

## Photocall — memorandum of understanding with Confidential Recipient



We have signed a memorandum of understanding with Leigh Gath, the Confidential Recipient appointed by the HSE.

This protocol sets out the agreement for communicating and sharing information between HIQA and the Confidential Recipient.

It covers concerns reported to the Confidential Recipient about residential services for older and dependent persons, and children and adults with a disability.

The protocol takes account of the respective statutory roles and responsibilities of both HIQA and the role of the Confidential Recipient.

The primary objectives of this protocol are that:

- Both parties will work within their respective remits to ensure that services are compliant, safe and effective.
- When relevant information is received, that vulnerable adults are safeguarded from abuse.
- Information relating to safeguarding vulnerable adults is shared in a timely manner between both parties and dealt with effectively and in a timely manner.
- Information to inform intelligence on risk within services is shared in a timely manner to ensure an appropriate response in line with legislation and relevant policies.
- There is a collective drive to improving services provided in Designated Centres.

In order to promote the operation of this protocol and enhance feedback on concerns raised and actions taken, the Chief Inspector and HIQA and the Confidential Recipient will meet on a quarterly basis.

## Message from our CEO, Phelim Quinn



Welcome to the latest edition of *HIQA News*. Since our last newsletter, we have published a number of important reports and have started some exciting new initiatives. I would like to thank the public and staff of health and social care services for their ongoing help and cooperation to make these services safer and better.

Work is continuing on the National Patient Experience Survey which we are conducting in partnership with the Health Service Executive (HSE) and the Department of Health. As part of this, we have held focus groups with patients from around Ireland.

We are also continuing to inspect residential centres for people with disabilities, and we have signed a memorandum of understanding (MoU) with Leigh Gath, the Confidential Recipient for Vulnerable Persons, and a campaigner for the rights of people with disabilities.

In this issue of *HIQA News*, we report on our review of nutrition and hydration in acute hospitals, which I believe will greatly help improve these services. We also report on new standards in the areas of health information, older people and maternity care.

Our inspections of nursing homes, children's services, and infection prevention and control in hospitals continue apace, while our Health Technology Assessment (HTA) team are conducting three extensive HTAs, an update on which is included in this issue of *HIQA News*.

Until next time, best wishes,

Phelim Quinn

## National Patient Experience survey



*Our Acting Director of Health Information Dr Kevin O'Carroll*

We are continuing work on the National Patient Experience Survey in partnership with the Health Service Executive (HSE) and the Department of Health.

Eight focus groups have been held, six of which were conducted with patients across each of the HSE hospital groups.

This involved talking with patients attending hospitals in Limerick, Galway, Kerry, and Dublin.

These groups helped us to review the proposed validated and internationally used questions for the survey, in order to refine and adapt them for the Irish setting.

We also met with healthcare staff and management at these events, including general managers, directors of nursing, managers of information systems and others to inform them about this project.

HIQA's Acting Director of Health Information Dr Kevin O'Carroll commented: "The patients and staff alike were really enthusiastic and engaged with the programme and are looking forward to its implementation."

"In addition, we conducted two focus groups in HIQA to review the library of questions from a users' perspective. The findings from the external focus groups are currently being compiled and will be published in a statement of outcomes report in the autumn."

## Public consultation on information management standards



We have started a [public consultation](#) on new information management standards which we are currently developing for national health and social care data collections.

High-quality health information is essential to inform decision-making, monitoring of diseases and planning of services.

It is also essential for research, developing policy, and informing operational and strategic decisions.

In line with these needs, a considerable amount of data is collected about health and social care services in Ireland.

It is vital that the data and information collected and reported by national data collections is accurate, valid, complete, relevant and timely.

### **What are national data collections?**

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.

Ultimately, their primary purpose is to improve the quality and safety of these services.

In order to do that, it is essential to promote, encourage and facilitate the use of the data.

