Health
Information
and Quality
Authority

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Annual Report
2013

HIQA exists to promote sustainable improvements, safeguard people using health and social care services and support informed decisions on how services are delivered.

Safer Better Care

Foreword by the Chairperson

I am pleased to support everyone at the Health Information and Quality Authority as we drive high quality and safe care for people who use health and social care services in the Republic of Ireland. HIQA's mission is to promote sustainable improvements, safeguard people using health and social care services and support informed decisions on how services are delivered. In 2013 we drove continuous improvement by delivering an important portfolio of work for supporting service users, service providers and health policymakers.

The commencement on 1 November 2013 of HIQA's functions in regulating residential services for children and adults with disabilities was a landmark day for the 9,800 people who receive those residential services. In 2013 we also published the *National Standards for Residential Services for Children and Adults with Disabilities* and we are working with residents, residents' family members, carers and service providers to implement the Standards. This new function is a substantial milestone for us.

We continued in 2013 to promote a culture of patient safety and quality improvement. In 2013 we published over 700 reports of inspections of nursing home services and 60 reports of inspections of foster and children's residential services. We continue to report publicly on the safety, quality and effectiveness of health and social care services, to enable the health and social care system to reduce the risk of harm and abuse to people who use services.

Healthcare associated infections are a frequent adverse event during healthcare delivery. Their prevention and control are a significant priority for us. In 2013 we inspected 42 hospitals against the *National Standards for the Prevention and Control of Healthcare Associated Infections*. The primary focus of these inspections was on hand hygiene and environmental hygiene standards. Patient safety will continue to be a priority for the Authority and will become increasingly so when the State begins a licensing system that will ensure greater accountability for healthcare facilities. In 2013 we completed a major patient safety investigation into the safety, quality and standards of services provided to patients, including pregnant women, at risk of clinical deterioration, at University Hospital Galway.

At this time of constrained resources, we take our responsibility to provide value for taxpayers' money very seriously. We deploy our talented staff and resources effectively to inform decision making and to maximise our impact for people who use and deliver services. In doing so we aim to reduce the overall burden that is placed on service providers wherever possible while observing our objectives for safety and quality improvement. In 2013 the Authority signed Memoranda of Understanding (MOUs) with the Mental Health Commission, the Department of Education and Skills and the Medical Council. These MOUs facilitate collaboration in areas of joint strategic and operational interest, and avoidance of duplication of effort. We also successfully drove internal efficiencies in our own organisation.

Decision making based on evidence and research is a central principle of the Authority. Health Technology Assessments (HTAs) delivered by HIQA ensure that decisions and formulation of policy in Irish healthcare are patient-focused and cost-effective.

In 2013 we completed a series of HTAs on referral and treatment thresholds for selected scheduled procedures. We delivered a HTA on an organised surveillance programme for women known to be at elevated risk of breast cancer. We also conducted a HTA on intermittent pneumatic compression in severe peripheral arterial disease and we began a HTA on the provision of public access defibrillators in Ireland, for use in the event of an out-of-hospital cardiac arrest.

The Authority worked with the Department of Health in 2013 on the framing of the Health Information Bill. When enacted, it will provide a legislative framework for better governance of health information and initiatives. We also worked with the Department of Health on the Health Identifiers Bill which was published in December and when enacted will provide a legislative framework for unique identifiers for individuals and healthcare providers. In addition, we published the *National Standard Demographic Dataset and Guidance for use in health and social care settings in Ireland*.

During 2013 we published our *Corporate Plan 2013-2015*. This is the Authority's third since our establishment in May 2007. It builds on the achievements of the earlier corporate plans. The Authority's role is expanding and the new Corporate Plan maps how new functions will be carried out efficiently and effectively, as we expand.

This is my first year as Chairperson of HIQA and I thank Chief Executive Dr Tracey Cooper for her leadership and dedication to the Authority. I thank all the staff of the Authority for their hard work and commitment and I thank the members of the Board for the advice and direction that they provide.

I am confident that the Authority will continue to maintain and improve a regulatory system that is trusted by users and the public. We will also carry on the task of promoting capacity, capability and confidence in the quality and safety of health and social care services in this country.

Brian McEnery
Chairperson

Contents

1

About the Health
Information and
Quality Authority

1 About the Health Information and Quality Authority

1.1 Introduction

The Health Information and Quality Authority's (HIQA) mission is to safeguard people who use health and social care services, to promote sustainable improvements and to support informed decisions about how services are delivered. All of the Authority's functions contribute towards driving continuous improvements in the safety and quality of care and support for people who use health and social care services.

This seventh Annual Report is published at a time when the Authority is expanding to meet new standards of regulation as envisaged in *Future Health: A Strategic Framework for Reform of the Health Service 2012-2015*, which was published by the Minister for Health in November 2012.

In 2013 we began to regulate residential services for children and adults with disabilities for the first time. This followed the publication of the *National Standards for Residential Services for Children and Adults with Disabilities* which was launched in May 2013. The Authority is also providing advice on decision making and the assessment of new and existing health technologies and health information systems. We continue to provide quality and safety development opportunities that support the improvement of services.

On 13 May 2013 HIQA published a new three-year corporate plan, *Safer Better Care, Corporate Plan 2013-2015*. The objectives that are expressed in this Corporate Plan are the contours of all the work that we are carrying out in this period. This Annual Report sets out how we progressed those objectives and those from our Business Plan in 2013.

The Corporate Plan reflects the Authority's core values of putting people first, being fair and objective, focusing on excellence and innovation and being open and accountable. It outlines the priorities that are to be met to enable us to meet our strategic corporate objectives during this time. It is the result of an extensive consultation process and takes context from the external environment in which we carry out our work. The Plan commits HIQA to working with our stakeholders collaboratively and constructively. There is also commitment to ensuring that new functions are properly planned, adequately resourced and cost-effective.

HIQA is a learning organisation in its seventh year as the regulator and driver of sustainable improvements in health and care services in the Republic of Ireland. We learn from similar organisations and from healthcare challenges that arise in other jurisdictions. We strive to ensure that the Authority and the wider Irish health and social care system do not replicate issues of concern that are observed elsewhere. This learning includes ensuring that robust systems are in place for the Authority to effectively assess risks at local and national levels.

The Authority and the Medical Council signed a Memorandum of Understanding in 2013 to improve working together and to avoid duplication. Pictured (l-r) signing the MOU are Caroline Spillane, Chief Executive of the Medical Council and Dr Tracey Cooper, Chief Executive of HIQA.

HIQA also partners with other regulators when necessary. In 2013 the Authority developed a robust information management system to ensure consistency and proportionality in our approach to regulation and risk. The Authority ensures consistent and timely assessment and monitoring of compliance with regulations and standards.

The national economic constraints make it essential that what we do, and how we do it, has a real, relevant and appropriate impact on people who receive health services and social care. In 2013 HIQA signed three Memoranda of Understanding with the Medical Council, the Mental Health Commission and the Department of Education and Skills. We aim to improve working together and to avoid duplication, where possible.

We continue to report publicly on the safety, quality and effectiveness of health and social care services. The Authority, in so doing, enables the health and social care system to reduce the risk of harm and abuse to people who use services. We inform health policy and service-based decisions on investment and disinvestment. We share the learning from activities to ensure continuous improvement in the planning, management and delivery of services.

1.2   Our mandate and activities

HIQA is the independent authority established to drive continuous improvement in Ireland's health and personal social care services, monitor the safety and quality of these services and promote person-centred care for the benefit of the public. The Authority's mandate extends across the quality and safety of the public, private (within our social care function) and voluntary sectors. HIQA reports to the Minister for Health and to the Minister for Children and Youth Affairs.

The Authority's four core functions are:

- **Regulation** – registration, oversight and scrutiny of designated health and social care services which must be in line with legal requirements.

- **Supporting improvement** – achieved through the setting of standards, provision of guidance, building capacity by supporting the implementation of sustainable improvements and promotion of quality and patient safety initiatives.

- **Assessing health technologies** – providing evidence-based advice to inform policy development and delivery of services.

- **Improving outcomes through information** – promoting efficient and secure collection, use and sharing of health information.

We work closely with diverse and dispersed groups of people in the execution of our functions. These include people who use health and social services; their family and friends; carers; the public; health and social care professionals; public, private and voluntary providers; the Department of Health and the Department of Children and Youth Affairs; and other important national and international partners.

HIQA's momentum in 2013 in fulfilling its functions is exemplified by the commencement of our regulation of residential services for children and adults with disabilities. These residential services are provided for approximately 9,800 children and adults in approximately 1,700 units/houses, which are run by 88 service providers in the country. The *National Standards for Residential Services for Children and Adults with Disabilities* was published following comprehensive public consultation and engagement. In 2013 HIQA also published new guidelines on the collection of health and social care information.

Our legal mandate

The statutory functions that provide the basis for the Health Information and Quality Authority's work are outlined in the Health Act 2007, the Child Care Acts 1991 and 2001 (as amended), the Children Act 2001, the Education for Persons with Special Educational Needs Act 2004, and the Disability Act 2005.

This Annual Report, which outlines the work of the Authority from 1 January to 31 December 2013, is presented in keeping with the statutory requirements of the Health Act 2007, and includes the Authority's arrangements for implementing and maintaining adherence to the Code of Governance for public bodies. It also includes the Annual Report of the Chief Inspector of Social Services and the Annual Governance and Compliance Report as required by the Health Act 2007.

1.3 Mission statement and corporate values

HIQA exists to promote sustainable improvements, safeguard people using health and social care services and support informed decisions on how services are delivered. This mission guides and directs all of the activities of the Authority.

Corporate values are intended to express what we believe is important, how we work and how we hope to be viewed by external stakeholders, as well as the ethos and approach which our staff are encouraged to observe. They form the basis of the culture of the organisation. Our five corporate values are stated below and are illustrated in Figure 1.

Figure 1:

Corporate values of the Authority
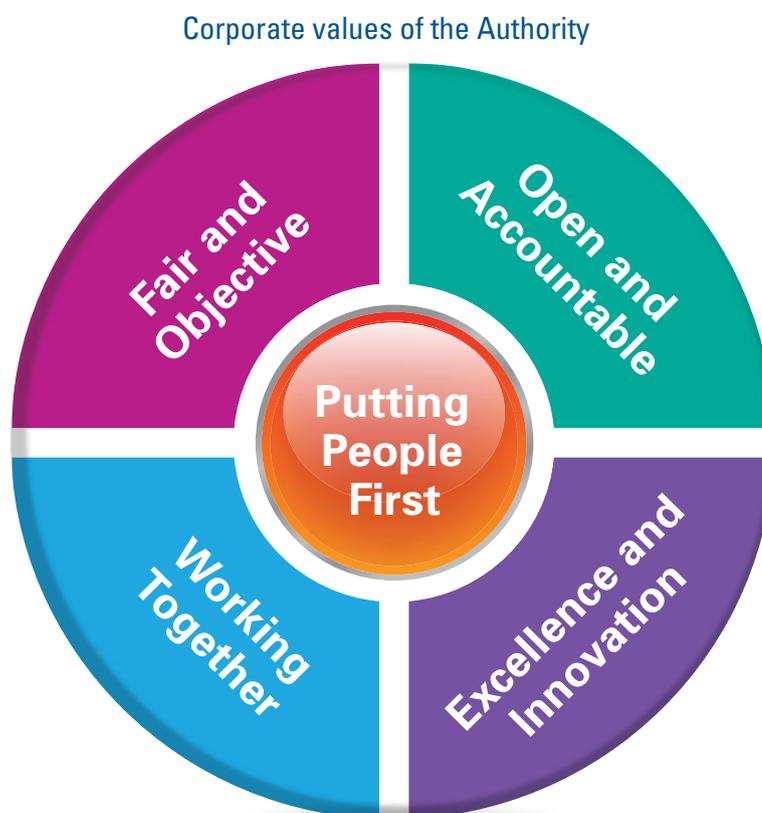
- **Putting people first** – we put the needs and the voices of service users, and those providing the services, at the centre of all of our work.

- **Fair and objective** – we strive to be fair and objective in our dealings with people and organisations. We undertake our work without fear or favour.

- **Open and accountable** – we share information about the nature and outcomes of our work. We accept full responsibility for our actions.

- **Excellence and innovation** – we strive for excellence in our work. We seek continuous improvement through self-evaluation and innovation.

- **Working together** – we engage with people providing and people using the services in developing all aspects of our work.

2

Governance and management

2   Governance and management

2.1   Our Board

The Board of the Authority was first established on 15 May 2007. Its membership includes a Chairperson and 11 non-executive Directors. The Board members come from a range of health and social care professions and from industry.

Brian McEnery was appointed in May 2013 as the Board's new Chairperson. Pat McGrath, outgoing Chairperson, stood down in May 2013. Pat was Chairperson of HIQA for six years and was previously Chairperson of the Interim HIQA for 2½ years. He was appointed on 28 September 2004 as the Authority's first Chairperson. His commitment and leadership during his 8½ years as Chairperson helped to drive and shape the role and functions of the Authority.

The members of the Board during 2013 included:

Brian McEnery*
(Chairperson)

Partner in BDO Accountants and Business Advisors. Member, ACCA Global Council.

Samuel J. McConkey

Head of International Health and Tropical Medicine at the RCSI. Leads the Clinical Infectious Disease and Tropical Medicine service at Beaumont Hospital.

Pat McGrath**
(former Chairperson)

Deputy Chairman, International Development, PM Group.

Gráinne Tuke

Solicitor, Deloitte.

Philip Caffrey

Former Director, United Drug PLC and former Director with Irish Aviation Authority.

Cillian Twomey

Retired Geriatrician, Intern Network Coordinator, UCC-South Intern Network, Chairman of the Board of St Patrick's Hospital, Marymount Hospice, Cork.

*Joined the Board in May 2013.

** Stood down as Chairperson of the Board during 2013.

Darragh O'Loughlin

Secretary General of the Irish Pharmacy Union.

Sheila O'Malley

Former Chief Nursing Officer, Department of Health. Former President of An Bord Altranais agus Cnáimseachais na hÉireann/Nursing and Midwifery Board of Ireland.

