

A large, abstract graphic on the left side of the page. It consists of several concentric white arcs of different radii, creating a sense of depth and movement. Interspersed among these arcs are four small white squares, each rotated at a different angle. The entire graphic is set against a dark blue background that covers the left half of the page.

Memorandum of Understanding
2022 – 2024
(January 2022)

Memorandum of Understanding 2022-2024

**Health Information and Quality Authority
and
all parties of the
National Care Experience Programme**

1. The parties

Health Information and Quality Authority, having its head office at Unit 1301 City Gate, Mahon, Cork, Ireland.

Department of Health having its principal office at Block 1, Miesian Plaza, 50-58 Lower Baggot Street, D02 XW14

Health Service Executive having its principal office at Dr. Steeven's Hospital, Steeven's Lane, Dublin 8, D08 W2A8

Sage Advocacy CLG having its principal office at 24-26 Upper Ormond Quay, Dublin D07 DAV9

National Advocacy Service for People with Disabilities CLG having its principal office at Level 3 Rear Unit, Marshalsea Court, Merchant's Quay, Dublin 8

2. Interpretation and definitions

2.1 This Memorandum of Understanding means the clauses of and the appendices to this Memorandum of Understanding, all of which shall be read as one document.

2.2 In this Memorandum of Understanding, the following definitions shall apply:

- (i) "2004 Act" means the Health Act 2004 as amended from time to time;
- (ii) "2007 Act" means the Health Act 2007 as amended from time to time;
- (iii) "Department" means the Department of Health"
- (iv) "MOU" means this Memorandum of Understanding;
- (v) "HIQA" means the Health Information and Quality Authority and shall include the Chief Inspector of Social Services where relevant;
- (vi) "HSE" means the Health Service Executive, a statutory body established under the 2004 Act;
- (vii) "National Advocacy Service" means National Advocacy Service for People with Disabilities CLG;
- (viii) "NCEP" means the National Care Experience Programme;
- (ix) "NCEP Strategy" means the NCEP Strategy 2022-2024 a copy of which is attached in Appendix 2 to this MOU;
- (x) "partners" means HIQA, the Department and the HSE and "partner" means any of them;
- (xi) "parties" means HIQA, the Department, the HSE, Sage Advocacy and the National Advocacy Service and "party" means any of them;
- (xii) "Sage Advocacy" means Sage Advocacy CLG;
- (xiii) "Terms of Reference" means the terms of reference of (i) the NCEP Steering Group and (ii) the NCEP programme boards as approved and amended from time to time.

3. Background

- 3.1 Listening to the experience of people using health and social care services is internationally accepted and proven to empower both the people who use and the people who provide health and social care services. It promotes greater engagement with people using services and supports them to become actively involved in their care. For health and social care providers, capturing the feedback of people who use their service helps to identify areas for improvement, provides assurance regarding the quality of care delivered and benchmarks the experience of care provided at a local and national level.
- 3.2 NCEP is a partnership between the Department, HIQA and the HSE with support and advice from Sage Advocacy and the National Advocacy Service. The partnership was established to develop the model and to implement the most appropriate methodology to capture the experience of people using services in Ireland.
- 3.3 A Steering Group is in place to oversee the successful implementation of the NCEP Strategy 2022-2024. This entails
- providing governance and oversight for the NCEP
 - risk management
 - ensuring that the objectives identified in the NCEP 2022-2024 are met
 - optimising the use of the findings of surveys to ensure that they are used to maximum effect.
- 3.4 The NCEP is underpinned and governed by this MOU from a governance perspective, and the NCEP Strategy from an operational perspective. The NCEP team is responsible for delivering on the NCEP Strategy. As HIQA is the lead partner, the NCEP team will be located in HIQA's offices. This MOU represents the understanding reached by the Department, HIQA, and the HSE as partners of the NCEP, together with Sage Advocacy and the National Advocacy Group in an advisory capacity, as representatives of people using services, in respect of the NCEP.
- 3.5 The parties agree that the MOU entered into between the parties on 30 October 2019 is hereby terminated and this MOU shall come into effect in accordance with clause 10 of this MOU.

