



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

**Investigation into the quality, safety and governance of
the care provided by The Adelaide and Meath Hospital,
Dublin Incorporating the National Children's Hospital
(AMNCH) for patients who require acute admission**

Guidance and Lines of Enquiry

8 September 2011

1 Introduction

This document has been developed to provide further information in relation to the Health Information and Quality Authority's process for undertaking this investigation into The Adelaide and Meath Hospital, Dublin Incorporating the National Children's Hospital (AMNCH) for patients who require acute admission.

2 Investigation process

2.1 Investigation Team

The Minister for Health, with the approval of the Minister for Public Expenditure and Reform, has approved the appointment of the members of the Investigation Team as authorised persons to conduct the investigation, in accordance with Section 70(1)(b) of the Health Act 2007 (the "Act").

Investigation Team of Authorised Persons	
Name	Role
Paddy Broe	Vice-President, Royal College of Surgeons in Ireland (RCSI) Consultant Surgeon and Clinical Director, Beaumont Hospital, Dublin
Mike Farrar	Chief Executive, UK National Health Service Confederation
John Heyworth	President of the UK College of Accident and Emergency Medicine Consultant in Emergency Medicine in Southampton General Hospital
Sheila O'Connor	National Coordinator, Patient Focus Patient and Lay Expert
Keith Pearson	Chairperson, UK National Health Service Confederation
Dermot Power	Consultant in Acute Medicine and Elderly Care, Mater Misericordiae Hospital, Dublin
Jim Wardrope	Past-President of the UK College of Accident and Emergency Medicine Consultant in Accident and Emergency Medicine in Northern General Hospital, Sheffield

Hilary Coates	Investigation Lead, Health Information and Quality Authority
Mary Dunnion	Investigation Deputy Lead, Health Information and Quality Authority
Margaret Cahill	Investigation Quality Manager, Health Information and Quality Authority

Support will be provided by Authority staff throughout the investigation and if the need arises, additional persons may be authorised by the Minister for Health for the purpose of this investigation.

2.2 Advisory Panel

The Authority has arranged for the provision of advice from the postgraduate training bodies in Ireland, through representatives of the Royal College of Surgeons in Ireland, the Royal College of Physicians of Ireland, the Irish College of General Practitioners as well as nursing advice. The role of this Advisory Panel is to advise the investigation process so that the recommendations are aligned to national and international best evidence and the national clinical care programmes. During the course of the Investigation, the Authority may secure additional advice as required.

Advisory Panel		
Postgraduate training body	Name	Role
Royal College of Surgeons in Ireland (RCSI) Lead for Emergency Medicine	Una Geary	Consultant in Emergency Medicine in St James's Hospital, Dublin HSE National Emergency Medicine Programme Lead
Royal College of Surgeons in Ireland (RCSI) Lead for Orthopaedic and Trauma Surgery	John O'Byrne	Consultant Orthopaedic Surgeon, Cappagh National Orthopaedic Hospital, Dublin
Royal College of Physicians of Ireland (RCPI)	Diarmuid O' Shea	Consultant Physician and Elderly Care, St Vincent's University Hospital, Dublin HSE National Elderly Care Programme Lead

Irish College of General Practitioners (ICGP) Head of Quality and Standards	Margaret O’Riordan	General Practitioner, Co Tipperary
Nursing advisor	Kathleen MacLellan	Former Head of Professional Development with the National Council for the Professional Development of Nursing and Midwifery Currently working in the Department of Health

2.3 Lines of enquiry

In line with the Terms of Reference of this investigation (available on the Authority’s website, www.hiqa.ie), the lines of enquiry to inform this investigation are focused on:

- the quality, safety and governance of, and accountability for, services provided to patients that present to the Emergency Department in the Hospital and are awaiting admission to the Hospital’s inpatient wards
- the quality, safety, governance and timeliness of the system and process of care for patients requiring acute admission into the Hospital with a particular focus on the patient journey from initial assessment, through admission to discharge
- the effectiveness of, and accountability for, the corporate and clinical governance arrangements in place within and between the Board, the Transitional Board and Executive of The Adelaide and Meath Hospital, Dublin Incorporating the National Children’s Hospital in addressing the quality and safety of services provided to patients in the Hospital
- the Health Service Executive’s regional and national governance arrangements to support and monitor the provision of safe, quality services in the Hospital.

