

Photocall — National Patient Experience Survey



Patrick Lynch, National Director Quality Assurance and Verification, Health Service Executive (HSE); our CEO Phelim Quinn; and Kathleen MacLellan, Director of Patient Safety and Clinical Effectiveness, from the Department of Health, at the signing of a memorandum of understanding (MOU) to support the development of the National Patient Experience Survey Programme between HIQA, the Department of Health and the HSE. As part of our work in this area, we have recently published an international review on patient experience surveys.

Message from our CEO, Phelim Quinn

Welcome to the latest edition of *HIQA News*. In this issue, we outline some of the detail of our submission to the Oireachtas Committee on the Future of Healthcare.

HIQA's submission includes a proposal to the Committee on a health and social care commissioning model for Ireland, whereby there would be emphasis on:

- population needs assessment
- the development of a separation between the commissioner and provider of services
- value for money, performance management and importantly the quality and safety of services.

We also report on the challenges facing Ireland's maternity services, following some improvements in recent years.

Meanwhile, we are encouraged to see people who use and provide health and social care services giving us their views through our public consultations, thereby helping us to shape future quality and safety standards and the regulation of services.

For example, in recent times, we received positive input from healthcare staff and service users into our draft National Standards for Safer Better Maternity Care. We now need to see these Standards approved, shared and implemented.

In other developments, we have just launched two new public consultations, for the conduct of reviews of patient safety incidents — produced jointly with the Mental Health Commission — and revised infection prevention and control standards.

The patient-safety incident consultation will end on 4 November. These standards apply across the entire acute healthcare sector, including mental healthcare. Meanwhile, the infection prevention and control consultation will close on 18 November next.

We are also conducting three health technology assessments (HTAs) and are seeking patients and people who use services, and their families or carers, to work with our advisory groups to help us develop standards and guidance.

Since the last *HIQA News*, we have signed memoranda of understanding with the Nursing and Midwifery Board of Ireland (NMBI); and with the Department of Health and Health Service Executive (HSE) on developing a national survey of patients' experiences.

As part of this process, we have also been out to a number of acute hospitals talking to people using services and those providing these services. Finally, in this issue we also report on a wide array of regulatory work and quality initiatives being carried out by our committed teams.

Best wishes,

Phelim Quinn

Further improvements needed in maternity services



*Our CEO Phelim Quinn pictured speaking at the INMO and RCM conference. Picture: INMO
Photographer Lisa Moyles*

Ireland's maternity services need to place women at their centre, our CEO Phelim Quinn told the recent All-Ireland Midwifery conference hosted by the Irish Nurses and Midwives Organisation (INMO) and Royal College of Midwives (RCM).

While the country's maternity services have improved in recent years, much more needs to be done, he said. Phelim said he had reflected on what has happened as a result of HIQA's regulatory work in this area in recent years, and whether the system is learning from poor outcomes.

"The list of significant service failures and tragedies involving young women and in some instances their infants has required us all within the system to stand back and reflect on what needs to be done – but more importantly to get on with it," he told the conference.

He said he wanted to acknowledge some of the critical developments and learning resulting from that work, saying these included the National Clinical Effectiveness

Committee developing and publishing three national maternity service clinical guidelines on:

- early detection of life threatening illness in pregnancy and the postnatal period (Irish Maternity Early Warning System)
- communication (clinical handover) in maternity services
- sepsis management.

He went on to say that as a result of HIQA recommendations, we also welcome the publication of maternity services' monthly safety statements and the national oversight group on implementation of HIQA recommendations.

"But there is still more to do; it is obvious that the length of time taken to investigate patient safety incidents is unacceptable; in some instances the process for their conduct remains ineffective and non-transparent.

"Earlier this month, HIQA published draft national standards on the management of patient safety incidents for consultation. Their ratification and implementation is critical if services are to regain the confidence of women using our maternity services.

"In our investigations into critical incidents and service failure in Galway and Portlaoise we also sought the development of a Code of Conduct for employers and managers, supporting legislation for the establishment of hospital groups and the establishment of an Independent Patient Advocacy Service. Three years on, these key recommendations remain 'in development'."

