



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

HIQA News

Issue 17 — December 2016

Photocall — launch of maternity standards



The Minister for Health Simon Harris TD launched our National Standards for Safer Better Maternity Services on 21 December in Dublin Castle. Pictured at the launch are HIQA CEO Phelim Quinn, Minister Simon Harris and the Chairperson of our Board Brian McEnery

Message from our CEO, Phelim Quinn

Welcome to the latest edition of *HIQA News*.



HIQA launched its new corporate plan in 2016, which sets out our aims and work plan for the next three years. Part of that plan recognised that HIQA cannot work towards the achievements of its objectives without the cooperation of many strategic partners within Ireland's health and social care system. As such, 2016 has been marked by the development of a range of important collaborations that set out to make services better and safer, and to improve the experience of people using services.

In December, HIQA was selected to provide a new service in the support of the development of national clinical guidelines. The award from the Health Research Board will enable HIQA to provide the evidence to inform the development of national clinical guidelines and national clinical audit. More detail on the new initiative is contained within this issue.

As outlined in the last edition of our newsletter, we have highlighted the continued requirements around safeguarding in relation to public awareness, service delivery, policy and legislation. As such, HIQA has been working in collaboration with a range of stakeholders as part of the National Safeguarding Committee. The Committee launched its strategic plan on 20 December that outlines a comprehensive programme of work which HIQA will be fully engaged in. This will include developing Adult Safeguarding Standards, which we hope to start work on in collaboration with the Mental Health Commission in 2017.

In regulating children's social services, and residential services for older people and people with a disability, we have identified a substantial number of services that provide excellent person-centred, rights-based care. However, we have highlighted issues of abuse and exploitation within services, and in doing so, uncovered deficiencies in the national policy and practice response to such circumstances. It is therefore heartening to see a national coordinated approach being taken to the issue of safeguarding.

This collaboration with the Mental Health Commission will build upon the successful development of new national standards for the management of patient safety incidents, which we hope to publish within the first three months of 2017.

A further, major collaboration in 2016 that will span into 2017 has been the continuing initiative to conduct Ireland's first National Patient Experience Survey. This partnership initiative with the Health Service Executive (HSE) and the Department of Health will see all adult patients who have been admitted to an acute hospital service for at least one night in a selected month receiving an invitation to participate in the survey. The information from the survey is aimed at ensuring that safety, quality and patient experience is improved.

Sharing relevant intelligence across systems and professional regulators has also been recognised as a key tool in any nation's ability to recognise and deal with emerging patient and service-user issues. In that vein, in 2016 HIQA has developed a number of memorandums of understanding with a number of critical organisations, such as the Ombudsman, the Ombudsman for Children, the professions' regulators and the Confidential Recipient.

We acknowledge that huge challenges continue to face Ireland's health and social care services, among them the need for effective learning when things go wrong and effective ways to propel change to improve safety.

The continuing inability of public healthcare services to implement our recommendations is a major concern to us. Our recent review of the status of HIQA recommendations for Portlaoise Hospital showed that while some progress has been made, significant risks remain and the future of the hospital is uncertain.

As HIQA outlined recently to the Oireachtas Joint Committee on Health, our current legal powers in acute healthcare are limited to statutory investigation and targeted monitoring in high-risk healthcare areas. The basis for highlighting these issues related to an invitation from the Committee to present HIQA's views on proposed new healthcare legislation that will extend HIQA's monitoring powers to the private healthcare sector: the Health Information and Patient Safety Bill. The Bill currently does not confer HIQA with the same powers to enforce standards that we have in the social care sector and is proposed as an interim step towards formal licensing of healthcare services. In addition, further legislation is required to enable the sharing of electronic health records and advance the eHealth agenda in Ireland, as set out in the eHealth Strategy.

In this issue of *HIQA News*, we report on the launch of new National Maternity Standards that were developed by HIQA in 2016. We see the development and Ministerial endorsement of these standards as another key milestone on the journey towards safer, better maternity standards. We hope publication and implementation of the National Standards will reinforce the critical elements of the National Maternity Strategy.