David Molony

GP, a member of the Irish Medical Organisation GP committee, a representative of the National Association of Trainers in General Practice, Chair of the Racecourse Medical Officers Association and a founder member of the Association of Irish Primary Care (AIPC).

Mo Flynn***

Chief Executive Officer of Our Lady's Hospice and Care Services in Dublin. Former National Manager for Older People in the HSE. Board member of the Carers Association and the All Ireland Institute of Hospice and Palliative Care.

Una Geary***

Consultant in Emergency Medicine at St James's Hospital, Dublin. Honorary lecturer in the School of Medicine, Trinity College Dublin.

Linda O'Shea Farren***

Solicitor. Senator of the National University of Ireland and Governor of University College Cork.

Anne Carrigy***

Former National Lead of Acute Hospital Services, HSE. Former President of An Bord Altranais agus Cnáimseachais na hÉireann/Nursing and Midwifery Board of Ireland.

***Joined the Board in February 2013.

The Board is the governing body of the Authority and is responsible for the appropriate governance of the Authority. The Board ensures that the Authority has effective systems of internal control, statutory and operational compliance and risk management. The Authority observes high standards of corporate governance and compliance.

2.2 Board meetings

Six statutorily required Board meetings take place every year. Seven additional Board meetings took place in 2013 (see Appendix 1 for further information and for participation of Board members).

2.3 Board committees

Four Board committees with specific responsibilities support the activities of the Board in governing the Authority:

- The Health and Social Care Governance Committee supports the Board's oversight of the effectiveness and controls around the delivery of the Authority's health and social care functions.

- The Information, Research and Technologies Committee supports the Board's governance of the Authority's information and health technology assessment functions.

- The Audit and Corporate Governance Committee supports the Board by monitoring the Authority's compliance with its statutory functions and the effectiveness of the corporate governance, financial management, procurement, risk management and internal audit arrangements.

- The Remuneration and Nominations Committee supports the Board by monitoring the organisational needs and managerial development of the Authority.

2.4 Organisational structure

HIQA's organisational structure reflects the Authority's core activities of Regulation, Health Technology Assessment, Health Information and Safety and Quality Improvement together with the support services that enable us to achieve our corporate objectives. These include Corporate Services, Communications and Stakeholder Engagement, Legal Services and the Chief Executive's Office. The organisation is led by the Chief Executive and Executive Directors, supported by other senior managers who are responsible for the core business functions. The following table (Table 1) outlines how we discharge our core business.

Table 1

The purpose of each Directorate

Directorate	Function overview
Regulation	Registering, monitoring and the scrutiny of designated health and social care services in line with legal requirements. We will continue the development of our approaches to regulation in line with emerging government policy, in the context of a challenging financial environment and in line with national and international principles of good regulation.
Safety and Quality Improvement	Actively supporting and enabling a culture of safety and quality improvement across and within the health and social care system; helping to build capability and capacity in the people providing services; developing national standards and guidance in consultation with stakeholders and the provision of quality improvement methodologies and tools; operating schemes aimed at ensuring safety and quality in the provision of services.
Health Information	Identifying and advising on health information deficiencies; establishing an information governance framework and setting standards for health information and health information systems; and evaluating and providing information on the provision of health and social services.

Directorate	Function overview
Health Technology Assessment	Informing national decision making on the use of resources in our health services, specifically through the assessment (and supporting the assessment) of the clinical and cost-effectiveness of health technologies, in order to support the best outcome for the patient.
Communications and Stakeholder Engagement	Managing all the Authority's communications, with both internal and external audiences, and developing collaborative relationships across the health and social care systems.
Corporate Services	Ensuring that the Authority is fit for our intended purpose, through effective staff welfare, performance, management and recruitment, premises, information systems and other support services.
Chief Executive's Office	Providing oversight, direction and support to enable the Authority to deliver its objectives effectively and efficiently and in a well governed manner.

3

Strategic objectives and achievements

3 Strategic objectives and achievements

3.1 Strategic objectives

The Government's delegation to the Authority of new regulatory functions means that our role is expanding. In 2013 we published a new three-year Corporate Plan that sets out the Authority's objectives for 2013-2015. The Corporate Plan sets out the framework and the objectives that enable us to meet existing and new obligations.

In 2013 the structures within the Authority were reorganised to ensure alignment of our capabilities, resources, competencies and our business processes. Our Corporate Plan is now structured to include the outcomes that we aim to achieve; our core activities; our strategic objectives and the key enablers for delivering the Plan. The Authority has identified four outcomes that we wish to achieve in order to deliver our mission. These are:

- **Care is improved** – we enable sustainable improvement in safety and quality of health and social care services.

- **People are safeguarded** – we act to reduce the risks of harm and abuse to people using health and social care services.

- **People are informed** – we publicly report on the safety, quality and effectiveness of health and social care services.

- **Policy and service decisions are informed** – we inform policy development and how services are delivered.

Katheen Lynch TD, Minister for Disability, Older People, Equality and Mental Health, launching the *National Standards for Residential Services for Children and Adults with Disabilities.*

Our priority is to carry out new functions efficiently and effectively while prioritising areas where improvements in services are most needed. The Corporate Plan is guiding the incorporation of new functions while ensuring that they are properly planned and cost-effective. It reflects our awareness of the national economic context and its attendant efficiency requirements.

The Authority's *Business Plan 2013* sets out targets that we adopted and achieved as we work towards achieving our medium-term strategic objectives.

The strategic objectives are summarised below and are also illustrated in Appendix 2.

Regulation:

- Conduct regulation programmes of health and social care services so that those services are driven to continuously improve and in turn better safeguard people and achieve improved outcomes for service users.

- Regulate effectively and efficiently and ensure that outcomes and impact on policy are communicated to all relevant stakeholders.

Supporting improvement:

- Develop person-centred standards and guidance.

- Build capacity and support the implementation of sustainable improvements.

- Share the learning from our activities to improve patient safety culture.

Health technology assessment:

- Conduct relevant health technology assessments (HTAs) as efficiently as possible.

- Act to embed HTA in national policy and service decision making.

Health information:

- Set standards to support eHealth.

- Promote and enable the use of information to plan, manage and deliver health and social care services.

3.2 Summary of achievements from 1 January to 31 December 2013

- On 1 November we began the regulation of designated centres for children and adults with disabilities. This followed significant partnership work with disability service providers and advocacy groups in developing standards, and with the Department of Health in publishing the Standards. Katheen Lynch TD, Minister for Disability, Older People, Equality and Mental Health, launched the *National Standards for Residential Services for Children and Adults with Disabilities* on 14 May.

- We published our *Investigation into the safety, quality and standards of services provided by the Health Service Executive to patients, including pregnant women, at risk of clinical deterioration, including those provided in University Hospital Galway, and as reflected in the care provided to Savita Halappanavar*. The report presents the findings from the investigation and makes 34 recommendations that focus on improvements required in University Hospital Galway and across the other 18 public maternity hospitals in Ireland.

- We published findings of hygiene assessments against the *National Standards for the Prevention and Control of Healthcare Associated Infections* that were undertaken at 48 acute hospitals. Seventy-one recommendations were issued to the seven hospitals that were subjected to announced inspections. Recommendations commonly related to communication strategies, care bundles arrangements, antimicrobial stewardship programmes implementation and training of staff.

- We published the *National Standard Demographic Dataset and Guidance for use in health and social care settings in Ireland* in December 2013. In December we also published our report of the outcomes of the public consultation on the draft national standard and associated guidance.

- We completed 814 inspections of 565 designated centres for older and dependent persons. This represents completion of at least one inspection at 99% of the registered centres.

- We developed six guidance documents for designated centres to explain concepts and templates that assist centres in meeting regulations and implementing standards. These were:

- Guidance on intimate care

- Guidance on risk management

- Guidance on statement of purpose

- Residents' finances

- Restrictive procedures guidance

- Intimacy and sexual relationships.

- We published health technology assessments including:

  - *Health Technology Assessment of a Surveillance Programme for Women under 50 years at an Elevated Risk of Breast Cancer.*

  - *Health Technology Assessment of Intermittent Pneumatic Compression for severe peripheral arterial disease.*

  - *A series of health technology assessments of clinical/referral thresholds for selected scheduled procedures.*

- We developed a suite of national HTA Guidelines designed to promote the production of assessments that are timely, reliable, consistent and relevant to the needs of decision makers and stakeholders and to support HTA capacity development within the healthcare system.

- Inspections and reports were completed in line with the *National Standards for the Protection and Welfare of Children*. We published 60 inspection reports on children's services including seven reports under the Standards; five reports and quality improvement plans for foster care services; four special care units and detention schools reports as well as 34 children's residential reports.

- We published *Guiding Principles for National Health and Social Care Data Collections*.

- We published our *Overview of Healthcare Interoperability Standards*.

- We published the *National Standard for Patient Discharge Summary Information*.

- We published *Guidance on Classification and Terminology Standards for Ireland*.

- We published our *Corporate Plan 2013-2015*, which maps how our functions will be carried out effectively and efficiently as the Authority expands.
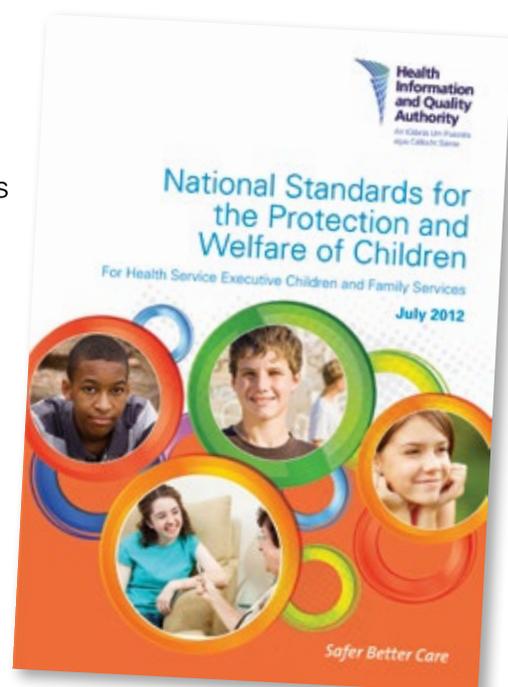
- We expanded our Dublin Regional Office into circa 976m^2 of new office space and we developed a new information management system for the Authority. We participated in the Office of Public Works' 'Optimising Power @ Work' initiative. The Office of Public Works acknowledged our achievements in 2013 by conferring our Head Office with a Highly Commended award in the 'Best Air Conditioned Building' category (Munster). Our Regional office was a regional winner in the 'Best Air Conditioned Building' category (Leinster).

4

Activities by Directorate

4 Activities by Directorate

This chapter of the Annual Report records the work that staff within our Directorates carried out in 2013 to progress the strategic objectives that are outlined in the Authority's *Corporate Plan 2013 - 2015*. The specific objectives of each Directorate are set out in the sections of this chapter.

4.1 Report of the Office of the Chief Inspector (Regulation Directorate)

4.1.1 Background

Our Regulation Directorate within HIQA is responsible for regulating and scrutinising the quality and safety of specified adult and children's health and social care services across Ireland. The Directorate encompasses the office and role of the Chief Inspector of Social Services (formerly the Social Services Inspectorate). The Directorate operates in two distinct divisions:

1. **Regulation of adult social care services** – The registration and inspection of designated centres for older and dependent persons and designated centres for adults with disabilities in line with the provisions of the Health Act 2007.

2. **Regulation and scrutiny of healthcare and children's services** – The monitoring of health and children's services in line with the relevant standards, the registration and inspection of designated centres for children with disabilities in line with the provisions of the Health Act 2007, the inspection of children's residential services in line with the Child Care Act 1991 and the inspection of detention schools under the Children Act 2001.

We additionally meet our strategic objectives through our regulatory activity, by ensuring that care is improved, that people are safeguarded, that people are informed and that we influence the way in which policy and service decisions are made.

In 2013 we set two clear strategic objectives for the regulation of services within our Corporate Plan. The following section of this report sets out a summary of the activities and outcomes against these corporate objectives. The first of these is:

We will have conducted regulation programmes of health and social care services to safeguard people and achieve improved outcomes for service users.

The Authority launched the *National Standards for Residential Services for Children and Adults with Disabilities.*
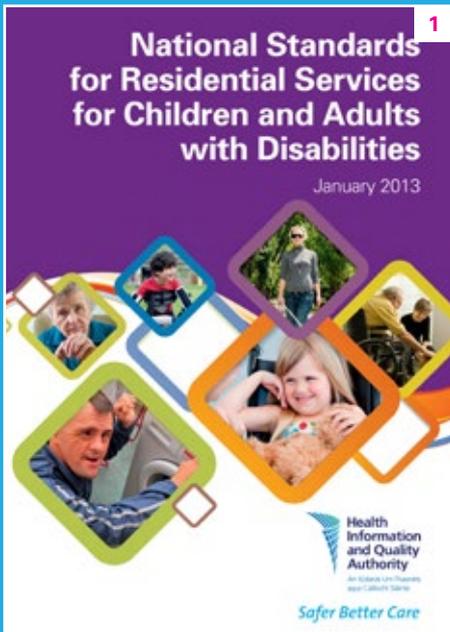
1   *National Standards for Residential Services for Children and Adults with Disabilities* cover

2   Pat McGrath, Chairperson of HIQA 2004-2013, speaking at the launch

3   Marie Kehoe-O'Sullivan, Director of Safety and Quality Improvement (HIQA)

4   The launch of the new Standards

5   Poster displayed at the launch event of the *National Standards for Residential Services for Children and Adults with Disabilities*

6   Dr Tracey Cooper, Chief Executive of HIQA; Minister of State Kathleen Lynch TD; and Pat McGrath, Chairperson of HIQA 2004-2013.

4.1.2 Regulation of adult care services

As of 31 December 2013, 566 active registered designated centres and three new builds were awaiting registration for older persons. There were 28,785 registered beds in this sector.

In 2013 52 providers of designated centres for older and dependent persons were granted a renewal of their registration.

