



2020

# Safer Better Care: National Standards for HSE Employee Assistance Programme



EAP National Office

01 April 2020

## FOREWARD



To create a healthy workplace, the World Health Organisation (WHO) recognises the importance of the psychosocial work environment. Research demonstrates that in the long-term, organisations that promote and protect workers' health are among the most successful and enjoy better rates of employee retention.

The WHO defines a healthy workplace as “one in which workers and managers collaborate to use a continual improvement process to protect and promote the health, safety and well-being of all workers and the sustainability of the workplace by considering the following, based on identified needs:”

The HSE Employee Assistance Programme (EAP) is a work-based staff support service that serves both our staff and the organisation. It is a confidential independent service designed to support employees seeking assistance to address any psychosocial issues, personal or work related, that may affect job performance or interfere with their ability to live productive lives at work or at home. The internal EAP service has specialist workplace counselling knowledge and utilises an in-depth understanding of the organisational culture and structures to provide a bespoke service to staff. It also assists the organisation through providing de-identified feedback on trends and themes relating to workplace wellbeing issues. This free support service is available to all HSE employees.

In line with the HSE People Strategy; 2019 – 2024, the EAP Standards recognise that our organisation’s most valuable asset are its employees, and is committed to providing a range of high-quality evidence-based EAP services, both preventive and supportive. Our goal is to promote and enhance work/life balance and positive mental health, while encouraging staff to actively manage their own wellbeing.

I would like to take this opportunity to thank the Project Team members for their work and express my appreciation to all those whose contributions have informed and assisted in the development of these Standards.

Anne Marie Hoey

National Director, Human Resources

The National Standards for the Employee Assistance Programme in the Health Service Executive (HSE) were developed by a multidisciplinary team within the Workplace Health and Wellbeing Unit, HR Division Health Service Executive. The aim of these standards is to help staff and the organisation by driving improvements in the quality of service provided by the HSE Employee Assistance Programme.

Their purpose is to help the healthcare worker, managers and all those who use Employee Assistance Programme services, and the people who provide them, understand what a high quality, safe Employee Assistance Programme service look like. The standards aim to promote consistency of service delivery and continuous quality improvement. The Workplace Health and Wellbeing Unit will be supporting the implementation of these standards with a number of resources including Quality Assessment + Improvement plans. These standards are a testament to those who recognise the critical need for evidence informed practice, who took on this enormous body of work and demonstrated transformational leadership in the delivery of this document.

We want to thank the Project Group, Expert Advisory Group, Consultative Parties and all our Health Service colleagues for their engagement with the Standards for the Employee Assistance Programme in the HSE.



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## STATEMENT OF PURPOSE

The following statement outlines the purpose of the HSE Employee Assistance Programme (EAP):

The HSE Employee Assistance Programme (EAP) is a work-based staff support service that serves both our staff and the organisation. It is a confidential independent service designed to support employees seeking assistance to address any psychosocial issues, personal or work related, that may affect job performance or interfere with their ability to live productive lives at work or at home. The internal EAP service has specialist workplace counselling knowledge and utilises an in-depth understanding of the organisational culture and structures to provide a bespoke service to staff. It also assists the organisation through providing de-identified feedback on trends and themes relating to workplace wellbeing issues. This free support service is available to all HSE employees.

The EAP service recognises that our organisation's most valuable asset is its employees (Health Service Executive People Strategy, 2019-2024). It has a professional duty of care to these employees and is committed to providing a range of high quality evidence-based EAP services, both preventive and supportive. These services are reliable, psychologically safe and ethical. Our goal is to promote and enhance work/life balance and positive mental health, while encouraging staff to actively manage their own wellbeing.

EAP provides the following free and confidential services to staff:

1. **Counselling**
2. **Consultation** to managers on staff wellbeing and psychosocial issues
3. **Critical Incident Stress Management (C.I.S.M.)** Response - individual and group support and pre-incident training
4. **Psychoeducation** workshops on staff wellbeing issues

## Theme 1: Person-Centred Care and Support

### Introduction

Person-centred care and support places all HSE staff at the centre of all that the service does. It does this by advocating for the needs of all Health Care Workers (HCWs) from all disciplines, protecting their rights, respecting their values, preferences and diversity and actively involving them in the provision of care. It is important to emphasise in this document that in the case of the Health Service Employee Assistance Programme (EAP) the service user is the HCW / employee of the health service. Person-centred care and support promotes kindness, consideration and respect for Healthcare Worker's dignity, privacy and autonomy. The Health Service People Strategy 2019-2024 emphasises leadership and culture at all levels, working collectively towards a common purpose, creating a caring and compassionate culture and inspiring innovation, creativity and excellence throughout the organisation.