### **Examples of national health and social care data collections in place in the Republic of Ireland**

<b>National health and social care data collection</b>	<b>Description</b>
National Cancer Registry Ireland (NCRI)	Maintains a national registry of cancer cases and deaths in Ireland.
Hospital In-Patient Enquiry Scheme (HIPE)	Collects demographic, clinical and administrative data on discharges from, and deaths in, acute public hospitals nationally to maintain a timely accurate national database of hospital discharge activity.
SLÁN — Survey of Lifestyle, Attitudes, and Nutrition	A national survey of the lifestyle, attitudes and nutrition of people living in Ireland.
Primary Care Reimbursement Service (PCRS)	Collects claims data for all payments for publicly funded healthcare services provided by general practitioners (GPs), pharmacies, dentists, and optometrists and ophthalmologists in Ireland.

### **Importance of standards**

These standards will help to promote improvements in national health and social care data collections by forming a basis for planning, identifying and addressing gaps and quality issues.

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

## **Public consultation**

We would welcome and appreciate your feedback. Please tell us what you think about the draft information management standards for national data collections.

The public consultation on the *Draft Information Management Standards for Health and Social Care Data Collections* will run until Monday 15 August 2016 at 5pm.

Take part in our [Online survey](#) or download our [Feedback Form](#).

Following completion of the public consultation process, feedback will be analysed and considered before the standards are finalised.

We look forward to hearing from you.

# New overview report on disability inspections



**937 designated centres**

**3 in 5 inspected**



**741 inspections**



**561 centres**



**43% unannounced**



*Extract of our infographic on the findings of our inspections of residential services for people with disabilities*

This report is the first annual overview of HIQA's regulatory work in relation to centres for people with disabilities. HIQA inspected 561 of the 937 designated centres for adults and mixed centres for adults and children with disabilities in 2015. There were 741 inspections in total. This report presents an overview of the findings from the 518 announced and 223 unannounced inspections.

Mary Dunnion, Chief Inspector of Social Services and Director of Regulation in HIQA, said: “Initial inspections in 2014 showed there was a lack of understanding on how to meet the requirements of the regulations and the standards. In particular, HIQA found that residents living in many large congregated settings were not being adequately protected or kept safe. Institutionalized care practices that had been ongoing for years were having an adverse impact on the quality of life for residents.”

However, regulation has brought a cultural change to the sector and has steadily led to improvements in the standard of care provided to residents. The inspections carried out in 2015 found evidence of a high standard of care and a focus on individual resident’s needs and preferences in many cases. Some providers were found to provide an excellent standard of care. HIQA found that providers continued to implement improved systems for complying with regulatory requirements and standards. As a result, an overall pattern has begun to emerge showing evidence of positive impacts and improved outcomes for people with disabilities.

Of inspection reports published in 2015, 49 inspections did not identify any actions required while a further 208 inspections required less than 10 actions.

Mary Dunnion continued: “Evidence shows that where there was a competent person in charge, a centre was able to meet the regulations and standards. Good compliance was found in centres where the person in charge had sufficient oversight of the quality and safety of the service being delivered. Residents’ rights, dignity and privacy were respected and measures were taken to improve their quality of life.”

However, this is not reflective of practice across all centres. HIQA has had to commit significant resources to risk-based inspections where and when residents’ safety has been breached and has had to take enforcement action in a number of centres during 2015 to drive improvements in the standard of care. Formal enforcement procedures under Section 59 and Section 60 of the Health Act 2007 as amended were used in respect of four centres during 2015.

Mary Dunnion concluded: “If a provider fails to address the areas of concern identified during inspection, then HIQA must consider escalated regulatory action. The priority for the person in charge, and for all staff, must be to continue to improve residents’ quality of life. HIQA is committed to continuing to work with services to drive improvements in the quality of care that residents receive.”

“HIQA will continue to use the information from our regulatory activities to learn and to improve the way we do our work.”

[Read the full report](#)

[View the infographic](#)

# Health technology assessments continuing



*Our Director of HTA Dr Máirín Ryan*

Our Health Technology Assessment (HTA) team is currently engaged in three separate HTAs.

Following a request from the Department of Health, we are conducting an analysis of smoking cessation interventions.

This HTA involves a review of the evidence for pharmacological and behavioural interventions used to help people quit smoking.