Phelim said the *National Standards for Safer Better Maternity Care* had just been submitted to the Minister for Health, and were aimed at improving the safety and quality and consistency of maternity services. "We look forward to Ministerial approval and launch of the standards into our national services," he said.

He said he believed we now needed to see:

- the National Maternity Strategy implemented
- the National Standards for Safer Better Maternity Care approved, shared and implemented
- a mechanism such as a strong commissioning model introduced that not only drives improvement in service and financial performance, but helps in delivering the national maternity strategy and quality and safety
- evidence of a commitment by service providers and clinical staff to ensure swift, robust and transparent investigation of patient safety incidents.
- patients with concerns or worries receiving the support of an independent patient advocacy service
- women being placed at the centre of what we deliver in our maternity services.

“This will require commitment at all levels, whether that be at political, national, hospital and at practice level,” he said.

Read Phelim’s speaking notes to the INMO and RCM All-Ireland Midwifery Conference.

HIQA calls for health and social care commissioning model

In our submission to the Oireachtas Committee on the Future of Healthcare, which is examining future models of healthcare in Ireland, we are suggesting a new health and social care commissioning model, whereby services would be purchased from providers.

As part of our submission to the Committee, we have stated that we believe a number of the major problems in our health and social care system could be addressed by introducing a strong commissioning model.

Commissioning is only at a developmental stage in Ireland, but is already well established in other jurisdictions, where it has improved service provision, governance, financial efficiency and the quality and safety of services.

An effective commissioning body is responsible for purchasing health and social care services from providers. Commissioning explicitly defines and separates the roles of purchaser and provider of services; currently both of these functions are usually performed by the Health Service Executive (HSE).

Procurement is always based on an agreed strategy, assessed need, best available evidence of service efficacy, value for money, and the capacity and capability to deliver a safe and effective service. While cost is of course important, quality and the delivery of safe services should be the primary goals.

National commissioning would involve a radical review of how we fund health and social care services. It would allow for the discontinuation of ineffective block funding and importantly for the decommissioning of certain services where there is evidence that they are no longer needed.

Strong, local and national commissioning would contribute to effective medium- to long-term planning. It would also result in the best service configuration based on sound strategic planning and help with implementing national clinical care programmes and strategies such as the National Maternity Strategy.

The introduction of commissioning arrangements could provide an opportunity to enshrine in law the critical concepts of accountability and responsibility. Legislation would explicitly set out 'a statutory duty of care' for 'accountable officers', and make not only the providers of services, but also those procuring them, accountable for their decisions.

Inspections of designated centres for people with disabilities



Our Disability Team has been very busy inspecting and registering designated residential centres for people with disabilities, as part of the initial registration cycle.

Between July and September, the team undertook 370 inspection days and completed 195 inspections, 99 of which were for informing a registration decision.

Following on from fieldwork, we issued 61 certificates of registration during the third quarter of the year, registering the homes of 364 residents.

The size of these centres ranged from three houses for single residents to a designated centre with three houses for 22 persons.

However, five centres were found to be unsuitable for registration, with the providers being issued with notices of proposal to refuse their applications to register.

HIQA is now considering representations submitted by providers and will be making a final decision in relation to the registration of these centres in the coming weeks.

Centres for people with disabilities to be named

The names of residential disability centres will shortly be included in our published inspection reports.

Finbarr Colfer, our Head of Disability Programme commented: “We hope this measure will make it much easier for residents, family members, staff members and the public to access inspection reports on these centres.”

Initially, to protect the privacy of residents, HIQA did not publish the names of centres. However, residents, family members and members of the public have told us that reports for centres that they are involved with are very difficult to find.

We have also been advised that in order to comply with legal requirements, centres must be named on the register. In response to these issues, HIQA will be publishing the names of centres on each inspection report from the end of October 2016.

We have taken measures to ensure the privacy of residents living in these centres, particularly in centres where the address of the centre had been incorporated into the name of the centre.

Providers of these services were given the opportunity to rename their centres for the purposes of registration, and a total of 220 centres did so.

This involved significant work by HIQA’s registration team in relation to coordinating the changes and issuing revised certificates of registration.

‘News from our Older Persons’ Team



We completed 475 inspections of all types in nursing homes between the start of the year and end of September. This is up from 331 inspections for the same period last year.