The key lines of enquiry developed for the purposes of the investigation approach reflect the Authority’s *Draft National Standards for Safer Better Healthcare*⁽¹⁾, national and international best evidence, the findings of previous reviews and investigations carried out by the Authority⁽²⁻⁵⁾, and the recommendations of the Report of the Commission on Patient Safety and Quality Assurance⁽⁶⁾.

The investigation’s key lines of enquiry are framed around the quality themes of:

- Person-centered care
- Effective care
- Safe care

and the capacity and capability themes of:

- Governance, leadership and management
- Workforce
- Use of Resources
- Use of Information.

See Appendix 1 for more information on lines of enquiry.

2.4 Information review and evaluation

In line with the Terms of Reference of the investigation, the lines of enquiry and pursuant to section 73 of the Health Act 2007, authorised persons will review and evaluate information from a variety of sources including documentation and data, healthcare records, interview, observation and inspection.

Documentation and data

The Authority will issue formal documentation and data requirements to The Adelaide and Meath Hospital, Dublin Incorporating the National Children's Hospital and the Health Service Executive (HSE). The Authority will review and evaluate this information and will use the information to further define the lines and methods of enquiry.

Interview

A series of interviews with various post holders will take place to further inform the investigation. Interviews will clarify issues identified during the documentation and data review.

Each interviewee will receive a letter of notification of interview from the Authority. Interviews will follow a standardised set of questions aligned to the lines of enquiry that are relevant to the interviewee's role and will take around 60 minutes. Interviewees may be accompanied by another person who will be present during the interview as an observer only.

Information will be gathered at interviews by authorised persons and notes of the information provided will be documented by a member of the investigation team. All interviews will be recorded electronically to provide a reference source should any points of accuracy arise in the course of the investigation. However, interviews will not be routinely transcribed. A typed copy of the interview summary will be sent to each interviewee for their review of the factual accuracy. A copy of the digital recording of the interview can be provided to individual interviewees if requested. Information provided at interview will not be attributed in the final report to any individual.

Patient meetings

Authorised persons will meet with patients or their family members to discuss the patient experience in relation to the system of care provided by The Adelaide and Meath Hospital, Dublin Incorporating the National Children's Hospital (AMNCH). Two members of the Investigation Team will meet with patients and their family members. Following the meeting, a typed summary of the discussion will be provided for review.

The investigation will look in detail at the system of care for patients who require acute admission rather than individual incidents. These discussions will inform the recommendations of the investigation with the aim of improving services for future patients. Information provided will not be attributed to any individual in the final report.

Observation and inspection

In order to obtain information about the environment and physical facilities for the delivery of safe, high quality care to patients, authorised persons will inspect a number of the premises at The Adelaide and Meath Hospital, Dublin Incorporating the National Children's Hospital (AMNCH). This observation will include outpatient, inpatient, emergency department, minor injuries unit, diagnostic and therapeutic facilities.

2.5 Findings and report

The investigation report, and its recommendations, will be published following the completion of the investigation. Information provided through interview will not be attributed to any individual in the final report. All interested parties will be sent a copy of sections of the draft report as they relate to them for a factual accuracy review. This will be accompanied by a template for completion and details of the review period. All information returned to the Authority is then reviewed and evaluated by authorised persons.

The investigation will be cognisant of the rights of individuals involved in relation to privacy and confidentiality, dignity and respect, due process and natural and constitutional justice.

As with any investigation undertaken by the Authority, and in the interest of a fair and thorough investigation, the Authority does not envisage making any public comment until the investigation has concluded.

3. References

- (1) Health Information and Quality Authority. *Draft National Standards for Safer Better Healthcare: Consultation Document – September 2010*. Dublin: Health Information and Quality Authority; 2010.
- (2) Health Information and Quality Authority. *Report of the investigation into the quality and safety of services and supporting arrangements provided by the Health Service Executive at Mallow General Hospital*. Dublin: Health Information and Quality Authority; 2011.
- (3) Health Information and Quality Authority. *Report of the investigation into the quality and safety of services and supporting arrangements provided by the Health Service Executive at the Mid-Western Regional Hospital Ennis*. Dublin: Health Information and Quality Authority; 2009.
- (4) Health Information and Quality Authority. *Report of the investigation into the circumstances surrounding the provision of care to Rebecca O'Malley, in relation to her symptomatic breast disease, the Pathology Services at Cork University Hospital and Symptomatic Breast Disease Services at the Mid Western Regional Hospital, Limerick*. Dublin: Health Information and Quality Authority; 2008.
- (5) Health Information and Quality Authority. *Report of the investigation into the provision of services to Ms A by the Health Service Executive at University Hospital Galway in relation to her symptomatic breast disease, and the provision of Pathology and Symptomatic Breast Disease Services by the Executive at the Hospital*. Dublin: Health Information and Quality Authority; 2008.
- (6) Department of Health and Children. *Building a Culture of Patient Safety: Report of the Commission on Patient Safety and Quality Assurance*. Dublin: Department of Health and Children; 2008.

