one underpinned by principles of person-centred care and supported by a philosophy of integration and collaboration. Integration of care across settings, according to this review, can be facilitated by collaborative links between all sectors of the health service. Such links could result in seamless transitions of care, and improve the experiences of people using multiple services. This highlights the importance of both integration and collaboration for providing care to people with complex needs and delivering proactive care for preventing emergencies.(282) Furthermore, a 2013 review of Canadian quality care frameworks highlighted integration and continuity of care as a key quality indicator, where patients with complex needs can receive the same standard of care in both primary and community care settings, where their needs are known and looked after, even outside of normal working hours.(271)

Multiple studies identified both barriers and enablers to working across inter-disciplinary boundaries in health and social care.(274,303,308) A 2018 study on facilitation of integrated working in England highlighted both external and internal enablers identified by subject matter experts.(274) In this study, external enablers came from the organisational level, and included seeking timely and active support from collaborating organisations, and development of inter-professional teams to support a culture of continuous learning. Internal enablers came from individuals, such as fostering of reciprocal learning relationships, and responsiveness to each individual. Here, a collaborative and flexible team was found to be essential for successfully working across settings.(274) A 2018 systematic review on the integration of mental healthcare into primary care highlighted some key barriers and facilitators:(308) Barriers in this study included staff perceptions of mental health not being as important as physical health, and a lack of knowledge from staff around identifying and treating a wider variety of mental health and physical needs. Facilitators of integrated care in the same study included strong management and leadership, a motivation of staff to change and adapt, and also a perceived potential for successful integration.(308) According to a 2017 systematic review on collaboration in primary care settings, working together across disciplines, can be facilitated by sharing workspaces, communicating frequently, respecting the knowledge of other professionals and the way their practice operates, and being willing to work together with shared leadership when there are conflicts or tension.(303)

Financial and resource implications were identified as both a barrier and a facilitator of integrated care, where successfully working across health and social care settings could result in cost and time savings and not create more financial burdens for the service or service user.(274,308,341) According to findings identified in a 2017 study on NHS reforms, delivery of integrated care is not only associated with benefits in terms of the type and quality of care and support, but also results in significant cost savings.(341) A 2018 study on facilitation of integrated working in England highlighted that working in an integrated way reduces stress on highly pressurised staff, and if done correctly, avoids duplication of effort and complicated handovers between different departments or services.(274)

5.5.7. Summary

The principle of accountability emerged in this evidence review under five themes across multiple health and social care settings. The first theme, governance and culture, referred to the ways in which providers of health and social care promote delivery of high-quality, safe and effective care, and how the culture of the organisation can facilitate this. It was found that quality improvement strategies were successful when they promoted a culture of continuous learning amongst staff, were flexible to contextual needs, and could be readily implemented without reliance on overly abstract or restrictive theories. Implementation of culture changes and quality improvement initiatives were found to be facilitated by commitment from staff in their daily work, a shared vision of the best outcomes for people receiving care and support, and staff optimism around the potential for successful implementation.

Next, the theme of leadership emerged, where high-quality care and support was found to be delivered in health and social care organisations where leaders effected positive culture change. In the literature, good leaders were found to be those who promoted continuous learning and self-reflection, those who were transparent, approachable and not overly authoritative, and those who led by example in line with the values and principles of the organisation.

The next theme that emerged was sustainability and value for money, which referred to the capacity of health and social care organisations to deliver the best possible outcomes for people receiving care and support while employing the most efficient use of resources. Within this theme, it was found that a lack of resources could lead to problems in retention of health and social care staff, and could result in existing staff working in expanded roles. Working in the most efficient way possible, including emphasising preventative care, could overcome barriers in costs and resource limitations.

The last two themes that emerged were 'working together' and 'integration across settings' which produced similar findings. Both of these themes highlighted the importance of teamwork in bringing about shared goals in the provision of high-quality health and social care, and emphasised the importance of effective communication for facilitating this. Interestingly, there was a consensus across the literature that overly authoritative or restrictive collaborative strategies were less successful, and an approach incorporating a culture of shared accountability should be favoured.

These findings were consistent across multiple jurisdictions and health and social care contexts.

5.6. Person-centred care and support

5.6.1. Introduction

Person-centred care and support emerged as a unifying theme in the literature, and was found across multiple health and social care contexts to underpin the four principles of a human-rights based approach, safety and wellbeing, responsiveness and accountability. A service underpinned by these principles delivers care and support that is person centred.