To date this year, we have registered 118 centres.

Mary Dunnion, our Director of Regulation and Chief Inspector Social Services, said: “Our inspections to date have noted that many providers have a high level of compliance with regulation and are continuing in line with mandated standards to drive improvements across their service.

“Due to non-compliance with regulations in some centres, a small number of providers have been issued with notices of proposal to apply restrictive conditions, which include, by way of example, restrictions on admissions and requirements to strengthen management and supervisory arrangements.

“We also continue to review our approach to monitoring designated services, with a view to ensuring our approach is in line with our statutory remit and effective regulatory practice.”

The Minister of Health has signed the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2016.

This statutory instrument has been considered by our Older Persons' Team. The amendments have extended the period of time for certain service providers to ensure that their premises comply with the regulations.

You can read all our published inspection reports on www.hiqa.ie.

Memorandum of Understanding signed between HIQA and the NMBI



Mary Griffin, Chief Executive of the NMBI, and Phelim Quinn, Chief Executive of HIQA, at the signing of a MOU between the two organisations

HIQA and the Nursing and Midwifery Board of Ireland (NMBI) have signed a memorandum of understanding (MOU) on areas of potential cooperation and collaboration.

The objective is to ensure appropriate assessment of information by NMBI and HIQA and the protection of the health and welfare of people who use health and social services in Ireland.

The new MOU aims to promote collaboration in areas of common interest where cooperation will lead to better services and better outcomes for people using health and social care services.

HIQA and NMBI will communicate as appropriate on all matters of strategic and mutual operational interest on a formal basis and will facilitate cooperation on cross-referral of information where one organisation believes it falls within the remit of the other and where there are concerns in relation to the professional standards or conduct of nurses or midwives.

Mary Griffin, Chief Executive of the NMBI, welcomed the development and said: “This collaboration between NMBI and HIQA will support us in continuing to work together to protect the public and maintain high standards of patient care. This MoU is another step in delivering on partnership across government agencies in promoting the patient safety agenda.”

Phelim Quinn, our Chief Executive, said: “This MOU will underpin future cooperation between our two organisations and assist in our shared vision of protecting the health and welfare of all of those who use health and social care services in Ireland. We are delighted to put already informal cooperation between the two organisations on a more formal basis.”

The full text of the MoU is available on the websites of both organisations: www.nmbi.ie and www.hiqa.ie.

Better coordination needed on growing superbug threat



Sean Egan, HIQA's Acting Head of Healthcare Regulation

We have published a new report on how public acute hospitals are protecting patients from the growing threat of antimicrobial resistance.

Our report found that while many hospitals have made significant progress to reduce these risks, more needs to be done in hospitals and the community to better protect patients.



Extract from our infographic on our new report on antimicrobial stewardship

Additionally, while progress has been made in larger hospitals in implementing best practice in managing and using antibiotics, the level of progress identified varied across the country.

Some smaller hospitals do not have safe and sustainable measures in place to protect patients. In addition, more effective national planning and coordination is required to ensure that the entire health system is as prepared as it can be for what is an increasing and serious challenge for healthcare providers.

Sean Egan, HIQA's Acting Head of Healthcare Regulation, explained: "Resistance to antimicrobials continues to increase in Ireland and internationally. In some instances, the level of antimicrobial resistance now being detected leaves clinical staff with a very limited choice of medicines that they can use to try to treat people.

"Ensuring prudent antimicrobial usage, through antimicrobial stewardship, should be a priority across all health services to help to address this problem."

Antimicrobial stewardship aims to ensure that every patient receives the right antimicrobial therapy at the right dose, route and duration, and for the right infection type at the right time. In addition, it also intends to ensure that therapy is continually reviewed, refined and discontinued where the patient's condition allows.

Sean Egan concluded: "We identified that a number of hospitals need urgent support from the national Health Service Executive (HSE) in this area, as they do not have an antimicrobial stewardship programme in place and lack specialised resources. This is a significant patient safety concern and should be reviewed as a matter of urgency by the HSE.