Finally, I would also like to wish all our readers a very happy Christmas and peaceful and prosperous New Year.

Until next time, best wishes, Phelim Quinn

Photocall — New Zealand visitor



Richard Hamblin, Director of Health Quality Evaluation at the Health Quality and Safety Commission New Zealand, came to Dublin to meet with the National Patient Experience Steering Group to share his wealth of experience and knowledge on designing, implementing and acting on the findings from National Patient Experience Surveys. He is pictured in our Dublin office with our Director of Health Information Rachel Flynn.

Photocall — launch of safeguarding strategy



The National Safeguarding Committee launched its Strategic Plan 2017-2021 to guide its work to safeguard vulnerable adults over the next five years. Pictured at the launch on 20 December 2016 in Dublin were HIQA CEO Phelim Quinn; The Hon. Ms. Justice Mary Laffoy, Justice of the Supreme Court of Ireland, who launched the strategy; and Patricia Rickard-Clarke, the independent Chairperson of the Committee. For more information, see www.safeguardingcommittee.ie.

‘Safeguarding — everyone’s responsibility’

HIQA CEO Phelim Quinn recently spoke on the concept of responsibility at the National Federation of Voluntary Bodies’ [national conference on safeguarding vulnerable people](#).

In his speech, Phelim called on the Government to introduce, as a priority, adult safeguarding laws to protect the most vulnerable in our society from abuse or exploitation.

He also pressed for a review of the Health Act 2007 to ensure that regulation keeps pace with the growing nature and diversity of services being provided to vulnerable people.

All vulnerable people in our society, including the homeless, prisoners, migrants and asylum seekers in direct provision, have the right to high-quality, safe health and social care services, he said.

“HIQA does not yet have a legal mandate to engage in these services, yet we firmly believe that all vulnerable people in our society have a right to access high-quality and safe health and social care services. The continued absence of assurance in respect of the rights and needs of these vulnerable groups has the potential to create new hidden populations in our country,” he said.

Phelim also outlined that in the disability sector, the slow roll out of true community-based and integrated care is propagating the idea that people with a disability in State care — or cared for by an organisation stemming from charitable or philanthropic backgrounds — “are being looked after ‘well enough’.”

He continued: “In fact, I believe that this approach perpetuates a situation whereby vulnerable groups are hidden away from society without true regard for their rights as citizens. This view is borne out by the outcomes of a number of our published inspection reports of disability services.”

Phelim outlined his view that no one State agency can achieve the required safeguards on its own. “Momentum is gathering amongst interested parties that will enable us all to make a collective contribution to the concept of zero tolerance. However, others still need convincing.”

[Read Phelim’s full speech here.](#)

HIQA at Oireachtas Committee on proposed new healthcare bill



Our Director of Health Information Rachel Flynn addresses the Committee

HIQA recently addressed the Oireachtas Joint Committee on Health in relation to the General Scheme of the Health Information and Patient Safety Bill.

Our CEO Phelim Quinn, our Director of Regulation Mary Dunnion, and our Director of Health Information Rachel Flynn all addressed the members of the Committee.

The Bill is a broad piece of legislation that sets out a legislative framework for the better governance of health information and the mandatory reporting of patient safety incidents.

“It is an important piece of legislation and we welcome the fact that it was made a priority issue in the Programme for a Partnership Government,” Phelim stated.

Health information is vital to improving patient safety, he emphasised, and unlike other European countries, Ireland currently does not have a legal framework around electronic health records.

In 2017, we will begin monitoring compliance with health information standards in order to promote improvements in the governance, quality and use of data held by national data collections.

In a number of cases, the Bill assigns additional functions to HIQA, including in the private sector as regards the management of health data, Phelim explained.

As required, HIQA will under the Bill be asked by the Minister for Health to set standards in several areas and will be tasked with monitoring compliance with a number of these standards.

