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An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

# HIQA News

Issue 19 — June 2017

## Photocall — event to mark HIQA's 10th year



*Pictured at a lecture held in Trinity College Dublin in May to mark HIQA's 10th year in existence were: Department of Health Secretary General Jim Breslin; HSE Director General Tony O'Brien; HIQA Chief Executive Phelim Quinn; and Dr Rafael Bengoa, an international expert on healthcare reform who gave the keynote address at the event.*

# Message from our CEO, Phelim Quinn



Over the past decade, there has been a positive public response to our independence in past and ongoing assessments of health and social care services, sometimes in the aftermath of significant service failure. Learning from those events is crucial over the coming years.

Our independence is also vital in developing standards, guidelines and health technology assessments (HTAs). We believe that we need to continue to preciously guard the principle of independence as outlined in the then government's original vision for HIQA's role.

In HIQA, we aim to build and maintain key strategic and operational relationships with those that share our vision of safer, better services and, more importantly, those who still need to be convinced.

One of the most significant products of that process of relationship building has been the start of the [National Patient Experience Survey in Ireland](#).

While the survey will undoubtedly offer us valuable information with a view to improving services, producing national and local policy and developing monitoring programmes, it has been the collaborative journey that we have shared that has been one of the most valuable outcomes in the exercise.

In this issue of *HIQA News*, we report on our recent presentations to the Oireachtas Joint Committee on Health and the Oireachtas Joint Committee on Children and Youth Affairs, our Red C Poll and new research we have published on international models of regulation.

We also report on recent developments in health technology assessment, health information and standards, and the work of our inspection teams. As ever, we welcome your feedback and queries.

Until next time, best wishes

Phelim Quinn

# Latest HIQA annual report published



We have published our 2016 Annual Report, the tenth annual report of HIQA's work since our establishment in 2007.

In 2016, we continued to regulate residential services for older people, children, and people with disabilities, to provide advice on decision-making and the assessment of new and existing health technologies.

We also continued to advance the implementation of health information to improve outcomes for patients, and to provide quality and safety development opportunities that support the improvement of services.

HIQA published a new three-year corporate plan in 2016, Corporate Plan 2016–2018. The objectives outlined in this Corporate Plan shaped the work that we carried out in 2016. This Annual Report sets out how we

advanced these objectives and those from our 2016 Business Plan.

Throughout 2016, we continued to deliver on our commitment to play a significant role and contribution in ensuring that the Irish health and social care system is safe and of high quality, and that the experience of everyone who uses these services progressively improves.

Read our [2016 Annual Report](#).

# HIQA believes regulation of foster care services needed



*Our Director of Regulation and Chief Inspector, Mary Dunnion (right), and Eva Boyle from our Children's Team, pictured during our presentation at the Oireachtas Joint Committee on Children and Youth Affairs. Image: Houses of the Oireachtas*

We carried out 22 inspections of statutory foster care services between January 2012 and December 2016 and recently spoke about our findings at the Oireachtas Joint Committee on Children and Youth Affairs.

Most children in the care of the State live with foster carers, the majority of whom provided a child-centred service to ensure the wellbeing of the children living with them.

During our inspections, family contact was supported by foster carers and social workers, in line with care plans, and generally, children received good quality care from foster carers.

In addition, most children lived in safe, homely foster care environments, and children were largely positive about their social workers.

Our Director of Regulation and Chief Inspector, Mary Dunnion, and Eva Boyle from our Children's Team, presented the overview of our findings to the Committee.

Improvements were also needed, including children not being allocated a social worker, some children being frequently reassigned new social workers, and that it was not always possible to match children with suitable foster carers, or place siblings together.

We have recommended regulation of foster care services in Ireland.

Mary Dunnion commented: “HIQA inspects the practices and procedures of public and private foster care providers under the two sets of foster care regulations and we monitor against the *National Standards for Foster Care*. There is, however, no regulation of foster care.”

In a wide-ranging discussion on foster care, and following questions from Senators Máire Devine and Joan Freeman, and Deputies Kathleen Funchion and Jan O’Sullivan, Mary said there was evidence in other areas that regulation significantly contributes to improving quality of care and safety for vulnerable people.

Mary stated: “We believe such regulation should be in place in children’s services. Children’s residential services are due to come under the remit of regulation in a legal framework in January 2018. We are working with the Department of Children and Youth Affairs and have a workforce plan with the Department of Health in that regard. That will, hopefully, happen in this time frame. We feel this is a really good step. We also feel that foster care services should be regulated.”