It is fundamental to consider all HCWs needs and preferences in the planning, design and delivery of care and support services. This can lead to improved outcomes for the HCWs including better psychosocial health and wellbeing, greater work engagement and reduced absenteeism. Person-centred care supports equitable access for all HCWs so that they receive the right care and support at the right time, based on their assessed needs. This is best achieved through an organisation-wide culture that is focused on what is most important from the HSE staff's perspective, in line with current best practice in the development and delivery of an EAP service.

Being person-centred means service providers communicate in a manner that supports the development of a relationship based on trust. Good communication and the provision of adequate information ensures that HCWs make informed decisions about their care.

In general, HCWs are supported to look after their own health and wellbeing and when HCWs seek therapy or support, they experience a person-centred service that responds in a manner that places the HCWs at the centre of all it does.

## Theme 1: Person-Centred Care and Support

<b>Standard 1.1</b>	The planning, design, delivery and access to EAP services are informed by HCWs identified needs and presenting issues and the organisational culture in which this service is delivered, acknowledging their diversity and rights.
<b>Standard 1.2</b>	HCWs are enabled to participate in making informed decisions about their care and informed consent is obtained in accordance with legislation and best available evidence.
<b>Standard 1.3</b>	HCWs complaints, compliments and comments are acknowledged promptly, openly and effectively with clear communication and support provided throughout this process, where appropriate.



**Standard 1.1**

The planning, design, delivery and access to EAP services are informed by HCWs identified needs and presenting issues and the organisational culture in which this service is delivered, acknowledging their diversity and rights.

*Features of a service meeting this standard are likely to include:*

1.1.1 HCWs needs are identified at assessment. Supports to meet these needs are provided where reasonably practicable.

1.1.2 HCWs needs are central in the planning and design of EAP services. HCWs are kept informed of key decisions during their therapeutic process and how their needs are being considered.

1.1.3 Services are provided at a time and place which takes into account the working hours and preferences of HCWs, where this provision can be reasonably achieved.

1.1.4 Initial and on-going access to EAP services for HCWs is in compliance with HSE policy and guidance regarding staff supports (see Reference section).

**Standard 1.2**

HCWs are enabled to participate in making informed decisions about their care and informed consent is obtained in accordance with legislation and best available evidence.

*Features of a service meeting this standard are likely to include:*

1.2.1 HCWs are provided with clear, timely information on support options and the services available to them.

1.2.2 Individual HCWs are facilitated to exercise choice in the on-going planning and delivery of their support.

1.2.3 Arrangements are in place to obtain, informed consent of HCWs in line with legislation and best available evidence.

**Standard 1.3**

HCWs complaints, compliments and comments are acknowledged promptly, openly and effectively with clear communication and support provided throughout this process, where appropriate.

*Features of a service meeting this standard are likely to include the following.*

**1.3.1 Feedback**

1.3.1a There is a formalised mechanism for HCWs or their representatives and other service users to feedback to service providers about their experiences in order to inform continuous quality improvement in the planning, design and delivery of services, where appropriate.

1.3.1b There is a structure for feedback to be regularly reviewed, collated and acted upon and this is communicated back to HCWs.

1.3.1c Complaints, compliments and comments are recorded and disseminated with HCWs written consent.

**1.3.2 Complaints and Compliments**

1.3.2a Complaints procedures are clear, transparent, and accessible, and take account of laws, relevant regulations, national guidelines and best available evidence. These procedures assist HCWs to express their views about their EAP service experience.

1.3.2b HCWs who make a complaint are helped with accessing support services, when appropriate.

1.3.2c The provision of EAP care and support to a HCW is not affected as a result of having made a complaint or expressing a concern.

1.3.2d The complaints procedure ensures a timely response in line with legal requirements, takes account of the requirement to fully address the issues raised, and ensures workers are made aware of the progress of their complaint or concern.

1.3.3e The HCW's care is not negatively affected as a result of having made a complaint or expressing a concern.