While the Health Information and Patient Safety Bill contains many positive initiatives, it does not address the sharing and collection of data within the private sector, Phelim stated.

“In addition, further legislation is required to enable the sharing of electronic health records and advance the eHealth agenda in Ireland, as set out in the eHealth Strategy,” he said.

Under the Bill, HIQA is to become the ‘single point of contact’ for health researchers in its role as supervisory body for approved research ethics committees (ARECs).

It is also intended to extend HIQA’s powers to private hospitals and certain private services as regards setting standards, monitoring compliance and investigating. However, in response to Committee members’ questions, he said the Bill was not licensing, but an extension of our current role and remit within publicly provided services.

Phelim also outlined our concern about the regulatory gaps for people receiving care in their own homes or moving from residential care services into homecare-type services who are not afforded the same level of regulatory protections as those in residential care.

Earlier, in his opening address, he stated: “Based on our research on healthcare regulation internationally and our experience of regulating services provided and funded by the HSE, HIQA strongly supports the proposal to introduce a system of regulation to the private health sector.

“However, it should be noted that the regulatory system in Ireland varies significantly to those in place in other countries as regards regulatory reach, monitoring and enforcement. The current programme, as funded by the Department of Health, merely allows for targeted monitoring in high-risk areas.”

To date our programmes have mostly focused on inspecting nutrition and hydration care in hospitals, reviewing how public acute hospitals are tackling antimicrobial stewardship and monitoring acute hospital’s compliance with the National Standards for the Prevention and Control of Healthcare Associated Infections.

“Whilst we believe that this Bill potentially provides for greater oversight of private sector compliance with nationally-mandated standards, it is important that members of the Oireachtas and the public realise the limitations to HIQA’s legal powers. The proposed Bill does not confer HIQA with the same powers of registration, inspection and enforcement that we have in the social care sector, e.g. in nursing homes and disability centres.

“It is for this reason that we have worked with the Department of Health over many years to progress the Patient Safety Licensing Bill, which provides for the introduction of a more formal programme of regulation to private sector services. Furthermore, it must be noted, and understood, that the conclusions and recommendations HIQA issues on completion of an investigation are not, and, under this Bill, will not be legally binding.”

Phelim also emphasised that the extension of HIQA’s remit in several areas — and amendments to the way we work under the Health Act 2007 — will have considerable resource implications, and HIQA will be required to take on a number of additional staff with specialist expertise. However, he concluded that HIQA is generally supportive of the Health Information and Patient Safety Bill with a view to improving quality and patient safety.

Read the [full text of Phelim’s opening statement](#) to the Oireachtas Joint Committee on Health. View the meeting [here](#).

HIQA awarded clinical guidelines contract



Pictured at the HRB-CICER launch were (L-R) Dr Máirín Ryan from HIQA; Dr Graham Love, Chief Executive of the HRB; Professor Susan Smith from the RCSI; and Dr Karen Ryan, Chairperson of the National Clinical Effectiveness Committee

HIQA has signed a €2.25 million five-year contract with the Health Research Board (HRB) to provide the evidence for clinical guidelines and clinical audits that are developed for the National Clinical Effectiveness Committee.

The Committee quality assures national clinical guidelines for use in healthcare in Ireland. This is a programme of work within the newly established National Patient Safety Office in the Department of Health.

To achieve this, the guidelines must be based on the best available scientific evidence of clinical benefits and cost-effectiveness and incorporate the budget impact of their implementation. The goal of these guidelines is to promote healthcare that is current, effective and consistent, ensuring the best possible outcomes for patients.

Clinical guidelines provide guidance and standards for improving the safety, quality and cost-effectiveness of healthcare delivered to patients. The contract will establish the HRB-Collaboration in Ireland for Clinical Effectiveness Reviews (or HRB-CICER).

HRB-CICER will carry out reviews of evidence and provide scientific support for developing the National Clinical Effectiveness Committee's National Clinical Guidelines and National Clinical Audits.