4. Mandate

HIQA

4.1 HIQA, having been established under the 2007 Act, is an independent statutory authority 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. HIQA's mandate to date extends across a wide range of public, private and voluntary sector services. Reporting to the Minister for Health and engaging with the Minister for Children, Equality, Disability, Integration and Youth, HIQA has responsibility for:

- **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 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 health services and children's social services, and investigating as necessary serious concerns about the health and welfare of people who use these 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 services, in conjunction with the Department of Health and the HSE.

HIQA is the lead implementation partner for the NCEP, and therefore will be responsible for providing a centralised, coordinated approach to implement the NCEP Strategy.

- 4.2 Under Section 8(2)(b) of the 2007 Act, in carrying out its functions, HIQA shall have regard to the need to co-operate with and co-ordinate its activities with public authorities, the performance of whose functions affect or relate to the functions of HIQA, other than those functions described in section 8(1)(c), (d) and (l) of the 2007 Act.
- 4.3 Under Section 38 of the 2007 Act, HIQA may, subject to any directions given by the Minister for Health under Section 29 of the 2007 Act, and on the terms and conditions HIQA sees fit to impose, give assistance to a body which performs or proposes to perform a function similar or ancillary to a function that HIQA may perform.
- 4.4 Section 8(3) of the 2007 Act provides that HIQA has all the powers as are necessary or expedient for the performance by it of its functions.

Department of Health

- 4.5 The Department, having been established under the Ministers and Secretaries Act 1924 to 2011, has an overall mission to improve the health and wellbeing of people in Ireland by delivering high-quality health services and getting best value from health system resources. The Department's role is to provide strategic leadership for the health service and to ensure that government policies are translated into actions and implemented effectively. The Department supports the Minister and Ministers of State in their implementation of government policy and in discharging their governmental, parliamentary and departmental duties. This includes:
 - leadership and policy direction for the health sector to improve health outcomes
 - governance and performance oversight to ensure accountable and high-quality services
 - collaboration to achieve health priorities and contribute to wider social and economic goals
 - an organisational environment where, on an ongoing basis, high performance is achieved, collaborative working is valued and the knowledge and skills of staff are developed.

The Department provides leadership and policy direction for the health sector in order to improve health outcomes and, through effective performance oversight, ensure accountability and high-quality health service delivery. The mission of the Department of Health is to improve the health and wellbeing of people in Ireland by:

- supporting people to lead healthy and independent lives
- ensuring the delivery of high-quality and safe health and social care
- creating a more responsive, integrated and people-centred health and social care service

- promoting effective and efficient management of the health and social care services and ensuring best value from health system resources.

The Department recognises patient safety as the cornerstone to quality healthcare. The National Patient Safety Office (NPSO) at the Department of Health was established by the Government in December 2016 to strengthen the patient safety role of the Department. The NPSO provides the leadership and direction with regard to embedding a national framework for clinical effectiveness and clinical audit, developing patient safety policy and legislation and progressing patient safety priorities and initiatives through enhancing patient safety surveillance and evidence-based policy-making. The NPSO team engages with stakeholders to ensure that there is a dedicated focus on patient safety and quality in the achievement of broader health policy goals, in particular, the Sláintecare programme of health service reform. From the Department, both the NPSO and the relevant policy units participate in furthering the objectives of the NCEP.

HSE

- 4.6 The HSE was established by ministerial order on 1 January 2005 in accordance with the provisions of the 2004 Act. It is the single body with statutory responsibility for the management and delivery of health and personal social services to the population of Ireland. Section 7 of the 2004 Act states that the objective of the HSE is to use the resources available to it in the most beneficial, effective and efficient manner to improve, promote and protect the health and welfare of the public.

Sage Advocacy

- 4.7 Sage Advocacy is a company limited by guarantee (Registered Company Number 610824) which is regulated by the Charities Regulator (Registered Charity Number 20162221). Sage Advocacy promotes, protects and defends the rights and dignity of vulnerable adults, older people and healthcare patients. Representatives of Sage Advocacy will act in an advisory capacity to the partner organisations to ensure that the viewpoints of people using services are central to the strategic direction and decision making process of the NCEP.