## Theme 2: Safe Effective Care and Support

### Introduction

Employee Assistance Programme (EAP) includes work-based therapy, counselling services and psychosocial interventions which are provided to respond to Health Care Workers (HCWs) for whom current challenges posed by work and/or personal life impact on their health and wellbeing.

The HSE Health Service functions within a unique work setting. HCWs are deployed within a diversity of environments and contexts. HCWs can be routinely exposed to events that workers in the general population would not encounter. Such events could include critical incidents, patient loss of life, trauma, personal assault, work based investigations, which by their very nature potentially expose them to complex psychosocial risks.

Safe, effective care and support recognises that the safety, health and wellbeing of the HCWs is intrinsically linked to the continuing improvement of the delivery of a quality service in order to provide safe care and support to HCWs and to develop a safety culture which is centred around the person.

The HSE Health Service EAP's service recognise that a bespoke model of safe, effective care and support is required to respond adequately and appropriately to the particular needs presented by HCWs.

## Theme 2: Safe, Effective Care and Support

<b>Standard 2.1</b>	HCWs receive collaborative care when more than one support service is involved.
<b>Standard 2.2</b>	The provision of effective care is in accordance with evidence based practice.
<b>Standard 2.3</b>	EAP service has in place an appropriate health and safety management system.
<b>Standard 2.4</b>	The health and wellbeing of HCWs is promoted, protected and improved in accordance with best international practice.

<b>Standard 2.1</b>	HCWs receive collaborative care when more than one support service is involved.
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*Features of the EAP service meeting this standard are likely to include the following:*

- 2.1.1 There are referral pathways to actively co-ordinate provision of care when care is provided by more than one support service while respecting the limits of confidentiality that applies to each service.
- 2.1.2 Collaborative care is provided with the written consent of the HCW.
- 2.1.3 Clearly defined communication pathways are defined to deliver collaborative care.

<b>Standard 2.2</b>	The provision of effective care is in accordance with evidence based practice.
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*Features of the EAP service meeting this standard are likely to include the following:*

2.2.1 EAP practice adheres to evidence based decision-making for common presentations that will maximise benefits to HCWs in line with HSE policies and procedures.

2.2.2 Standard assessment tools are used to capture and record information to support appropriate therapeutic interventions by EAP service professionals.

2.2.3 Information relative to the proposed intervention(s) are provided to the HCW and are discussed between the HCW and the EAP service professional.

2.2.4 Interventions used are recorded by the EAP counsellor/therapist in the client file and reviewed through the EAP internal audit system.

**Standard 2.3**

EAP service has in place an appropriate health and safety management system.

*Features of the EAP service meeting this standard are likely to include the following:*

**2.3.1. Safety Statement & Risk Assessment Process**

2.3.1a There is a Site Specific Safety Statement that complies with the requirements of the Safety, Health & Welfare at Work Act 2005 & associated regulations.

2.3.1b There is a proactive approach to the identification, evaluation & management of health & safety risks associated with the work activities & the working environment.

**2.3.2. Consultation & Communication**

2.3.2a An effective process is in place for consultation on safety, health & welfare matters.

2.3.2b An adequate communications process has been developed & implemented in relation to safety, health & welfare matters.

**2.3.3. Information, Instruction, Training & Supervision**

2.3.3a EAP service professionals have the appropriate information, instruction, training and supervision necessary to carry out their work in a safe manner, to ensure their safety, health and welfare at work.

**2.3.4. Policies, Procedures, Protocols & Guidelines**

2.3.4a Implementation of appropriate safety policies, procedures, protocols and guidelines pertaining to the service.

**2.3.5. Emergency Plans**

2.3.5a Adequate plans & procedures are in place in the event of an emergency or serious & imminent danger.

**2.3.6. Incident Management**

2.3.6a An effective system is in place to report, record, investigate & manage incidents in accordance with Health Service Incident Management policies & procedures.

**2.3.7. Continuous Improvement**

2.3.7a The safety management programme is monitored, reviewed & any identified corrective actions implemented in order to make continuous improvements to the effectiveness of the programme.



**Standard 2.4**

The health and wellbeing of HCWs is promoted, protected and improved in accordance with evidence based practice.

*Features of an EAP service meeting this standard are likely to include the following.*

2.4.1 EAP service is informed by the social determinants of health and ensures that from the initial assessment through to the provision of care and support, the focus is on the holistic needs of clients.