5.6.2. Person-centred care and support

Person centredness, according to multiple sources from the literature, is a core philosophy that health and social care professionals should aim to follow in their daily work.(258,259,260,264,270,285,343,344,345,346) Highlighting this in particular, one Australian study carried out in 2018 described how primary care nurses and physicians place the person receiving care and support at the centre of all they do. One participant in this study stated that "we don't want to be just ticking along and doing a job and going home," highlighting that the welfare of the people receiving care and support were of utmost importance, and ultimately what matters the most.(264)

The characteristics and values surrounding person-centred care emerged as being relatively consistent across the literature and across various health and social care settings. The most prominent of these characteristics was the concept of having a 'whole-of-person' approach, where the individual receiving care and support is considered.(256,258,285,347,348) This aligns with findings from the earlier section on A human rights-based approach.

A 2017 review of palliative care in the UK described person-centred care as being willing to engage with "all aspects of patients' lives" including social, emotional, and spiritual needs, as well as their physical and mental health needs.(256) Supporting this, a 2013 study in an Australian mental health setting described person-centred care as an approach that promotes respect for patient values, knowledge, and autonomy. This study found that person-centred care would be best delivered in a setting where person-centred values are ingrained in the organisational culture, by professionals who fully adopt the culture and carry out their daily work in line with its values.(258)

One 2017 review of person-centred care in Israeli healthcare settings made distinctions between 'patient-centred care' and 'person-centred care.' (285) According to this review, the latter term means taking a wider holistic view of the person, and focusing on their relationships with the professionals that they interact with when receiving care and support. This review stated that nurses can often play the most important role in implementing person-centred care, as they interact the most with people receiving care and support.(285) Nursing staff, according to this review, have a significant influence on the care experience of people in hospitals, with person-centred philosophies, and good communication and empathy skills found to facilitate good experiences.

People were found to have better experiences when they received care and support that was person-centred, and promoted their overall health and wellbeing.(253,259,349) This aligned with findings from the principle of 'Safety and wellbeing.'

A 2017 systematic review on what patients value the most in healthcare found that person-centred care should treat people receiving care and support as individuals with their own life stories.(253) These findings highlighted the importance of understanding the complexity of people's feelings and choices, and delivering care and support in a way that aims to respect their spiritual and lifestyle needs. From the care and support delivery point of view, this review recommends focusing on a professional's sense of objectivity, and the communication and empathy skills of the healthcare professional in order to facilitate a person-centred approach.(253)

One 2015 study of person-centred primary care asked patients what matters most to them in terms of the care and support that they receive. It was found that people greatly valued the empathetic emotional support that they received, and did not like being viewed as 'just another patient.' (259) The study highlighted that this could be achieved by focusing on communication skills training, and including the importance of listening and being empathetic. In this study, people also wanted their appointments to be made around their schedule, and not on the schedule of the hospital or practice.(259) In terms of care delivery, this was linked to emphasising a streamlined use of technology and electronic bookings, and being able to communicate effectively over the phone or online. Lastly, participants highlighted that it was important their symptoms and concerns were listened to and discussed, and that the professionals working with them were knowledgeable and confident.(259) This was linked to care delivery by emphasis on protocols and guidelines for processes such as medication reconciliation, for example.

The ability of health and social care staff to respond to the needs of people receiving care and support had a significant impact on the implementation and success of person-centred approaches.(262,279,287) This aligned with the principle of ‘Responsiveness.’

A 2017 study carried out in Sweden described how healthcare professionals perceived person centredness, and the barriers and facilitators they identified in implementing this approach.(287) Firstly, the barriers to delivery of person-centred care included strain caused by heightened workloads, and a perception that an emphasis on person centredness would result in increasingly bureaucratic documentation. Some healthcare practitioners found it difficult to apply the principles of person centredness in their daily work because they found that these were too abstract to translate into daily practice, or they saw it as simply an administrative exercise that would not change the way they work. On the other hand, person centredness could be facilitated by having regular informal meetings on person-centred philosophy where professionals discuss explicitly how they could change their daily practice and how they interact with people receiving care and support.(287)

