Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Monitoring and Regulation of Healthcare Services

A guide to healthcare inspections against the National Standards for Safer Better Healthcare

September 2024

About the Health Information and Quality Authority (HIQA)

The Health Information and Quality Authority (HIQA) is an independent statutory body established to promote safety and quality in the provision of health and social care services for the benefit of the health and welfare of the public.

Reporting to the Minister for Health and engaging with the Minister for Children, Equality, Disability, Integration and Youth, HIQA has responsibility for the following:

- **Setting standards for health and social care services** — Developing person-centred standards and guidance, based on evidence and international best practice, for health and social care services in Ireland.
- **Regulating social care services** — The Chief Inspector of Social Services within HIQA is responsible for registering and inspecting residential services for older people and people with a disability, and children's special care units.
- **Regulating health services** — Regulating medical exposure to ionising radiation.
- **Monitoring services** — Monitoring the safety and quality of permanent international protection accommodation service centres, health services and children's social services against the national standards. Where necessary, HIQA investigates serious concerns about the health and welfare of people who use health services and children's social services.
- **Health technology assessment** — Evaluating the clinical and cost effectiveness of health programmes, policies, medicines, medical equipment, diagnostic and surgical techniques, health promotion and protection activities, and providing advice to enable the best use of resources and the best outcomes for people who use our health service.
- **Health information** — Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information on the delivery and performance of Ireland's health and social care services.
- **National Care Experience Programme** — Carrying out national service-user experience surveys across a range of health and social care services, with the Department of Health and the HSE.

Visit www.hiqa.ie for more information.

Contents

1. Introduction

The Health Information and Quality Authority (HIQA) is responsible for assessing compliance with the *National Standards for Safer Better Healthcare, Version 2 (2024),* (referred to in this guide as the "national standards"), in healthcare services. HIQA has published this guidance to support compliance with the national standards.

In order to consistently carry out its functions as required by the Health Act 2007 as amended (referred to in this guidance as the "Act"), HIQA appoints 'authorised persons' under the Act to monitor compliance with national standards. Authorised persons are referred to as inspectors throughout this document.

HIQA uses a standardised approach to its inspection and monitoring. In order to consistently carry out its functions as required by the Act, HIQA has adopted what it terms a common 'Authority Monitoring Approach' (AMA). All HIQA inspection staff adhere to this approach and to any associated procedures and protocols. The aims of HIQA's Authority Monitoring Approach are to ensure:

- a consistent and timely assessment when monitoring compliance with national standards
- a responsive and consistent approach to the assessment of risk within healthcare services
- a focus on improving the service being inspected through the inspection process.

This monitoring approach gives HIQA inspectors a range of steps, approaches and tools to assist them in carrying out their functions and does not replace their professional judgment.

This guidance document is a high level summary for information only and may be updated as required. It aims to explain how inspectors conduct on-site inspections and how we report the findings of an inspection. It can be used as a tool for health service providers, particularly in preparing services for inspection. Managers and those working in healthcare services are encouraged to use the following documents in conjunction with this guidance document:

- *National Standards for Safer Better Healthcare Version 2 (2024)*,
- *Guide to the Assessment Judgment Framework for monitoring healthcare services against the National Standards for Safer Better Healthcare*

All documents are available online at www.hiqa.ie.

2. Who should use this document?

This guide applies to private and public hospitals, community and or district hospitals, to include rehabilitation and community inpatient healthcare services. It provides details for healthcare service providers as defined either:

under Section 8 of the Act

or

"service providers" as defined in section 2(1) of the Act (as amended by the Patient Safety (Notifiable Incidents and Open Disclosure) Act 2023 to include private hospitals)

What is the purpose of this document?