2.4.2 The EAP service provides de-identified feedback on emerging themes and trends to the organisation and where appropriate, make recommendations on workplace improvements to support the health and wellbeing of HCWs.

2.4.3 The EAP service offers support to management in addressing HCWs wellbeing issues.

2.4.4 EAP service provides health information/promotion materials to support HCWs to enhance the self-management of their own health and wellbeing.

2.4.5 EAP service is knowledgeable about what other community and voluntary organisations and supports exist and can signpost as appropriate.

2.4.6 EAP service positively promotes its service within the organisation to optimise health and wellbeing.

## Theme 3: Governance and Management

### Introduction

Strong and effective leadership, governance and management, in keeping with the size and complexity of the organisation, are fundamental prerequisites for the sustainable delivery of an Employee Assistance Programme (EAP) that provides safe, effective person-centred care and support. EAP service is part of the wider Human Resources and Workplace Health & Wellbeing Unit services. Leadership, Governance and Management arrangements reflect this.

A well-governed EAP service is clear about what it does, how it does it, and is accountable to its stakeholders. It is unambiguous about who has overall executive accountability for the quality and safety of EAP services delivered. In addition, formalised governance arrangements ensure there are clear lines of accountability at individual, team and service levels so that Health Care Workers (HCWs), managerial staff, administrative staff and everyone working in the EAP service are aware of their responsibilities and accountability. There must be arrangements in place to plan and manage service change and transition effectively and safely.

Good governance arrangements acknowledge the inter-dependencies between organisational arrangements and therapeutic clinical practice and integrate these to deliver high quality, safe and reliable care and support.

EAP services with robust governance structures promote transparency and responsiveness by accurately describing in a public statement of purpose, the aims and objectives of EAP service provision.

If the EAP service proposes to make changes to service delivery, these changes need to be assessed and highlighted to key stakeholders before being made. The EAP service has governance systems in place which ensure that the delivery is within the scope of what it can do safely, effectively and sustainably.

The EAP management ensures that it fulfils its statement of purpose by planning, controlling and organising the EAP service to achieve its intended outcomes. Effective management also includes the deployment of the necessary resources through informed decisions and actions to facilitate the delivery of high quality, safe and reliable EAP care and support.

Leaders and organisational arrangements support all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the EAP service. This helps to create an environment in which the workforce can do the right thing or make the right decision at the right time.

Achievement of safe, high quality, reliable care is dependent on the culture of the EAP service. Leaders at all levels have an important role to play in strengthening and encouraging their service's culture. Individual and collective leadership builds support for this culture and inspires individuals and teams to strive and work together to achieve a common vision.

A well-governed and managed EAP service monitors its performance to ensure reliability so that it provides care, therapeutic interventions and support that are of consistently high quality with minimal variation in provision across the system. The quality and safety of externally contracted services are monitored through formalised arrangements. Quality and safety is also assured by compliance with legislation and acting on standards, guidance and recommendations from relevant statutory bodies.

### Theme 3: Governance and Management

<b>Standard 3.1</b>	EAP Service providers are bound by the Health Service's Code of Governance (2015).
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*Features of an EAP Service meeting this standard are likely to include:*

3.1.1 The National Lead for the EAP is responsible for ensuring compliance with the Code of Governance (2015)

3.1.2 New legislation and regulations are reviewed regularly to see if they have implications for the design and application of the EAP service.

3.1.3 An effective risk management system is in place that identifies and assesses risk, decides on appropriate responses and monitors the effectiveness of the chosen responses.

3.1.4 The EAP takes all reasonable precautions to limit its risk for exposure to liability by adherence to EAP National Standards and HSE policies and procedures.

3.1.5 EAP Standard Operating Procedures are adhered to by all staff and compliance is monitored by the National Lead for EAP.

## Theme 4: Workforce Planning

### Introduction

Workforce planning can be defined as an evidence-based process of determining the right number, mix and distribution of the skills, competencies and capabilities within a workforce. Effective recruitment and workforce planning ensures that the members of the workforce have the necessary competencies to undertake their role and other requirements. Operational and strategic workforce planning takes place to ensure that the individual members of a workforce are skilled and competent.

Operational and strategic workforce planning takes place to ensure optimum workforce planning is cyclical and within a framework.