In another 2017 study on person-centredness in Swedish healthcare, people receiving care and support valued being able to build connections with professionals, and felt like this was facilitated by having frequent informal chats and discussions, and being encouraged to participate.(279) A 2016 study on translating person centredness into practice in Norwegian healthcare settings found that one of the main challenges for implementing a person-centred approach was convincing professionals that they were not already practicing this way.(262) This study recommended that healthcare organisations invest in training for employees, and encourage professionals to think carefully about the context and background of each person they are treating. Even when professionals did not believe that a person-centred approach had an effect on the standard of care being delivered, people receiving care and support in one Swedish study were able to see benefits in the way that professionals interacted with them and with each other.(287) These benefits included increased attentiveness to their needs, and an overall sense of ease. In a 2017 survey of Norwegian health and social care workers, 92% of respondents cited person-centredness as being of "great" or "very great" importance to the way they carry out their daily work and engage with their co-workers.(311)

In the literature, it was found that when there was a focus on person centredness in the culture of a health and social care organisation, both professionals and people receiving care and support were able to benefit from it.(262,287,311,350) The potential impact of organisational culture on the care and support being delivered aligned with findings from the principle of Accountability. It emerged from the literature that many health and social care organisations put patient or person-centred care at the core of all that they do, with models, frameworks and guidance in place to support implementation of this into daily practice.(267,270,345,351,352,353) An example is the Patient-Centred Medical Home (PCMH) model, which emerged across multiple publications.(267,351,352) One 2017 review described this model in US care homes, as aiming to deliver sustainable, outcomes-focused healthcare by focusing on holistic care and support. In this model, people have access to a primary care physician as well as a collaborative practice team who work together to support the person and encourage participation. In this sense, the model seeks primarily to improve the care experience of the patient.(352)

Barriers to implementing this model, however, included a lack of buy-in from staff, and confusion due to a lack of definition around what patient satisfaction looks like. This review therefore recommends strengthening the underlying attributes or values of such models. Facilitators of implementation included increasing participation, and engaging people to become more involved in decisions around their care and support.(352) This was also supported by findings from another 2017 study on nurse-led implementation of the PCMH model in the US, which also found that the facilitating factors in implementing this model were around the role of the person receiving care and support. This study also found that the PCMH model could be facilitated by introducing formal structures within the organisation, such as having frequent meetings, and streamlining communication and workflows.

5.6.3. Summary

Person-centred care and support emerged from the literature as being a central philosophy for delivery of care and support across multiple health and social care contexts. Person centredness was found to underpin the four principles identified in this evidence review. In the context of a human rights-based approach, autonomy, empowerment, and participation all contribute to a person-centred approach to care and support. A service that is safe and emphasises the overall wellbeing of people accessing care and support is person centred. A responsive service enables professionals to incorporate the context and background of each person in responding to their care and support needs and provide person-centred care and support. Lastly, in the context of accountability a person-centred approach needs to be ingrained in the organisational culture through models, frameworks and guidance. According to the literature, the person receiving care and support should be at the core of everything, and their best outcomes should always be of utmost consideration. This was consistent across multiple health and social care contexts.

6. Summary, conclusion and next steps

This document outlines the evidence that was reviewed by HIQA to inform the development of a set of principles to underpin all future national standards for health and social care.

This included:

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

6.1. Overview of findings

Many jurisdictions recognise that one set of high level principles can underpin all health and social care standards, irrespective of the service or setting. The review also identified a consistency of principles in the jurisdictions and literature reviewed. A summary of the key findings on adopting a principles-based approach and the development of the draft principles is set out below.

Key findings on adopting a principles-based approach

Principles and values are used in a large number of key documents identified in the international review. However, there is no clear definition of principles and the use of the term in standards, guidance or associated documents is inconsistent. Despite inconsistencies in how principles are used, common principles to underpin health and social care, irrespective of service or setting, were identified.

There were a number of key findings on how principles are used in health and social care legislation, strategy, standards, guidance and codes of practice in the seven jurisdictions examined.[‡] These are set out below.

[‡] The seven juridictions examined as part of the international review were Northern Ireland, England, Scotland, Wales, Australia, New Zealand and Canada.

Use of principles in legislation

Principles have been used in legislation in a number of jurisdictions to highlight the importance of particular concepts in health and social care, and there is a move to setting out guiding principles in legislation and associated codes of practice. The principles set out in legislation have influenced national health and social care frameworks, policies, standards and guidance.