The HRB-CICER team will comprise a dedicated multidisciplinary research team supported by staff from HIQA and the Royal College of Surgeons in Ireland (RCSI), as well as national and international clinical and methodological experts.

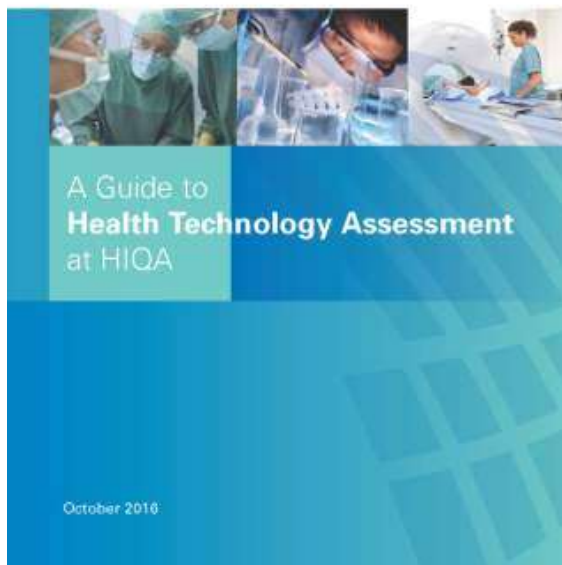
Our Director of Health Technology Assessment and Deputy Chief Executive, Dr Máirín Ryan, said clinical guidelines are important tools to enable clinicians to promote quality, safety and best use of available resources in healthcare.

"It is important that accurate and reliable evidence is used to develop clinical guidelines. This contract will ensure that the best available evidence is used to support the development of National Clinical Guidelines. This will mean that the public can be assured that the use of National Clinical Guidelines by healthcare providers will optimise outcomes for patients," she commented.

For more information on the initiative, [read the press release here](#).

We are currently recruiting a health economist, statistician/epidemiologist, information scientist/systematic reviewer for the HRB-CICER programme. The closing date for applications is 5pm on Monday 9 January 2017. To read more, [click here](#).

HIQA publishes guide to health technology assessment



We recently published [A Guide to Health Technology Assessment at HIQA](#).

This guide provides an overview of what health technology assessment (HTA) is and how it is conducted by HIQA.

By means of HTA, we evaluate the clinical and cost-effectiveness of health technologies, providing advice to the Minister for Health and the Health Service Executive (HSE).

The guide is aimed at members of the general public who are interested to learn more about HTA and how it is used in the Irish healthcare system as well as being aimed at members of expert advisory groups convened to advise HIQA on specific HTAs.

Our Director of Health Technology Assessment and Deputy Chief Executive Dr Máirín Ryan said: "The health budget in Ireland is limited. To invest in a new technology means that it may be necessary to stop or reduce funding for another technology or service. To make that choice, it is important that accurate and reliable evidence is presented to support decision-making. The goal of HTA is to provide that independent evidence."

Photocall — National Patient Experience Survey



Members of our Health Information Team at the Patient Safety Conference

Energy use awareness in HIQA

Our efforts to reduce our energy consumption are ongoing, and we are continually looking for cost-effective initiatives and controls to help reduce our energy consumption and CO₂ footprint.

We report our energy usage to the Sustainable Energy Authority of Ireland under an EU energy directive and related Irish regulations.

The baseline data was collected from HIQA by the Sustainable Energy Authority of Ireland in 2010, and we started reporting our energy usage data in 2011.

A number of low-cost initiatives were implemented across HIQA to meet the targets set out by Government, which required all public bodies to achieve a 33% reduction in energy usage by 2020.

The most recent report issued by the Energy Authority (Annual Report 2016 on Public Energy Efficiency Performance, which looks at data submitted for 2015) shows that HIQA has achieved a 43.6% reduction on its baseline year of 2010.