Pharmacological treatments include those that provide nicotine through alternate forms and medications to counter withdrawal symptoms. These include:

- nicotine replacement therapies (patches, gum and so on)
- bupropion (Zyban™)
- varenicline (Champix®)
- e-cigarettes.

Behavioural interventions include individual and group counselling, as well as Internet and telephone-based services such as the Health Service Executive's (HSE's) QUITline.

Our Director of HTA Dr Máirín Ryan comments: "The HTA will also consider the cost-effectiveness of these interventions in Ireland as well as other relevant issues in

relation to providing smoking cessation services in order to advise on the most favourable mix of treatment that should be funded by the health service to help smokers quit. A draft copy of the report is due to be made available for public consultation later this year.”

We are also conducting a HTA on cervical screening, at the request of the HSE, which is examining the clinical and economic implications of using human papillomavirus (HPV) testing as the primary screening test in the national CervicalCheck screening programme.

This HTA is also due to be published later in 2016.

The final HTA deals with mechanical thrombectomy for managing acute ischaemic stroke.

In a review of the clinical effectiveness data, this intervention has been shown to improve stroke survival and long-term outcomes in selected patients.

Work on the cost-effectiveness, budget impact, and resource implications of providing this intervention in Ireland is ongoing.

## **Former HIQA information director is a new Pro-Chancellor of TCD**



*Pro-Chancellor, Professor Jane Grimson, photographed at her inauguration ceremony in the Provost's House, Trinity College Dublin*

Professor Jane Grimson, a former Acting CEO and former Director of Health Information at HIQA, has been inaugurated as a new Pro-Chancellor at Trinity College Dublin.

The appointment to the office of Chancellor or Pro-Chancellor is considered to be the highest accolade the University can bestow.

Pro-Chancellors have all the powers and privileges of the Chancellor when acting in place of the Chancellor, such as when awarding degrees of the University of Dublin.

Jane is a graduate in Engineering from Trinity, followed by an MSc and PhD in Computer Science from the Universities of Toronto and Edinburgh, respectively.

She returned to Trinity College in 1980 to take up a post as Lecturer in Computer Science. She was elected to Fellowship in 1991 and appointed to a personal chair in Health Informatics in 2003.

She was awarded the O'Moore Medal in 2007 for her contribution to the field of health informatics in Ireland.

From 2006 until her retirement in 2014, she was partially seconded to the newly established HIQA, initially as Director of Health Information and subsequently as Acting Chief Executive.

She has published widely in the field of database systems and health informatics and has a particular interest in promoting the recruitment, retention and promotion of women in engineering and in research generally. She currently chairs the Gender Equality Task Force at the NUI Galway.



*Our former Director of Health Information and a former Acting CEO of HIQA, Professor Jane Grimson, has been inaugurated as a new Pro-Chancellor at Trinity College Dublin. She is pictured here at the event with our Director of HTA, Máirín Ryan, our CEO, Phelim Quinn, and our Head of Communications and Stakeholder Engagement, Marty Whelan.*

## **New Deputy Chief Inspector of Older Persons**



Our nursing home team has welcomed Susan Cliffe, pictured, as Deputy Chief Inspector of Older Persons.

Susan had previously worked in our Healthcare section, where she was Head of Healthcare.

## **Focus on fire safety in residential centres**

We spoke about fire safety precautions in nursing homes and residential centres for people with disabilities, at a recent conference on 'Fire Safety in Healthcare Premises'.

Niall Whelton, our fire and estates inspector, gave a presentation at the event in Dublin.

Niall covered topics such as the purpose of inspections and associated framework, regulations for registration and the care and welfare regulations, judgments and general fire safety precautions.

HIQA will carefully check fire safety management in designated centres, including fire safety training, evacuation plans and strategies, maintenance of fire safety systems and day-to-day fire prevention practices.

Niall's presentation outlined what providers can expect from HIQA inspections. The HIQA inspector will:

- hold a pre-inspection meeting — obtain current information about the staff and residents
- review fire safety management practices
- look at records, safety statement, risk register and so on
- examine the physical fire safety features of the building
- give feedback on findings at the end of the inspection.