Figure 2:

Number and percentage of designated centres (by provider type), that were registered by 31 December 2013

- Public (20%)
- Private (75%)
- Voluntary (5%)
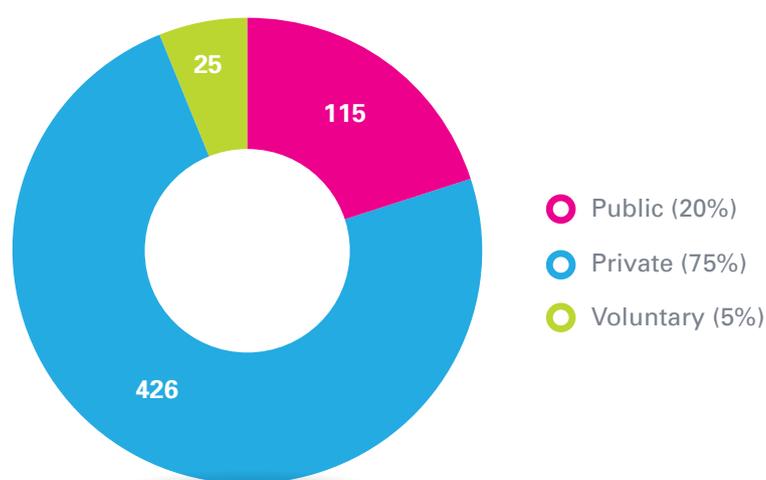
We completed 814 inspections of 565[1] designated centres in 2013. At least one inspection took place at 99% of the total number of registered centres. These inspections are announced or unannounced and are planned as part of our annual schedule of inspections.

Explanation of the four different types of inspections:

- **'Full-18 outcome' inspections** set out the centre's compliance with all of the standards and regulations. This type of inspection is typically carried out during registration or registration renewal.

- **'Ten-outcome monitoring' inspections** monitor ongoing compliance with regulations and standards.

- **Follow-up inspections** assess whether the provider has implemented required actions.

- **Single/specific issue inspections** are based on a notification or on information received.

---

1   During 2013 a number of designated centres closed. Please see section 4.1.3

Figure 3

Number and type of inspections carried out between 1 January 2013 and 31 December 2013

- 'Full-18 outcome' inspections
- 'Ten-outcome monitoring' inspections
- Follow-up inspections
- Single/specific issue
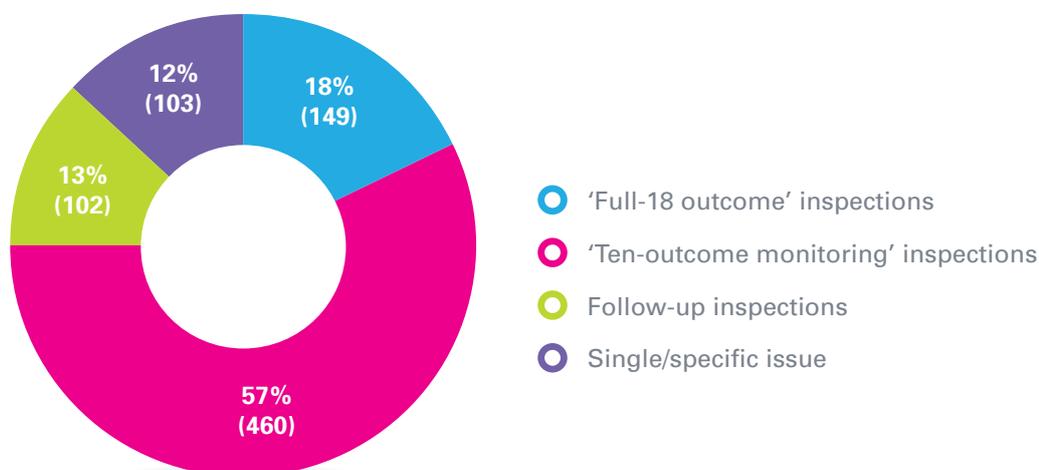
Table 2 below lists the numbers and percentages of inspection visits to designated centres on an overall centre basis and as proportions of overall visits. Of the 565 registered centres which received an inspection in 2013, 66% received one inspection, 27% received two and the remaining 7% received three or more.

Table 2

Number of visits to centres

Number of visits to centres	Number of centres	As a % of centres	Total visits	As a % of visits
1 visit	373	66%	381	46%
2 visits	150	27%	294	36%
3 visits	30	5%	96	12%
4 visits	9	1.5%	32	4%
5 visits	3	0.5%	15	2%
TOTAL	**565**	**100%**	**818**	**100%**

We piloted a programme of focused thematic inspections across 52 designated centres. The approach enabled us to focus on two specific areas for improvement with providers. These were end-of-life care and nutrition within each centre. The mechanism allowed us to communicate with the 52 centres in a series of road shows on the themes to be inspected and to provide information through guidance and the publication of our judgment framework. We then assessed and reported on the performance of each of the centres in relation to their compliance with the Standards. Inspector

presence within the homes also enabled us to examine any issues or risks identified with other standards or regulations. The pilot will be evaluated in early 2014 with a view to further roll out. A report on the outcomes of the pilot will also be published in an overview report in early 2014.

Figure 4

Centres by sector that were visited during the pilot programme

Voluntary, 4
Public, 10
Private, 38
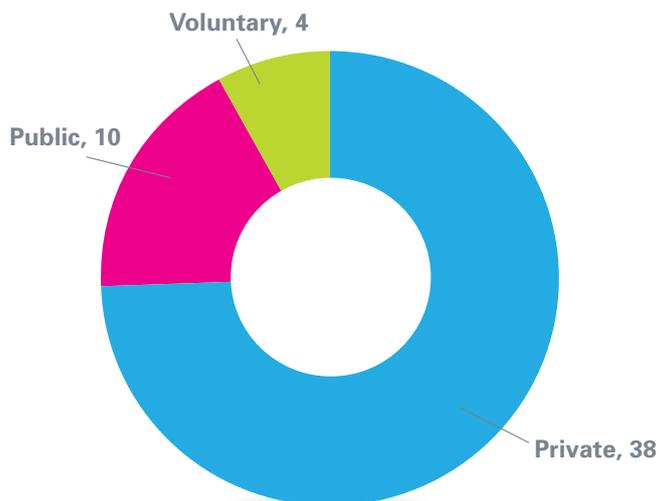
We receive, analyse and risk assess information from a range of sources. This is in addition to our inspection of services and informs our understanding of risk in the older and dependent person's residential sector. This generally involves receipt of specified notification on issues and incidents from registered providers and receipt of concerns that are forwarded to us by people who may be residents, relatives, staff members, advocates or third parties who have direct contact with a resident or residents.

In the course of 2013 we received 6,946 notifications, which included 5,362 notifications that alerted the Authority to potential risks to the health, safety or wellbeing of residents. We received 355 concerns for older persons and 63 concerns relating to people who were living with disabilities. Concerns that were presented to HIQA about the health and social care of older people and people with disabilities generally related to:

- complaints
- contract for the provision of service
- health and safety risk management
- health and social care needs
- resident rights and dignity
- safe and suitable premises
- safeguarding and safety
- suitable staff
- staffing levels
- nursing care and staff input
- provision of healthcare.

4.1.3 Centre closures

The Authority may consider taking enforcement action when there are reasonable grounds to believe that there are serious risks to the health and/ or welfare of residents in a centre, or if there is a substantial and significant breach of the regulations as a result of a provider failing in its duty to safeguard a resident(s). During 2013 a number of designated centres for older and dependent people closed. Of these, formal enforcement procedures were used in respect of one centre, where the Notice of Proposal and Notice of Decision to Cancel Registration were issued on 04/01/2013. The provider consented to the decision of the Chief Inspector. During this process the Authority monitored the centre to safeguard residents.

4.1.4 Regulating centres for adults and children with disabilities

The Minister for Health signed the commencement order for the regulation of designated centres for children and adults with disabilities on 1 November 2013. This followed significant partnership work with disability service providers and advocacy groups in the development of standards and with the Department of Health in the publication of standards. The *National Standards for Residential Services for Children and Adults with Disabilities* was formally launched by Minister Lynch on 14 May 2013 and came into effect on the date of commencement.

In preparation for this new function, HIQA undertook an analysis of the scale and nature of the sector. This outlined that 88 different providers (including the HSE) were providing approximately 1,700 units/houses. We have initially determined that these services may be configured into approximately 1,250 designated centres that would need to be registered with HIQA within the next three years. These are likely to include approximately 100 centres for children and/or mixed centres that would provide care to children and adults.

The regulation of these services marks a significant milestone in the promotion of quality and safety of these services. Registration and inspection of these services commenced on 1 November and it is anticipated that the first centres will be registered in early 2014.

Pictured at the announcement of the commencement of the regulations for residential services for children and adults with disabilities were Dr Tracey Cooper, Chief Executive of HIQA; Brian McEnery, Chairperson of HIQA; and Kathleen Lynch TD, Minister for Disability, Older People, Equality and Mental Health.

4.1.5 Provision of an assurance and regulation programme of the quality and safety of defined children's health and social care services in Ireland

Children in care are accommodated in foster care and residential services that are run by both the HSE and private providers. Services are additionally provided to children whose safety and welfare are at risk. In 2013 our children's team was reorganised to ensure that we continue to develop and report on standards, regulations and oversight activities of all relevant children's services, in line with our responsibilities under the Health Act 2007, the Children Act 2001 (as amended) and the Child Care Act 1991. This included the inspection of services across the following areas:

- Children's residential centres
- special care units
- detention schools
- child protection and welfare services
- foster care services
- designated centres for children with disabilities.

Figure 5

Number of inspections that were completed within the 12-month period from 1 January 2013.
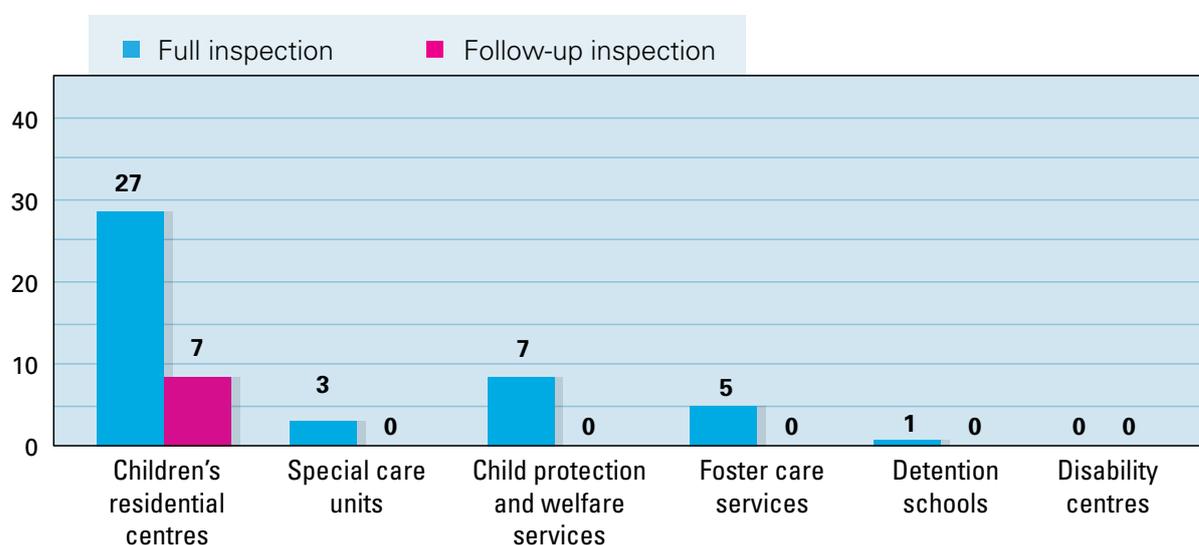
Following publication of the *National Standards for the Protection and Welfare of Children (2012)* and in line with our remit under the Health Act 2007, we completed field work in the inspection of child protection and welfare services in seven local health areas in 2013. We reported the outcomes of these inspections to the HSE, so ensuring that the appropriate quality improvement plans were in place to drive improvement in the services.

The Authority identified the following themes:

- Timely actions were being taken to protect children at immediate risk.

- Children were receiving a good quality social work service, assessments carried out were of a good quality and most child and family services operated in line with *Children First: National Guidance for the Protection and Welfare of Children* (2011).

- There were extensive waiting lists for child protection and welfare services and many children were experiencing serious delays in receiving services, including assessments.

- Some teams were operating with 20% staff vacancies, which was impacting both on direct child protection services and on access to other support services.

- Some children who were deemed to be at risk were without social workers.

- Information management systems and infrastructure were poor.

- Staff had limited access to ongoing training and professional development.

Similarly, inspections were undertaken in five foster care services, including one fostering resource centre that provided services to four local health areas in 2013. Reports and quality improvement plans in respect of these services were published on www.hiqa.ie. Themes arising from these inspections included:

- The foster carers delivered good quality care to children.

- Assessments of potential foster carers were of good quality but were not undertaken in a timely way.

- Many children lived with foster carers who were relatives and this supported them to remain in contact with their families, schools and wider communities.

- Some children lived in unapproved foster care placements for considerable periods of time.

- Foster committees did not operate in compliance with the HSE's own guidelines.

- Foster carers were not subject to reviews.

- Not all foster carers had a support worker and not all placements were well supervised.

- There was a shortage of training for foster carers and for social work staff.

- There was insufficient foster care provision in place for children with complex needs.

In 2013 we inspected three special care units and 34 children's residential centre inspections were carried out, including inspections of five high support units. Six follow-up inspections were undertaken where we had ongoing concerns in respect of our findings.

Themes arising from these inspections included:

- Centres provided good day to day care to children in the main.

- Many centres struggled to provide a service to children with behaviour that challenges. This impacted on children's rights.

- The purpose and aims of some centres were not clear. Children were admitted because there were vacancies which led to placements that ended in an unplanned way.

- Not all centres were well governed.

- The care provided to children was not quality assured.

- Some premises required repair or were not suitable and there were fire safety issues in others.

- Staff were not always well supervised and did not receive sufficient ongoing training.

Detention schools were inspected in June 2013. Three detention schools are on one campus and have one management board. It is now known as the Oberstown Campus. The inspection report is for one campus.