HIQA also takes part in the Optimising Power @ Work initiative which was implemented by the OPW to help public bodies track their performance and meet their energy saving targets.

The initiative provides advice, reports and communication tools to help identify areas of improvement, power-related issues and to promote the energy message across HIQA.

New Information Management Standards for national health and social care data collections



Rachel Flynn, our Director of Health Information

Our Health Information team has finalised *Information management standards for national health and social care data collections*.

The standards were approved by our Board on 30 November and have been submitted to the Minister for Health for approval and mandating.

National health and social care data collections are national repositories of routinely collected health and social care data in the Republic of Ireland. They play a crucial role by providing a national overview of a particular health or social care service.

An example is the National Perinatal Reporting System (NPRS) in the Healthcare Pricing Office of the HSE.

High-quality data collections require considerable time, effort and resources. Therefore, this data should be used to the maximum benefit of the population it serves by promoting, encouraging and facilitating use of the data.

Rachel Flynn, our Director of Health information, said: “The primary purpose of the information management standards is to provide a roadmap to improve the quality of national health data and information, which will ultimately contribute to safer and more reliable health and social care.”

The 10 standards promote improvements in national health and social care data collections by forming a basis for planning, identifying and addressing information deficiencies and data quality issues.

HIQA will develop a structured programme to assess compliance with the information management standards. Information sessions on the standards will be held for the national health and social care data collections.

We plan to start a review programme during 2017, which will begin with the distribution of a ‘self-assessment tool’ to national health and social care data collections within HIQA’s legislative remit.

We will continue to engage with national health and social care data collections in advance of the start of the process.

Memorandum of Understanding with Ombudsman for Children's Office



Our Chief Executive Phelim Quinn, left, and the Ombudsman for Children, Dr Niall Muldoon, at the signing of the MOU.

The Ombudsman for Children's Office (OCO) and Health Information and Quality Authority (HIQA) have signed a memorandum of understanding (MOU). The MOU is aimed at promoting cooperation and exchange of information between the two organisations in the interests of better services and better outcomes for children.

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

National Patient Experience Survey Programme



Members of the National Patient Experience Project Team pictured at the recent Patient Safety Conference were (L-R): Jude Cosgrove, Tess Huss, Tina Boland (all from HIQA) and June Boulger from the HSE.

The National Patient Experience Survey Programme is a joint project between the Department of Health, the Health Service Executive (HSE) and HIQA.

Many elements of the survey programme are underway at the moment. The team is currently finalising the content of the survey questionnaire.

A 'Delphi Study' was recently conducted to reduce the original library of 189 internationally-validated survey questions to a core set of 60 questions and a reserve list of 40 questions.

In addition to this, we are undertaking a privacy impact assessment — this will identify the risks to survey participants' privacy and all of the actions that we need to take to protect their privacy.

We will hold National Patient Experience hospital information sessions in January and February 2017 to help hospital staff with the work they will have to undertake to ensure that the survey is a success.

A [website](#) has also been launched where you can find out further information about the survey.

Meanwhile, Tracy O'Carroll, our National Patient Experience Project Manager, and June Boulger, National Lead for Patient and Public Partnership, HSE, presented on the survey at the Patient Safety Conference in Dublin Castle in December.

Update from our disabilities team



Finbarr Colfer, our Deputy Chief Inspector of Social Services

Since our previous HIQA News, our disabilities team completed 181 inspections of residential care services for people with disabilities.

Of these inspections, 74 were for the purpose of informing a registration decision by HIQA.

In this time, we issued 60 certificates of registration, registering the homes of 375 people. The sizes of these homes ranged from six designated centres for single residents to up to a designated centre with four houses for 17 persons.

However, the quality of service to residents in six centres was poor and providers failed to bring their centres into compliance with the regulations and National Standards.

Finbarr Colfer, our Deputy Chief Inspector of Social Services, comments: “The providers were issued with Notices of Proposal to refuse their applications to register those centres.