“This review found much commendable progress by highly committed front-line staff in advancing antimicrobial stewardship, but this has been hampered by the lack of an up-to-date national plan in this area. There are pockets of excellence in some hospitals, yet others lag behind, and progress in non-acute settings such as nursing homes has been very limited. More needs to be done to ensure that good practice in this area becomes the routine norm.”

- [Read the full report](#)
- [View the infographic](#)

Information management standards for national health and social care data collections



Rachel Flynn, our Director of Health Information

We received an encouraging response to our public consultation on new information management standards for national data collections in Ireland.

National health and social care data collections are defined as national repositories of routinely collected health and social care data.

They play a crucial role by providing a national overview of a particular health or social care service. Examples include the Hospital In-Patient Enquiry (HIPE) scheme

and the National Perinatal Reporting System (NPRS) within the Healthcare Pricing Office of the Health Service Executive (HSE).

National health and social care data collections promote, encourage and enable the use of data and information, thereby:

- informing decision-making
- supporting the monitoring of diseases
- informing policy making and
- supporting research.

Our Health Information Team is currently finalising a set of information management standards, which focus on the information governance practices and the management of national data collections. The standards currently extend to HIQA's legislative remit in relation to health information as outlined in the Health Act 2007.

Dr Barbara Foley, our Health Information Manager, commented: "The primary purpose of these standards will be to provide a roadmap to improve quality of national health information and data, which will ultimately contribute to the delivery of safe and reliable healthcare.

"Complying with these standards will also help to instil confidence in patients, clinicians and all other stakeholders that healthcare decisions are being made based on high-quality information, the availability of which will ultimately improve patient safety."

To help us to develop these standards, we brought together an Expert Advisory Group comprising key stakeholders from health and social care, including representation from national data collections.

We also published the *Draft Information Management Standards for National Health and Social Care Data Collections* in July 2016 for public consultation. Interested parties were invited to submit their views and feedback on the draft standards.

Rachel Flynn, our Director of Health Information, said: "Over 50 detailed responses were received during the public consultation phase, and we want to thank everyone who took the time to give us their views. The feedback from this consultation will inform the finalised standards, which will then be submitted to the Minister for Health."

In addition, feedback on the standards is being compiled into a statement of outcomes document, which we will also publish.

A self-assessment tool to enable national data collections to measure compliance with the standards is currently being developed and will be reviewed by our Expert Advisory Group.

The information gathered by the self-assessment tool will help HIQA to determine the extent to which relevant national health and social care data collections are complying with the finalised information management standards.

It is planned to pilot this tool with two national data collections towards the end of 2016. This exercise will also inform the development of a monitoring programme for national data collections, which is due to start in 2017.

HIQA review endorses new patient record model for Ireland

A new review that we have conducted into international evidence and best practice has concluded that using a central secure record of people's medical history can help to improve patient care and safety.

This is achieved by giving healthcare professionals timely access to relevant patient information to guide care and treatment, such as in an emergency department or a pharmacy.

We looked at the evolution of 'summary care records' in other countries. The review considered summary care records in the UK (England, Scotland, Northern Ireland and Wales), Australia, New Zealand and The Netherlands, all regions being strong leaders in delivering eHealth initiatives.

A summary care record is usually created automatically from existing records. It is usually held in a central national location, accessed on a secure network, and it usually contains key elements such as a patient's name, address, age, allergies, current medications and diagnoses.

Dr Kevin O'Carroll, our Health Information Manager Standards and Technology, commented: "While research in the UK has shown implementation of a nationally shared electronic summary record is a highly complex challenge, most individuals and clinicians in the regions covered by this HIQA review are positive about the concept of being able to view a secure summary of key medical information.

"In each country reviewed, common information that was included in the summary care records included patients' details, medications and allergies. Also, the source of

information that was used to generate the summary care records came mainly from primary care, specifically from family doctors.”

This review can help to inform how a national summary care record could be developed in Ireland and will help inform implementation in this area. Areas such as governance, evaluation of their use and appropriate patient permission models to share information will need to be considered.

National health and social care data collections will improve care quality



We have published our *International review of national health and social care data collections*.

Our review of international experience and best practice found that having national health and social care data collections with quality data leads to improvements in the quality of care patients receive.

HIQA recognises the important role played by national health and social care data collections and the potential they have to increase the quality and safety of health and social care in Ireland. This international review found evidence that data quality within national health and social care data collections better informs patient care, national policy and research.