By 31 December 2013, the children's team had assessed 184 pieces of unsolicited information, in line with the extant policy and processes.

During 2013 we undertook a significant exercise to ensure that all of our inspection and assessment activity is consistent with our recently developed methodological framework. This is in line with our decision to ensure the holistic assessment of all children's services within our remit.

In 2013 we published an overview report on the findings of the fostering and children's residential inspections for 2012. It is hoped that a similar report will be published in quarter 1 of 2014 that will detail the outcomes of our children's services inspections for 2013.

4.1.6 Provision of an assurance programme of the quality and safety of defined healthcare services in Ireland

Under the Health Act 2007 we are responsible for developing standards for quality and safety in healthcare services and for monitoring compliance with those standards. Under the Act we also have responsibility to investigate, as necessary, serious concerns about the health and welfare of service users.

Director of Regulation, Phelim Quinn.

4.1.7 Monitoring programme against the *National Standards for the Prevention and Control of Healthcare Associated Infections*

Phase one of the Authority's monitoring programme against the *National Standards for the Prevention and Control of Healthcare Associated Infections* (Infection, Prevention and Control Standards) began in November 2012. Phase 2 began in January 2013 and continued throughout the year. To date, announced and unannounced inspections have been undertaken at 48 acute hospitals in Ireland. The findings from each inspection were subsequently published.

The Infection, Prevention and Control Standards and the Authority's monitoring programme contribute to the reduction and prevention of healthcare associated infections in order to improve the quality and safety of health services. The Authority, through its monitoring programmes and periodic monitoring of outcomes and key performance indicators, aims to provide assurances to the public that service providers are meeting the Standards.

In 2013 the Authority noted improvement in the majority of hospitals that required a repeat inspection. Generally the responses of the hospitals showed a positive and constructive response to the recommendations that were made by HIQA as a result of our inspection programme. This demonstrates the impact and effectiveness of our work within healthcare settings. This is further reflected in the ongoing updates of Quality Improvement Plans (QIPs) on relevant websites.

Overall, 71 recommendations were issued to the seven hospitals which each had an announced monitoring assessment in 2013. The recommendations that were most commonly issued related to the establishment and implementation of communication strategies, arrangements regarding care bundles, the development and implementation of antimicrobial stewardship programmes and the training of staff about the prevention and control of healthcare associated infections.

4.1.8 Receipt and analysis of information and concerns

We receive, analyse and risk assess information and concerns that are brought to our attention by a range of sources. In 2013 we dealt with 243 pieces of such information. This helped us to direct our resources to areas of highest risk.

During 2013 we continued to explore more effective means of receiving and analysing performance and other information from local and national sources, to ensure that our monitoring programmes are better informed. Information that we received in 2013 informed the development of our three-year healthcare assurance programme.

4.1.9 Three year assurance programme

In line with the requirements of the Health Act 2007 and in order to develop a proactive programme of monitoring of service providers against the *National Standards for Safer Better Healthcare*, we consulted in 2013 with a range of stakeholders on what areas should be covered by HIQA in such a programme. We considered all suggestions that were received during the consultation exercise. Responses to the consultation were limited.

Topics were also considered against the availability of additional guidelines and the framework that would assist with a more comprehensive assessment of the quality and safety of the topic area.

In determining topic areas the following issues were considered:

- The issue is a recognised and/or national priority for safety and/or quality.

- Variations in quality create a major risk for the population affected.

- The issue is an area of significant or developing concern.

We subsequently began a planned assurance review of the governance arrangements in the University of Limerick Hospital Group and their impact on the quality and safety of service delivery. A report of the assessment will be published in early 2014.

We confirmed further areas for assessment as part of the assurance programme. These are:

- A review of the governance arrangements that are in place to ensure the quality and safety of services in the context of nationally mandated standards and recommendations of investigations arrangements, in two of the eight hospital groups, to include:

    - University Hospital Limerick Group

    - Midland Regional Hospital, Portlaoise
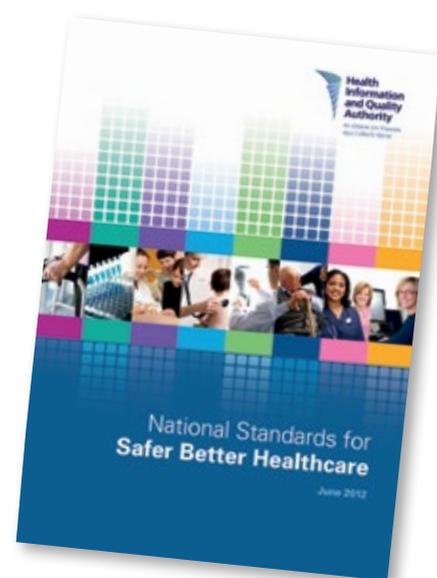
■ Assessment of the quality and safety of services for patients with fractures of neck of femur, across the five hospital groups and covering 18 hospitals.

■ Assessing the arrangements that are in place in 49 hospitals to ensure that elderly patients who utilise acute general hospital services are adequately assessed, managed and evaluated to effectively meet their individual hydration and nutritional needs.

■ Reviewing the governance arrangements of pre-hospital emergency care services to ensure the assessment, diagnosis, initial management and transport of an acutely ill patient to an appropriate healthcare facility.

4.1.10   Statutory investigations

We completed the investigation into the safety, quality and standards of services provided by the Health Service Executive to patients, including pregnant women, at risk of clinical deterioration including those provided in University Hopital Galway, and as reflected in the care and treatment provided to Savita Halappanavar. The report of the investigation was published on 9 October 2013.

The investigation made a series of local and national recommendations that were aimed at effecting improvement across maternity and other services. These recommendations can be found on our website at www.hiqa.ie. The 258-page report noted that:

■ There was a failure in the provision of the most basic elements of patient care to Savita Halappanavar.

■ Numerous and disparate data collection sources were involved in the collection of maternal morbidity and mortality data in Ireland and that there was no centralised or consistent approach to reporting this.

Dr Nuala Lucas, Consultant Anaesthetist and member of the HIQA Investigation team; and Phelim Quinn, Director of Regulation.

- There was wide variation in the local clinical and corporate governance arrangements in place across the 19 public maternity hospitals/units nationally, which made it difficult to properly assess the performance, safety and quality of the maternity service nationally.

- A national review, or a national population-based needs assessment, had not been carried out to date to identify the appropriate allocation of resources including multidisciplinary workforce arrangements, or the models of care that were required to ensure that all pregnant women had appropriate choices and access to the right level of care and support at the right time in Ireland.

The investigation also uncovered significant deficits in how relevant learning, particularly in the areas of maternity services and clinically deteriorating patients, had been adopted and implemented locally and nationally following previous investigations and inquiries that were carried out both in Ireland and internationally.

The report made 34 recommendations. These included the need for the development and implementation of a national maternity services strategy that would enable services to move towards a demonstrably high quality, safe and best practice model of maternity care across the country.

Other recommendations included the need to review and improve the management of sepsis, clinically deteriorating pregnant women, patient choice, models of care and providing a suitably skilled and competent workforce that can deliver safe and effective care at any given time. The Authority also included a specific recommendation for the Department of Health to develop a 'code of conduct' for employers. These recommendations can be found on our website at: http://www.hiqa.ie/healthcare/focus-quality-safety/investigations/galway

4.1.11 Ionising patient exposure regulations

Discussions continued during 2013 with the Department of Health about the transfer of responsibilities to the Authority as the competent body to oversee the regulations in Ireland, and about the requirement for an inspection function to be included in Statutory Instrument 478. It is now recognised that an amendment to the Health Act 2007 will be required to allow the Authority to become the competent body. It is anticipated that we will continue to work with the Department in 2014 to facilitate the transfer of this responsibility.

4.1.13 Regulating effectively and efficiently, measuring outcomes and impact on policy, and communicating with all relevant stakeholders

Throughout 2013 we maintained a significant programme of communication and engagement with important stakeholders and organisations about our existing and developing programmes of regulation and their impact on the quality and safety of services.

These road shows included specific events for HSE staff in the following areas:

■ Older persons' designated centres.

■ HSE management staff on child protection and welfare services.

■ HSE safety forum on HIQA's role in monitoring against the *National Standards for Safer, Better Healthcare*.

■ Three joint HIQA/HSE regional seminars with disability service providers that took place in December 2013.

Information sessions took place in Sligo, Dublin and Cork during April, October and November 2013 for providers and for people who participate in the management of centres for people with disabilities. This supported stakeholder planning for the regulation of designated centres for adults and children with disabilities. Ninety-eight percent of providers attended.

We published a number of guidance documents for providers of services for people with disabilities. The Authority published an *About the Regulation of Residential Services for Children and Adults with Disabilities - Guidebook 2013* that sets out how the new system will work to improve standards for people with disabilities in residential services across Ireland. This was intended to help service users to understand what regulation entails.

The guidebook can be downloaded at: www.hiqa.ie
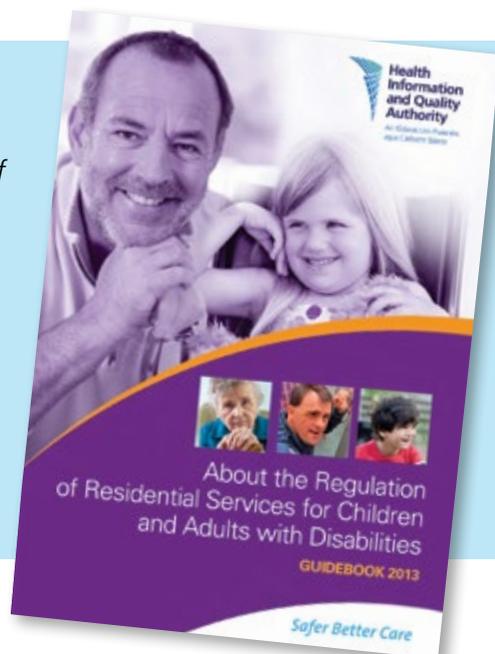
Regulatory Notices were issued to providers in 2013 to help service providers to gain better understanding of the legislation and regulations. These relate to:

■ Premises.

■ The definition of a designated centre.

■ Ninety-three disability service providers were sent an annual return to determine, for billing purposes, the number of providers that were operating on the date of commencement.

■ Section 69 forms were then issued to the 88 providers that were identified, to assist them to comply with the requirements of the Health Act 2007.

Guidance was also issued to providers about:

■ Completion of standard declarations in respect of fire safety for an application for registration or renewal of registration as a designated centre.

■ Completion of standard declarations for planning and building regulation compliance, for an application for registration or renewal of registration as a designated centre.

In 2013 we strengthened our commitment to ensuring that our processes and methods reflect best practice in regulation and administration. These developments align with our commitment to ensuring that we are meeting our core values of putting people first, being fair and objective, open and accountable and developing excellence and innovation in regulatory practice. As a result we developed and launched a new and consistent approach to regulation across all areas of responsibility. This approach, called the Authority Monitoring Approach, will see the development and publication of assessment and judgment frameworks and will aim to bring about greater consistency and transparency in the way that we apply standards and regulations in our work.

During the year we developed a range of policies and procedures. These are aligned with the objectives that are expressed in our *Business Plan 2013*:

■ Revised complaints policy and procedure.

■ Enforcement policy and procedure for designated centres.

■ Policies and procedures linked to the development of the Authority Monitoring Approach.

■ Representations/internal review.

■ Responding to non-compliance in designated centres.

4.2   Safety and Quality Improvement

4.2.1   Background

The new Safety and Quality Improvement Directorate (SQID) completed its first full year of work in 2013. We developed standards for quality and safety and we supported and promoted a culture of patient safety and quality improvement across and within the health and social care system.

We promote quality and safety by developing national standards and guidance in consultation with stakeholders and by providing a programme to build capacity in quality improvement methodologies and tools for front-line staff. We also develop and roll out national patient initiatives. These initiatives help the system to build a culture of continuous quality improvement and patient safety.

4.2.2   Summary of activities during 2013

- We published the *National Standards for Residential Services for Children and Adults with Disabilities*

- We reviewed existing National Standards:

    1. *National Quality Standards for Symptomatic Breast Disease Services* were reviewed and monitoring subsumed under *National Standards for Safer Better Healthcare*.

    2. Began the revision of the *National Standards for Residential Settings for Older Persons*.

- We developed a *Draft National Standards for Children's Special Care Units*

- We developed six targeted guidance documents for designated centres – these Guidance documents were requested by service providers and advocacy groups for preparation for registration.

- We actively supported and promoted a culture of patient safety and quality improvement across the health and social care system by helping to build capability and capacity in the people who provide services.

- We developed a national patient safety initiative in medication safety – best practice in medication reconciliation was developed and piloted in 2013. A *Best Practice in Medication Reconciliation* document will be published in March 2014.

■ We participated in the European Union Network for Patient Safety and Quality of Care (PaSQ).

■ We responded to consultation documents received by the Authority from the Department of Health, the HSE, the National Standards Association of Ireland, the Pharmaceutical Society of Ireland and *An e-health Strategy for Ireland*, relating to activities to promote improvements in quality and safety of health and social care services.

4.2.3 National Standards: development and review

1. The *National Standards for Residential Services for Children and Adults with Disabilities* was published in 2013. We met with service providers following publication, to provide support for understanding the Standards.

2. A comprehensive collaborative review of the *National Quality Standards for Symptomatic Breast Disease Services* was undertaken with the National Cancer Control Programme. The relevant key performance indicators from these Standards were then added to the self assessment process that breast cancer services will undertake when implementing the *National Standards for Safer Better Healthcare*. The Authority decided that monitoring of the Standards will in the future be subsumed under the *National Standards for Safer Better Healthcare*.

3. We began the revision of the *National Standards for Residential Settings for Older Persons* by holding focus groups in eight residential settings for older persons in private, public and voluntary centres in all four regions of the country. The focus groups were conducted with residents, relatives and staff to generate feedback which will inform the revised standards.

4. We developed the *Draft National Standards for Children's Special Care Units*. This will be published and launched in 2014.