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

In response to feedback from residents, families and others, during October 2016 HIQA began including the names of centres on published disability inspection reports.

Prior to implementing this change, HIQA had given providers an opportunity to ensure the privacy of residents by changing the names of centres that previously had their address in their names.

During 2017, we will continue our programme of inspecting and registering designated centres, all of which have to be registered by 31 October 2018. In addition, in 2017 we will progress the first applications for renewal of registration.

News from our Older Persons' Team



It has been a busy year to date for our nursing home team with over 598 inspections completed in nursing homes so far.

We want to say a big thank you to the residents, their families and staff for their help and cooperation during our inspections.

While we have seen varying practices and several improvements made throughout the country, we have taken escalation and enforcement action in relation to approximately 16 centres.

This was in response to risks identified and poor compliance with regulations and National Standards.

Meanwhile, Susan Cliffe and Carol Grogan from our Older Persons' Team presented on our regulatory work at the Nursing Homes Ireland national conference on 16 November 2016.

A small number of our staff also attended a conference on safeguarding older persons, entitled the S.T. AGE project, which is a joint project with Age Action Ireland and the Gaiety School of Acting.

National Standards for Safer Better Maternity Services



The Minister for Health Simon Harris TD launched our National Standards for Safer Better Maternity Services on 21 December in Dublin Castle. Pictured at the launch (L-R) are HIQA CEO Phelim Quinn, Minister Simon Harris and the Chairperson of our Board Brian McEnergy.

The *National Standards for Safer Better Maternity Services* have been approved and launched by the Minister for Health Simon Harris TD. The standards describe what safe, high-quality maternity services should look like.

The event held in Dublin Castle was attended by key stakeholders, including those who participated in the co-development of the standards.

This included women and their partners, front-line staff, as well as members of the Standards Advisory Group and those who engaged with us in the nationwide focus groups.



Following a number of high-profile failings in the delivery of safe, high-quality care in maternity services, HIQA committed to the development of specific standards for maternity services to drive improvements in quality and safety. Ireland's first National Maternity Strategy, 'Creating a Better Future Together' was launched in January 2016. These standards have been designed to support the implementation of the National Maternity Strategy.

Marie Kehoe-O'Sullivan, our Director of Standards and Quality Improvement, said: "HIQA developed the *National Standards for Safer Better Maternity Services* to make maternity care safer and better, and to ensure that the services delivered meet the needs of the women they are supposed to serve. The launch of maternity standards enables services to

ensure that they are meeting the necessary outcomes to safeguard the people using their services and to improve the quality of care they provide."

The maternity standards cover eight themes of care including, person-centred care and support, and better health and wellbeing, to improve outcomes for women and their babies.

Marie Kehoe-O'Sullivan continued: "These standards are informed by national and international research and best practice, as well as the voices of women, patient advocates and front-line staff who participated in our advisory group, focus groups and public consultation. The standards put women at the centre of what maternity services do. By promoting practice that is up to date, effective and consistent, and based on best available evidence, they provide a framework of good practice for services to strive towards, but also for women to understand what safe, high-quality maternity care looks like and what they should expect from a service."

The Minister for Health, Simon Harris TD, said the new Standards have been developed by HIQA in association with an Advisory Group drawn from a wide range of stakeholders.

Speaking at the launch, the Minister said: "The standards we are launching today go hand-in-hand with the Maternity Strategy, which envisages an Ireland: where women and babies have access to safe, high-quality care in a setting that is most appropriate to their needs; where women and families are placed at the centre of all services, and are treated with dignity, respect and compassion; and where parents are supported before, during and after pregnancy to allow them to give their child the best possible start in life."

The Minister noted that the Standards, coupled with the new National Maternity Strategy, published by the Department of Health in January 2016, pave the way for a new, better maternity service.

The Minister concluded: “These Standards along with the range of patient safety initiatives taking place in my Department will support better, safer clinical decision-making and a more connected health service, delivering better outcomes for patients.”