This guide provides healthcare service providers with details about HIQA's approach to monitoring and an understanding of healthcare inspections against the national standards. This has been updated for HIQA's revised monitoring approach against the *National Standards for Safer Better Healthcare, v2 2024* with a focus on key national standards and how they relate to four identified key areas of harm:

- Infection prevention and control
- Medication safety
- The deteriorating patient[1]
- Transitions of care.[2]

While the focus is related to the above areas of harm, HIQA can assess any risk as identified through any of the national standards. This guide includes information for healthcare services about:

- the format of HIQA's on-site inspections

[1] HIQA will monitor the systems and processes that service providers have in place to ensure early detection and emergency response for a patient whose condition is deteriorating.

[2] Transitions of care refers to the various points where a person using the service moves to, or returns from, a particular physical location or makes contact with a healthcare professional for the purpose of receiving healthcare. This includes transitions between home, hospital, residential care settings and consultations with different healthcare providers in outpatient facilities.

- how we report the findings of an inspection.

Please note that this guide may be revised periodically as this inspection programme progresses and or changes. Always ensure you are using the most up-to-date version by consulting the HIQA website, www.hiqa.ie.

3. How will inspections be carried out?

HIQA uses a risk-based approach to monitoring compliance against the national standards. This means that we make decisions based on the information we have and our assessment of the risk of non-compliance risk that a service poses.to people using the services. We prioritise our monitoring activities and organise our resources for monitoring and inspection based on the assessment of risk.

This approach informs how frequently HIQA will inspect any service, and the focus and type of inspection carried out. In addition, this approach ensures that HIQA can tailor its monitoring activities so they are responsive and proportionate to regulatory risk.

The following list gives examples of the types of information we may have or we may receive about a healthcare service. The following information may trigger an inspection:

- unsolicited information [3]
- publicly reported quality and safety performance indicators relevant to healthcare services
- findings from the National Care Experience Programme, where relevant[4]
- findings from HIQA inspections
- Statutory notifications made under the Patient Safety (Notifiable Incidents and Open Disclosure) Act 2023.

HIQA's standard monitoring activity comprises two inspections in a three-year cycle, one announced and one unannounced inspection. HIQA reserves the right to carry out more frequent inspections in services as may be indicated by level of risk, compliance or concerns raised. On-site inspections are categorised as follows:

[3] Unsolicited information is information not requested by HIQA but is received by HIQA from people who use services, their relatives, staff in the service or any member of the public.
[4] The National Inpatient Experience Survey data currently references care in publicly-funded hospitals only

- **Monitoring inspections** — these are standard inspections that monitor the quality of the service and assess its level of compliance with national standards

- **Targeted inspections**— these are in addition to the standard inspections and may be carried out after information is received that indicates a potential risk or where the inspection is primarily targeted at a particular issue (such as infection prevention and control). These inspections will be individually designed to align to the risk or target issue to be investigated. This will be done by applying HIQA's assessment judgment framework in one or more of the *National Standards for Safer Better Healthcare* and applying relevant lines of enquiry as required by the nature of the risk or target issue to be explored on inspection. A targeted inspection can be announced or unannounced. The different types of inspections are set out here.

(A) Announced inspection

A standard announced inspection takes place at least once in every three-year monitoring cycle and is expected to take place over one to two days, depending on the size of the healthcare facility, the type of services provided and the findings on the day(s) of inspection.

Announcing an inspection means that a healthcare service provider can arrange for relevant staff to be available to meet with inspectors during the inspection. As part of this inspection type, inspectors will typically request information to be submitted by the healthcare service in advance of the inspection. Advance notice of **10 working days** will generally be given for standard announced inspections.

(B) Short-notice announced

These inspections are announced in advance and will only be used in exceptional circumstances. Depending on the nature of the risk identified, we will give between **24 and 48 hours'** notice of these inspections in order to facilitate meeting with key service personnel.

(C) Unannounced inspection

This type of inspection also takes place at least once in every three-year monitoring cycle. Unannounced inspections means that healthcare services **will not be notified** by HIQA in advance of the inspection. The inspectors arrive unannounced at the healthcare facility to carry out the inspection. This inspection will take one to two days depending on the nature of the inspection and or the size of the healthcare facility and type of services provided.