Niall also advised that adequate precautions should always be taken against fire. These include:

- keeping escape routes clear
- ensuring doors on escape routes function correctly
- making sure fire doors are capable of restricting the spread of fire and smoke
- checking fire alarms, emergency lighting, firefighting equipment
- avoiding build up of grease in cooking and extraction equipment
- avoiding build-up of lint in clothes dryers
- adequately ventilating clothes dryers.
- providing appropriate dedicated storage.

He also discussed the storage of medical gases, and combustible materials, and the safe disposal of packaging, waste and combustible rubbish, such as locating external storage, bins and waste well away from the building.

We also provided guidance on means of escape and fire safety checks and maintenance.

Earlier this year, we published [\*Fire Precautions in Designated Centres for Older People\*](#). It contains practical information to aid providers and persons in charge in discharging their responsibilities in relation to fire safety under the regulations.

## Photocall — updated PSI MoU



*Our CEO Phelim Quinn and Acting Registrar of the Pharmaceutical Society of Ireland (PSI), Damhnait Gaughan, pictured at the recent signing of an updated memorandum of understanding (MoU) between the two organizations. [Read the MoU here.](#)*

# Update on new standards for nursing homes



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

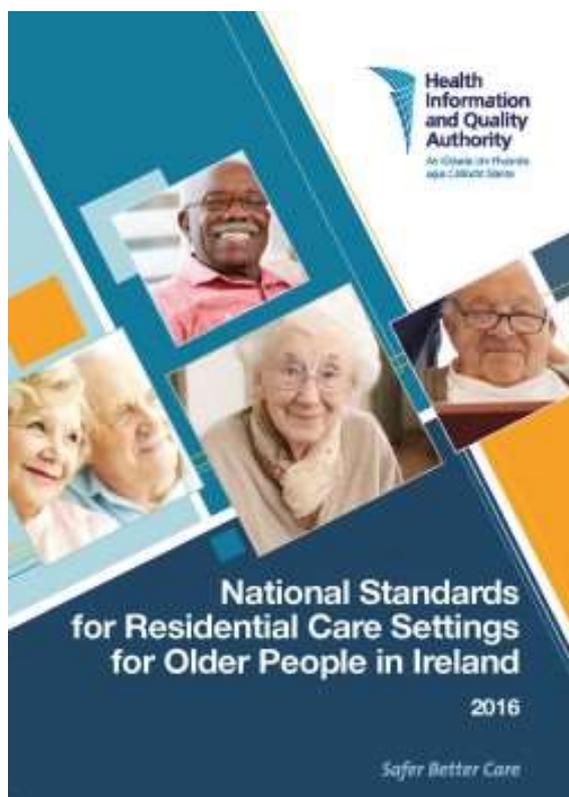
We have just completed four regional awareness sessions for nursing home providers on the revised *National Standards for Residential Care Settings for Older People in Ireland*.

Providers were informed about the process for developing the Revised Standards, which were presented and the changes between those and the original 2009 standards highlighted.

Our Director of Standards and Quality Improvement Marie Kehoe-O'Sullivan said the revised standards were well received. "Over 820 people attended the sessions in Cork, south Dublin, Galway and north Dublin," she commented.

These awareness sessions also included presentations from our National Relatives' Panel, our Regulation Directorate colleagues and on our identified Strategic Improvement Initiative for 2016 on Advanced Care Planning.

## Nursing homes team prepares for new standards



Our nursing homes team is preparing to implement the revised [National Standards for Residential Care Settings for Older People in Ireland](#).

We have reviewed registration and inspection documentation to ensure they comply with the revised Standards, which came into effect on 1 July 2016.

An example of these documents is our assessment and judgment frameworks.

Our nursing home team provided information on the revised Standards during recent information sessions for nursing home providers, and HIQA structures for regulating nursing homes.

## Around 300 nursing home inspections so far in 2016

We continue to carry out our statutory role of monitoring and inspecting all nursing homes in the country.

To date in 2016, we have completed approximately 300 inspections of nursing homes in Ireland.

These include renewal of registration, inspections of dementia care and ongoing monitoring against regulations.

This is in line with our targets identified in our Business Plan 2016. You can view our [published inspection reports here](#).

Our nursing home team also continues to use all information received, such as official notifications and information from the public, to monitor services.