The standards are available in full on our website [here](#).

An easy-to-read guide to the standards is available [here](#).

Update on prevention and control of Healthcare Associated Infections



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

Our *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 practice.

The revised standards will play an important role in continued improvement in infection prevention and control practices across Irish hospitals.

These standards will focus on acute healthcare services only, and a further set of standards will be developed in 2017 focused on primary and community services. This will ensure that both sets of standards are appropriate to their specific contexts.

An eight-week public consultation closed on 2 December 2016. We received a total of 33 detailed submissions, and we are currently reviewing these submissions.

Marie Kehoe-O’Sullivan, Director of Standards and Quality Improvement: “We want to thank everyone who took the time to send us feedback on the *National Standards for the Prevention and Control of Healthcare Associated Infections in acute healthcare services.*”

The final Standards Advisory Group meeting will be held in January 2017.

Profile of the work of our children’s team



The job of the children’s team is to inspect some of the services used by children in Ireland.

This means that we visit services, talk to children, their families and other important people in their lives. This includes their carers, staff, social workers or guardians ad litem (a person who represents a child’s views).

It is really important to us that children who use these services are safe, respected and listened to.

When we visit services, we look at what is written down about children and how they are being cared for. Inspectors look at children's files to see what is going well for them, and if there are any things that the service could do to make their lives better.

We also look at complaints that have been made about the service to see if children have been unhappy with anything and what was done to improve the service.

We visit children who live in residential care, special care, detention and foster care to find out how children living in these places are getting along. We also inspect child protection services to make sure that children who live in families that need some extra support in order to do well, are getting the help that they need.

Below is a description of the different types of services we inspect:

Child protection: Families who use the child protection service often need help to make sure that children are able to do their best and be kept safe. We visit these services from time to time to see if families are given the help that they need. We talk to children, their parents and families, social workers and any other people who work with them, to see how they're getting on and if they are getting the service they need.

Foster care: Foster care is when children who are in care and not able to live with their own parents go to live with another family, who become their foster carers. Every so often, we visit social work departments to meet social workers and their managers who are responsible for children in care and foster carers. Social workers have to make sure that foster carers are able to look after children well and that they get the support they need to do this.

Residential care: Residential care is when social care workers look after children and young people who live in a house in the community.

Special care: When foster carers or staff who work in residential care are not able to keep children safe, they are sometimes placed in what is called special care. Children are placed in special care to receive the additional help and supports they need. Special care is a building where the doors are locked.

Children's detention: When children get into trouble for breaking the law, a judge can decide to put them into the children's detention centre. This is a unit with locked doors, where children attend school on the campus.

Review of status of recommendations for Portlaoise Hospital



Mary Dunnion, our Director of Regulation, pictured addressing a recent meeting of the Joint Committee on Health. Image: Houses of the Oireachtas

In November, we published a [review of the implementation of HIQA recommendations made for Portlaoise Hospital](#). The original HIQA investigation started as a result of the negative experiences of a number of patients and their families in receipt of maternity services at Portlaoise Hospital.

In light of the findings of the Portlaoise investigation in 2015, HIQA made eight recommendations that must be implemented to ensure that risks and deficiencies identified are addressed at both local and national level to ensure the delivery of safe and consistent patient care.

This review, which began in April 2016, sought to evaluate the progress achieved at Portlaoise Hospital in implementing the HIQA Portlaoise Hospital Investigation Report's recommendations.

Commenting on the publication of the review, HIQA's Director of Regulation Mary Dunnion said: "This Review was carried out in order to support the provision of safe and quality services at Portlaoise Hospital. While some progress has been made, significant risks remain and the future of the hospital is uncertain."

Overall, the HIQA Review Team found that there was evidence of significant progress with acting on the recommendations and findings from the HIQA Portlaoise investigation.

However, the full integration of Portlaoise maternity services within the governance of the Coombe Women and Infants University Hospital in Dublin needs to be secured through necessary capital investment and recruitment of agreed key personnel.