Following questions from Deputies Donnchadh Ó Laoghaire, Tom Neville, Anne Rabbitte, Lisa Chambers, and Chairman Deputy Jim Daly, Mary said while there are social worker resource challenges in foster care and not enough foster carers, a lack of resources is not a total determinant of a poor service.

Read the [full proceedings of the meeting here](#).



## Photocall — HIQA staff marking 10 years



*Liam Strahan from HIQA; guest speaker Sinead Kane, a visually impaired athlete, record holder, brand ambassador and qualified solicitor; our CEO Phelim Quinn and our Chairperson Brian McEnery, pictured at a staff event to mark 10 years of HIQA. Sinead made history this year by becoming the first visually-impaired athlete to complete the World Marathon Challenge — seven marathons on seven continents in seven days.*

## New HTA on Human Papillomavirus (HPV) vaccination of boys

Following a request from the Department of Health, we have agreed to undertake a health technology assessment (HTA) to establish the clinical- and cost-effectiveness of expanding the current Human Papillomavirus (HPV) vaccination schedule for girls to include boys.

Human papillomavirus (HPV) is the virus that causes cervical cancer in women. It is now known that there are other cancers associated with this virus that affect both men and women: there is a proven link between HPV infection and anal, genital and

oropharyngeal (throat) cancer. In men it is associated with penile cancer. HPV is also the cause of genital warts in men and women. The HPV vaccine is safe and is effective in both men and women.

Ireland has a nationally funded, school-based, girls-only HPV vaccination programme. The aim of this HTA is to investigate the clinical and cost-effectiveness of expanding the HPV vaccination programme to include boys. The wider implications of any proposed change to the vaccination programme will also be considered; an assessment of the budget impact, resource requirements and the ethical, legal and societal implications will be reviewed.

## HIQA advises a change to cervical screening test in Ireland



*Dr Máirín Ryan, HIQA's Deputy Chief Executive and Director of Health Technology Assessment*

Following a request from CervicalCheck — Ireland's National Cervical Screening Programme — we assessed the best evidence available and advised a change in the primary screening method for cervical screening to Human Papillomavirus (HPV) testing.

We carried out [a health technology assessment \(HTA\) to assess the impact of changing from the current policy of primary screening with liquid-based cytology to primary screening with HPV testing.](#)

Our HTA of Human Papillomavirus (HPV) testing as the primary screening method for prevention of cervical cancer found that changing to primary HPV testing would

reduce the number of screenings each woman has in her lifetime, while providing better accuracy in detecting precancerous abnormalities and early-stage invasive cervical cancer. Women would experience no change in how the cervical screening sample is collected.

HIQA's Director of Health Technology Assessment and Deputy Chief Executive Dr Máirín Ryan said: "HPV infection is associated with almost all cervical precancerous abnormalities and invasive cervical cancers. Compared with the current screening strategy, primary HPV screening is a better test which allows all women who participate in cervical screening to become aware of their current HPV status and those who are at higher risk of cervical cancer to be picked up earlier.

"Where a woman is found to be HPV-positive following primary HPV screening, a follow-up test using liquid-based cytology will be carried out on that same sample to inspect for cellular abnormalities. If any abnormalities are detected, a more detailed examination of the cervix (colposcopy) is needed. Women with a negative HPV test can be reassured that they are at very low risk of developing precancerous abnormalities in the next five years. For this reason, we advise that the interval between screenings can be increased to every five years for those currently being screened three-yearly. A change to primary HPV screening means the same benefit is provided to women in fewer screenings."

Implementing primary HPV screening five-yearly from age 25 to age 60 would lead to two fewer screening tests over a woman's lifetime. Twenty per cent more precancerous abnormalities would be detected and 30% more cervical cancer cases and deaths would be avoided for every screening test carried out compared with the current screening strategy.

Dr Máirín Ryan commented: "As HPV infection is more common in younger women, women who have not been vaccinated against HPV and who are aged between 25 and 30 years may benefit from three-yearly screening to ensure they are protected.

"CervicalCheck began in 2008 and there has been good uptake with four in five eligible women up to date with their smear tests. However, this decreases with age. For this reason, HIQA advises that cervical screening may be extended up to 65 years of age for women who have only had the benefit of routine cervical screening from age 50. While this would come with an increased cost, it would provide additional clinical benefit for these women."