## National Standards for Safer Better Maternity Services



We want to thank everyone who took the time to provide their views and observations on the [draft National Standards for Safer Better Maternity Services](#).

In total, we received 127 submissions from a broad range of organizations and individuals.

The finalized Standards have been approved by our Board and will be submitted shortly to the Minister for Health.

## Nutrition and hydration in public acute hospitals

Nutrition and hydration care is not viewed as a priority for some Irish hospitals, according to a new review we have published.

Despite malnutrition affecting one in four patients who are admitted to hospital, 21% of public acute hospitals don't have a system of screening in place to detect the risk of malnutrition.

Listening to the experiences of patients played a central role in the HIQA review, and is one of our core recommendations for hospitals.

It is recognized internationally that malnutrition and dehydration can compromise the quality of life of patients, affect their recovery and cause unnecessary illness and death. In patients at risk, it can go undetected unless systems are in place to identify and manage it.

Food should be seen as an integral part of a patient's treatment, rather than a 'hotel service' provided by the hospital. Many patients experience unintentional weight loss of over 10% of their body weight prior to admission and their nutritional status often deteriorates while in hospital. Nutrition and hydration is fundamental to their treatment and recovery plan of care.

As part of our review, we analysed information from 42 hospitals, carried out unannounced inspections in 13 of these hospitals, spoke with 579 patients and 363 staff, and reviewed 322 patient healthcare records. We wish to thank everyone who assisted with this review.

While many hospitals demonstrated a commitment to promoting and leading improvements in nutrition and hydration, there was a wide variation in findings.

Every patient should be screened for risk of malnutrition within 24 hours of admission to hospital. Our review shows that only half of the 42 hospitals are doing this on more than 75% of wards. One in five hospitals has no system of screening for risk of malnutrition in any area of the hospital.

Hospitals who have not introduced such screening to date must now proceed, without delay, to implement a system to ensure that all patients are screened for the risk of malnutrition on admission to hospital in line with evidence-based practice. Offering and providing drinking water for patients is a basic care requirement. However, we found examples of where the hydration needs of individual patients were not being met.

Hospitals need to improve governance of nutrition and hydration to support improvements in screening patients for risk of malnutrition, develop evidence-based policies and audit nutrition and hydration care. Hospitals should strive to improve patients' experience of hospital food and drink by engaging with patients about food variety and choice. A key feature of this process is the evaluation of patients' experience of nutritional and hydration care and using patients' views to inform and direct change or to reinforce good practices where they exist.

The four key areas that HIQA has identified for improvement are:

1. All hospitals should have a nutrition steering committee in place.
2. All patients admitted to hospital should be screened for the risk of malnutrition.
3. 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.

4. Hospitals should strive to improve patients' experience of hospital food and drink by engaging with patients about food variety and choice.