Appendices

Appendix 1

Lines of enquiry

1.1 Overall approach

The investigation approach is based on the Terms of Reference agreed by the Board of the Health Information and Quality Authority (the Authority). The investigation will be carried out through review and evaluation of the information and evidence gathered from various sources including the Adelaide and Meath Hospital, Dublin Incorporating the National Children's Hospital (AMNCH) and the Health Service Executive (HSE).

1.2 Themes / key lines of enquiry

In line with the Terms of Reference of this investigation (available on the Authority's website, www.hiqa.ie), the Authority has developed key lines of enquiry to guide the investigation approach. These lines of enquiry represent questions designed to provide the Investigation Team with a framework for assessing the arrangements in place for the provision of high quality, safe services to patients who require acute admission at AMNCH and are focused on:

- the quality, safety and governance of, and accountability for, services provided to patients that present to the Emergency Department in the Hospital and are awaiting admission to the Hospital's inpatient wards
- the quality, safety and governance and timeliness of the system and process of care for patients requiring acute admission into the Hospital with a particular focus on the patient journey from initial assessment, through admission to discharge
- the effectiveness of, and accountability for, the corporate and clinical governance arrangements in place within and between the Board, the Transitional Board and Executive of The Adelaide and Meath Hospital, Dublin Incorporating the National Children's Hospital in addressing the quality and safety of services provided to patients in the Hospital
- the Health Service Executive's regional and national governance arrangements to support and monitor the provision of safe, quality services in the Hospital.

These key lines of enquiry reflect the Authority's *Draft National Standards for Safer Better Healthcare*, national and international best evidence, the findings of previous reviews and investigations carried out by the Authority, and the recommendation in the Report of the Commission on Patient Safety and Quality Assurance.

The investigation's lines of enquiry are framed around the quality themes of:

- Person-centered care
- Effective care
- Safe care

and the capacity and capability themes of:

- Governance, leadership and management
- Workforce
- Use of Resources
- Use of Information

All the information gathered for the purpose of the Investigation is aligned to the quality and capacity and capability themes. The key lines of enquiry are listed below. This is intended as a guide and is not intended to be an exhaustive list.

Quality themes	Key lines of enquiry
<p>Person-centered care: Person centered care has service users at the centre of the delivery of care. This includes the concepts of access, equity and protection of rights</p>	<p>The service provider:</p> <ul style="list-style-type: none"> ▪ advocates for the needs of service users, protecting their rights, respecting their values, preferences and diversity and actively involving them in the provision of care. ▪ ensures service users have access to the right care and support at the right time based on their assessed need ▪ has arrangements in place to ensure service users are communicated to in a manner that supports the development of a relationship based on trust ▪ has a robust complaints process which provides service users with the opportunity to express their views when their experiences have not been optimal, and allows areas for service improvement to be identified.
<p>Effective care: The fundamental principle of effective care and support is that the service provider consistently delivers the best</p>	<p>The service provider:</p> <ul style="list-style-type: none"> ▪ uses best available national and international evidence and ongoing evaluation of service-user outcomes to determine the effectiveness of the design and delivery of care and support. ▪ has arrangements in place to ensure clinical decision-

<p>achievable outcomes for people within the context of that service and resources</p>	<p>making is made in partnership with service users and is based on a balanced assessment of the benefits and the risks to them of the proposed care</p> <ul style="list-style-type: none"> ▪ ensures service delivery is well planned, organised and managed, the services and its outcomes clearly described ▪ ensures each service user care is well-coordinated, ensuring each person knows who is responsible and accountable for their care at all times and that the right information is available at the point where clinical decisions are made. ▪ ensures a safe and secure environment is provided that is responsive to service users' physical and sensory needs and supports their health and wellbeing ▪ monitors the quality of care and support, including using feedback from service users and the workforce.
<p>Safe care:</p> <p>The service provider recognises that the safety of service users is paramount. The service focuses on safe care and support and continually looks for ways to improve the quality and safety of the service it delivers.</p>	<p>The service provider:</p> <ul style="list-style-type: none"> ▪ focuses on quality and safety improvement as part of a service-wide culture and ensures that this is embedded in the service's daily practices and processes ▪ has formal arrangements in place to respond to an adverse event and supports the service user and their family ▪ has robust arrangements in place to learn from all information relevant to the provision of safe services and particularly from situations where things have gone wrong ▪ has systems in place to protect all service users, particularly children and vulnerable adults, from any form of abuse ▪ has a patient-safety improvement programme that proactively identifies risk and plans, implements and evaluates the required actions to improve the quality and safety of services.