An unannounced inspection may also be carried out if HIQA becomes aware of a specific risk within a service. Unannounced inspections can happen at any time of the day or night on any day of the week.

4. What happens before an announced inspection?

4.1 Planning the inspection

To ensure the efficient running of the inspection and help to minimise any disruption to the service on the day of inspection, inspectors review key pieces of information relating to the healthcare service before going out on inspection. This information includes:

- a pre-information request from HIQA and related documents submitted by the healthcare service to HIQA
- previous HIQA inspection reports, where applicable
- patient survey reports
- unsolicited information
- statutory notifications made under the Patient Safety (Notifiable Incidents and Open Disclosure) Act 2023
- any available publicly reported activity and performance reports
- other relevant information received by HIQA in relation to the healthcare service.

This review also helps to identify the specific lines of enquiry that inspectors will follow when on site. Lines of enquiry guide healthcare services to prepare for inspection and support inspectors in gathering evidence when assessing and making judgments on compliance. Examples of lines of enquiry for each national standard which may be examined are detailed in the *Guide to the Assessment Judgment Framework for monitoring healthcare services against the National Standards for Safer Better Healthcare*, which is available online on the HIQA website, www.hiqa.ie.

4.2 Announcing an inspection

All communication from HIQA about an announced inspection will be issued to the person with overall responsibility for the hospital and or healthcare service.[5]

[5] The responsible person may be the chief executive officer (CEO), general manager, master, or other individual with responsibility for a public or private hospital or healthcare facility.

When an **announced inspection** occurs, HIQA will issue the healthcare service with a confirmation of the date of the inspection **10 working days** beforehand. The announcement will outline the preliminary inspection schedule and details of the staff that inspectors may wish to meet.

A **pre-inspection documentation, data and information request** (DDR) will also be issued to gather information on the service before the inspection. This information request will be kept to a minimum and allows inspectors to plan for the inspection and to minimise disruption to the service on the day or days of inspection. The requested information must be returned to HIQA **within five working days**.

4.3 Confidentiality

In line with current data protection legislation,[i] HIQA requests that the appointed responsible person and or healthcare service providers do not send us identifiable patient information or personal data that could in any way identify individual patients or other people using services.

5. What happens on the day of inspection (whether announced or unannounced)?

Inspectors will always carry personal identification and their certificate of authorisation while on inspection. When inspectors arrive at the healthcare service, they will request to meet with the person who has overall accountability and responsibility for the service on the day or days of inspection, or a person delegated for this role, such as a hospital manager. The inspectors will present their personal identification to that person and will explain the purpose of the inspection. Staff should always ask to see this identification document (which is in the style of a passport and is passport sized) before the inspection begins. At all times during the inspection, inspectors will comply with HIQA's Code of Conduct, which is available online at www.hiqa.ie.

Inspectors will confirm the schedule and will outline the activities for the inspection. This will include the schedule of meetings and meeting times and who is required to attend in order to ensure that the relevant staff are available. A request for on-site documentation, data and information will also be provided to the responsible person at the start of the inspection.

Inspectors will gather information by speaking with and interacting with staff, patients and other people using the service which may include relatives and visitors. Inspectors will also visit and observe practice in a sample of clinical areas. They will carry out an inspection of the clinical environment and also talk with staff and managers working in the hospital or service and by reviewing documentation.

A sample of staff that inspectors typically meet is in included **in Appendix 2**.

In addition inspectors will:

- require access to a secure room for holding scheduled meetings and discussions
- require access to requested documentation and healthcare records
- request visitor name badges and security access cards to move freely in the hospital or healthcare service
- adhere to local rules, controls and safety measures in relation to security and infection prevention and control.