HIQA's review considered health and social care data collections in Australia, Canada, England, New Zealand and Scotland and found a number of key characteristics necessary for establishing quality data collections.

Having one central organisation that governs either all or most of the national data collections is instrumental in ensuring the quality of a data collection. These countries also consistently monitor the quality of data with tools such as the Data Quality Statement. Additionally, we found that these countries all use health information standards (including technical standards) and benefit from having unique health identifiers in place.

[Read the review here.](#)

Photocall — focus groups for National Patient Experience Survey



Members of our Health Information Team met with staff from University Hospital Kerry during focus groups on the National Patient Experience Survey



Pictured are HIQA staff with service users at a National Patient Experience Survey focus group in Connolly Hospital, Blanchardstown, Dublin

Our CEO addresses MacGill Summer School



Our CEO Phelim Quinn speaking at the MacGill Summer School, the first time a CEO from HIQA has addressed the event. Picture: Donegal County Council

Our CEO Phelim Quinn addressed this year's MacGill Summer School, the first time a CEO of HIQA has spoken at this prestigious event.

In a wide-ranging address, Phelim outlined his belief that Ireland needs to take a proactive approach to health service reform. He told the event: “Political consensus on a long-term, strategic policy for the health and social care service is required, with the focus being on the safety and quality of care for people who use these services.”

He welcome the establishment of the Committee on the Future of Healthcare, whose role is to reach agreement at a political level on the direction of health policy in Ireland.

“I also welcome the intention to develop and adopt a 10-year plan for our health service. It is time to put aside the pursuit of narrow sectoral interests and work together on sustainable, affordable and future-proof models of health and social care,” he said.

Phelim believes that all stakeholders must play a productive role in improving the quality and safety of the country's health and social care services. From HIQA's point of view, he told the MacGill Summer School that the key to righting the numerous dysfunctions in our health and social care services are four-fold:

- We need providers of services to clearly demonstrate real leadership and accountability in the areas of quality and safety, from the top down.
- Policy makers need to ensure that future structural and regulatory reform processes are supported by legislation that enshrines in law the critical concepts of accountability and responsibility.
- We need a commissioning model that clearly specifies, and manages, performance, and quality and safety. This model must be based on robust information and sound economic appraisal.
- Finally, and most importantly, we need to listen to the voices of the public and those who use our health and social care services.

He commented: "In all the noise created by the litany of controversies, the political carousel and the perennial debates on how best to restructure our health service, we cannot lose sight of what is, or should be, at the core of our health and social care services – the person using the service."

Phelim also spoke of the need for more effective accountability when it comes to providing effective services and the transparent, fair and effective use of public money. Governance and accountability are the cornerstones of any effective health and social care system, he said.

But he said there is a lack of commitment to address persistent ambiguity in the governance of healthcare nationally, and locally. One example of a constructive effort to improve accountability has been the development of the concept of hospital groups, community health organisations and the regulation of designated services.

He called for reform of healthcare decision-making, which should be informed by strong evidence. He also emphasised that health technology assessment (HTA), which HIQA has been engaged in and which is embedded in healthcare systems worldwide, can be used to underpin evidence-based decision-making.

Read [our CEO's full speech to the MacGill Summer School](#).

HIQA suggests reform measures to Oireachtas Committee

We support a 10-year plan for health policy, and in our submission to the Oireachtas Committee on the Future of Healthcare we are suggesting a number of ways be considered to promote better health and social care decisions, safer services and better care.

In our submission, we support a policy of universal access to health and social care based on equity. We welcome the political commitment to build a fair, cost-effective and efficient health and social care system that places the individual accessing the service at its heart.

Should universal healthcare be introduced in Ireland, any decisions on the basket of interventions to be made available to all citizens should be based on the best available data and evidence. Health technology assessment (HTA) would be the ideal tool to inform this process.

We also advocate developing and sufficiently resourcing eHealth and information and communication technology (ICT) strategies, similar to other developed countries. We also call for national safeguarding legislation and statutory regulation of the homecare sector.

Integrated health and social care pathways must be introduced across primary, community and secondary healthcare structures. The experience from other countries has shown that integrated care is more efficient, reduces costs and enhances the quality of care.