4.2.4 National Standards: promoting understanding

We presented on all of the National Standards at organisational and professional conferences and workshops around the country. This engagement informed particular groups and sectors about how to apply the Standards in their specific services. We also linked with specific groups including general practitioners, nursing homes and disability services to promote awareness of the Standards and the support that we offer to service providers.

4.2.5 Guidance to support implementation of the National Standards

In 2013 the Authority published six sets of targeted guidance for designated services. We aim to provide a common understanding and language for service users, patients and service providers on how all of the National Standards apply across all health and social care services. This helps service providers to understand and adopt the National Standards. The Authority convened a group of disability service providers to identify the topics on which guidance is required. The following are the six areas that were identified:

Guidance for Designated Centres

1. Intimate Care

2. Risk Management

3. Statement of Purpose

4. Residents' Finances

5. Centre's Restrictive Procedures

6. Intimacy and Sexual Relationships.
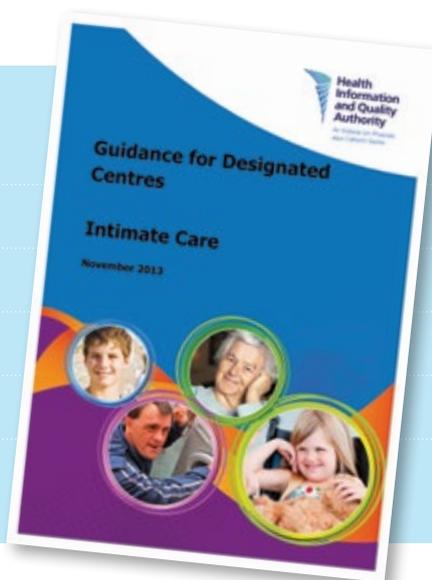
The guidance includes examples of activities, arrangements, structures, processes and outcomes that are relevant to the National Standards. Also included are examples of what the practical application of the Standards might look like in different sectors or settings, such as a primary care team, an ambulance service or a hospital. It also incudes templates to assist service providers in areas such as the development of a statement of purpose. The guidance helps the people who work in the service to understand how to achieve compliance with the Standards. In 2013 the Authority began an ongoing process of review and engagement with relevant interested parties for updating this guidance and that identifies areas which may require more specific guidance.

4.2.6   Supporting providers

We support front line staff in health and social care in implementing the *National Standards for Safer Better Healthcare*. We worked in 2013 to this end on a programme to build capacity in quality improvement methodologies. We collaborate in this regard with the Institute for Healthcare Improvement (IHI) in the USA.

The Authority is the hub for the IHI Regional Open School in Ireland. The IHI Open School provides online courses on quality improvement science which have been designed by faculty members in the IHI. Through the Open School, healthcare professionals from all disciplines learn quality improvement methodology and acquire practical tools that help them to develop sustainable improvements in their services.

An advisory group was established to support the roll out of the programme. It includes service user representatives, the HSE and training bodies. Four acute hospitals and six community hospitals/nursing homes were selected for inclusion in the first wave of the programme to build capacity in quality improvement methodology. An interdisciplinary team of front line staff in each site completed the programme in 2013. This IHI programme was completed by 90 external and 10 internal staff. This programme is being extended to services for people with disabilities, services for children, ambulance services and a group of patient champions in 2014.

4.2.7   Medication reconciliation

The Directorate worked with an advisory group consisting of experts in medication safety to develop a national patient safety initiative in medication reconciliation. This was piloted by the four acute hospitals and six community hospitals/nursing homes that were included in the IHI programme, as an action learning component of the programme in quality improvement methodology. Support was provided to those sites by our Directorate in the form of monthly on-site visits and teleconferences while they piloted this initiative. A *Best Practice in Medication Reconciliation* document will be published based on the learning from this pilot in March 2014.

4.2.8   International activities

The Authority is the national contact point for Ireland in the Joint Action – European Union Network on Patient Safety and Quality of Care (PaSQ). PaSQ commenced on 1 April 2012 and is a three-year project.

The Authority facilitated a number of national multi-stakeholder information meetings regarding PaSQ to explore how these stakeholders and the Authority can work together and contribute to the joint action. In 2013 the Authority developed an agenda for an exchange mechanism (conference) to be held in 2014 that will share the good practices in quality improvement and safety from Europe with Irish service providers.

PaSQ is made up of seven work packages and Ireland is involved in Work Package 6: Quality healthcare systems collaboration in the EU. This work package will map and describe the quality management systems in place in EU member states and will identify good organisational practices to improve patient safety and quality of care in such systems across Europe. This will allow member states to learn about the approaches that each take to improve patient safety and quality of care and to understand how specific good practices are successfully implemented.

As national contact point, we coordinate all activities relating to this work package in Ireland and we liaise and work with all relevant national stakeholders in this regard. In 2013 we gathered information on good organisational practices in quality management systems in Ireland.

4.2.9   Consultations

We offered suggestions to align relevant policy and guidelines documents to the *National Standards for Safer Better Healthcare* and to promote quality and safety in specific areas. These included:

Health Service Executive consultations:

- Consultation on *Draft Model of Care for Acute Surgery*

- Consultation on *Draft Quality and Performance Tool*

- Consultation on *Draft National Policy on Open Disclosure and Draft National Guideline on Open Disclosure*

- Consultation on *Draft Guideline on the Management of Cancer Pain*

Department of Health consultations:

- Public consultation on new legislation that will replace the *Dentists Act 1985*

- Public consultation on the introduction of an *Opt-Out System for Organ Donation*

National Standards Association of Ireland

- Submission on revised Draft / Improved structure of prEN 16375 submitted to CCMC for 2nd CEN Enquiry – Aesthetic Surgery Services

Pharmaceutical Society of Ireland

- Consultation on the *Draft Guidance on the Provision of Testing Services by Pharmacists*

The Authority also responsed to the consultation on *An e-health Strategy for Ireland.*

4.2.10   Service user involvement

The National Relatives Panel, comprising friends and relatives of people who live in designated centres, met with the Authority. This panel works closely with us in providing feedback on standards and guidance. Members act as advocates for relatives who live in residential care facilities. This process developed a REACH newsletter, which is designed to inform and empower family and friends of those in residential care centres on best practice in residential care. The REACH newsletter is to be published in early 2014.

4.3 Health Technology Assessment

4.3.1 **Background**

We have undertaken a broad range of assessments that have informed national policy and service decisions. We have developed a suite of national health technology assessment (HTA) guidelines to promote the production of assessments that are timely, reliable, consistent and relevant to the needs of decision makers and stakeholders, thereby supporting capacity development for HTA. We have participated in a range of national and international initiatives that aim to enable safe, effective, equitable and efficient healthcare. This work is recognised as playing an important role in informing national health policy.

4.3.2 **Health technology assessments undertaken in 2013**

Health Technology Assessment of a Surveillance Programme for Women aged less than 50 years at an Elevated Risk of Breast Cancer

In April 2013, the Authority published a HTA that evaluated surveillance options and their cost-effectiveness for women less than 50 years of age at elevated risk of breast cancer due to a genetic or familial risk. This HTA was undertaken in response to a request from the National Cancer Control Programme (NCCP). The final report was submitted to the NCCP and the Minister for Health for consideration.

The purpose of the HTA was to examine the efficacy, cost-effectiveness, budget impact and resource implications of different surveillance options (specifically MRI or digital mammography or a combination thereof), as well as the additional impact that a surveillance programme may have (including wider ethical or societal implications for the healthcare system or for affected families). The HTA provided advice on the optimal surveillance strategy including the age that surveillance should start and the frequency of such surveillance.

The report concluded that, for women aged less than 50 years with an identified high penetrance genetic mutation, surveillance is cost-effective compared to no surveillance. For women aged less than 50 years with either high familial risk and no identified genetic mutation or those at moderate risk, surveillance is not cost-effective by traditional standards when compared to no surveillance.

It recommended annual MRI from age 30 to 49 for women aged less than 50 years with identified high penetrance genetic mutations other than TP53, with a proviso that the addition of annual digital mammography from age 40 to 49 could be considered to maintain accordance with current international practice. Annual MRI surveillance from age 20 to 49 was recommended for the subgroup with a TP53 mutation.
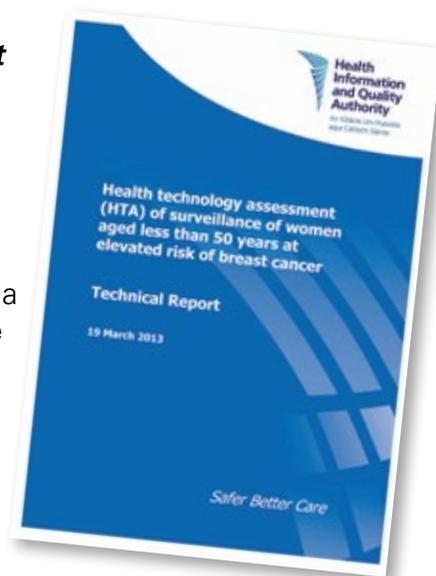
For women at high familial risk with no identified genetic mutations, and for women at moderate risk, annual digital mammography from ages 40 to 49 was noted to be preferable to existing ad hoc surveillance.

The report highlighted that an organised surveillance programme would improve equity of access and that it should have quality key performance indicators (KPIs) to measure performance against targets or expectations. The assessment was used as the basis for a subsequent decision by the National Cancer Screening Service to implement a national surveillance programme. A group is being established to oversee implementation.

Health Technology Assessment of Clinical Referral / Treatment Thresholds for Selected Scheduled Procedures

Following a request from the Director General Designate of the HSE, the Authority agreed in 2013 to undertake a series of rapid HTAs to examine the appropriateness and potential impact of introducing clinical referral or treatment thresholds for selected scheduled procedures. The aim of these HTAs is to provide advice on the potential clinical referral or treatment thresholds for procedures where effectiveness may be limited unless undertaken within specified clinical criteria. Increased clarity and transparency around referral and treatment thresholds should provide greater equity and transparency in the healthcare system and streamline referrals to surgical outpatients thus improving efficiency and shorten the patient's elective surgical journey.

Streamlining referrals to surgeons should help to ensure that the right patients are referred for treatment at the right time, potentially releasing capacity and resources that can be used to greater clinical effect without increasing harm or reducing benefit.

Phase 1, incorporating referral or treatment thresholds for four surgical procedures, was published in April 2013. These included: varicose vein surgery; tonsillectomy; grommet insertion and adenoidectomy; and cataract surgery. Phase 2 of this HTA was published on 2 December. This phase incorporated 11 procedures / interventions (nine HTA reports) for hand pathologies, and musculoskeletal pathologies contributing to chronic pain / chronic spinal pain.

Graphical representation of the current referral, treatment and follow-up pathways for publicly funded patients who undergo cataract surgery.
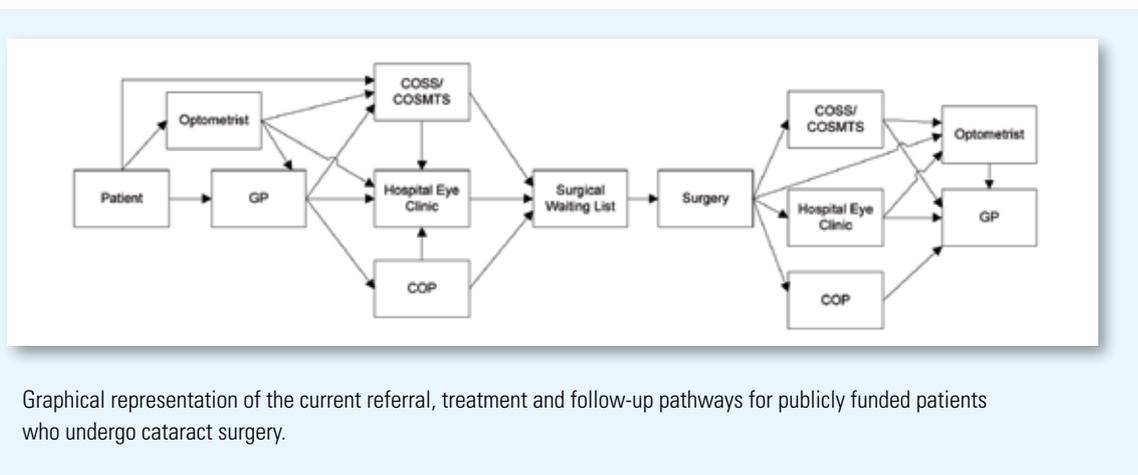
The procedures included: release of carpal tunnel; surgery for Dupuytren's contracture; ganglion cyst surgery; surgery for trigger finger/thumb; spinal injections for pain due to degenerative lumbar spine disease; vertebroplasty and kyphoplasty for osteoporotic vertebral compression fractures; radiofrequency lesioning for chronic spinal pain; surgery

Figure 1.2   Age profile of trigger finger patients (2011)
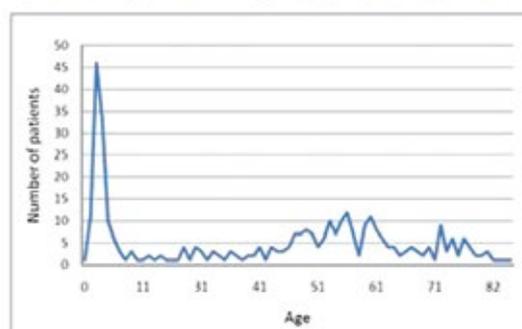
HIPE: Hospital In-Patient Inquiry (HIPE) Scheme;
Source: HIPE data accessed via ESRI HIPE Online Portal 28 January 2013, NTPF activity data.

for adult degenerative lumbar spine disease; and spinal cord stimulation for chronic pain. We also published an updated background and methods chapter and a report on the ethical issues associated with thresholds.

The final reports were submitted to the HSE and the Minister for Health for their consideration.

Health Technology Assessment of Intermittent Pneumatic Compression for severe peripheral arterial disease

Following a request from the HSE, the Authority undertook a rapid HTA of intermittent pneumatic compression (IPC) for people with severe peripheral arterial disease who are not candidates for revascularisation via angioplasty or surgical intervention. The report, which comprised a systematic review and critical appraisal of the evidence on the use of IPC treatment in this population, was published in June 2013 and was subsequently submitted to the HSE for consideration.