In 2018, the first women vaccinated against HPV 16 and HPV 18 as part of the national school-based immunisation programme will become eligible for CervicalCheck. These women are at lower risk of developing cervical cancer.

However, as the current vaccine does not protect against all virus types that can lead to cervical cancer, vaccinated women should still attend for regular cervical screening.

Dr Ryan said: "Vaccinated women should be screened every five years with HPV testing, as it is the best strategy in this group."



This report was approved by the Board of HIQA and will now be submitted to CervicalCheck and the Minister for Health to inform decision-making about the screening programme. HIQA's advice is that:

- the sequence of screening tests should be changed to primary HPV screening with liquid-based cytology follow-up testing
- all eligible women aged 25 to 60 years should be screened every five years, including those vaccinated against HPV 16 and HPV 18
- however, women aged under 30 years who have not been vaccinated against HPV could be provided with three-yearly primary HPV screening, as HPV infection is more common in this age group
- screening coverage could be extended up to age 65 years for women who have only had access to CervicalCheck from age 50. Given the lower uptake of screening in older women, this should occur alongside a targeted campaign to maximise uptake of screening in those over 60.

Dr Ryan concluded: "Implementation of our advice to CervicalCheck has the potential to increase benefits for all women and lower costs compared with the current screening programme, freeing resources for use elsewhere in the healthcare system."

The Irish Cancer Society and the CervicalCheck welcomed the findings of our assessment.

Head of Research at the Irish Cancer Society and member of the Expert Advisory Group for this assessment Dr Robert O'Connor said: "Since its introduction in 2008, CervicalCheck has provided a very successful screening programme that has undoubtedly saved lives. HIQA's latest assessment, however, shows that the service can reach an even higher world-leading standard with the introduction of primary HPV testing."

Dr Grainne Flannelly, Clinical Director, CervicalCheck, commented: "Using newer tests in a different way could help prevent more cancers and have the additional benefit of reducing unnecessary tests for most women."

[Read the HTA in full](#)

# New model of regulation of social care recommended by HIQA



*Mary Dunnion, Chief Inspector of Social Services and Director of Regulation in HIQA*

After a review of how other countries regulate social care services, we are recommending that it is time to review the current way of regulating these services in Ireland.

Research carried out by HIQA looked at the various models of care available to older people and people with disabilities in Ireland. The research also reviewed how these services are regulated in a number of other countries.

## **New model proposed**

Mary Dunnion, Chief Inspector of Social Services and Director of Regulation with HIQA, commented: “A key finding from other countries is that in some cases there is a fundamentally different approach to regulation of services compared to Ireland. Where we register and regulate buildings and centres, other countries have moved to a model of regulating services, and have a set of regulations that are specifically tailored to those services.

“This allows for greater innovation and flexibility in how providers deliver their services. In addition, providers simply register once and are then monitored for compliance on an ongoing basis thereafter. HIQA believes this model has potential in Ireland, particularly in light of the challenges we face in terms of our ageing population and the need to provide alternatives to long-term residential care.

“All people who are receiving care are potentially vulnerable. However, our regulatory framework currently only provides for regulation of residential care. Therefore, people in non-residential care are not afforded the protections of regulation.”

## **Reform in this area**

HIQA believes it is an opportune time to reflect on how we, as a State, provide services to people into the future, and how these services should be regulated.

Mary Dunnion continued: “It is likely that we will all have a need to access some kind of social service during our lives. As such, we should all take an interest in the quality of these services. We hope that this research will contribute to the debate around how we should plan, fund and deliver our social care services to meet the needs of the population.”

### **Informing the debate**

The only additional social care model where regulation is currently being mooted in Ireland is in home care. HIQA has brought its proposals on broadening the scope of regulation — and addressing the over-reliance on long-term residential care for older people — to the attention of the Joint Oireachtas Committee on Health and to the Minister for Health Simon Harris TD.

Mary Dunnion concluded: “We plan to work with the Department of Health and other relevant interested and informed parties in order to bring about reform in this area. We hope that the findings and recommendations published today arising out of this research will inform the public debate on the best way to regulate services for vulnerable people into the future.”

[Read the Executive summary](#)

[Read about older people's services](#)

[Read about disability services](#)

## **HIQA publishes findings of Red C opinion poll**



A major new national opinion poll carried out by Red C on our behalf has found that 63% of people in Ireland have witnessed poor provision of health and social care services.