National Advocacy Service

- 4.8 The National Advocacy Service is a company limited by guarantee (Registered Company Number 535779) which is regulated by the Charities Regulator (Registered Charity Number 20141332). The National Advocacy Service provides an independent, confidential and free advocacy service that works exclusively for adults with disabilities. Their role is to work with those who may be isolated from their community of choice or mainstream society, may communicate differently and who may have limited informal or natural supports. They act as a catalyst for change through collaboration, capacity building and representation to make the rights of people with disabilities a reality. The National Advocacy Service also provides the Patient Advocacy Service. The Patient Advocacy Service provides an independent, confidential and free advocacy service to support people making a complaint about the care they have received in a Public Acute Hospital or a HSE –

Operated Nursing Home. Representatives of the National Advocacy Service will act in an advisory capacity to the partner organisations to ensure that the viewpoints of the people who use its services are central to the strategic direction and decision making process of the NCEP.

5. Purpose and objectives

5.1 The purpose of this MOU is to:

5.1.1 Outline each party's specific responsibilities, with a view to achieving the strategy of the NCEP as set out in the NCEP Strategy with oversight and strategic leadership being provided by the NCEP Steering Group further to its terms of reference;

5.1.2 Ensure that there is appropriate and effective governance and oversight of the work of the NCEP as well as ensuring that there is an accountability and decision-making framework in place, through the programme boards for individual survey projects, as is further described in the terms of reference for the programme boards; and

5.1.3 To promote and improve the quality of health and social care services in Ireland for service users through the surveys developed and supported by the NCEP.

5.2 This MOU is intended to cover areas of common interest where cooperation will lead to improved health and social care services for the benefit of the health and welfare of service users.

6. Primary areas of cooperation

6.1 The partners, having agreed the NCEP Strategy will:

6.1.1 undertake to communicate as appropriate on all matters of strategic, mutual and operational interest in relation to the NCEP. Communication will be conducted on both a formal basis through scheduled meetings, and informally on an ad hoc basis.

6.1.2 facilitate cooperation in terms of the most efficient, effective model and methodology to develop, expand and implement the NCEP. In the conduct of this activity, all of the organisations will respect, maintain and adhere to all requirements of the relevant legislation, standards and codes including the Freedom of Information Act 2014 and the Code of Practice for the Governance of State Bodies 2016.

6.1.3 ensure that the objectives identified in the NCEP Strategy are met

6.1.4 cooperate to ensure that the scope and funding model of any additional surveys or projects that are outside the NCEP Strategy are agreed in advance

6.1.5 agree to adopt a partnership approach to:

- implement the NCEP Strategy subject to the availability of sufficient resources and funding
- use NCEP findings to inform improvement and change across the Irish health and social care systems
- deliver the stakeholder involvement strategy for the period 2022 to 2024
- communicate survey results and outputs to all stakeholders
- mitigate all risks
- ensure confidence in the collection, processing and dissemination of data
- expand collaboration on a national and international basis
- optimise use of the findings
- support the creation of a competency centre of international standing with the capacity, skills and expertise to extend the NCEP to other health and social care areas.

The partnership approach therefore fulfils and meets the remit and objectives of all of the partners.

6.2 The parties further agree that they may communicate and cooperate, in particular, in relation to the following matters (without limitation):

- To consider, consult and collaborate on further projects or initiatives, not already included in the NCEP Strategy where appropriate, subject to the availability of sufficient funding and resources. Such projects or initiatives may include but are not limited to collaborating on the development of surveys and support tools.
- To promote consultation, where appropriate, in relation to the implementation of mandated Government policy in so far as it relates to areas of mutual interest and responsibility of each party.
- To consult each other in relation to any significant new strategic or policy proposals likely to affect the other party or parties and to provide such relevant information or advice as necessary;
- To engage in knowledge sharing exercises involving their respective employees where doing so would support the purposes of the MOU;
- Any other matter in respect of which the parties agree their cooperation would be in keeping with the spirit of this MOU or desirable in the public interest.