## Learning from hospital hygiene inspections

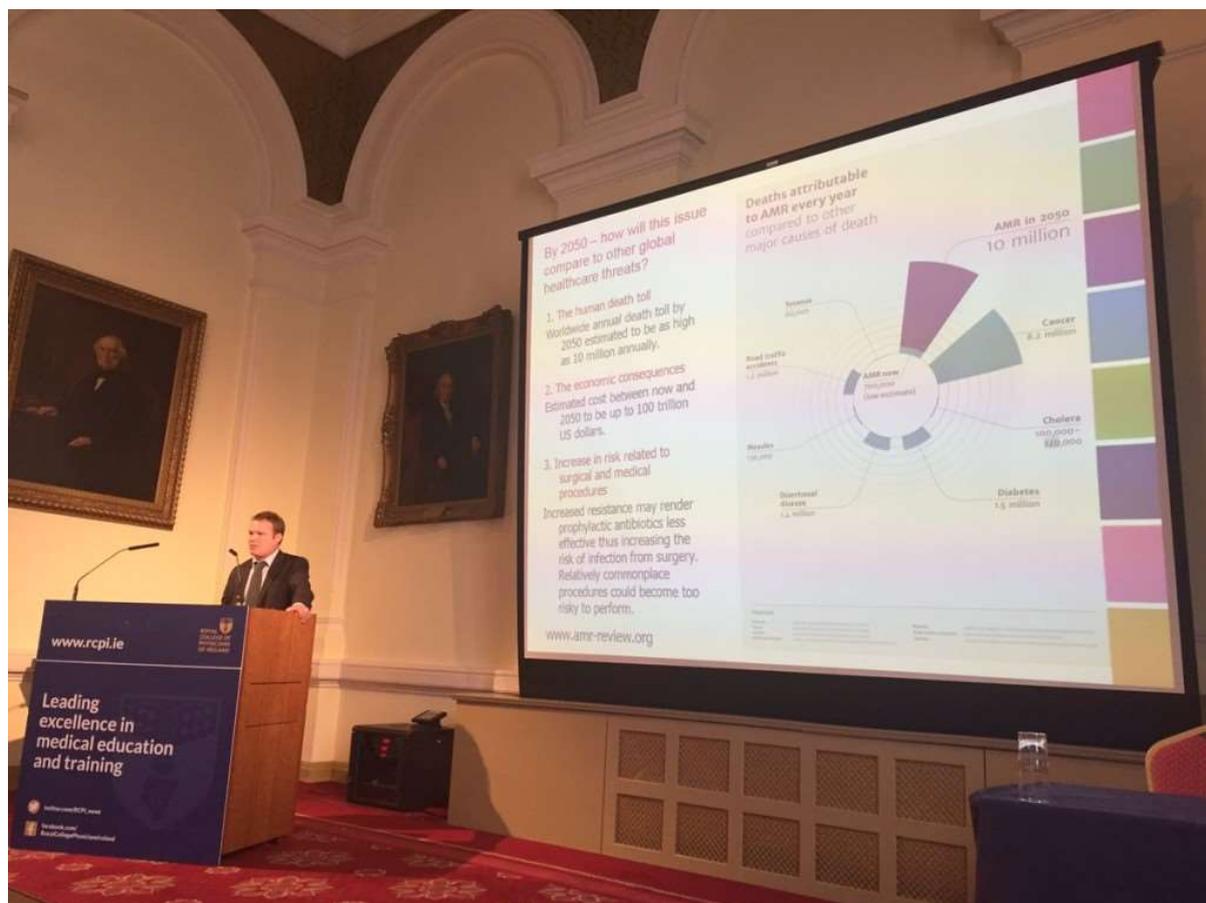
Our unannounced inspections against the [National Standards for the Prevention and Control of Healthcare Associated Infection](#) are continuing.

Nineteen hospitals have been inspected so far this year. The most recent published inspection reports can be found [here](#).

Meanwhile, Aileen O'Brien from our Healthcare Team presented at a point-of-care-testing workshop in the Royal College of Physicians of Ireland (RCPI) on 23 June which was held by the Academy of Clinical Science And Laboratory Medicine and the Association of Clinical Biochemists in Ireland.

Aileen presented the findings of our 2015 unannounced inspections, specifically in relation to poor practice around blood glucose monitoring and the use of fixed blood analyzers in critical care areas, as well as providing recommendations for good practice.

# Photocall — antimicrobial stewardship



*Pictured is Sean Egan, Acting Head of Healthcare in HIQA, at the AMS Insight Conference, held in the Royal College of Physicians of Ireland (RCPI) on 20 June. Sean was giving a presentation on HIQA's work in relation to antimicrobial stewardship.*

# Revision of Infection Prevention and Control Standards



Our work on revising the [National Standards for the Prevention and Control of Healthcare Associated Infections](#) is continuing.

Our second Standards Advisory Group meeting took place in early June. Additional focus groups will be conducted shortly in Drogheda, Waterford and Limerick.

These standards will be presented to our Board prior to a public consultation later in the year.

# Listening to the views of children during inspections



Our children's services' inspectors regularly engage directly with children during inspections in order to hear their views on the quality of the service they receive.

Last year, we met with 430 children during our inspections of children's residential services, foster care, special care, detention school, designated centres for children with a disability and child protection and welfare services.

We talked to them about their experience of using services.

Inspectors meet children on an individual and group basis and also obtain their views through child-friendly questionnaires.