Of particular concern is the significant number of people who have witnessed physical or emotional abuse, including in home care services.

The poll also found that there was widespread misunderstanding of the areas of health and social care services that are independently regulated or monitored, with 83% of people mistakenly believing private hospitals are independently regulated or monitored and 76% of people believing that home care services are independently regulated or monitored.

The poll was carried out on HIQA's 10<sup>th</sup> anniversary to help inform its future work.

### **Key poll findings:**

- There is strong support for respecting the rights of vulnerable people and for accountability and independent oversight of health and social care services. 96% agreed that it was important that the rights of vulnerable people in long-term residential settings are respected, 95% agreed that there ought to be clear accountability when provision of health and social care services falls below set standards, and 93% agreed that having independent oversight of health and social care services is important to ensure that they are safe and effective.
- Poor provision of public services was witnessed across a range of health and social care services in the last five years. It was found that 47% of people witnessed poor provision in public hospitals, 21% witnessed poor provision in home care services and 21% witnessed poor provision in nursing homes. Of those who witnessed poor provision in nursing homes, 36% witnessed physical or emotional abuse. While for those who witnessed poor provision in home care services, 24% witnessed physical or emotional abuse.
- There is widespread misunderstanding of which services are currently independently regulated or monitored. For example, when asked whether services were independently regulated or monitored, 83% believed that private hospitals were, 80% believed that primary care centres were, and 76% believed home care services were. However, none of these services are currently independently regulated or monitored.
- The aspects of service that the poll found were most important to ensuring good health and social care provision were that you and your family are treated with dignity at all times when accessing health and social services (88%), that your privacy is respected and maintained (85%) and that there are clear standards and guidance in place to help staff to provide safe and effective care (84%).
- There is strong support for the independent regulation of a range of services. The highest levels of support were for home care services (90%), public hospitals (90%), and community-based services for people with disabilities (88%).
- Of those polled, 63% were aware of HIQA. However, there was much stronger awareness of HIQA among over 65s (93%) than among 18–24 year

olds (36%). The aspect of HIQA's work for which there was the strongest level of awareness was its regulatory role, with 57% of the population aware of this function.

Our Chief Executive Phelim Quinn commented: "As HIQA marks its 10<sup>th</sup> year, it is timely to look at the public's attitudes towards health and social care in order to inform our future work driving better, safer care.

"Unfortunately, it is still too common for the public to witness the poor provision of health and social care services. Many of the areas where poor provision is witnessed are currently not independently regulated. The poll shows that regulating these services enjoys broad public support. Only through the extension of regulation will we get the safe and effective services that the public desires and deserves.

"The poll also shows that there is widespread misunderstanding of which areas of health and social care are currently independently regulated and monitored. Given the results, there may be some surprise among the public to discover that there is currently no independent regulation of private hospitals or homecare services. Indeed, the poll shows that when informed that these services are not independently regulated, there is widespread support for it to be introduced.

"Furthermore, the results of the poll show strong recognition of HIQA; however, it is primarily our role in regulation that is known. It is clear that we need to work harder to ensure that the public is aware of our work in evaluating the clinical- and cost-effectiveness of health technologies and in ensuring the effective use of health information. We also need to do more to ensure that younger people are aware of our work.

"There is broad support for the type of health and social care that HIQA has long supported, where the rights of vulnerable people are central to the provision of services and where there is clear accountability when something goes wrong. For example, we believe that now is the time to introduce safeguarding legislation to protect at-risk adults from abuse and neglect."

[View the poll results](#)



## HIQA provides forum for health reform discussion



*Dr Rafael Bengoa, an international expert on health reform, addressing the reform lecture marking 10 years of HIQA*

We hosted a health reform lecture in Trinity College Dublin in May to mark 10 years since our establishment. The keynote speaker was Dr Rafael Bengoa, an international expert on health reform who has advised the EU, the Obama administration and the Northern Ireland Executive.



*Our CEO Phelim Quinn pictured addressing the health reform lecture held to mark HIQA's 10 years in existence*

Dr Bengoa previously served as Minister for Health and Consumer Affairs in the first Basque Government and worked for the World Health Organization (WHO) for more than 15 years. He is a senior fellow of the Harvard School of Public Health and is currently Director of the Institute for Health and Strategy (SI Health), Bilbao.