In the context of the development of a 10-year strategy, it is opportune to explore new arrangements that allow people with chronic conditions, older people and people with disabilities, where possible, to be cared for safely in their homes, or as close as possible to their homes.

One such arrangement is that of rehabilitation, whereby support services are provided to older people or people with disabilities at home following a hospital stay, accident or illness. Our submission also proposes personalised care budgets for older people and people with disabilities.

In preparing our submission, we have placed significant emphasis on the experience of people using services. Putting the needs and the voices of these people who use Ireland's health and social care services must be at the heart of any future model of health and social care in Ireland.

Update on National Standards for Safer Better Maternity Services



We want to thank healthcare staff and service users who took part in our focus groups during the development of the *National Standards for Safer Better Maternity Services*.

Linda Weir and Dr Fiona Cullinane from HIQA conducted the focus groups in a number of locations, and we are very grateful to all who took part for giving their time to it.

We also wish to again thank all those people who responded to our public consultation. The finalised *National Standards for Safer Better Maternity Services* have been sent to the Minister for Health for approval.

Once approved, they will be published. Following their launch, we will undertake awareness sessions for healthcare staff in a number of regions throughout the country.

First nutrition and hydration reports published



Our national review of nutrition and hydration identified four key areas for improvement that if implemented by all hospitals could drive improvements in nutrition and hydration care for patients admitted to acute hospitals. These four key areas are as follows:

- All hospitals should have a nutrition steering committee in place.
- All patients admitted to hospital should be screened for the risk of malnutrition.
- Hospitals must audit compliance with all aspects of patients' nutritional care and share the findings with all relevant staff groups involved in food service and patient care.
- Hospitals should strive to improve patients' experience of hospital food and drink by engaging with patients about food variety and choice.

We have completed 14 unannounced inspections of nutrition and hydration care in individual public acute hospitals since June 2016 following the publication of our national review of care in this area.

These inspections will continue throughout the year. We have recently published the first reports on nutrition and hydration care in individual public acute hospitals as part of our review of nutrition and hydration in hospitals.

Of the 14 inspections in individual public acute hospitals since June, our first six published reports relate to inspections in:

- the Royal Victoria Eye and Ear Hospital, Dublin
- St Columcille's Hospital, Dublin
- St Luke's Hospital, Kilkenny
- Mallow General Hospital
- University Hospital Kerry

- Midland Regional Hospital, Mullingar.

The reports can be found [here](#).

Photocall — nutrition presentation



Joan Heffernan from HIQA presented at the Joint Network meeting of the Catering Managers Association of Ireland and Northern Ireland, held in Dublin this summer. L to R: Mary Moriarty, Declan Delton, Joan, Helena O'Brien and Emer Bent.

How people are helping us to develop standards and guidance



We recently met with the Cheeverstown Advocacy Committee in Dublin to invite them to volunteer for our service user panel. This photo shows some of the artwork captured by the convener during the meeting. Image used with permission.

Our Standards and Quality Improvement Team is looking for the assistance of people who have experience of using services to create panels to inform our various draft standards and guidance.

In order to ensure that we hear the patient's voice, HIQA has set up a Service User Panel in the areas of Healthcare, Older Persons' Services, Disability Services and Children's Services.

As part of this initiative, Dr Fiona McKenna and Rachel Dardis from HIQA recently met the WHO Patient for Patient Safety Forum to explain the function of the Service User Panel and to recruit volunteers for this panel.

Panel members will be contacted when the team need to identify service users to sit on a standards advisory group or to participate in a focus group when developing a particular set of national standards.

Our Director of Standards and Quality Improvement Marie Kehoe-O'Sullivan, met with a group of service users in Cheeverstown in Dublin to discuss this initiative also.

Marie commented: "We contacted our stakeholders asking for these volunteers. We have asked people to identify whether they are a service user, a resident in long-term care, or family member or carer. We have also asked them to identify what area their experiences lies.

"The response to date has been excellent with over 50 volunteers signed up to participate. We are seeking individuals who have had experiences (bad and good) in either healthcare or social care – if you are interested [please contact us](#) for further information."