Capacity and capability themes	Key Lines of enquiry
<p>Governance, leadership and management:</p> <p>The fundamental prerequisite for the sustainable delivery of safe, effective person-centred care and support is effective governance, leadership and management.</p>	<p>The service provider:</p> <ul style="list-style-type: none"> ▪ is clear about what services it provides, how it delivers them and the accountability arrangements to its stakeholders ▪ is unambiguous about who has overall executive accountability for the quality and safety of the services delivered. ▪ has formalised integrated managerial and clinical governance arrangements with clear lines of accountability at individual, team and service levels ▪ endures its leaders at all levels build and support a culture that inspires individuals and teams to strive and work together to achieve a common vision ▪ ensures it workforce are aware of their responsibilities and accountability ▪ ensures that robust arrangements are in place for the planning, controlling and organising of the service to achieve its outcomes in the short- medium- and long-term ▪ has effective arrangements to support all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services they are delivering ▪ has effective management arrangements to facilitate the delivery of high quality, safe and reliable care and support by allocating the necessary resources through informed decisions and actions ▪ has robust arrangements to ensure the alignment of local, regional and national accountability for planning and delivering services ▪ has arrangements in place to plan and manage service change and transition effectively and safely

	<ul style="list-style-type: none"> ▪ monitors its performance to ensure reliability so that it provides care, treatment and support that is of consistently high quality with minimal variation in provision across the system ▪ has formalised agreements and monitoring arrangements with third-party providers to ensure the quality and safety of services ▪ has formalised arrangements in place to ensure compliance with legislation and acting on standards, guidance and recommendations from relevant statutory bodies
<p>Workforce:</p> <p>The service provider must be able to assure the public, service users and their workforce that everyone working in the service is contributing to a high quality safe service.</p>	<p>The service provider:</p> <ul style="list-style-type: none"> ▪ determines the workforce requirements to deliver a safe high quality sustainable service ▪ has effective recruitment and workforce planning ▪ ensures the workforce are skilled and competent and that the workforce as a whole is planned, configured and managed to achieve the service objectives ▪ ensure that staff and those on contract are adequately supervised and receive feedback to ensure they are doing a good job and that they are getting the right training and support to deliver better, safer care and support ▪ provides a safe physical environment, protecting the workforce from the risk of bullying and harassment and listening and responding to their views
<p>Use of Resources:</p> <p>Safe, high quality, care and support is intrinsically linked to how the service provider's resources are used including how they are planned, managed and delivered</p>	<p>The service provider:</p> <ul style="list-style-type: none"> ▪ has effective, responsible stewardship of resources, including decisions on how they are allocated ▪ has arrangements in place to maintain the quality of the care it provides while driving for greater efficiency or managing fewer resources ▪ ensures decisions made in relation to the allocation of resources are transparent and understandable to service

	<p>users, the public and the workforce</p> <ul style="list-style-type: none"> ▪ has arrangements in place to access up-to-date evidence about cost-effectiveness to inform its resource decisions.
<p>Use of information: Quality information that is accurate, valid, reliable, timely, relevant, legible and complete. is an important resource for service provider in planning, managing, delivering and monitoring high quality safe services</p>	<p>The service provider:</p> <ul style="list-style-type: none"> ▪ has systems, including information and communications technology, to ensure the collection and reporting of quality information ▪ has effective information governance arrangements to ensure the systems and processes in place to manage information to support their immediate legal, risk, environmental and operational and future regulatory requirements. ▪ has effective arrangements in place to monitor that personal health information is treated in a confidential manner.

1.3 Confidentiality

Throughout the Investigation, in-house controls are in place to maintain the confidentiality of material in the Authority's possession. These include security measures for the receipt, handling, coding and storage of hard and soft copy documents and interview records. Off-site controls include encrypted laptops and memory keys, password protected recording devices, secure document files and cases.

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