This is most evident in social care legislation in the UK, with the Social Services and Well-being (Wales) Act 2014,(4) the Public Bodies (Joint Working) (Scotland) Act 2014,(5) and the Care Act 2014 (England),(6) which all include principles relating to wellbeing. In addition, these acts all provided a radical shift from existing duties on local authorities to provide particular services, to the concept of 'meeting needs' of the individual and thus delivering more responsive services. These principles have helped inform the development of health and social care regulations and standards in these jurisdictions and the approach to inspection and regulation of these services. A recent review of health and disability services in New Zealand, published in 2020, also recommends the move to common principles and or values across health and social care services and for these values to be mandated in a legislated charter.(7)

In an international context, principles and values are used within legislation to ensure that a number of core human rights principles are provided with a statutory footing globally. Ratification of international human rights treaties within jurisdictions examined reflects a strong commitment to the protection and promotion of human rights.

There is a clear move in a number of jurisdictions towards setting out guiding principles for health and social care services in legislation. Given that principles can be understood as fundamental values or goals that are needed to underpin good services, plans, practices and processes and apply regardless of the service setting or type, there is an opportunity in developing high level guiding principles that can be generalised to all legislation, and statutory instruments focused on people's care and support, regardless of the services that they are using. This would ensure that national policy, standards and guidance all followed the same guiding principles to provide a common understanding across health and social care services and help ensure integrated and consistent care and support for people.

Use of principles in national standards and strategy documents

HIQA's 2018 international review also identified a move to overarching standards and that trend has continued in the last number of years.(1) For example, in New Zealand the recent draft amended standards for health and disability services care have amalgamated and replaced a number of individual standards.(8)

In addition, there is also a recognition that higher level and less prescriptive standards can be underpinned by principles. This is most clearly seen in *Scottish Health and Social Care Standards* which are underpinned by five principles: dignity, compassion, be included, responsive care and support, and wellbeing.(9) This is also evident in existing overarching quality standards from Northern Ireland which include a set of common principles and values.(10) Recent reviews of the Welsh health and social care system and associated strategy documents have also identified the need for a common set of principles or values to promote integration across health and social services.(11,12,13)

There is also clear evidence from a number of jurisdictions of how the use of principles in key pieces of health and social care legislation has had a role in shaping national standards, regulations, codes of practice, guidance and strategy documents. The principles set out in the overarching legislation have been adapted and incorporated into the documents as guiding or underpinning principles.

Use of principles in codes of practice

Codes of practice are developed by professional regulatory bodies for individual health and social care professionals to apply in their day-to-day practice as opposed to standards developed to apply to health and social care services. However, across jurisdictions they share common themes with the principles outlined in standards and guidance documents for health and social care services. The principles that apply to individual health and social professionals reflect and complement the principles that apply to the overall service they work in.

Development of the draft principles

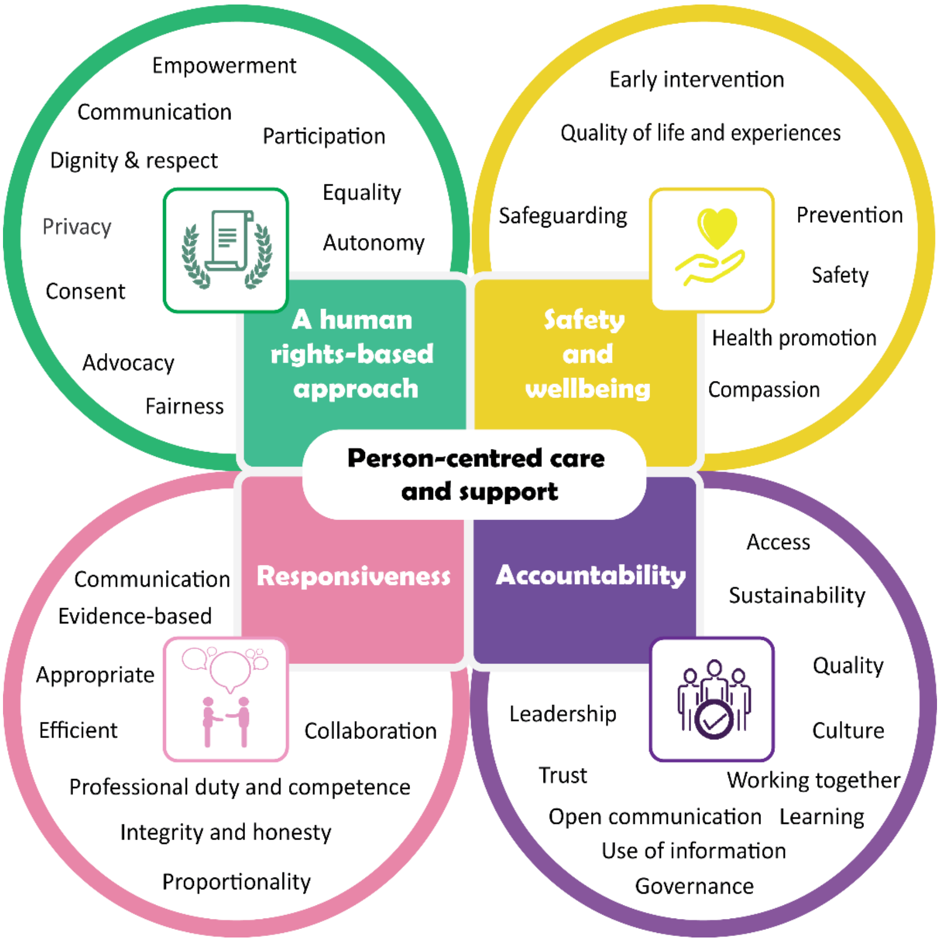
The information gathered as part of the evidence synthesis, "as is" review in Ireland and the international review was collated and analysed by the Project Team and used as the evidence-base to develop the draft principles. Based on this work and engagement with key stakeholders, four draft principles have emerged, underpinned by the core concept of person-centredness for use in an Irish context. These principles are:

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

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

Figure 14 below sets out the four principles and includes examples of the components of each principle, as identified through this evidence review. It illustrates that the person receiving care and support should be at the core of everything with each of the principles working together to achieve person-centred care and support.

Figure 14 Draft principles to underpin national standards for health and social care services



Based on the evidence review, and in consultation with key stakeholders, HIQA has developed the following working definitions to define each of these principles. In keeping with the international evidence and based on feedback from international experts, these descriptions are written from the point of view of people receiving health and social care services.

A human rights-based approach

> My rights are promoted and protected by the health and social care services that I use. These include my right to autonomy, to be treated with dignity and respect, to make informed choices about my care and support, and my right to privacy. I am treated with kindness, consideration and compassion and I do not experience discrimination for any reason.

Safety and wellbeing

> The services I use see my whole needs, not just the needs I am presenting with, and the care and support I receive helps to maintain and improve my overall health and emotional wellbeing and development. The health and social care services I use work in a way that promotes my safety and wellbeing and I am supported to live a whole and fulfilling life.

Responsiveness

> The services I use work in partnership with me to meet my health and social care needs safely and effectively. I receive timely care and support that is tailored to suit my needs from skilled, experienced and trained staff, informed by the best available evidence and information. If I need care and support from more than one service or if I am leaving a service, they work together to ensure my needs are met in a holistic way.

Accountability

> I know who is responsible for delivering my care and support and I have confidence and trust in the health and social care services I access. The services I use ensure that I receive safe, consistent, high-quality care and support and there is a culture of open communication, learning and reflection, and improvement. The services I use are well managed and everyone knows and understands their roles and responsibilities.

6.2. Next steps

As part of the development process, the draft principles have been presented to advisory groups from three of the standards projects, consisting of external and internal stakeholders. Feedback from these groups was incorporated into the development of the draft principles.

The draft principles have been used in the development of the draft National Standards for Children's Social Services. A public consultation on these draft standards will commence in early 2021. This will be the first time the draft principles will be used and, as such, will be an opportunity to test them in practice. In addition to the content of the draft standards, feedback will be sought on the principles underpinning them. Once feedback has been reviewed and incorporated as appropriate, the principles will be finalised and used for all future national standards for health and social care services. The principles once finalised, will be published on the HIQA website.

As previously outlined, this will not affect existing national standards, which will remain in place until such time as a decision is made, in line with HIQA's prioritisation process, to review and update them. Any such decision to review or update existing standards will be informed by consultation with stakeholders.

The development of evidence-based principles provides a unique opportunity to incorporate consistent and meaningful principles throughout legislation, professional standards and health and social care standards. This will optimise the consistency and integration of health and social care systems and processes, with a common vision focused on improving the experience of and outcomes for, people receiving care and support.

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