## Theme 4: Workforce Planning

<b>Standard 4.1</b>	EAP management plan, organise and manage their workforce to achieve the service objectives for high quality, safe, reliable and ethical EAP services.
<b>Standard 4.2</b>	Management recruit people with the required competencies to provide high quality, confidential, safe, reliable and ethical EAP services.
<b>Standard 4.3</b>	Management ensure their workforce maintain and develop the competencies required to deliver high quality, safe, reliable and ethical EAP services.

**Standard 4.1**

EAP management plan, organise and manage their workforce to achieve the service objectives for high quality, safe, reliable and ethical EAP services.

*Features of an EAP service meeting this standard are likely to include the following:*

4.1.1 EAP service use nationally agreed workforce planning tools to plan, organise and manage their workforce. This plan will include:

- Needs of the population served
- Capacity of the service
- Staffing establishments
- Resources available
- Changes in workload
- Key performance indicators
- Relevant legislation and government policy
- Possible succession planning
- Professional development

4.1.2 The workforce plan includes contingency and succession planning to deliver high quality safe and ethical EAP service.

4.1.3. The workforce plan describes career pathways where appropriate.

**Standard 4.2**

Management recruit people with the required competencies to provide a high quality, confidential, safe, reliable and ethical EAP service.

*Features of a service meeting this standard are likely to include:*

- 4.2.1 Management recruit people who have the required qualifications, experience and professional accreditation.
- 4.2.2. Monitoring and evaluation of the effectiveness of recruitment processes and arrangements to address any gaps.
- 4.2.3 Recruitment and selection procedures adhere to legislative requirements.



**Standard 4.3**

Management ensure their workforce maintain and develop the competencies required to deliver high quality, safe, reliable and ethical EAP services.

*Features of a service meeting this standard are likely to include:*

- 4.3.1 Formal, mandatory induction programme for new staff is in place.
- 4.3.2 EAP staff attend training and education programmes to maintain their CPD requirements and facilitate skill development.
- 4.3.3 Periodic training needs analysis of the workforce is in place to deliver high quality, confidential, safe, reliable and ethical EAP services.
- 4.3.4 Attendance at regular external clinical supervision with an accredited supervisor is mandatory maintaining high quality, confidential and ethical practice.

## Theme 5: Use of Resources

### Introduction

Employee Assistance Programme (EAP) staff effectively plan and manage the use of resources to ensure a psychologically safe, reliable and ethical EAP service. Demand on EAP resources is increasing, driven by increased organisational awareness of HCWs psychosocial wellbeing and increased awareness of the EAP service.

Decisions and choices regarding the use of EAP resources must be evidence-informed. Accountability systems are in place to ensure cost effective, high quality and ethical delivery of EAP services.

The EAP service continuously strives to be efficient, responsible and transparent in its use of HSE resources. Decisions about the use of EAP resources must be transparent and management of these resources need to be effective and responsible.

**Theme 5: Use of Resources**

**Standard 5.1**

The EAP service plan and manage the use of available resources to deliver safe, high quality ethical care and support for HCWs.

**Standard 5.1**

The EAP service plan and manage the use of available resources to deliver safe, high quality ethical care and support for HCWs.

*Features of an EAP service meeting this standard are likely to include the following:*

- 5.1.1 The EAP service works within its budget to ensure it has adequate facilities, expertise and capacity to provide high quality, safe and ethical care and support for HCWs.
- 5.1.2 Arrangements are in place to ensure financial transparency and evaluation of its impact on the quality of its services.
- 5.1.3 Reporting on financial transparency is in line with laws, regulations and government policy is in place.
- 5.1.4 Resource decisions are informed by:
  - The professional expertise of personnel
  - Best available international evidence
  - Explicit consideration of the quality, safety and ethical implications of such decisions
  - Risk assessment of the decisions
  - The assessed needs of HCWs
  - The views of all employees using the service
  - Use of I.T. resources
- 5.1.5 Each EAP service unit has its own equipment replacement programme and an annual programme of quality assurance, servicing and maintenance.

## Theme 6: Use of Information

Quality information is an important resource in planning, managing, delivering and monitoring high quality safe and reliable Employee Assistance Programme services. The EAP service recognises that quality information is accurate, valid, reliable, timely, relevant, legible and complete. The EAP service manages and maintains information in a way that is consistent with the confidentiality required.