The health reform lecture, which was attended by around 100 of our stakeholders, also heard from Jim Breslin, the Secretary General of the Department of Health; and Tony O'Brien, the Director General of the Health Service Executive (HSE). Our CEO Phelim Quinn and our Chairman Brian McEnery also addressed the event.

Dr Bengoa spoke about the need to engage with politicians and all stakeholders in achieving change and the need to empower patients. He emphasised the importance of clinical leadership in improving outcomes for patients and outlined that most change comes from inside the system.

Our Chairperson Brian McEnery said he believed HIQA's foundation marked a turning point in our shared desire to give the people of Ireland better health and social care. He said promoting quality and improvement must remain a common objective for those funding, planning, and delivering services.

Professor Jane Grimson, Pro-Chancellor at Trinity College Dublin and our former Director of Health Information and Chief Executive, welcomed stakeholders to the event. Our CEO Phelim Quinn, in his address, said we believe that gaps still remain in the regulation of health and social care services.

He acknowledged the contributions made by the speakers, saying he believed their presentations should be a starting point for conversations on how each of us with a stake in making services safer and better can build further collaborations while acknowledging our respective roles and accountabilities.

## Update on regulation of residential centres for people with disabilities



*Finbarr Colfer, our Deputy Chief Inspector of Social Services*

Our National Disability Team inspects residential services for people with disabilities and has completed 327 inspections during the first four months of the year. This represents a 39% increase in inspections on the same period in 2016.

Of these inspections, 91 were for the purpose of informing a registration decision, 12 were for informing a decision to vary conditions of registration and another 23 were to inform the decision to renew the registration of currently registered centres.

Inspectors found that the quality of service to residents in 12 centres was poor and providers had failed to bring their centres into compliance with the regulations and [National Standards for Residential Services for Children and Adults with Disabilities](#).

The Office of Chief Inspector within HIQA issued a notice of proposal to cancel the registration of these centres. In such cases, providers are given 28 days in which to make a representation setting out why the registration should not be cancelled.

During this time, the Office of Chief Inspector cancelled the registration of one centre: St Vincent's Centre in Cork, which is operated by St Vincent's Centre Ltd, whose shareholders are the Sisters of Charity religious order.

The provider had consistently failed to take effective action to address issues relating to poor quality of life for residents and poor compliance with healthcare regulations and standards.

The registration of this centre was cancelled on 29 March 2017, at which time the Health Service Executive (HSE) took over the running of the centre as required under Section 64 of the Health Act 2007.

In other news, our CEO Phelim Quinn, Mary Dunnion, the Chief Inspector, and Finbarr Colfer, Deputy Chief Inspector, were asked to attend the Oireachtas' Joint Committee on Health on 3 May 2017 to discuss issues relating to the regulation of centres for people with disabilities with the Committee.

These issues discussed included:

- safeguarding
- governance arrangements
- institutionalised and outdated staff practices
- inappropriate placement of people
- poor physical infrastructure and living environments.

Finbarr Colfer commented: "The discussions also noted that a good level of compliance has been achieved by many service providers, and that HIQA's inspection processes have been an important contributory factor in improvements within residential care for people with a disability."

## **News from our Older Persons' team**

It's been a busy year so far for our Older Person's team who are charged with inspecting and registering nursing homes, with over 238 inspections of nursing homes completed.

Over 130 of these inspections were completed to assist us in making a decision to renew the registration of several designated centres.

We are also continuing our focus on improving standards of care for residents with dementia with over 50 of these inspections being dementia-themed.

These inspections include periods of observation to assess staff interaction with residents and can assist with promoting improved communication between staff and residents.

The main findings from these 238 inspections indicate that improvements are still required in providing premises of a standard to ensure residents' rights to privacy and dignity are maintained.

Several centres continued to have large open-plan 'ward-like' areas whose design and layout does not allow for residents to personalise their space with their own personal belongings or to give a sense of a home-like environment.

This can have a negative impact on residents' privacy, dignity and quality of care. This challenge is especially apparent in some centres operated by the Health Service Executive (HSE), where premises are ageing and in need of major refurbishment and or replacement.

The deadline for complying with the relevant physical environment standards has been extended to the end of 2021. We are working with all nursing homes that have substandard premises to ensure that they are developing plans which will address these shortcomings in advance of the deadline.

# Revised standards for the prevention and control of healthcare-associated infections



*Pictured at the launch of the new National Standards were Dr Fiona McKenna, who played a central role in the development of the Standards, and Linda Weir and Catriona Keane from HIQA.*

We have published new national standards for public acute hospitals to protect patients and staff from acquiring and spreading healthcare-associated infections.