IPC has been proposed as a treatment that can be used in addition to best medical management and is designed to increase blood flow in the lower limbs to relieve pain, promote wound healing and decrease the risk of amputation. IPC devices consist of an inflatable cuff, or series of cuffs, that wrap around the affected leg and apply controlled cyclical compression for a set duration. The HTA concluded that despite some promising results on the effect of IPC in people with severe peripheral arterial disease who are not suitable for revascularisation, further high quality studies are required to reliably demonstrate its effectiveness. Until such evidence is generated in the context of well designed research studies, it noted that this treatment remains unproven.

Health Technology Assessment of a Public Access Defibrillator Programme

The Authority agreed to undertake a HTA on the provision of public access defibrillators in Ireland, for use in the event of an out-of-hospital cardiac arrest. This HTA follows a request by the Minister for Health and will examine the clinical and cost-effectiveness of different strategies to make automatic external defibrillators (AEDs) more widely available throughout the country.

The results of this HTA will inform decision making on issues related to the *Public Health (Availability of Defibrillators) Bill 2013*, which was introduced in Seanad Éireann in 2013.

The terms of reference for the report have been finalised with the Department of Health and an Expert Advisory Group comprising stakeholder groups has been formed. Work on the HTA is expected to conclude in September 2014 with the submission of a final report to the Minister for Health, for consideration.

4.3.3   Summary of other activities during 2013

National Clinical Effectiveness Committee

The National Clinical Effectiveness Committee was established by the Minister for Health to provide a framework for national endorsement of clinical guidelines and audit to optimise patient care within the Irish health system, both public and private. Through its membership of the Committee and the NCEC working group, the Authority provided support to the NCEC and to clinical guideline developers that seek national endorsement for their guidelines.

We developed economic evaluation criteria for prioritising potential guidelines by the NCEC. We provided training to the members of the NCEC and contributed to the first National Symposium for the NCEC in September 2013 by hosting a structured workshop that focused on how cost-effectiveness and budget impact should be assessed in the guideline development process. Health economic support was provided to the developers of the national guideline on the Early Warning System and the national guideline on control of MRSA which were mandated as national guidelines in February and December 2013, respectively.

National HTA guidelines

The Authority developed a suite of national HTA guidelines, to promote the production of assessments that are timely, reliable, consistent and relevant to the needs of decision makers and key stakeholders, and to support HTA capacity development within the healthcare system. Updates to the existing national economic evaluation guidelines for HTA and the budget impact assessment (BIA) guidelines have been finalised following completion of a public consultation period.

The updated guidelines will be presented to the Board of the Authority in January 2014, with publication anticipated shortly thereafter. New draft guidelines for stakeholder engagement in HTA have also been prepared. These were endorsed by the HTA Scientific Advisory Group and are now undergoing a period of public consultation. It is anticipated that the draft guidelines will be presented to the Board in March 2014 with publication on the Authority's website shortly thereafter.

Building capacity and capability in health technology assessment

The Authority has continued to engage with external stakeholders to plan training and education opportunities in HTA in order to support the development of national expertise in the conduct and interpretation of HTA. Training opportunities included mentoring a student in the PhD fellowship programme in health economics (co-funded by the Health Research Board and the National Cancer Institute in the United States), providing internship opportunities for graduate students in related fields, contributing to external training (undergraduate, postgraduate and other), collaborating on projects with academic colleagues including the National Centre for Pharmacoeconomics and National University of Ireland, Galway and by providing training and education support for members of the HTA team to build on their expertise.

Stakeholder engagement

We engaged with a broad range of stakeholders in 2013, to facilitate and inform projects that were underway and to inform priorities for the ongoing HTA programme of work. An Expert Advisory Group is convened for each new project that comprises representation from stakeholders including policymakers, service providers, clinicians, patient groups and national and international HTA experts. Our work was also informed by a Scientific Advisory Group that provides broad representation from stakeholders in healthcare in Ireland as well as methodological experts from the field of HTA. We contributed to a number of advisory groups run by external stakeholders including the National Cancer Control Programme and the Irish Medicines Board.

Horizon scanning to inform HTA topic referral and selection

The identification and prioritisation of potential assessment topics is an essential activity. Poorer decision making, reduced patient benefits and less efficient use of available resources are opportunity costs that may arise from failure to select and assess technologies that are likely to have greatest impact on the healthcare system.

Dr Máirín Ryan, Director of Health Technology Assessment, presented at a symposium that was hosted by the Pharmaceutical Managers' Institute of Ireland (PMI) in September 2013. Pictured are (l to r): Ingrid Lyons, Irish Medical News; Danielle Barron, Irish Medical News; Ciarán McGreal, President of the Pharmaceutical Managers' Institute of Ireland; and Dr Máirín Ryan, Director of HTA (HIQA).

It also impacts the ability of the Authority to meet its strategic objective of efficiently undertaking relevant HTAs and strengthening the use of HTA in informing decision making within the wider healthcare system.

Potential clinical and economic impact on patients and the public health system are the two most important considerations when prioritising technologies for assessment. In addition, each HTA should be directly linked to an impending decision. Various other considerations that are specific to the intervention or setting are considered on a case by case basis. These include the timeframe for implementation, available alternatives and any wider impact that new technologies may have on service provision as well as the resources required and associated cost of undertaking the assessment. A process for the prioritisation and selection of HTA topics to inform the 2014 work plan has been completed and is ready for use.

4.3.4   International networks

European Network for Health Technology Assessment (EUnetHTA)

The Authority is the nominated National HTA body for the European Union-funded Joint Action projects on HTA (EUnetHTA). The Joint Actions aim to realise an effective and sustainable HTA collaboration that adds value at the European, national and regional level. Joint Action 2, a three-year project, commenced in September 2012 and brings together 33 HTA agencies and institutional producers of HTA. The Authority is actively contributing as an associate partner to three of eight work packages. We hosted the EUnetHTA Executive Committee meeting in September 2013. The work of the Joint Actions fosters inter-agency cooperation to improve HTA output and avoid duplication of effort. The work has informed the establishment of a permanent Europe-wide network of HTA agencies.

Health Technology Assessment Network (HTAN)

The Health Technology Assessment Network (HTAN) was established in 2013 by DG Sanco under the auspices of Directive 2011/24/EU on the application of patients' rights in cross-border healthcare. It is a permanent network of HTA agencies nominated by the member states to foster sustained strategic and scientific collaboration in HTA across EU member states. The scientific collaboration will be facilitated through EUnetHTA Joint Action 2 until September 2015. HIQA represents Ireland on HTAN and we participate as an associate partner in EUnetHTA.

Other international collaborations

The Authority is a member of Health Technology Assessment international (HTAi), an international professional organisation that focuses specifically on HTA. Members of this group include academic institutions, healthcare facilities, industry, business, the voluntary sector and government organisations. The Authority's Director of HTA served as a member of the Annual Meeting Committee which advises the Board of HTAi on its annual international conference.

The Authority is a member of the International Network of Agencies for Health Technology Assessment (INAHTA) and contributes to international exchange of information to enable the efficient conduct of HTA through the adaptation of HTA for local application. The Authority continues to build and leverage off the relationships developed with other HTA agencies in order to increase its efficiency in producing HTAs of the highest calibre. The importance of such networking was evident in the HTA of breast cancer surveillance, where an economic model was provided to the Directorate team by another national HTA agency and was subsequently adapted by the Authority. This adapted model has since been requested by, and provided to, another HTA agency, to inform its work.

In July 2013, an adapted version of the HTA on prion filtration (HIQA 2011) was published by AGENAS (Italy). The Authority contributed to the work of the Cochrane Collaboration with the publication of a Cochrane review on screening for atrial fibrillation in April 2013. Two papers arising from the HTA on robot-assisted surgery were also published in international peer-review journals.

4.4   Health Information

4.4.1   Background

Having access to timely, accurate, complete, legible and relevant information is critical to all organisations and professionals that are involved in the provision of patient, health and social care. We seek to improve patient safety and quality of care by developing standards in health information. These include standards for definitions, standards for sharing information, standards for ensuring the governance and privacy of information and standards for optimising the use, coverage and quality of information.

Information on the availability, accessibility, effectiveness and efficiency of our health services is fundamental to a reliable and safe healthcare system. Having good information and using it well are the keys to good decision making and ultimately lead to improved services. While there are many strengths and pockets of excellence within the system, the overall picture is fragmented, with a lack of standards and critical gaps. The Authority is responsible for analysing the existing quality and coverage of health information, for identifying gaps and for making recommendations to fill those gaps.

We set out standard definitions for information, to ensure meaningful comparability and to help avoid duplication of effort. Equally important are standards that support the interoperability of health information systems to facilitate efficient sharing of health information.

A framework for information governance which establishes how information can be shared securely and which safeguards confidentiality is central to a robust health information system.

The availability of a unique patient identifier is critical to patient safety and is an important element of this framework. It has important implications for the ease with which information is shared between healthcare providers. Equally important are unique identifiers for healthcare professionals and organisations; such identifiers are essential building blocks for the development of electronic health records.

We support the internal organisation in the areas of business intelligence and information governance.

4.4.2   Priorities

We continued to implement a substantial programme of work relating to health information and we published several reports on various aspects of the work. These include:

- *Draft National Standard Demographic Dataset and Guidance for use in health and social care settings in Ireland* (18 Feb 2013)
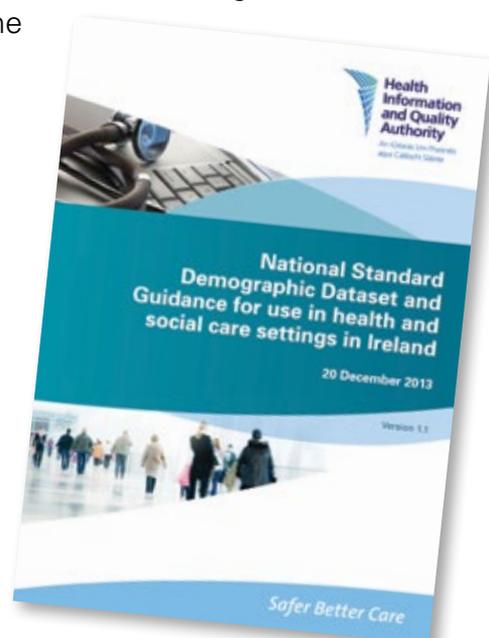
- *Guiding Principles for National Health and Social Care Data Collections* (14 May 2013)

- *Overview of Healthcare Interoperability Standards* (11 Jul 2013)

- *National Standard for Patient Discharge Summary Information* (1 Aug 2013)

- *National Standard Demographic Dataset and Guidance for use in health and social care settings in Ireland* (25 Oct 2013)

- *Guidance on Classification and Terminology Standards for Ireland* (18 Dec 2013)

- *National Standard Demographic Dataset and Guidance for use in health and social care settings in Ireland Version 1.1* (20 Dec 2013)

- *Report of the Outcomes of the Public Consultation on the Draft National Standard Demographic Dataset and Guidance for use in health and social care settings in Ireland* (Dec 2013)

- Developing the *Catalogue of National Health and Social Care Data Collections* (to be published in February 2014)

4.4.3   Summary of activities during 2013

Technical standards

Modern healthcare that is highly information-intensive, together with the need for patient-centred shared care, demand the effective use of ICT. The ability to share information both within and between healthcare providers ensures the delivery of safe, high quality care to patients and the timely and accurate monitoring and planning of services.

In 2013 we completed a major consultation on a *National Standard for Patient Discharge Summary Information*. We received over 100 submissions during the consultation process. The Standard was submitted to the Minister for Health for approval and it was published in August. This work complements the work we previously undertook on developing the *National Standard for Patient Referral Information*. We also completed a consultation on the *National Standard Demographic Dataset and Guidance*. We received 80 submissions. The Standards were published in October and were revised in December 2013.

We published an *Overview of Interoperability Standards* in July and *Guidance on Classification and Terminology Standards for Ireland* in December. These were in response to requests from stakeholders. These documents provide an introduction to these complex areas and also make broad recommendations in respect of the Authority's direction of travel in relation to standards.

We are also involved in a major programme of work in the broad area of ePrescribing in which a range of standards are required. In 2013 we focused on standards for the electronic transfer of prescriptions and on standards for a data model to support a drug reference catalogue. Both will be finalised in early 2014.

We contributed to the development of the National eHealth Strategy for Ireland which was published in December 2013. We look forward to contributing to its implementation over the coming years.

Individual Health Identifier for individuals in Ireland

The Department of Health established the Health Identifiers Working Group in 2013 with representation from stakeholders including the Authority. The Health Identifiers Bill (2013) that was published in December provides the legal basis for Individual Health Identifiers for health service users and health service providers. The identifiers will be used across the health service, both public and private. The Authority seconded a member of staff for a six-month period to assist the Department of Health in this work.
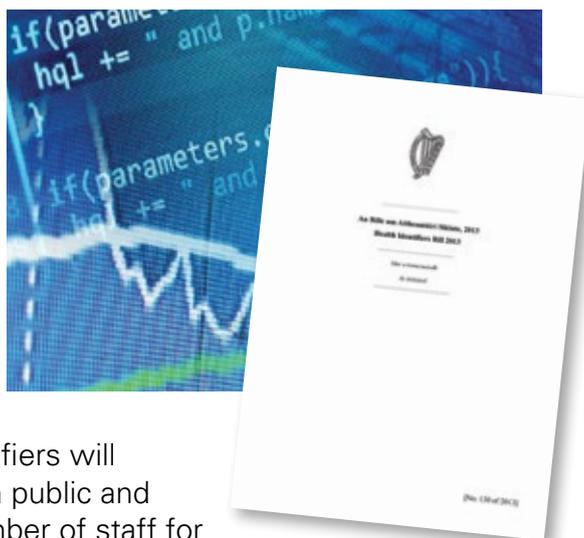
Health Information Bill

The Health Information Bill, which is currently being developed by the Department of Health, is a critical piece of legislation which will establish the legal framework to enable the Authority to fulfil its statutory obligations in relation to health information and research ethics. We continued in 2013 to actively contribute to the framing of the Bill.