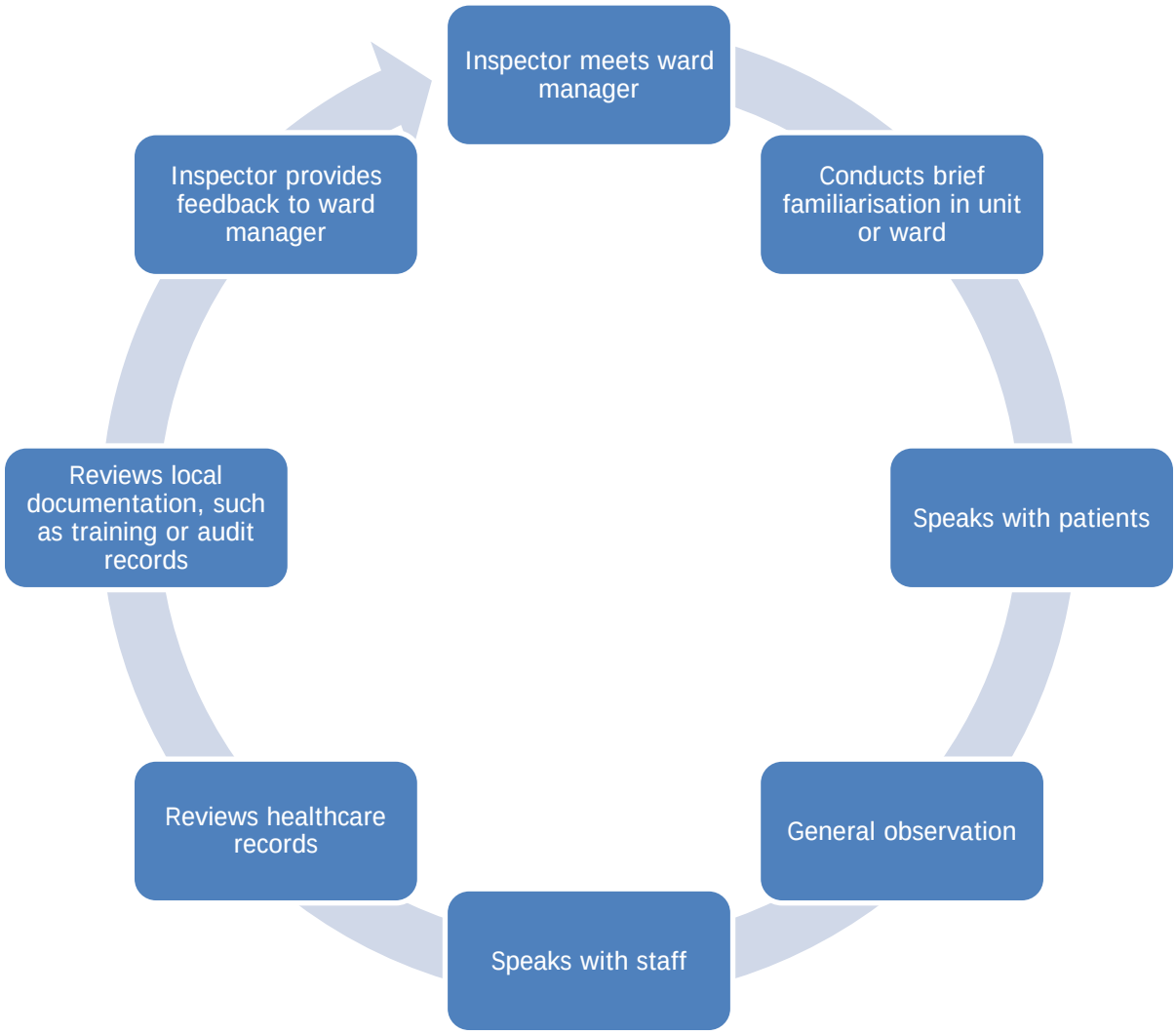
The means to move freely throughout the healthcare service — such as keys, key fobs or key cards — should be made available to the inspection team for the duration of the inspection. Inspectors will enquire if there are any areas identified with restriction which may include areas closed for refurbishment, infection prevention and control and or where a person is receiving end of life care or areas which are restricted for other reasons.