Update on the work of our Children's Team



Our Children's Team has been busy meeting and talking with children in various residential care and foster care services.

To date in 2016, our Children's Team has completed four foster care inspections, consisting of two statutory foster care services in the Midlands and Donegal Child and Family Agency (Tusla) service areas and two private foster care services, Fostering First and Five Rivers.

Annual inspections have also taken place of the country's special care units.

Twenty-eight full inspections and a further five follow-up inspections have been undertaken of children's statutory residential services. To date, we have published 25 of these inspection reports on www.hiqa.ie.

Ann Ryan, our National Head of Programme Children's Services, said: "We found a number of well-managed centres with good quality care being provided to children. There were many examples of good practice, such as the rights of young people being promoted and respected, and children, for the most part, feeling valued, happy, content and relaxed.

"There was also evidence of good working relationships between staff and social workers. Children spent time with their families in line with their care plan, and education was generally valued and promoted by staff. One centre exceeded the standard for education."

However, poorer practices were also seen.

Ann Ryan continued: “These included poor safeguarding practices and delayed or missed opportunities for preparing young people for leaving care. They also included children not being given copies of their care plans, teams not learning from significant events, poorly maintained premises and significant delays in maintaining centres.”

Governance review of child protection services

HIQA’s review of the national governance arrangements that the Child and Family Agency (Tusla) has in place to assure consistently safe child protection and welfare services is ongoing.

Inspections of the three remaining child protection and welfare service areas have been completed.

We have also revisited the 14 service areas, which we had previously inspected throughout 2012–2015, where our inspectors have met with and interviewed area managers, and reviewed risk registers and activity reports.

Senior managers within Tusla have also been interviewed following receipt by HIQA of relevant documentation for the service.

We will meet again with some of these managers before the process is concluded.

Update on our health technology assessments (HTAs)



Our Director of HTA Dr Máirín Ryan

Work is continuing on three health technology assessments (HTAs) which our HTA Team has under way.

One of these is a HTA of Human Papillomavirus testing as the primary screening method for preventing cervical cancer.

This particular HTA is examining the clinical and cost-effectiveness of changing the screening test used in the national cervical cancer screening programme, CervicalCheck.

It also includes an analysis of the ethical, societal and organisational issues associated with such a decision, and the implications it will have for patients, health professionals and the health service.

This HTA is due to be published by the end of the year.

Also under way is a HTA of smoking cessation services in Ireland. This is considering the clinical and cost-effectiveness of the different interventions that are currently used in Ireland to help smokers to quit, and the likely effect these will have on the overall prevalence of smoking in the coming years.

The analysis focuses specifically on treatments that can be targeted at individual smokers who want to quit. Such treatments include both pharmacological products

such as nicotine replacement therapy and e-cigarettes, as well as behavioural therapies such as individual counselling and brief advice.

Our Director of HTA Dr Máirín Ryan says: “Before we publish the final reports on each of the treatments being assessed, we will consult with the public and other interested parties to hear their comments on our draft reports. More details of this public consultation will be available on the HIQA website over the coming months.”

Finally, an economic analysis of mechanical thrombectomy (using a device for breaking up or removing a blood clot in an artery) for the treatment of large vessel occlusive stroke is being carried out to estimate the cost-effectiveness of this treatment in an Irish setting.

This analysis follows on from an earlier systematic review of the effectiveness of this new form of treatment that had been carried out as part of our work with the European HTA network, EUnetHTA. Publication of this stroke treatment report is scheduled for early 2017.

Your views sought on new hospital hygiene standards



Marie Kehoe-O'Sullivan, our Director of Standards and Quality Improvement

We are inviting the public to comment on proposed new standards for public acute hospitals to protect patients and staff from acquiring and spreading Healthcare Associated Infections.

HIQA's *Draft revision of the national standards for the prevention and control of Healthcare Associated Infections in acute healthcare services* outlines 31 standards that reflect up-to-date infection prevention and control best practice.

These draft national standards apply to all acute healthcare services provided or funded by the Health Service Executive (HSE). They do not apply to primary and community health and social care services. The development of new standards for these areas will begin next year. Service providers in these settings will continue to use the 2009 Standards in the interim.