Guiding Principles for National Health and Social Care Data Collections

The *Guiding Principles for National Health and Social Care Data Collections* that were published in May 2013 will form the basis for standards following enactment of the forthcoming Health Information Bill. These provide those who are involved in national data collections with advice on the best way to collect and use healthcare generated data.

Guiding Principles for National Health and Social Care Data Collections.

They incorporate national and international evidence and promote practice that is up to date, effective and works towards greater consistency.

A considerable amount of information about our health services was regularly collected in 2013. This information was used to monitor performance and health outcomes, morbidity and mortality, surveillance and epidemiology, resource utilisation, reimbursement and policy making.

Catalogue of National Health and Social Care Data Collections

In 2013 we began to update the *Catalogue of National Health and Social Care Data Collections* that was published in 2010. The updated catalogue will be published in early 2014.

Information governance

The Authority previously issued detailed guidance on Information Governance (IG), including a self-assessment tool, which has been widely circulated throughout the health and social care system.

The Authority placed emphasis on the development and implementation of a comprehensive IG programme that aims at supporting continuous improvement. This recognises the fundamental need for the Authority to adhere to IG best practice and further develops our own internal administrative structures.

During 2013, this programme included IG training and awareness for all staff together with a series of announced and unannounced audits in all business areas which have demonstrated ongoing improvement.

Business intelligence

At the beginning of 2013 the Authority established a small Business Intelligence (BI) group with the overall remit of maximising the operational value of the information to support our regulatory functions and to provide management information. The BI group's analytical approach focuses primarily on risk and on supporting inspection teams to prioritise and target their regulatory interventions and activities.

Research ethics

During 2013, the Authority continued to prepare for taking on a new function in research ethics governance, under both the Health Information Bill and under the clinical trials legislation, encompassing the European Communities (Clinical Trials on Medicinal Products for Human Use) Regulations 2004 to 2009.

The Authority worked closely throughout the year with the Department of Health on the content and timelines of the relevant new pieces of legislation which will give the Authority its legal remit in these areas. This encompasses the Research Ethics Approvals section of the Health Information Bill and another amending Statutory Instrument to the existing clinical trials legislation. The Authority continued to work on the necessary internal systems that will be required to manage this new function.

4.5 Corporate Services

4.5.1 Background

We ensure the effectiveness of the systems, infrastructure and processes that facilitate the efficient delivery of the Authority's services. In 2013 we developed and strengthened the Authority's infrastructure.

4.5.2 Human resources

The human resources team supports employee relations, policy development, recruitment, compensation (payroll, pensions and other benefits), support of the performance management system and organisational development.

In 2013 we managed organisational learning and development across the Authority. This is an important contributor to improving organisational performance. The human resources team worked with internal stakeholders to identify and deliver core learning and development programmes in strategic areas. Individual employees were also supported through an academic support programme.

Human resources led extensive recruitment and induction projects in 2013 as the Authority began to register and inspect residential services for people with disabilities. We also recruited staff within our Regulation directorate to support healthcare.

4.5.3 Financial management

The Authority met its financial obligations in 2013. Annual fees were collected on time, and the use of budgeting and ongoing forecasting enabled secure management of actual expenditure against planned and available resources.

The Authority's internal financial controls were audited during the year by the Authority's internal audit provider. No material concerns were identified.

The Authority installed new financial software in 2013 that streamlines processes and the management of information that supports and informs decision making.

The Authority's annual accounts for 2013 were submitted to the Comptroller and Auditor General in accordance with the timescales set out in the Health Act 2007 (See Chapter 5).

4.5.4 Corporate Plan and Business Plan

The Authority published its *Business Plan 2013* which outlined the core business objectives, consistent with the *Corporate Plan 2013 – 2015*, that were to be achieved during the year. Both documents are available at www.hiqa.ie.

4.5.5   Facilities management and energy efficiency

The Authority's Head Office is located in Mahon, Cork and its Dublin Regional Office is located in Smithfield. The Authority has 30 home-based inspection staff. Our facilities management covers the areas of security, hygiene, procurement, maintenance and repairs, along with the management of resources and service providers. In 2013 we oversaw the sourcing and booking for our staff of external meeting room facilities in other public sector organisations. The Authority also manages the maintenance of an office unit in Sandyford, Dublin which is occupied by another government agency.

In 2013 we expanded our Dublin Regional Office into circa 976m² office space, which was previously occupied by the Director of Public Prosecutions (DPP). The Office of Public Works completed the fitting out of this additional space. The Authority's accommodation supports the Authority in efficiently delivering its functions.

Energy consumption

Energy usage in the Authority's buildings in 2013 included consumption of heating, air conditioning, hot water, lighting and usage of office equipment. In 2013, the Authority's Head Office used 32% of total energy and the Dublin Regional Office used 68% of total energy consumed.

In 2013 we participated in the Office of Public Work's 'Optimising Power @ Work' initiative. Phase II of the initiative targets a 20% reduction in energy consumption, using 2010 as a baseline year. The overall aim is to accelerate reduced energy usage, to cut energy bills and to contribute towards a 33% energy reduction target for the Irish public sector. The Authority's energy consumption has reduced by 42.95% since the baseline year.

The Office of Public Works acknowledged our achievements in 2013 by conferring our Head Office with a Highly Commended award in the 'Best Air Conditioned Building' category (Munster). Our Regional office was a regional winner in the 'Best Air Conditioned Building' category (Leinster).

Meiread Ashe, Corporate Services Operations Manager, with our regional winner award in the 'Best Air Conditioned Building' category (Leinster) at the Office of Public Works Awards ceremony 2013.

The Authority consumed 553MWh of energy:

■ 179 MWh of electricity in the Authority's Head office

■ 229 MWh of electricity in the Dublin Regional Office

■ 145 MWh of fossil fuels in the Dublin Regional Office.

A number of initiatives contributed in 2013 to this improved energy performance:

■ Energy monitoring and targeting that involved systematic control over energy consumption through measurement and analysis. This informed subsequent direct actions.

■ Regular building management system audits were conducted. The audits identified potential areas for energy savings by optimising time schedules, temperature set points and control strategy.

■ Staff lectures, presentations and workshops that raised awareness about energy efficiency.

■ Energy team meetings and monthly energy reports that recorded improvements and identified areas for improvement.

4.5.6   Information systems

In 2013 we developed a new information management system for the Authority. Prism is the core information management hub that manages information across all regulatory functions of the Authority. The system went live in autumn 2013 and it supports our regulation of residential centres for older people and residential centres for people with disabilities.

We ensured that users were supported in 2013 with access to secure and resilient systems. We provided support for the office expansion and the intake of additional staff.

4.5.7   Health and safety

The Authority complied in 2013 with the Safety, Health and Welfare at Work Act 2005 and the Safety, Health and Welfare at Work Act (General Applications) Regulations 2007. We adhered to health and safety policies and procedures and we provided appropriate training, safety awareness programmes and personal protective equipment.

Two minor incidents or near misses were reported by Authority staff in 2013. Both incidents were reviewed and appropriate actions were taken to reduce the risk of recurrence. Our Health and Safety Committee met regularly during the year.

4.5.8   Freedom of Information

The Freedom of Information Acts 1997 and 2003 permit access to information that is held by the Authority which is not routinely available through other sources.

The requests that we received in 2013 were responded to appropriately and were managed in accordance with the Freedom of Information Acts 1997 and 2003. The Authority increased its complement of Freedom of Information (FOI) decision makers through the provision of appropriate training.

We received 20 FOI requests in 2013. Of these, two were granted, 10 were part-granted, three were refused, one was withdrawn, one was transferred to another government agency, two were withdrawn and handled outside FOI and one was carried over into 2014.

The Authority was involved in five informal consultations with other agencies about FOI requests that were received by those parties and related to our mandate.

4.5.9   Data protection

The Authority is registered as a Data Controller, in compliance with the Data Protection Act 1988 and the Data Protection (Amendment) Act 2003. A statement of information practices is published at www.hiqa.ie. We received one data protection access request in 2013.

4.6 Communications and Stakeholder Engagement

4.6.1 Background

The Authority communicates with the public and our wide range of stakeholders. The work delivered in 2013 by the Communications and Stakeholder Engagement Directorate provided the public with timely and consistent information and so helped to drive high quality, safer and better health and social care services.

Our priority is to carry out this work while maintaining an independent and impartial voice. Reports and recommendations were published in 2013 in line with the Authority's core values of openness and transparency. We continued to keep all media and political stakeholders informed about our work and we worked to ensure that it was appropriately and accurately reported.

4.6.2 Functions

We deliver six functions to meet the communications needs of the Authority. These are:

- Press and media relations

- publishing and publications management

- internal communications

- online communications

- public and parliamentary affairs

- consultation and stakeholder engagement.

Dr Tracey Cooper, Chief Executive; and Dr Nuala Lucas, Consultant Anaesthetist and member of the HIQA Investigation team address the media following the publication of our patient safety investigation (Galway) report.

4.6.3   Press and media relations

The Authority's work was reported by a wide range of national, provincial and international media organisations in 2013. RTÉ, the national public service broadcaster, carried 72 stories in 2013 that related directly to our findings. We worked to ensure that the Authority's message reached audiences consistently and clearly.

Significant media events in 2013 included the publication of the patient safety investigation (Galway) report; the commencement of the Authority's functions for inspecting child protection and welfare services; hospital hygiene inspections; and the commencement of the Authority's regulation of residential and respite services for children and adults with disabilities. We issued 29 press releases in 2013. The Authority's Pre-hospital Emergency Care Key Performance Indicators for Emergency Response Times, were also the basis of significant media discussion and reportage.

4.6.4   Publishing and publication management

The Authority ensures that its publications are easily accessible. Reports and publications are published promptly and may be downloaded from our website www. hiqa.ie. Our reports strive to follow the principles of plain English, where appropriate.

The *National Standards for Residential Services for Children and Adults with Disabilities* were published in multiple versions including plain English, easy to read, video, audio and Braille versions.

In 2013 we produced a substantial number of publications, including standards and guidance documents, nursing home reports, children's reports and hospital hygiene reports.

We published 19 high-level reports and one major patient safety investigation report. We communicated our messages clearly by producing plain English, easy to read, video, audio and Braille versions of our publications.

In 2013 we developed and provided a major training programme on report writing to Authority inspectors who are delivering our new functions in respect of regulating residential and respite services for children and adults with disabilities. This ensures that the Authority's work is reported consistently and clearly.

4.6.5   Internal communications

We maintain and develop internal communication across the Authority and its complement of 188 staff.

Regular staff meetings and our intranet were the primary sources of internal communication about the Authority's activities. *Inside Track*, the internal monthly online magazine for staff, is an effective and simple tool for informing colleagues about the wider work of the Authority. Corporate briefs, including *The Cascade and Change Ezine*, update colleagues on relevant corporate and operational information.

We facilitated a quarterly Journal Club and regular 'lunch and learn' sessions. These initiatives kept colleagues updated on developments in relevant areas of interest in the Irish and international health and social care environments.

4.6.6   Online communications (includes website)

We are committed to the continued development of the website, social media channels and intranet as important sources of information for our staff and stakeholders. In 2013, we further developed our online channels including our website, www.hiqa.ie, our Facebook page, our YouTube channel and our Twitter account in order to reach a wider audience, to interact and seek input from stakeholders and to build a community interested in the work of the Authority.

Visits to the Authority's website increased by 27% in 2013. Absolute unique visitors increased by 30%. Page views increased by 16%. The four most popular sections of www.hiqa.ie were its homepage, its nursing homes and social care inspection reports section, its careers section and its standards pages.

The Authority's followers on social media networks increased sizeably in 2013. HIQA's number of followers on Twitter doubled and the Authority's Facebook page increased its number of followers by 40%. Our number of connections on LinkedIn increased by 402%.

In 2013 the publication of the *National Standards for Residential Services for Children and Adults with Disabilities* was broadcasted on the Authority's YouTube channel. Jude O'Neill, Inspector Manager, discussed the importance of the new National Standards. This video included sign language and closed captioning.

Our short messaging service (SMS) alert system was used to notify our subscribers with updates on the Authority's work. The number of SMS subscribers increased by 19% in 2013.

4.6.7   Public and parliamentary affairs

The Authority is accountable to the Government and the Houses of the Oireachtas. We are proactive and responsive in providing accurate information. Our policy is to answer all political queries on time. We communicate directly with government departments, the Joint Oireachtas Committee on Health and Children, and with relevant spokespersons.

The Authority worked with Oireachtas members and with government departments on a range of legislative items that were progressed in 2013. These included the Public Health (Availability of Defibrillators) Bill 2013, the Health Identifiers Bill, the Health Information Bill, the Health Act 2007 (Registration of Designated Centres for Persons [Children and Adults] with Disabilities) Regulations 2013 and the National Vetting Bureau (Children and Vulnerable Persons) Bill 2012. The Authority also provided information to assist the Department of Health and the Department of Children in preparations for Oireachtas debates and other parliamentary business.

Our work gave context to a significant body of Oireachtas debate in 2013, with parliamentary references to the Authority by An Taoiseach, An Tánaiste, the Minister for Health, the Minister for Children and Youth Affairs, Ministers of State at the Department of Health, the Chairperson and Vice Chairperson of the Joint Oireachtas Committee on Health and Children, the Leaders of Opposition parties, Opposition Spokespersons on Health, Opposition Spokespersons on Children and Youth Affairs, the Leader of Seanad Éireann and other parliamentarians.

We responded to 38 parliamentary questions in 2013. These included questions addressed to the Minister for Health, the Minister for Children and Youth Affairs and the Minister for Public Expenditure and Reform. Questions were asked in 2013 about epilepsy standards, foster care, investigations, residential care and about inspections arising from the Authority's new disability functions. The Authority also responded to parliamentary questions about the Authority's corporate arrangements. All questions were responded to on time.

The range of questions asked from across the political groupings within the Oireachtas demonstrates general engagement by elected representatives with our work. We engage with Oireachtas Health and Children spokespersons on an ongoing basis. More generally, the Authority regularly receives queries directly from public representatives and their offices.