5.1 The clinical area inspection

Inspectors will visit a number of clinical areas to gather information. Inspectors will speak with staff working in these areas and observe the clinical working environment. Information may be gathered through direct observation and review of documentation and information systems. Inspectors will also speak with patients and other people using the service in these areas.

Inspectors will also assess any reference material for the clinical area that is readily available to staff working in these areas; for example, relevant policies, procedures and guidelines. See Figure 1 for an example of a visit to a clinical area.

Figure 1. Outline of a typical visit to a clinical area



5.2 Reviewing the documentation, data and information

In addition to the documents submitted and reviewed before the inspection (as in an announced inspection only), inspectors will also need to review documentation while on site.

If any piece of documentation is not available on the day of the inspection, the person with responsibility for the healthcare service should submit this after the inspection and within the time frame specified by the inspector.

5.3 Scheduled meetings during inspection

Inspectors will also meet with key staff that work in the service. Generally, these meetings will take place after a number of clinical areas have been visited.

This will include the person responsible for the healthcare service and members of the executive management team, clinical and management leads.

Meetings will focus on:

- the structures in place to provide governance and assurance of a safe and effective service
- the safety systems and processes that have been implemented to deliver and monitor the services that are provided to people who use the service
- clarification of any issues raised from the information submitted pre-inspection
- clarification of any issues identified on site.

5.4 The close-out meeting

At the conclusion of the inspection, inspectors will meet with management to provide **preliminary findings** of the inspection. While feedback is given throughout the inspection, the purpose of the close-out meeting is to discuss preliminary findings and feedback on any **immediate risks** that have been identified on the inspection.

It is the healthcare service provider's responsibility to ensure it implements the required actions. Please note that inspectors do not advise healthcare service providers on how to achieve compliance with the national standards. While inspectors may provide examples of known good practice, it is the responsibility of the healthcare service provider to devise appropriate actions to reach compliance within its own service.

6. What happens after the inspection?

Where an **urgent risk** is identified, the healthcare service provider or its delegate or responsible person on the day of the inspection will be informed, both when the risk is identified and again during the feedback meeting. Inspectors will issue an urgent request for a response within 24 hours of the completion of the inspection with a requirement for the healthcare service provider to respond providing detailed assurances on how it plans to address the identified risks.

After an inspection, inspectors use their professional judgment and are guided by the Authority's Monitoring Approach (AMA), the assessment-judgment framework and the guidance document to assess compliance with the national standards.

Inspectors will judge whether the healthcare service is **compliant, substantially compliant, partially compliant** or **non-compliant.**

These compliance descriptors (judgment compliance levels) are defined as follows:

- **Compliant**: a judgment of compliant means that on the basis of this inspection, the service is in compliance with the relevant national standard.
- **Substantially compliant**: a judgment of substantially compliant means that on the basis of this inspection, the service met most of the requirements of the relevant national standard, but some action is required to be fully compliant.
- **Partially compliant**: a judgment of partially compliant means that on the basis of this inspection, the service met some of the requirements of the relevant national standard while other requirements were not met. These deficiencies, while not currently presenting significant risks, may present moderate risks which could lead to significant risks for people using the service over time if not addressed.
- **Non-compliant**: a judgment of non-compliant means that this inspection of the service has identified one or more findings which indicate that the relevant standard has not been met, and that this deficiency is such that it represents a significant risk to people using the service.

6.1 The inspection report

The lead inspector for the inspection will draft an individual report for each inspected healthcare service. The inspection report aims to tell the story of what is it like for people using the service. Inspection reports are fair and balanced, and reflect both good practice and where improvements are required. It also aims to tell the story of compliance with the national standards and the consequences and impact on patients and other people using services from compliance and non-compliance.

The inspection report aims to describe:

- what people using the service told inspectors about their experience of the service and what the inspectors observed

- capacity and capability of the healthcare service provider to deliver high-quality safe healthcare
- the quality and safety of the service provided
- how compliant the healthcare service provider is with the national standards and the impact of this on people using the service.