The new standards were launched by our Chief Executive Phelim Quinn at the Infection Prevention Control Ireland (IPCI) Conference in Dublin on 23 May 2017. The conference was attended by approximately 250 people.

HIQA's revision of the *National standards for the prevention and control of healthcare-associated infections in acute healthcare services* outlines 29 standards that reflect up-to-date infection prevention and control best practice, with the objective of reducing healthcare-associated infections.

Healthcare-associated infections are infections such as surgical site infection, pneumonia, urinary tract infection, bloodstream infection and gastroenteritis.

Speaking at Infection Prevention Control Ireland's annual conference in May, Phelim Quinn said: "These new national 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 cover eight themes, a number of which have been strengthened including communication with the patient; local, regional and national governance structures; and workforce training. New standards include risk management, decontamination of equipment and health and wellbeing of patients. All the standards are outcome-based, meaning that each standard provides a specific outcome for the service to meet.

Phelim Quinn continued: “Healthcare-associated infections can have a huge impact on patients and their families, causing serious illness, long-term disability and more seriously death. There are also significant impacts on acute services due to cost implications of healthcare-associated infections such as prolonged patient stays, isolation requirements and ward closures.

“A significant proportion of healthcare-associated infections are known to be avoidable, if effective structures, systems and processes are in place to manage the potential risks. It is imperative that hospitals have the necessary resources in place to enable successful infection prevention and control efforts. These Standards will apply to public acute hospitals funded by the Health Service Executive (HSE) and are designed to promote a safe and effective infection prevention and control culture within acute services.”

Senior management in the hospitals and in the HSE are accountable for implementing the National Standards. These Standards do not apply to primary and community health and social care services. Service providers in these settings will continue to use the 2009 Standards while new Standards are being developed for these areas.

We have also published a [background document outlining the evidence-base](#) that informed the development of the revised standards and a [statement of outcomes document](#) arising from the public consultation on draft standards.

[Read the 2017 standards here](#)

## Health information technical standards update

Our technical standards team has been working on the revision of two health information guidance documents.

Our *Guidance on Messaging Standards for Ireland* was first published in 2012. This document outlined specific guidance regarding the approach to be adopted to support messaging standards for existing and future messaging projects in Ireland.

The revision to this document will include information on a new standard called the HL7 Fast Healthcare Interoperability Resources (FHIR).

We also are in the process of updating the [Guidance on Classification and Terminology Standards for Ireland](#), published in 2013.

This update will reflect changes to international terminology standards and a significant change at national level — the purchase of a national Systematized Nomenclature of Medicine–Clinical Terms® (SNOMED CT®) licence for Ireland.

The revised version will include specific guidance on the approach to be adopted to support the correct implementation of the SNOMED CT licence in Ireland, in line with national standards and international best practice.

## Monitoring of compliance with information management standards

The Health Information Quality team has started a review programme to assess compliance with the recently launched *Information management standards for national health and social care data collections*.

The first stage of the programme has been completed which involved a number of national data collections within the Health Service Executive (HSE) being asked to complete a self-assessment questionnaire and return the findings to HIQA.

Use of this questionnaire tool will allow national data collections to assess how they currently meet the standards and to identify areas for improvement in their information management practices.

A summary, aggregated report of the findings will be published once all results are collated. The next stage of this programme is about to begin which will involve national data collections completing a documentation review. There will also be an on-site visit by HIQA to assess compliance with the standards.

# HIQA presents at health information conferences



*Barbara Foley and Cathy Duggan from HIQA at the South/Southwest Hospital Group and UCC conference*



*Barbara Foley from HIQA pictured at the 3rd European Technology Assessment Conference held in University College Cork (UCC) in May*

Members of our Health Information and Standards Directorate attended and presented at the South/Southwest Hospital Group and UCC Conference on “eHealth and Informatics in Ireland: Where are we?” and a separate health technology assessment conference.

Held in the Brookfield Health Sciences Complex, UCC, Barbara Foley and Catherine Duggan both gave presentations at the conference in relation to the new

[Information management standards for national health and social care data collections.](#)

Barbara also presented at the 3rd European Technology Assessment Conference held in UCC on 17 May 2017, at the session entitled ‘Crossing the Chasm to Digital Health Data’ hosted by the Health Information Systems Research Centre in UCC.