There are multiple sources of information including national and international evidence, healthcare records, audit findings, and service-user feedback. To effectively use information EAP service providers have systems, including ICT, to ensure the collection and reporting of high quality information.

Information governance provides EAP with a framework to bring together all the legislation, guidance and best available evidence that applies to the handling of information. It provides a consistent way for the EAP workforce to deal with the legislative provisions, guidelines and professional codes of conduct that apply to handling information within the EAP service.

An information governance framework enables EAP services to ensure all information, including personal information, is handled securely and in line with legislation and HSE policy and GDPR guidelines. This supports the delivery of a person-centred, safe, ethical EAP services helps ensure that when sharing information, EAP staff protect and manage personal information in a sensitive and responsible manner.

## Theme 6: Use of Information

<b>Standard 6.1</b>	EAP service uses information as a resource in planning, delivering, managing and improving the quality, safety, reliability and sustainability of EAP services.
<b>Standard 6.2</b>	EAP service has effective arrangements in place for information governance.
<b>Standard 6.3</b>	EAP service has effective arrangements for the management of EAP service records.

**Standard 6.1**

EAP service uses information as a resource in planning, delivering, managing and improving the quality, safety, reliability and sustainability of EAP services.

*Features of an EAP service meeting this standard are likely to include the following:*

**6.1.1 Information Systems**

6.1.1a Information systems, whether electronic or paper-based, are confidential and adhere to laws and regulations, national standards and guidance where available.

**6.1.2 Collection of Information**

6.1.2a Arrangements are in place to collect information on the current and anticipated needs of the HCWs and client organisations, for example, to support effective decision-making and service planning. This information is used to plan, deliver, manage and improve services.

6.1.2b Arrangements are in place to collect, manage and use accessible high-quality information to support effective decision-making in the use of HSE resources, for example, through collection and use of nationally agreed EAP metrics. The effectiveness of these arrangements are regularly checked and steps are taken to address any areas identified for improvement.

6.1.2c Arrangements to ensure that EAP service staff have access to high-quality information including best available evidence to support and inform effective therapeutic clinical decision-making are in place.

6.1.2d Arrangements to evaluate and manage the quality and safety of services provided using relevant quality information including key performance indicators.

**6.1.3 Feedback and Sharing of Information**

6.1.3a Arrangements are in place to ensure necessary de-identified information is shared where this is appropriate in a timely manner within and between services. This is in line with laws and regulations, based on best available evidence, national standards and guidance where available.

#### **6.1.4 Surveys and Reports**

6.1.4a Survey and reporting requirements for example, to national data collections, are met in a timely manner through the use of consistent datasets, using standardised definitions.

6.1.4b Surveys are used to measure the experience of both HCWs and EAP service providers to determine how the service is operating in practice.

6.1.4c Recommendations arising from investigations, evaluations and research findings are communicated and shared with the Clinical Lead for the unit and EAP service staff.



**Standard 6.2**

EAP service has effective arrangements in place for information governance.

*Features of an EAP service meeting this standard are likely to include the following:*

**6.2.1 Information Governance and Training of EAP service**

6.2.1a Arrangements are in place for information governance to ensure services are complying with laws, regulations and HSE policy, using information ethically and using best available evidence, including national professional guidance if available, to protect HCWs confidential information.

6.2.1b Training in information governance is available to all EAP staff and is in line with their level of access to service user information. This facilitates them to fulfil their roles and responsibilities regarding information governance. They understand their responsibility to protect service user confidentiality.

**6.2.2 Use of Information**

6.2.2a The use of information, both to support provision of safe and effective care and for secondary purposes, for example research, is in line with laws and regulations, HSE policy and recognised evidence-based guidance.

**6.2.3 Quality of Information**

6.2.3a Effective arrangements exist to ensure that information, both in paper and electronic formats, is of a high quality and in line with national standards.

6.2.3b All data collected, analysed, used and shared complies with national standards, guidance or nationally agreed definitions, where they exist, to allow the comparability and sharing of information.

**6.2.4 Security and Access to Information**

6.2.4a EAP records are contemporaneous, accurate, relevant and accessible to EAP service users where appropriate permission has been granted with written informed consent.

6.2.4b Procedures are in place to ensure security of EAP information, in both paper and electronic formats, controlling access and preventing unauthorized access.