Inspection reports are a summary of the findings and will not reference all of the information reviewed by the inspectors during the inspection. Each inspection report goes through **two main stages** as it is prepared for publication:

- **draft inspection report:**
  - a draft report is issued to the healthcare service provider to enable it to provide feedback, including any perceived factual inaccuracies and feedback on judgments of compliance with the national standards.
- **final inspection report:**
  - a final report is issued to the healthcare service provider for information only when HIQA's inspection report publication process begins.

6.2 Draft report

After the inspection, the draft report is issued by email to the healthcare service provider. HIQA aims to issue this report within **30 working days of the inspection**. The healthcare service provider has the right to provide feedback, including any perceived factual inaccuracies and feedback on judgments of compliance with the national standards. We welcome such feedback.

Factual accuracy feedback

Healthcare service providers are asked to check the draft report for factual accuracy and submit feedback to HIQA. A feedback form will be attached with the draft report. A sample feedback form is included in **Appendix 3**.

Feedback on inspection judgments

Additionally, if a healthcare service provider believes that inspectors' judgments in the draft inspection report are incorrect or not proportionate to the evidence reviewed by the inspectors, they may submit feedback to HIQA on these judgments. However, before returning the feedback form, the healthcare service provider is encouraged to engage, by phone and or email, with the lead inspector and or author of the report (if they are different people) to discuss any queries or specific concerns

they may have regarding the draft report. A record will be maintained of all such interactions.

Submission of compliance plans during feedback

Please note that feedback on the draft inspection report and compliance plans (if required) are separate issues. You must submit a fully completed compliance plan even if you submit feedback on the draft report. Feedback does not place the compliance plan process on hold. You must continue to address any required remedial actions to bring the service into compliance with the national standards while feedback is being considered. Both the feedback form (if submitted) and the compliance plan should be included in the same email to HIQA.

To complete the feedback process (and having contacted the lead inspector or report author if necessary) the healthcare service provider should formally complete the factual accuracy and signed feedback form and return it to HIQA within **21 calendar days** of the draft report being issued.

Where levels of partial or non-compliance with the national standards are identified, inspectors will issue a compliance plan template to the service after the on-site inspection. We will ask the healthcare service provider at that point to tell us in the returned signed compliance plan how and when they will comply with the relevant national standard or standards.

A sample compliance plan template is included in **Appendix 4.**

6.3 What is a compliance plan?

When a judgment of 'partially compliant' or 'non-compliant' is made against a standard, a compliance plan template will be included in the draft inspection report issued to healthcare service providers for completion and return. The compliance plan template will outline the non-compliances. Any judgments of "substantially compliant" require some action to bring the service into full compliance. These can be managed locally and, therefore, do not form part of an issued compliance plan.

The compliance plan must be completed by the healthcare service provider and detail how and when it will comply with the national standards or standards that it has failed to meet. Where HIQA has made a judgment of non-compliant, the healthcare service provider must take considered and prompt action to comply with the relevant national standards. Where the non-compliance does not pose a high risk to people who use the service, it will be risk-rated by HIQA as a moderate risk (partially compliant). In such cases, the healthcare service provider must take action

within a reasonable time frame to come into compliance. This should also be reflected in the compliance plan returned to HIQA.

HIQA recognises that substantive and long-term work may be required for a service to come into compliance with some national standards and that the action or actions required may take time and require significant investment. Where this is the case, the medium- and long-term solution should be outlined in the returned compliance plan with clear predicted time frames. In addition to detailing longer-term solutions, HIQA requires assurance of how risk within the existing situation will be mitigated, and the short-term mitigation measures to manage risks should also be included in the compliance plan. An example of this may be in relation to non-compliance and risks identified with infrastructure.

The healthcare service provider must take action within a **reasonable** time frame to come into compliance with the national standards and complete the compliance plan outlining:

- how the service is going to come into compliance with the national standard
- timescale for implementing identified actions
- person responsible (named role) for implementing identified actions.

