

Submission from Children In Hospital Ireland to the Minister on Legislative Proposals to Establish the Health Information and Quality Authority incorporating the Office of the Chief Inspector of Social Services.

Introduction

Children in Hospital Ireland (CHI) welcomes the opportunity to participate in the Department of Health and Children's consultation process around the proposed legislation establishing the Health Information and Quality Authority and the Office of the Chief Inspector of Social Services.

For many years CHI has been calling for the development of standards and guidelines for the care of children in hospital. The organisation was delighted when such was recommended in the National Health Strategy in 2001. However, since then, the organisation has been dismayed with the lack of progress in the area.

Against that history, CHI is once more hopeful. It is our wish that the establishment of HIQA will lead to the drawing up of standards applicable to all hospitals where children are cared for throughout the country.

CHI welcomes the opportunity to raise the following are concerns relating to the Health Bill 2006. The organisation would welcome the opportunity to discuss, clarify or give more information about the issues raised. (Contact details at end)

Areas of Concern

1. **Head 9 (1) (a) Setting Standards:** CHI requests that the remit of HIQA include the setting of standards for the provision of health services – particularly in hospitals – for sick children. CHI would further respectfully request the HIQA would take note of the European Association for Children in Hospital Charter for Children in Hospital (the EACH Charter) for adoption as a standard for the non-clinical needs of hospitalised children.
2. **Enforcement and proposed licensing system:** CHI would suggest that a clear time target for the setting up of a licensing and enforcement regime should be included in the Bill.
3. **Head 9 (1) b Monitoring** should be carried out by trained independent personnel.
4. **Heads 9 (1) c & d Investigative powers:** CHI would suggest that should the authority feel it necessary, HIQA should have the capability to investigate without the request of the minister or HSE.
5. **Head 9 (1) e Accreditation:** CHI would suggest that accreditation should become mandatory following the setting down of standards for hospitals and other health care settings by HIQA.

6. **Heads 9 (1) h & 9 (3) (c)** CHI would suggest that the necessity for abstracting data relating to the provision of health services to children be specified. Lack of easily accessed data has hindered development of services in a coherent fashion.
7. **Head 9 (3) (a)** In relation to HIQA taking notice of Government policies CHI would suggest that regard be given to the National Children's Strategy, the National Play Policy and the National Recreation policy.
8. **(From explanatory note)** In relation to **Head 41**, CHI would suggest the Office of the Inspector of Social Services had an interest in the "residential" aspect of hospital care, particularly that the build environment is suitable for child patients of all ages and the their need for play and recreation is appropriately met. If this is not to be the case, CHI would suggest that this function is specified for HIQA.
9. **Head 10 (9)** In addition to maintaining gender balance, CHI suggests that the Bill specify that a person knowledgeable about the needs of sick children be included on the Board of the Authority. It further suggest that this person be drawn from a voluntary advocacy group
10. **Head 16 (2)** In the appointment of subcommittees of the Board, CHI suggests that the Authority take cognisance of the fact there is a deficit in relation to standards and monitoring of health, particularly hospital, services for children. CHI suggests that at least for the first term of office of the Board that they should have a subcommittee which would draw on expertise from providers and users of the services.
11. **Head 25 (1)** CHI suggests the there is a need for advisors in relation to the care of sick children, at least for the first term of the authority.
12. **Head 27 (4)** CHI suggests that in the preparation of the corporate plan, Government policies relating to provision of health services to sick children be taken under consideration.
13. **Head 36** Authorised persons: While the Bill specifies the role of inspectors working under the Office of the Chief Inspector of Social Services, more clarity is required around the permanency of persons authorised by HIQA to monitor standards and to carry our requested investigations.
14. **Head 39** CHI would suggest the either the remit of the Office of the Chief Inspector be broadened to include the "Child Care" provided to children in hospital or that it be specified that HIQA should carry out monitoring of standards set by HIQA.
15. **Head 41 (5)** If hospitals are excluded under Office of the Chief Inspector, they should come under the remit of HIQA.
16. **Head 56** CHI suggests that the Bill specify that in order to be deemed fit to provide any form of care under HIQA'a remit or under the Office of the Chief Inspector all persons are required to have Garda vetting.