[During inspections last year](#), children described what they knew about their rights; how well they were supported to maintain relationships with families and friends; and how they were helped to pursue their favourite recreational activities and hobbies.

Most children had positive experiences of services and they felt respected and listened to. They said that they and their families had benefitted from a social work or other type of care intervention.

However, in some services last year, children and young people reported a lack of knowledge about their rights, particularly their right to access information held about them and how to make a complaint.

We wish to thank them, staff and carers for their assistance in carrying out these inspections.

# New analysis of children's services inspections



An extract of our summary infographic on our findings

The [2015 overview report of our children's services inspections](#) found that children continue to experience an inconsistent quality service from different providers across the country.

Our children's team conducted 114 inspections of different services in 2015. These included child protection and welfare services, foster care services, statutory residential care, special care units, children detention schools and designated centres for children with a disability.

"In our monitoring and inspection of children's services, we have found that good quality services are ones in which there is effective integration of systems, processes and behaviours by which the service is led, managed and delivered so that services can achieve their objectives in a consistent and sustainable way," commented Ann Ryan, our Head of Children's Programme.

“In essence, a well-governed and monitored service provides consistently high-quality services with minimal variation across the wider system. While the findings of inspections during 2015 are set out in our overview report, what is clear from inspection and monitoring activity is the variance of practice by different providers in relation to the quality of service delivered.”

At the end of 2015, there were 26,655 children’s cases in Ireland open to Tusla’s child protection and welfare services. When compared to 2014, this was a reduction of almost 1,000 children’s cases open to the service year on year.

However, one in four of these 26,655 children did not have a social worker. National figures provided by Tusla show that while most children who didn’t have a social worker were lower priority cases, 999 cases without a social worker were classified as high priority. These are children who have been prioritized by Tusla for a social work service based on their assessed needs.

While managing high-priority cases had improved since 2014, there were regional inconsistencies in how waiting lists were administered, with some regions performing substantially better than others.

While day-to-day social work practice was deemed to be generally good in many areas and many children and their families benefited from social work interventions, Tusla had to respond to a significant number of required actions, in some areas, following inspection.

Inspections of child protection services in 80% of Tusla service areas had been completed by the end of 2015.

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

## Regulation of centres for children with a disability

Responsibility for regulating designated centres for children with disabilities was transferred to a new disability section in HIQA in April 2016.

The programme of registration and monitoring of centres for both children and adults will continue under this new section.

By the end of last year, we had successfully registered 30 centres for children with disabilities and a further 13 had been inspected for the purpose of registration.

During 2015, our children's team carried out 78 inspections of such centres, with a number of them being inspected on more than one occasion to promote improvement.

One in three inspections was unannounced, with 42 inspections being for the purpose of registration.

The children's team received 175 three-day regulatory notifications from providers of designated centres for children with disabilities last year.

These notifications alert HIQA to potential risks to the health, safety or wellbeing of residents. The highest number of notifications related to allegations of suspected or confirmed abuse.

## **Update on 2016 children's team programme**

The children's team has completed one statutory foster care and two private foster care inspections and 21 children's residential care inspections. It is also in the process of carrying out two reviews into the:

- governance arrangements in the Child and Family Agency's (Tusla's) child protection and welfare services and
- the work of the National Review Panel, which is the body which reviews serious incidents including deaths of children in care.

The children's team also presented an overview of its findings from child protection and welfare inspections at Tusla's 'Towards a child protection strategy' conference, held in March.

## **Health information technical standards**

Our technical standards team is continuing work on the national ePrescribing standards.

They have started work on developing a national standard for recording of medications dispensed to people in community pharmacies.

A new technical subgroup has been established to consider this national standard, consisting of health information technology specialists and pharmacists.

A successful meeting of the group was held in mid-May and the group agreed on a dataset which will form the first part of the Standard.

The next step is to develop the technical specification for the standard. The standard is due for completion at the end of the year.

# Latest Reach newsletter published

We have published the latest Reach newsletter for people who live in nursing homes and their relatives and families. The newsletter is voluntarily produced by the National Relatives' Panel, which represents the voice of older people living in nursing homes and their families. [Read it here.](#)