Healthcare service providers should return a satisfactory signed compliance plan within **21 calendar days** from the time the draft report is issued. At any time following the inspection, HIQA may ask the healthcare service provider to provide an update about how the compliance plan is being implemented.

6.4 What happens after a completed compliance plan is received?

The inspector will check that the returned signed compliance plan does not contain personal data relating to people who use the service or staff members. If the compliance plan does contain people's personal data, it is immediately deleted and the healthcare service provider will be informed that a new plan must be submitted without personal data contained in it.

If the returned compliance plan contains commentary that is unrelated to addressing the non-compliance, such commentary may be removed by HIQA before publishing the compliance plan as part of the final published inspection report.

HIQA will determine if the healthcare service provider's response provides adequate assurance that it is addressing non-compliances with the national standards. It is the healthcare service provider's responsibility to ensure that it implements the actions in the plan within the set time frames. If the plan received did not adequately assure

HIQA that the proposed actions will result in compliance, inspectors may ask the healthcare service provider to submit a new compliance plan.

If the healthcare service provider does not engage with this process, the healthcare service provider will be informed that the inspection report will proceed to its final report stage. The healthcare service provider will also be advised that an additional line will be inserted into the published inspection report stating that the proposed actions in the healthcare service provider's compliance plan response did not adequately assure HIQA that compliance will be reached.

Whenever HIQA is not assured about the healthcare service provider's ability to address the non-compliance within the time frames outlined, HIQA can, at that point, decide if any further action needs to be taken. This can include, but is not limited to, increased monitoring or escalation activity.

6.5 Final report

Once the feedback process is completed, a **final** inspection report is produced. Where no feedback is received, HIQA will automatically progress the report to the final report stage.

Once the final report is sent to the healthcare service provider for information, HIQA's publication process begins. Under this process, **five working days'** notice of publication will be given to the healthcare service provider before the report is published.

HIQA will publish the final report and the associated compliance plan on HIQA's website.

7. Escalation

HIQA defines monitoring as the routine oversight of monitored services to assess compliance with national standards. This includes reviewing, analysing and risk-rating information before, during and after inspections in order to assess compliance with national standards.

Escalation is defined as increased activity up to and including the decision to take further action as a result of:

- concerns regarding the quality and safety of care being delivered to people using the service
- poor compliance on the part of a healthcare service provider with national standards.

HIQA will take a firm but fair approach in carrying out escalation activities. We will escalate in a way that is:

- fair and non-discriminatory
- efficient and effective
- transparent
- proportionate
- consistent.

The monitoring activities HIQA employs to bring about improvements may include:

- increased monitoring and targeted risk-based inspections
- seeking compliance plans and assurance reports from the healthcare service provider.

8. How to contact HIQA

General queries or questions in relation to HIQA's monitoring programme or the information contained within this guide can be sent by email to qualityandsafety@hiqa.ie. Queries about a specific inspection can only be accepted from the manager in overall charge of the hospital or healthcare service.

9. Freedom of Information

Please note that HIQA is subject to the Freedom of Information (FOI) Act 2014 (as amended). HIQA may receive a request under the FOI Act for access to records that concern you. If HIQA receives an FOI request which relates to you, HIQA will consider the request in line with the provisions of the FOI Act and may consult with you to seek your views on the release of this information.

10. Data protection

HIQA collects and processes personal data for the performance of its functions under the Health Act 2007 as amended and other relevant legislation. For more detailed information on how HIQA uses personal data and information about the rights of data subjects, please see its online Privacy Notice: https://www.hiqa.ie/reports-and-publications/corporate-publication/hiqa-privacy-notice.

If you have any queries about the processing of your personal data, please contact HIQA's Data Protection Officer at dpo@hiqa.ie.

Appendix 1: Sample set of standards used in a standard inspection

HIQA commenced a revised monitoring programme of inspections in healthcare services in 2022. Under this revised monitoring programme, HIQA identified 12 national standards to be typically assessed as part of a routine inspection. HIQA can also include or exclude any of the national standards as deemed necessary by inspectors on inspection.