She spoke about information governance and the work being carried out by HIQA in this area.

## Photocall — lecture to mark HIQA's 10th year



*Pictured at a lecture held in Trinity College Dublin in May to mark HIQA's 10th year in existence were: HIQA Chief Executive Phelim Quinn; Department of Health Secretary General Jim Breslin; Minister of State with Special Responsibility for Disabilities Finian McGrath TD; HSE Director General Tony O'Brien; and HIQA Chairperson Brian McEnery*

# Regulation overview shows good governance is key to better care

## Overview of 2016 HIQA regulation of social care and healthcare services



April 2017



Our review of the regulation of health and social care has found that while the regulation of specific aspects of care is beginning to sustainably improve services in social care services and hospitals, some nursing homes, residential centres for people with disabilities and foster care services must take stronger measures to protect vulnerable people in their care against abuse, harm and exploitation.

The *Overview of 2016 HIQA regulation of social care and healthcare services* is the first combined analysis of its kind by HIQA, covering regulation of nursing homes, residential services for people with disabilities and children, and themed inspections of key areas of hospital practice. The report found much good work in Ireland's health and social care services.

The HIQA review found:

- a culture of regulation is now embedded in nursing homes and is influencing improvements in hospitals, disability and children's services
- there are clear links between good governance of services and better outcomes for people using services
- some services must take safeguarding more seriously, particularly having Garda vetting in place for all staff and volunteers
- national health and social care policy needs to be developed and followed to support improvement in services which may be locally-driven
- those who fund services need to take a greater role in holding those services to account.



Mary Dunnion, Chief Inspector of Social Services and Director of Regulation with HIQA commented: “In general, many of the people using services that we spoke with in 2016 were happy with their service and felt that they were receiving good care. Nonetheless, a considerable number of people told us that they were not satisfied; that the services were not person-centred; and that services were failing to meet their needs.”

## **Overview of inspection and monitoring findings**

### **People with disabilities**

In 2016, 735 inspection reports on residential centres for people with disabilities were published. The experience in residential services for people with disabilities is somewhat mixed. While many are receiving a quality service and enjoying a good standard of living, a significant number of people are experiencing a quality of life that is well below that which would be expected in modern Ireland. These people have been living over a long period of time in institutionalised services that do not promote person-centred care and where abuses of their rights have happened. In some instances, HIQA has assessed the care being provided as unsafe.

### **Nursing homes**

In total, HIQA completed 608 inspections of 494 centres. Most centres are demonstrating a good understanding of the regulations and standards and are responsive to findings of regulatory non-compliance. HIQA anticipates that providers are now focused on achieving a level of quality above and beyond minimum compliance with the regulations. Notwithstanding this, we continue to encounter difficulties with outdated nursing home buildings impacting on residents' privacy and dignity, and their right to be safe. HIQA is working with all nursing home providers to address these shortcomings.

### **Healthcare services**

In 2016, HIQA's healthcare team found that while a significant amount of improvement in services may be driven locally, in some instances only substantive decision-making at a national policy level will truly address key areas of outstanding risk for patients. Meanwhile, there is both variation in the effectiveness of local management practice, and an inequitable distribution of resources between and among hospitals and hospital groups. This highlights the need for a clear vision on how Ireland provides hospital services into the future.

### **Children's services**

In 2016, inspectors met with 236 children living in: foster care (131), residential centres (98) and special care units (seven). The children's team found that once children had access to a child protection or alternative care service, most received a good service. There is some good work being done on supporting children to access educational opportunities and in maintaining contact with their birth families. However, more work is needed to ensure all children receive a service that is appropriate to their assessed needs. Issues of significant risk included children

being inappropriately placed and children's needs not being met in the absence of regular child-in-care reviews taking place.

### **Looking to the future — research**

During 2016, HIQA developed two research papers to inform future regulation processes. The first was a review of the regulatory systems in 16 jurisdictions internationally as a result of the Department of Health proposals to establish a licensing system for public and private hospitals. In 2016, the Department drew up a draft general scheme for licensing and invited stakeholders to participate in a related working group.

The draft general scheme envisages that HIQA will be the licensing authority and will be responsible for monitoring compliance with forthcoming regulations. In order to inform its own deliberations on the challenges posed by licensing hospitals, HIQA researched how such regulation is being carried on in a number of other countries.