6.2.4c Arrangements are in place for EAP service users to access a copy of their personal EAP service information in line with laws, regulations and HSE policy.

**Standard 6.3**

EAP service has effective arrangements for the management of EAP service records.

**6.3.1 Types of EAP Service Records**

6.3.1a Structured and accurate records are kept of all therapeutic care provided by the EAP service.

6.3.1b All information including a plan of care, clinical observations, psychometric measures and progress notes are followed up, acted on and this is contemporaneously recorded by the relevant EAP service professional in an agreed format within an agreed EAP service record.

6.3.1c Arrangements to make sure HCWs and their EAP records are identified uniquely using a standardised system to avoid duplication and misidentification.

**6.3.2 Management of EAP Service Records**

6.3.2a EAP records are held in line with laws and regulations, national HSE policies, national health information standards and professional practice recommendations.

6.3.2b The service's records management practices and systems are regularly evaluated, and, where appropriate, action is taken to address areas for improvement.

**6.3.3 Storage and Backup**

6.3.3a Arrangements are in place for backing up EAP electronic records with appropriate back up verification and storage.

**6.3.4 Disposal and Transfer of Records**

6.3.4a Arrangements are in line with legislation, best available evidence and national guidance, if available, for creating, using, storing, and securely disposing of EAP service information.

## Glossary of Terms

**Accountability:** accountability describes the mechanism by which progress and success are recognised, remedial action is initiated or whereby sanctions (warnings, suspension, deregistration, etc) are imposed .

**Assessed need:** systematic identification of the needs of a worker, group of, or population to determine the appropriate level of care or services required.

**Assurance:** confidence, based on sufficient evidence, that internal controls are in place, operating effectively and objectives are being achieved.

**Assurance framework:** a structure within which boards identify the principal risks to the organisation meeting its principal objectives and map out both the key controls in place to manage them and also how they have gained sufficient assurance about their effectiveness.

**Authority:** is associated with a role, which is linked to the responsibilities given. Authority is the power given to carry out responsibilities.

**Autonomy:** relates to being human and worthy of respect. In a practical sense, it is the ability of an individual to direct how he or she lives on a day-to-day basis according to personal values, beliefs and preferences. In health and social care, this involves the worker who uses services making informed decisions about the care, support or treatment that he or she receives. The ability to be autonomous, and make decisions, can be supported and developed.

**Clinical governance:** is a system through which service providers are accountable for continuously improving the quality of their clinical practice and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish. It is an umbrella term which encompasses a range of activities in which health care workers should become involved in order to maintain and improve the quality of care they provide to patients and to ensure full accountability of the system to patients. Traditionally it has been described using seven key pillars: clinical effectiveness and research; audit; risk management; education and training; patient and public involvement; using information and information technology; and staffing and staff management. It defines the culture, the values, the processes and the procedures that must be put in place in order to achieve sustained quality of care in healthcare organisations. Clinical governance involves moving towards a culture where safe, high quality patient centred care is ensured by all those involved in the service user / patient's journey. Clinical governance must be a core concern of the Board and CEO of a healthcare organisation.

**Controls assurance:** a holistic concept based on best governance practice, it is a process designed to provide evidence that organisations are doing their 'reasonable best' to manage themselves so as to meet their objectives and protect patients, staff, the public and other stakeholders against risks of all kinds.

**Corporate governance:** the systems and procedures by which organisations direct and control their functions and relate to their stakeholders in order to manage their business, achieve their missions and objectives and meet the necessary standards of accountability, integrity and propriety. It is a key element in improving efficiency and accountability, as well as in enhancing openness and transparency.

**Complaint:** an expression of dissatisfaction by a worker(s) with any aspects of care or service provision.

**Concern:** a safety or quality issue regarding any aspect of the provision of EAP services raised by a worker.

**Confidentiality:** the right of individuals to keep information about themselves from being disclosed.

**Culture:** the shared attitudes, beliefs and values that define a worker (or groups of) and shape and influence perceptions and behaviours.

**Dignity:** the right to be treated with respect, courtesy and consideration.

**Effective:** a measure of the extent to which a specific intervention, procedure, treatment, or service, when delivered, does what it is intended to do, for a specific worker or population.