Our Director of Standards and Quality Improvement Marie Kehoe-O'Sullivan said: "The draft standards are designed to promote a safe and effective infection prevention and control environment within acute hospitals, with the goal of reducing Healthcare Associated Infections. We would urge patients, their families, service providers and the public to become involved in developing these standards."

The draft standards are open for public feedback until Friday 18 November next.

Marie Kehoe-O'Sullivan continued: "These draft standards are a revision of the 2009 *National Standards for the Prevention and Control of Healthcare Associated Infections*, and they incorporate the learning from HIQA's programme of inspections against these standards across Irish hospitals. The standards are outcome-based, meaning that each standard provides a specific outcome for the service to meet.

"The draft revised standards include areas that are known to be important in the prevention and control of Healthcare Associated Infections, such as communication, risk management and quality improvement initiatives."

"Preventing and controlling Healthcare Associated Infections continues to be a significant challenge to healthcare systems everywhere. It is critically important that all Irish hospitals continue their best efforts to fully comply with national standards, and to prioritise areas that need to improve. Senior management in the hospitals and in the Health Service Executive (HSE) are accountable for implementing national standards."

Read the standards [here](#).

Get involved in the public consultation [**here**](#).

International review of patient experience surveys

As part of the development of the National Patient Experience Survey, we have recently published an international review on patient experience surveys.

The main findings from the international review include the importance of having such a national survey in place.

The evidence from this International Review clearly identifies that the patient, service provider, regulator and policy developer benefit from a partnership model.

Rachel Flynn, our Director of Health Information, says: “The results from the patient experience surveys provide the single largest reliable source of evidence on patients’ experience of care in the acute care sector.

“Based on the findings in this review, in order to attain the greatest value from the patient experience survey, the most advisable course of action is to develop a partnership model to provide the greatest value across the healthcare sector.

“The findings from such surveys inform patients about the quality of care available, provide service providers with comparable intelligence about the quality of experience that patients have while in their care, and identify challenges in care provided.”

Adopting a partnership approach ensures that each patient is the priority across the entire health system. For this reason the Department of Health, HIQA and the Health Service Executive (HSE) have taken such a partnership approach.

The international review findings also highlight the importance of ensuring that the scope of such surveys is clear. Ireland’s initial National Patient Experience Survey will gain the feedback of adults who have spent at least one night in a public acute hospital.

Read [the international review](#).

Public consultation on national standards for the conduct of reviews of patient safety incidents



We have published *Draft national standards for the conduct of reviews of patient safety incidents*.

The purpose of these standards is to improve the manner in which reviews are undertaken following a patient safety incident.

These are the first set of standards that have been co-developed by HIQA and the Mental Health Commission.

The draft standards have been published for a public consultation, which will end on 4 November 2016.

HIQA's Director of Standards and Quality Improvement Marie Kehoe-O'Sullivan said: "The standards aim to ensure that a consistent methodology and timelines are used throughout the country and that patients and families are involved and kept up to date during the course of a review."

A standards advisory group helped us develop the draft standards, and comprised experts in the area of adverse event reviews, representatives from the Department of Health, Health Service Executive (HSE), service users, the Child and Family Agency (Tusla) and representatives from the disability sector.

The draft standards are available in full on both websites at these links:

- [HIQA](#)
- [Mental Health Commission](#)

The public consultation feedback form is available [here](#).

The online form [is available here](#).

Macedonian delegation visits our Dublin offices



The group from Macedonia and some of our staff

We recently hosted a delegation from the Agency for Quality and Accreditation of Healthcare Institutions in the Republic of Macedonia.

The study visit was organised through the [Technical Assistance and Information Exchange Instrument of the European Commission \(TAIEX\)](#).

The TAIEX programme aims to share best practice in a given subject field and first-hand experience between organisations.

This very successful study visit by this relatively new agency was coordinated and supported by Carol Grogan and Susan O'Rahilly from HIQA.

The Macedonian delegates meet with and received presentations from a number of HIQA teams to learn about our roles and processes.

HIQA staff also had an opportunity to hear about the work of the Agency for Quality and Accreditation of Healthcare Institutions.

© 2016. Published by the Health Information and Quality Authority, George's Court,
George's Lane, Dublin 7, D07 E98Y.