7. The role of parties to the MOU

Department of Health

7.1 It is the role of the Department to:

- ensure that the NCEP is in line with current national policy, remains informed and responds as appropriate to any changes in the national direction of health and social care, healthcare legislation and national policy
- respond to and mitigate identified risks as appropriate
- deliver on the Department's element of the stakeholder involvement strategy for the period 2022 to 2024
- proactively use the findings of the NCEP to inform the development and implementation of policy and legislation as appropriate
- inform and support the identification of further areas of health and social care to survey, based on national priority.

7.2 Throughout the programme, the Department's Steering Group representatives will provide vision and leadership to ensure the success of the NCEP. The Department will also participate in the advancement of the NCEP Strategy through representation on programme boards, and through participation in stakeholder feedback as appropriate.

7.3 The Department will promote and expand care experience insights across the healthcare sector using the findings from the NCEP to inform and improve national healthcare policy, legislation and vision and to identify areas of priority for health services in Ireland, where it deems it appropriate to do so.

HIQA

7.4 It is the role of HIQA to:

- develop the annual business plans for the NCEP, which reflect and lead to the delivery of the NCEP Strategy
- implement the agreed strategy for the NCEP
- implement the elements of the annual business plans that fall under HIQA's remit
- deliver on the stakeholder involvement strategy for the period 2022 to 2024 in order to increase public awareness and maximise engagement with the NCEP
- respond to and mitigate identified risks as appropriate
- be responsible for operational and resource management, including management of all third parties including external contractors, grantees and funders
- ensure confidence and trust in the collection, use and dissemination of data
- conduct primary and secondary analysis of survey data and report on the

findings in accordance with the NCEP Strategy as well as the policy and direction of the Steering Group

- support and drive delivery of survey capability at service provider level and in doing so expand the existing competency centre
- provide a data and digital solution to ensure that findings are accessible to all user communities.

- 7.5 Information from the NCEP will be a key enabler to assist HIQA in its role of promoting sustainable quality improvements, safeguarding people using services, and promoting person-centred care for the benefit of the public.

HSE

- 7.6 The HSE NCEP Steering Group representatives will champion any changes necessary within the HSE and promote the initiatives to ensure full engagement. It is the role of the HSE to:

- implement the agreed strategy for the NCEP
- respond to and mitigate identified risks as appropriate
- provide the supports necessary to deliver on models and methodologies including people, training, information technology and amendment to existing practices/processes if appropriate
- deliver on the HSE's element of the annual business plans for the NCEP
- deliver on the HSE's element of the stakeholder involvement strategy for the period 2022 to 2024
- provide the necessary support to the service providers to deliver on processes and procedures, to effectively administer and implement the survey methodologies and respective quality improvement initiatives
- ensure that responses to NCEP findings, and an update on progress of same are published on the NCEP website within an appropriate timeframe
- ensure that the findings from the NCEP are acted on to inform quality improvements, policy and work programmes at local, regional and national levels
- support the creation of a competency centre of international standing with the capacity, skills and expertise to extend the NCEP to other health and social care areas. This may include supporting academic or international collaboration and showcasing survey findings and resulting improvements as appropriate
- engage with all relevant stakeholders to inform and contribute toward the maintenance and expansion of the NCEP.

- 7.7 The measurement of people's experience of care is a foremost priority on the HSE's agenda, as described in the National Service Plan 2019. The HSE is committed to implementing a plan, to build the capacity and infrastructure that is needed to promote a culture of person-centred care, and to measure people's experience of care in a real and meaningful way. The NCEP results in increased information to inform and support processes to improve the experience for all those who use health and social care services in Ireland.

Sage Advocacy

- 7.8 Sage Advocacy promotes, protects and defends the rights and dignity of vulnerable adults, older people and healthcare patients. Representatives of Sage Advocacy will attend meetings and act in an advisory capacity based on their expertise to the partners to ensure that the viewpoints of people using services are central to the strategic direction and decision making process of the NCEP.