**Efficient:** use of resources to achieve best results with minimal waste.

**EAP Service:** a workplace programme design to support employees to address any issues personal or work related that may affect job performance and day to day functioning.

**Employment:** is a relationship between two parties, usually based on a contract where work is paid for, where one party is the employer and the other is the worker.

**Features:** in the context of this document these, taken together, will enable progress towards achieving the standard.

**Financial governance:** is concerned with specific internal financial and operational control and accountability procedures. These include a wide range of written policies, procedures, guidelines, codes, audits, standards applicable to all Health Service HCWs and are essential to ensure that governance in the Health Service is robust and effective.

**Gap in assurance:** failure to gain sufficient evidence that policies, procedures, practices or organisational structures on which reliance is placed are operating effectively.

**Governance:** governance is the systems and processes relating to a service's overall direction, effectiveness, supervision and accountability.

**Guideline:** a principle or criterion that guides or directs action.

**Healthcare Services:** of health care professionals and their agents that are addressed at (1) health promotion; (2) prevention of illness and injury; (3) monitoring of health; (4) maintenance of health; and (5) treatment of diseases, disorders, and injuries in order to obtain cure or, failing that, optimum comfort and function (quality of life).

**Healthcare Worker (HCW):** healthcare workers are, "all people engaged in actions whose primary intent is to enhance health" (World Health Report, 2006).

**Informed consent:** the giving of permission or agreement for an intervention, receipt or use of a service, release of information or participation in research following a process of communication in which the worker has received sufficient information to enable him/her to understand the nature, potential risks and benefits of the proposed intervention or service.

**Informed decision making:** the consistent and systematic identification, analysis, selection and supply of data and information to assist a worker evaluate options and make decisions in relation to a specific question. Information exchange is a two-way process in the consultation. Both deliberation and decision are made by both EAP service professional and worker.

**Leadership:** is getting people to do things, using intrinsic motivation, i.e., internal motivators such as knowing that the organisation (in the person of your line manager) cares about you as a person; a sense of ownership of the work (whether individual or collective); of pride in something well done; of satisfaction in a challenge overcome; of meaning to what one does. Leadership represents a key lever for successful transformation towards integrated service delivery. It influences the performance of all professions and grades in providing services for users. Health services require dispersed and collective forms of leadership, alongside active followership, core management practices and organisational direction.

**Open disclosure:** an open, consistent approach to communicating with patients when things go wrong in healthcare. This includes expressing regret for what has happened, keeping the patient informed, providing feedback on investigations and the steps taken to prevent a recurrence of the adverse event.

**Performance management:** is not just a process; it is, more importantly, a mind-set and a way of behaving which influences organisational outcomes. It is primarily a process which establishes a shared understanding about what is to be achieved, why it needs to be achieved and how it is to be achieved, the acceptance of personal responsibility and accountability and an approach to managing outcomes and people that increases the probability of achieving success.

**Policy:** a written operational statement of intent which helps EAP service provider make appropriate decisions and take actions, consistent with the aims of the EAP service and in the best interest of the HCW.

**Pre-employment:** the time in the run up to a worker taking up a new job.

**Procedure:** is a written set of instructions that describe the approved and recommended steps for a particular act or sequence of events.

**Protocol:** operational instructions which regulate and direct activity.

**Responsibility:** is a set of tasks or functions performed to a required standard that your employer can legitimately demand from you and which you are qualified and competent to exercise. Your responsibilities are defined by a contract of employment, which usually includes a job description describing responsibilities in detail.

**Risk management:** coordinated activities to direct and control an organisation with regards to risk. The culture, processes and structures that are directed towards realising potential opportunities whilst managing adverse effects.

**Service users:** In EAP service the term service user may relate to:

1. Any HCW who avails of HSE EAP services.
2. Managers and other client organisations who utilise, either by purchasing or some other agreement, the services of the HSE EAP service.

**Stakeholders:** a person, group, organisation, or system who affects or can be affected by an organisation's actions. Health service provider's stakeholders, for example, include its patients, HCWs, medical staff, government, insurers, industry, and the community.

**Standards:** best practice standards can reflect (1) evidence-based clinical practice (this is practice supported by current investigative studies), and (2) knowledge-based systems. Explicit in benchmarking is movement away from anecdotal and single-practitioner experience-based practice.

**Third party:** a person or persons that may need to be contacted outside of the primary relationship between the worker and EAP service professional.

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