In the second, HIQA researched the concept and definition of a designated centre in the context of new and emerging models of social care in Ireland. The research considers all of the different models of care in Ireland today, both for [people with disabilities](#) and for [older people](#). An [executive summary](#) gives a brief overview of how such models are regulated in other countries.

[Read the Overview Report.](#)

View our [infographic on the regulation overview](#) report.

## **Nutrition and hydration in public hospitals**



*Sean Egan, HIQA's Acting Head of Healthcare Regulation*

We have been checking if hospitals have effective systems in place to identify and manage patients who are at risk of malnutrition and dehydration.

During 2016, we identified good practice and improvement initiatives by both front-line staff and hospital groups in relation to nutrition and hydration care for patients.

In unannounced inspections, HIQA found that most public acute hospitals had started to improve nutrition and hydration care provided to patients.

This is measured against the information that was provided in a self-assessment tool issued by the healthcare team earlier as part of this monitoring.

During this programme in 2016, we spoke with 239 patients in the 22 hospitals inspected to seek their views in relation to nutrition and hydration.

Sean Egan, HIQA's Acting Head of Healthcare Regulation said: "The team found that the majority of patients were satisfied with the meal choices offered during their hospital stay.

"While some hospitals had well-established quality improvement initiatives relating to nutrition and hydration, others were in the process of developing such programmes."

Unannounced inspections by our Healthcare team of nutrition and hydration care in public acute hospitals concluded in April 2017.

Fourteen inspection reports were published this year. The most recently published reports relate to inspections in:

- [Cork University Hospital](#)
- [Roscommon University Hospital](#).
- [Cavan General Hospital](#)
- [Midlands Regional Hospital, Portlaoise](#)
- [Monaghan Hospital](#).

## HIQA prepares for new ionising radiation role

Our Healthcare team is preparing for the transfer of regulatory powers from the Department of Health to HIQA for regulating medical exposure to ionising radiation, in line with an EU directive.

It is intended that HIQA will start monitoring in this area in 2018.

The programme of work is driven by [Council Directive 2013/59/EURATOM](#) with transposition and enactment of the legislation into Irish law being required by February 2018.

An expert advisory group has been convened to assist with the design of monitoring in this area. A separate guide will be published by HIQA in relation to the monitoring programme in due course.

## Huge support for National Patient Experience Survey



*We have visited hospitals all around the country to meet staff and to promote and discuss the survey*

We would like to say a huge thanks to all 40 participating hospitals which promoted the National Patient Experience (NPE) Survey during the month of May, and we would encourage all patients who have received the survey pack to please tell us about their experiences before the 26th of July closing date.

Patients have until 26 July to respond online or by post to the National Patient Experience (NPE) Survey, which took place for all discharged adult patients who had spent 24 hours or more in a public acute hospital during May 2017 and who were discharged in May.

Eligible patients will continue to receive survey packs until mid June. Patients are being asked 61 questions on topics such as confidence and trust in hospital staff, hospital food, care and treatment, and whether their medications and possible side-effects were explained before their discharge from hospital.

Hospital engagement has been key to its success, and we have received phenomenal support from hospital staff during visits to 37 out of the 40 participating hospitals throughout Ireland by senior HIQA representatives along with NPE Survey colleagues in the Health Service Executive (HSE).

Rachel Flynn, our Director of Health Information and Standards commented: "Approximately 27,000 surveys are being distributed, and many hospitals found new and creative ways to promote the survey to their patients. Hospitals will be able to access their own data, while key personnel from each participating hospital will be trained to ensure that they can understand and use the online system."

The National Patient Experience Survey has also benefitted from considerable local media coverage, and a national advertisement campaign across national and local radio stations was also launched to encourage eligible participants to fill in the surveys and tell us about their experience.

For more information and to keep up-to-date on activity, please follow us on Twitter @NPESurvey and Facebook/NPESurvey. More information on the National Patient Experience Survey can also be found on the National Patient Experience (NPE) Survey website: [www.patientexperience.ie](http://www.patientexperience.ie).

View our videos about the survey with staff and patients:

[Priya Madhu – Assistant director of nursing, St. Vincent's University Hospital](#)

[Fionnuala Duffy – Head of speech and language therapy, St. Vincent's University Hospital](#)

[Brian Place – Patient council member, Saolta hospital group](#)

[Dr Eoin Feeney – Consultant physician in infectious diseases, St. Vincent's University Hospital](#)

[Margaret Lux – Patient council member, Saolta hospital group.](#)