National Advocacy Service

- 7.9 National Advocacy Service promotes, protects and defends the rights and dignity of adults with disabilities and users of healthcare services. Representatives of the National Advocacy Service will attend meetings and act in an advisory capacity based on their expertise to the partners to ensure that the viewpoints of adults with disabilities and users of healthcare services are central to the strategic direction and decision making process of the NCEP.

8. Exchange of information

- 8.1 The parties will ensure that any disclosure of information under the terms of this MOU is carried out in a manner that is prompt, efficient, proportionate and fully in compliance with the law, including in particular the Data Protection Acts 1988 to 2018, the General Data Protection Regulation 2016/679, the Data Sharing and Governance Act 2019, the 2004 Act, the 2007 Act, the Ministers and Secretaries Act 1924 to 2011 and the Protected Disclosures Act 2014 and any amendments to this legislation.
- 8.2 The parties will, where appropriate, anonymise information or personal data before it is transferred to the other party.
- 8.3 Any sharing of information or personal data undertaken between the parties will be appropriately documented and will be subject to strict access and security controls.
- 8.4 The parties may enter a data sharing agreement that will set out the legal basis for the sharing of any personal data pursuant to this MOU. No personal data shall be shared by the parties unless there is a lawful basis and it is necessary and proportionate to do so.
- 8.5 The parties agree not to use any information or personal data disclosed under this MOU for any purpose other than the purpose of performing its statutory obligations.
- 8.6 Without prejudice to any obligations under the Freedom of Information Act 2014, the Data Protection Acts 1998 to 2018 or any other statutory obligations that either party may have, the parties will not disclose any information received under the terms of this MOU to any third party without first obtaining the consent of the party that provided such information.

- 8.7 Nothing in this MOU requires the parties to disclose personal data or confidential information except in accordance with law.

9. Liaison and communication

- 9.1 The parties agree to meet in accordance with the terms of reference and more regularly where necessary to review the effectiveness of this MOU and identify any issues that require to be addressed. Strategic, policy and operational meetings will be arranged as required and as agreed between designated contact persons.
- 9.2 All communication between the parties pursuant to this MOU will be carried out via the designated contact persons as set out in Appendix 1 of this MOU. This is in order to ensure that matters are dealt with by the appropriate person.
- 9.3 Upon signing of this MOU, each party will ensure that the identity and contact details (name, email and telephone number) of the designated contact person as set out in Appendix 1 of this MOU will be exchanged with the other parties. In the event that there is a change in the identity of a designated contact person during the term of this MOU, the relevant party will inform the other parties of same and will forward the identity and contact details of the appropriate designated contact.
- 9.4 The parties agree to publish this MOU on their respective websites.

10. Collaboration arrangements

- 10.1 Save where otherwise agreed between the parties, each party to this MOU shall be solely responsible for the administration and expenditure of its own resources associated with activities conducted under this MOU.
- 10.2 The parties have agreed to implement governance arrangements as set out in the terms of reference.

11. Ethical Approval

- 11.1 It is the view of all the parties that, to ensure that the programme of work set out in the NCEP Strategy is held to the highest standard, ethical approval will be in place for any changes to or expansion of the current programme of work.

12. Miscellaneous matters

Legal status of MOU

- 12.1. Each party acknowledges that this MOU does not create any legally binding obligations of any nature on any party to this MOU. This MOU reflects the intentions of the parties who will in good faith observe and give due respect to the agreed terms of the MOU including the confidentiality undertakings set out herein.

Variation

- 12.2 Any provision of this MOU may be amended at any time by the mutual consent in writing of the parties via the respective signatories.

Effective date

- 12.3 This MOU will come into effect upon the date of signature of parties and will continue in effect until its termination.

Review

- 12.4 This MOU will be subject to a formal review every three years from the date of its signing or otherwise as requested by a party to this MOU. The content of this MOU will be reviewed to ensure that it remains relevant, fit for purpose and up to date.