Furthermore, many of the problems identified with respect to the configuration of general services at the hospital during the investigation have yet to be resolved. The review identified that a strategic plan for the hospital is still outstanding, and that such a plan is needed to improve the sustainability of services and provide greater certainty around the hospital's future role.

The review of progress made at the Midland Regional Hospital, Portlaoise report can be found [here](#).

Nutrition and hydration update



Sean Egan, HIQA's Acting Head of Healthcare Regulation

The first reports on nutrition and hydration care in individual public acute hospitals were published in early September 2016. Fifteen inspection reports have been published to date.

Sean Egan, our Acting Health of Healthcare Regulation, commented: "The team has carried out a number of unannounced inspections since publication of the [overview report](#) in May 2016. Overall, the inspections conducted so far, as part of this programme, have found that in general patients are generally happy with the quality and choice of food provided.

"Furthermore, the inspections have found a number of good practices to support patient choice and cater for special patient groups. Going forward, efforts need to be extended in a number of hospitals to improve the approach to ongoing screening of nutritional status of patients throughout their hospital stay."

Inspections will continue throughout this year and into 2017. You can find out more about HIQA's nutrition and hydration monitoring function [here](#).

Update on hygiene inspections of acute hospitals



Unannounced inspections against the National Standards for the Prevention and Control of Healthcare Associated Infections continued throughout 2016.

There have been 32 inspections completed since the beginning of 2016 with six re-inspections conducted in that time.

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

Medication safety in public acute hospitals



Aoife Lenihan, our lead inspector on the medication safety monitoring programme

Our business plan for 2016 commits to starting a programme of inspections on the subject of medication safety in hospitals.

The medication safety team published a guide to the medication safety monitoring programme for providers in October 2016 which can be found [here](#).

Aoife Lenihan, lead inspector on the medication safety monitoring programme, said: “Medications are the most commonly used intervention in healthcare, and advances in medication usage continue to play a key role in improving patient treatment success.

“However, where medicines are used, the potential for error, such as in prescribing, administering or monitoring, also exists. While most medication errors do not result in patient harm, medication errors have, in some instances, the potential to result in catastrophic harm or death to patients.”

A phased approach for monitoring medication safety in public acute hospitals will get under way. Such an approach will allow and encourage incremental improvement in the medication safety systems in place in public acute hospitals.

The first phase will initially focus on the fundamental governance and structural requirements to support a medication safety programme. Further monitoring in subsequent phases will focus on specific structures and systems that have been proven to enhance the safety of medication use in healthcare.

During HIQA inspections, we will interview staff, speak with patients, observe clinical areas and review documentation to gather a comprehensive oversight of medication practices. At the time of writing, five HIQA medication safety inspections have been carried out in Irish hospitals.

Our HTA Director appointed as Chair to European HTA body



Dr Máirín Ryan at the European Commission-EUnetHTA forum entitled “European Cooperation on HTA: what’s next?” shortly after being appointed as Chair. Also pictured are Xavier Prats Monné, Director-General for Health and Food Safety of the European Commission, and Wim Goettsch, Director of EUnetHTA.

Our Director of Health Technology Assessment (HTA) and Deputy Chief Executive Officer Dr Máirín Ryan has been elected as Chair of the European Network of HTA (EUnetHTA) Assembly.

Máirín will guide the work of the group, which consists of representatives of each of the national HTA agencies throughout Europe, in its efforts to create an effective and sustainable network for HTA across Europe.

EUnetHTA is a collaboration of 79 HTA organisations from EU member states, along with Norway and Switzerland. The Assembly is responsible for setting strategy and monitoring attainment of objectives by EUnetHTA.

HIQA has been active in EUnetHTA since 2008 and Máirín will Chair the organisation for two years. She has also been appointed to the European Commission Expert Group on assessing the impact of a sustainable mechanism for EU cooperation in health technology assessment from 2020 onwards.

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