Person Centred Care

Standard 1.6 Service users' dignity, privacy, and autonomy are respected and promoted.

Standard 1.7 Service providers promote a culture of kindness, consideration and respect.

Standard 1.8 Service users' complaints and concerns are responded to promptly, openly and effectively with clear communication and support provided throughout this process.

Effective Care

Standard 2.7 Healthcare is provided in a physical environment which supports the delivery of high quality, safe, reliable care and protects the health and welfare of service users.

Standard 2.8 The effectiveness of healthcare is systematically monitored, evaluated and continuously improved.

Safe Care

Standard 3.1 Service providers protect service users from the risk of harm associated with the design and delivery of healthcare services.

Standard 3.3 Service providers effectively identify, manage, respond to and report on patient-safety incidents.

Standard 3.5 [6] Service providers fully and openly inform and support service users as soon as possible after an adverse event affecting them has occurred, or becomes known and continue to provide information and support as needed.

Leadership, Governance and Management

Standard 5.2 Service providers have formalised governance arrangements for assuring the delivery of high quality, safe and reliable care.

Standard 5.5 Service providers have effective management arrangements to support and promote the delivery of high quality, safe and reliable healthcare services.

Standard 5.8 Service providers have systematic monitoring arrangements for identifying and acting on opportunities to continually improve the quality, safety and reliability of healthcare services.

Workforce

Standard 6.1 Service providers plan, organise and manage their workforce to achieve the service objectives for high quality, safe and reliable healthcare.

[6] Assessment of compliance with National Standard 3.5 will start to be incorporated as part of inspection methodology following commencement of Patient Safety (Notifiable Incidents and Open Disclosure) Act 2023.

Appendix 2 Sample of typical staff that inspectors meet with on inspection

Lead representative or managers for the following areas of focus:
Infection Prevention and Control
Medication Safety and Drugs and Therapeutics
The Deteriorating Patient
Transitions of Care
Lead for Non-consultant hospital doctors (NCHDs) or nominee
Complaints
Quality and Patient Safety
Open Disclosure
Human Resources

Appendix 3 — Sample inspection report factual accuracy and or feedback form

Inspection of XX Hospital's compliance with *National Standards for Safer Better Healthcare* report — Draft report feedback form **Healthcare Regulation Directorate**	Health Information and Quality Authority An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte
Name of /Hospital	
Date of inspection	
Fieldwork event number	
Name of person completing the form	
Date of response	

Hospital Use			**HIQA Official Use**	
Type of response	**Report page no**	**Detail**	**Decision** 1. Accepted 2. Partially accepted 3. Not accepted	**HIQA Comments Regarding Decision**
Factual inaccuracy				
Hospital Use			**HIQA Official Use**	
Type of response	**Report page no**	**Detail**	**Decision** 1. Accepted 2. Partially accepted 3. Not accepted	**HIQA Comments Regarding Decision**
Feedback				

Appendix 4 — Sample compliance plan template

National Standard	Judgment
NS number NS title	
Outline how you are going to improve compliance with this national standard. This should clearly outline: (a) details of interim actions and measures to mitigate risks associated with non-compliance with national standards. (b) where applicable, long-term plans requiring investment to come into compliance with the national standard	
Timescale:	

Revision history

Version history	Publication date / revision date	Title	Summary of changes
Version 1.0	July 2023	A guide to healthcare inspections against the *National Standards for Safer Better Healthcare*	Not applicable
Version 2.0	September 2024	A guide to healthcare inspections against the *National Standards for Safer Better Healthcare*	Updated the section "About the Health Information Equality Authority" . Updated the language throughout to align with the expanded role and remit of HIQA in respect of the Patient Safety Act 2023, mandatory notifications and inclusion of private hospitals in monitoring against the NSSBH. Updated the core set of national standards used for the standard monitoring inspection.

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