Termination

- 12.5 Each party may at any time give written notice of termination of this MOU to the other parties. This MOU will terminate three months after the date of receipt of the notice of termination. The termination of this MOU will not affect the confidentiality undertakings expressed by the parties in this MOU or any commitments given under, or as a consequence of, this MOU in respect of any arrangements or action taken during the period before the termination takes effect.

Execution

- 12.6 This MOU may be executed in two or more counterparts, each of which shall be deemed to be an original, but all of which together shall constitute one and the same instrument. The parties have the option to execute this MOU by means of a simple electronic signature which shall be considered as an original signature and shall have the same validity, enforceability and permissibility as the original signature for the purpose of this MOU.

No disclosure if prohibited

- 12.7 This MOU does not operate to require any party to disclose information to any other party if the disclosure of that information by the party concerned is prohibited by law.

Exceptional cases

- 12.8 While it is intended that the arrangements in this MOU should apply generally, it is recognised that some circumstances will require special handling. Nothing in this MOU prevents the making of arrangements to meet specific exceptional circumstances.

Disputes

- 12.9 The designated contact persons agree to act in good faith and to make efforts to resolve any dispute arising on foot of this MOU amicably. In the event, that the designated contact persons cannot resolve the matter, it will be referred to the Chief Executive Officer or person with equivalent title of each party who will endeavour to resolve the matter.

IN WITNESS where of this **Memorandum of Understanding** has been entered into on the 22 day of December 2021

by 

Pheilm Quinn

Chief Executive Officer

for and on behalf of the **Health Information and Quality Authority**

by 

Marita Kinsella

Director of the National Patient Safety Office

for and on behalf of the **Department of Health**

by 

Joe Ryan

National Director, Operational Performance and Integration

for and on behalf of the **Health Service Executive**

by 

Louise Loughlin

National Manager

for and on behalf of the **National Advocacy Service**

by 

Roisin O' Leary

Senior Patient Advocate

for and on behalf of **Sage Advocacy**

Appendix 1 - Designated Contact Persons

HIQA

Name: Tracy O' Carroll

Role: Senior Programme Manager, National Care Experience Programme

Email: tocarroll@hiqa.ie

Address: George's Court, George's Lane, Smithfield, Dublin 7, D07 E98Y

DEPARTMENT OF HEALTH

Name: Deirdre Hyland

Role: Patient Safety Surveillance Officer, National Patient Safety Office

Email: deirdre_hyland@health.gov.ie

Address: Block 1, Miesian Plaza, 50 - 58 Lower Baggot Street, Dublin, D02 XW14

HSE

Name: Cara Regan Downey

Role: Business Manager, Office of the National Director, Operational Performance and Integration

Email: cara.regan@hse.ie

Address: Dr. Steeven's Hospital, Steeven's Lane, Dublin 8, D08 W2A8

NATIONAL ADVOCACY SERVICE

Name: Louise Loughlin

Role: National Manager

Email: louise.loughlin@advocacy.ie

Address: Unit 3, Marshalsea Court, 22/23 Merchants Quay, Dublin D08 N8VC

SAGE ADVOCACY

Name: Roisin O' Leary

Role: Senior Patient Advocate

Email: roisin.oleary@sageadvocacy.ie

Address: 24-26 Ormond Quay Upper, Dublin D07 DAV9.

Appendix 2

NCEP Strategy 2022 - 2024



**National Care
Experience
Programme**

Strategy 2022 - 2024

About the National Care Experience Programme

The National Care Experience Programme seeks to improve the quality of health and social care services in Ireland by asking people about their experiences of care and acting on their feedback. The National Care Experience Programme is a joint initiative by the Health Information and Quality Authority (HIQA), the Health Service Executive (HSE) and the Department of Health.

The National Care Experience Programme has a suite of surveys that capture the experiences of people using our services. The Programme implements the annual National Inpatient Experience Survey and the National Maternity Experience Survey, and is currently developing the National Maternity Bereavement Experience Survey, National Nursing Home Experience Survey and National End of Life Survey.

The surveys aim to learn from people's feedback about the care received in health and social care services to find out what is working well, and what needs to be improved.

A National Care Experience Programme Survey Hub is available to provide support, guidance, information and resources to assist providers to develop, conduct and analyse their own surveys, and act upon the findings.

Find out more at www.yourexperience.ie.

Figure 1: National Care Experience Programme Strategy Map

National Care Experience Programme Strategy Map

Mission Hearing, understanding and responding to the experiences of people using Ireland's health and social care services to drive and embed sustainable improvements in care.

Vision Over the next three years, the National Care Experience Programme will elevate the voice of people using services to drive and embed sustainable improvements in care.

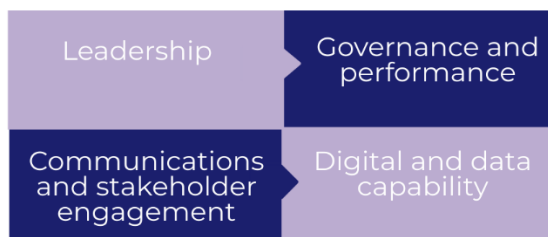
Values



Objectives

1. Ensuring that the voice of people using services is used to improve delivery, policy, planning and practice of health and social care services.
2. Ensuring that the programme is responsive, agile and based on national need.
3. Innovating and ensuring methodological rigour.
4. Building sectoral and academic capacity, aligned with the national programme.

Enablers



1. Mission

Hearing, understanding and responding to the experiences of people using Ireland's health and social care services to drive and embed sustainable improvement in care.

2. Vision

Over the next three years, the National Care Experience Programme will elevate the voice of people using services to drive and embed sustainable improvements in care.

3. Values

The National Care Experience Programme is driven by the values of promoting a human rights-based approach, putting people first, being fair and objective, open and accountable, striving for excellence and working together.

Figure 2: Values of the National Care experience Programme



This strategy is underpinned by those values, as set out in figure 2.

4. Objectives and priorities

The National Care Experience Programme will achieve its vision by:

Objective 1: Ensuring that the voice of people using services is used to improve delivery, policy, planning and practice of health and social care services

The National Care Experience Programme will maximise the use of survey findings to strengthen the impact of the programme in health and social care services.

Priorities

By 2024, the National Care Experience Programme will have:

- ensured that the programme's data is trusted and used across the partner organisations to continue to drive cultural change, by acting on the feedback from the people that use health and social care services and using it to inform quality improvement, policy, legislation, regulation and standards
- maximised use of the programme's data across the partner organisations by combining and triangulating survey findings with other sources of available data across the partner organisations
- sought the input of people using services in the design, development and delivery of surveys through citizen inclusion, co-production and co-design
- evaluated the impact of the programme on service provision, planning and practice through engagement with the public and people using services.

Objective 2: Ensuring that the programme is responsive, agile and based on national need

The National Care Experience Programme will capture the experience of people using health and social care services based on national priorities.

Priorities

By 2024, the National Care Experience Programme will have:

- identified further areas of health and social care to survey, based on national priority
- agreed the frequency of its current and future surveys and reviewed these on an annual basis
- delivered its suite of surveys in line with agreed frequencies
- demonstrated agility by reviewing its survey models and methodologies to ensure that they reflect the national priorities
- built trust and legitimacy with all stakeholders by communicating and engaging in an audience-centric and accessible way.

Objective 3: Innovating and ensuring methodological rigour

The National Care Experience Programme will build trust in the programme by conducting all methodological and analytical activities to the highest international standards.

Priorities

By 2024, the National Care Experience Programme will have:

- consistently provided trusted, timely and transparent reporting of survey results, methods and analysis
- support service providers to use survey findings to develop and implement quality improvement plans (QIPs)
- used innovative methodological, analytical and reporting tools to meet changing needs, capabilities and technologies
- worked with NUI Maynooth on the Health Research Board (HRB) Grant to deliver an interactive solution, underpinned by an algorithm reflecting the ARC (Activity, Resource, Context) model, to provide enhanced insight of the findings for service providers
- created tools to support efficiency and standardisation of survey development, implementation, reporting and actions to share expertise with the public and other relevant stakeholders
- have become an internationally recognised and credible survey provider through publication of academic and non-academic papers in relevant national and international journals and presenting at relevant conferences.

Objective 4: Building sectoral and academic capacity aligned with the national programme

In recognition of the vital data and information gleaned from the programme, the National Care Experience Programme will build strong links with stakeholders in the public and private sector to further use its data for translational research, and provide inputs to under-graduate and post-graduate programmes for health and social care professionals.

Priorities

By 2024, the National Care Experience Programme will have:

- piloted and evaluated the implementation of locally-run surveys by service providers
- built guidance tools and libraries to facilitate the use of a digital survey portal
- built a culture and understanding of the importance of listening to the people who use health and social care services
- provided additional information and materials to assist under-graduate and post-graduate programmes for health and social care professionals.

5. Enablers

To enable us to achieve our strategic objectives, the National Care Experience Programme requires:

Leadership

We will ensure that the National Care Experience Programme is a national leader in ensuring that the voice of people using services is central to improving care and benchmarking itself against care experience programmes internationally.

By 2024, the National Care Experience Programme will have:

- responded to an evolving environment and any disruptions to the delivery of healthcare by reviewing, adjusting and amending our processes, where necessary
- ensured that the programme is aligned to the strategic direction of the three partner organisations
- developed tools and resources for health and social care providers to develop and implement surveys of local, specialised and theme-based care
- ensured trust in survey data by developing and implementing all surveys in line with ethics, legislation, best international practice and national care standards.

Governance and performance

We will ensure that the National Care Experience Programme will continue to put appropriate governance in place to develop and implement surveys.

By 2024, the National Care Experience Programme will have:

- ensured the National Care Experience Programme governance structure has members that can drive and support delivery of the National Care Experience Programme Strategy 2022-2024
- updated the National Care Experience Programme Memorandum of Understanding, agreeing the roles and responsibilities of each partner organisation
- expanded the governance structure of the National Care Experience Programme to support and deliver the National Care Experience Programme's strategic commitments
- reviewed and updated the National Care Experience Programme's Quality Assurance Framework
- measured the National Care Experience Programme's annual performance in a performance and risk report
- measured and publicly reported on the impact of the programme in an annual impact report which reports on impact and improvement over time.

Digital and data capability

We will ensure that the National Care Experience Programme has the requisite digital and data capabilities to achieve the strategic objectives.

By 2024, the National Care Experience Programme will have:

- developed a publicly-accessible user experience platform
- developed a digital survey portal to allow for the development, implementation and reporting of surveys and the tracking of corresponding quality improvements across the health and social care system
- ensured the input of people using services in the design, development and delivery of National Care Experience Programme surveys, through citizen inclusion, co-production and co-design.

Communication and stakeholder engagement

We will ensure that the National Care Experience Programme builds trust in the collection and use of survey data and maximises its reach and impact.

By 2024, the National Care Experience Programme will have:

- developed and implemented a stakeholder engagement strategy
- implemented communication campaigns to ensure awareness of surveys and complete transparency around their conduct
- enhanced communities within the programme, building support from stakeholders
- publicly reported on the findings of surveys and quality improvements.

6. Next steps

The National Care Experience Programme will develop annual performance and risk reports aligned with this strategy to drive and record the delivery of strategic objectives. An impact report will be published on www.yourexperience.ie at the end of the strategic period, measuring the impact of the programme in line with its mission, vision, values and strategic objectives.

7. Signatories to the National Care Experience Programme Strategy 2022-2024

Signed on this 22 day of December 2021

by 

Pheilm Quinn

Chief Executive Officer

for and on behalf of the **Health Information and Quality Authority**

by 

Marita Kinsella

Director of the National Patient Safety Office

for and on behalf of the **Department of Health**

by 

Joe Ryan

National Director, Operational Performance and Integration

for and on behalf of the **Health Service Executive**

by 

Louise Loughlin

National Manager

for and on behalf of the **National Advocacy Service**

by 

Roisin O' Leary

Senior Patient Advocate

for and on behalf of **Sage Advocacy**