On 12 September 2013 we presented to the Oireachtas Committee on Health and Children about our work programme. Our Chairperson also met with the committee on 26 November 2013 to discuss the Authority's *Corporate Plan 2013-2015.*

Dr Tracey Cooper, Chief Executive, and Phelim Quinn, Director of Regulation, addressed the Joint Oireachtas Committee on Health and Children on 12 September 2013.

Picture taken from www.oireachtas.ie

4.6.8   Consultation and stakeholder engagement

The Authority delivered a significant portfolio of work in 2013 that enhanced the Authority's profile and in developing relationships and mutual understanding with our very wide range of stakeholders. We liaise with stakeholders including the general public, service users, service providers and advocacy groups. Our priority is to be responsive to the needs of those who use and provide health and social care services.

In 2013 we participated in a comprehensive programme of engagement with providers of Irish residential services for children and adults with disabilities. This took the forms of consultation before the commencement of the regulations and, subsequently, with information briefings after the Authority's functions formally commenced.

In 2013 we developed our engagement with stakeholders by issuing four editions of our quarterly ezine *HIQA News*, which keeps our stakeholders regularly informed about what is happening, both within the Authority and in international health and social care disciplines. Subscriptions to *HIQA News* increased by 30% in 2013. The last issue of 2013 was electronically distributed to 2,600 stakeholders.

4.7 Chief Executive's Office

4.7.1 Background

The Chief Executive's Office provides oversight, direction and support to enable the Authority to deliver its objectives within a governance framework. This includes providing effective support for the Board and its committees in ensuring that the Authority meets its statutory requirements.

4.7.2 Board and Board committees

2013 was a very busy year for the Board and its committees. In addition to its scheduled activities of setting strategy and performance monitoring of the Authority, many additional meetings took place that progressed issues in the course of that work. In addition, there were changes to the Board. A new Chairperson, Brian McEnery, took up his position in May 2013 and four new members joined the Board in February 2013.

The Board strengthened its accountability framework this year, with the Executive Directors and Heads of Corporate Services and Communications and Stakeholder Engagement providing signed statements of assurance which addressed statutory compliance areas and covered individual areas of responsibility. This is described in greater detail in the Code of Governance section. We have identified areas for attention to strengthen internal controls over the coming year.

Each year the Board reviews its performance and recommendations are implemented as a result to address any areas requiring improvement or development. Only the most urgent meetings took place in 2012, because the Authority had a reduced number of Board members. The Board regained a full complement of members in February 2013 and the Committees resumed full activity.

4.7.3 Board meetings

The Board held 13 meetings during 2013.

- Board committees

There are four committees of the Board. These are as follows:

- **Health and Social Care Governance Committee** which oversees the effectiveness, governance and controls around the delivery of the Authority's health and social care functions. This committee met four times in 2013.

- **Audit and Corporate Governance Committee** monitors the Authority's compliance with its statutory functions and the effectiveness of the corporate governance, financial management, procurement, risk management and internal audit arrangements. This committee met five times during 2013.

- **Information, Research and Technology Committee** advises the Board on important aspects of the information and health technology functions and the governance arrangements around its research projects. This committee met three times during 2013.

- **Remunerations and Nominations Committee** monitors the organisational needs and managerial development of the Authority. This committee met five times in 2013.

4.7.4   Code of Governance

This Annual Report includes a report on the Authority's arrangements for implementing and maintaining adherence to its Code of Governance (Appendix 3). The Board of the Authority is responsible for its system of internal control and for annually reviewing the effectiveness of the internal controls, including financial, operational, compliance controls and risk management.[2]

Assurances were derived from various sources including:

- Internal audit work

- Comptroller and Auditor General audit

- a corporate performance report including the corporate risks to the Authority

- Chief Executive and Executive Directors reporting to the Board

- Board Committee reports to the Board.

A formal process of assurance is established where the committees review the effectiveness of the Authority's system of internal controls. This is done on behalf of the Board of the Authority and in accordance with Section 10.1 of the Code of Practice for the Governance of State Bodies.

Dr Tracey Cooper, Chief Executive of HIQA, and Patricia Gilheaney, Chief Executive of the Mental Health Commission, signed a Memorandum of Understanding between the Authority and the Commission in 2013.

---

2   In compliance with Code of Governance of State Bodies, Section 10.1 (Department of Finance)

At the committees, assurance was provided from the Executive Management that the functions of the Authority are being implemented in accordance with the Health Act 2007 and relevant public sector legislation and guidance. The assurance framework was strengthened in 2013, incorporating signed statements of assurance from the Executive Directors and the Heads of Corporate Services and Communications and Stakeholder Engagement, which outlined statutory compliance areas and covered individual areas of responsibility.

Following review by the committees, a compiled report from the Executive Management was presented in January 2013 to the Board which provided assurances on the effectiveness of the Authority's internal controls, prior to the Board signing off on the 2013 Annual Report and the 2013 annual accounts and statements.

Financial controls were subject to internal audit and external audit annually and were presented to the Board. Risk management was a regular agenda item at Directorate, Executive, Board and Committee meetings.

4.7.5   Code of Business Conduct

Procedures are in place to ensure that the Authority is:

■ Compliant with the Ethics in Public Office legislation.

■ Managing occasions where conflicts of interest may arise.

■ Ensuring that Board members understand their responsibilities and confirm in writing that understanding.

4.7.6   Legal function

The Authority has an internal legal function which is staffed with one qualified solicitor. In 2013 the internal legal function enabled efficient and cost effective access to legal advice.

4.7.7   Performance monitoring and risk management

The Authority introduced a new streamlined corporate performance and risk reporting mechanism during 2013. Progress against the corporate performance and risk register is provided at each Board meeting. This ensures that the Authority maintains its strategic focus and monitors the status of the Authority's objectives and corporate risks throughout the year.

5 Financial Information

5 Financial information

5.1 Financial statements

The summarised financial information that is set out in this report does not constitute the Health Information and Quality Authority's accounts for the period ended 31 December 2013 as required by Section 35 (4) of the Health Act 2007.

The information here is derived from draft accounts because, at the time of publishing this Annual Report, these accounts have not been audited by the Comptroller and Auditor General and therefore cannot be finalised by the Authority.

Summarised Income and Expenditure Account for the Authority Year ended 31 December 2013:

Income	€'000
Department of Health and Children	10,000
Annual Fees and Registration Fees	5,433
Other Income	502
Total Income	**15,935**
Expenditure	
Investigations and Professional Fees	146
Staff Costs	11,720
Travel and subsistence	659
Research and dissemination	102
Support and Establishment	2,692
Total Expenditure	**15,319**
Excess of Income over Expenditure	616
Opening Reserves	126
Closing Reserves	**742**

For further information, the full accounts for the period ended 31 December 2013 and the Comptroller and Auditor General's certificate for the accounts may be consulted. Once available, copies of the accounts can be obtained from www.hiqa.ie.

6 Appendices

Appendices

Appendix 1: Board activity and attendance in 2013

The Health Act 2007 sets out that the Board shall hold such meetings as are necessary for the performance of its functions but in each year shall meet at least once every two months. The six scheduled meetings that were held in 2013 are listed below together with the attendance of each Board member.

Attendance of the six regular and statutorily required Board meetings in 2013

Regular Board meetings 2013	23 Jan 8 BM	20 March 12 BM	13 May 12 BM	3 July 12 BM	18 Sept 12 BM	20 Nov 12 BM	Individual attendance record for regular Board meetings
Pat McGrath	yes	yes	yes	retired	retired	retired	3 out of 3
Brian McEnery	n/a	n/a	n/a	yes	yes	yes	3 out of 3
Grainne Tuke	yes	yes	yes	yes	yes	yes	6 out of 6
Philip Caffrey	yes	yes	yes	yes	no	yes	5 out of 6
Sam McConkey	yes	yes	yes	yes	yes	yes	6 out of 6
Cillian Twomey	yes	yes	yes	no	yes	yes	5 out of 6
Darragh O'Loughlin	yes	yes	yes	yes	yes	yes	6 out of 6
David Molony	yes	yes	yes	yes	yes	yes	6 out of 6
Sheila O'Malley	yes	yes	yes	yes	yes	yes	6 out of 6
Una Geary	n/a	yes	yes	yes	yes	yes	5 out of 5
Anne Carrigy	n/a	yes	yes	yes	yes	yes	5 out of 5
Mo Flynn	n/a	yes	yes	yes	yes	yes	5 out of 5
Linda O'Shea Farren	n/a	yes	yes	yes	yes	yes	5 out of 5
Total attendance per Board meeting	**8 out of 8**	**12 out of 12**	**12 out of 12**	**11 out of 12**	**11 out of 12**	**12 out of 12**	

In addition to the statutorily required number of Board meetings as laid out in the Health Act 2007, the Board of the Authority held an additional seven meetings to progress the functions of the Authority.

Attendance of the seven extraordinary Board meetings in 2013

Regular Board meetings 2013	13 March 12 BM	19 March 12 BM	22 August 12 BM	7 Oct 12 BM	29 Oct 12 BM	13 Dec 12 BM	18 Dec 12 BM	Individual attendance record for regular Board meetings
Pat McGrath	yes	yes	retired	retired	retired	retired	retired	2 out of 2
Brian McEnery	n/a	n/a	yes	yes	yes	yes	yes	5 out of 5
Grainne Tuke	yes	yes	yes	yes	yes	yes	no	6 out of 7
Philip Caffrey	no	yes	yes	yes	yes	yes	yes	6 out of 7
Sam McConkey	yes	yes	yes	yes	yes	yes	yes	7 out of 7
Cillian Twomey	yes	yes	yes	yes	no	yes	no*	5 out of 7
Darragh O'Loughlin	yes	yes	yes	yes	yes	no	yes	6 out of 7
David Molony	yes	yes	yes	yes	yes	yes	yes	7 out of 7
Sheila O'Malley	yes	yes	yes	yes	yes	yes	yes	7 out of 7
Una Geary	yes	yes	yes	yes	yes	no	yes	6 out of 7
Anne Carrigy	yes	yes	yes	yes	no	yes	yes	6 out of 7
Mo Flynn	yes	yes	yes	yes	yes	no*	no*	5 out of 7
Linda O'Shea Farren	yes	yes	yes	yes	yes	yes	yes	7 out of 7
Total attendance per Board meeting	**11 out of 12**	**12 out of 12**	**12 out of 12**	**12 out of 12**	**10 out of 12**	**9 out of 12**	**9 out of 12**	

*Board members were available but there was a perceived conflict of interest so they did not attend.

Appendix 2: Strategy Map 2013 – 2015

The Authority exists to promote sustainable improvements, safeguard people using health and social care services and support informed decisions on how services are delivered.

Our mission is:

The outcomes we hope to achieve are:

Care is improved
We enable sustainable improvements in safety and quality of health and social care services

People are safeguarded
We act to reduce the risks of harm and abuse to people using health and social care services

People are informed
We publicly report on safety, quality and effectiveness of health and social care services

Policy and service decisions are informed
We inform policy development and how services are delivered

Our core activities to deliver on our outcomes are:

Regulation
Registration, oversight and scrutiny of designated health and social care services in line with legal requirements

Supporting Improvement
Improving quality and safety by providing support to service providers and users

Improving outcomes through information
Promoting the efficient and secure collection, use and sharing of health information

Assessing Health Technologies (HTA)
Provision of evidence based advice to inform policy development and how services are delivered

Our strategic objectives are:

- We will conduct regulation programmes of health and social care services to safeguard people and achieve improved outcomes for service users
- We will carry out our Regulation function effectively and efficiently and its outcomes and impact on policy will be communicated to all relevant stakeholders

- We will develop new and revised existing standards and guidance
- We will build capacity and capability and support the implementation of sustainable improvements
- We will share the learning from activities to enable continuous improvement

- We will set standards to support eHealth
- We will promote and enable the use of information to plan, manage and deliver health and social care services

- We will undertake a number of relevant HTA's as efficiently as possible
- We will act to embed HTA in national policy and service decision making.

Our key enablers to ensure our success:

People
We will continue to ensure that we have a professionally competent and supported workforce that is utilised to its full potential

Governance
We will demonstrate that our corporate governance framework is effective and robust

Performance and delivery
We will manage the organisation effectively and efficiently through robust planning and performance management

Information
We will use and manage information effectively and in accordance with best practice

Communication and engagement
We will actively communicate and engage in an open and responsive manner with all our stakeholders

Evidence
We will ensure that our work is informed by evidence and research

Appendix 3: Annual Governance and Compliance report

1. Introduction

The Board of the Authority is responsible for the Authority's system of internal control and for reviewing annually the effectiveness of the internal controls, including financial, operational, compliance controls and risk management[1].

The Health Act 2007 specifies that the Authority's Code of Governance should include an outline of the 'internal controls, including its procedures in relation to internal audit, risk management, public procurements and financial reporting' and that the 'Authority shall indicate in its annual report its arrangements for implementing and maintaining adherence to the Code of Governance'.

2. Governance and compliance

To address its responsibilities in this regard, the Board of the Authority has established an approach whereby the Executive Directors and the Heads of Corporate Services and Communications and Stakeholder Engagement each provide a signed assurance statement to the Committees of the Board in relation to the effectiveness of the internal controls within their areas of responsibility.

Following this review by the Committees of the Board, a report is provided to the Board of the Authority outlining the individual assurance statements. The statements cover the main functions of the Authority including health information, health technology assessment, safety and quality improvement and regulation. The statements set out the activities underpinning each function and the controls for each of these activities. For example, the Authority has a standard-setting function and the controls (e.g. the procedure) for this function are indicated.

The review by the Board and its committees considers the processes and procedures that are in place to ensure that the functions of the Authority are effectively managed and controlled and are within the statutory parameters set by the Health Act 2007. Where it is considered that there are areas for improvement, these will receive attention in the coming year.

The Authority has also established a strong set of corporate policies and procedures in the areas of finance, human resources and information management to ensure that these activities are implemented within an effective system of internal controls. The assurance statements for these activities are provided by Corporate Services, including financial management, human resource management, the management of information and communications technology and compliance with other public sector legislation including Freedom of Information, health and safety and recruitment practices.
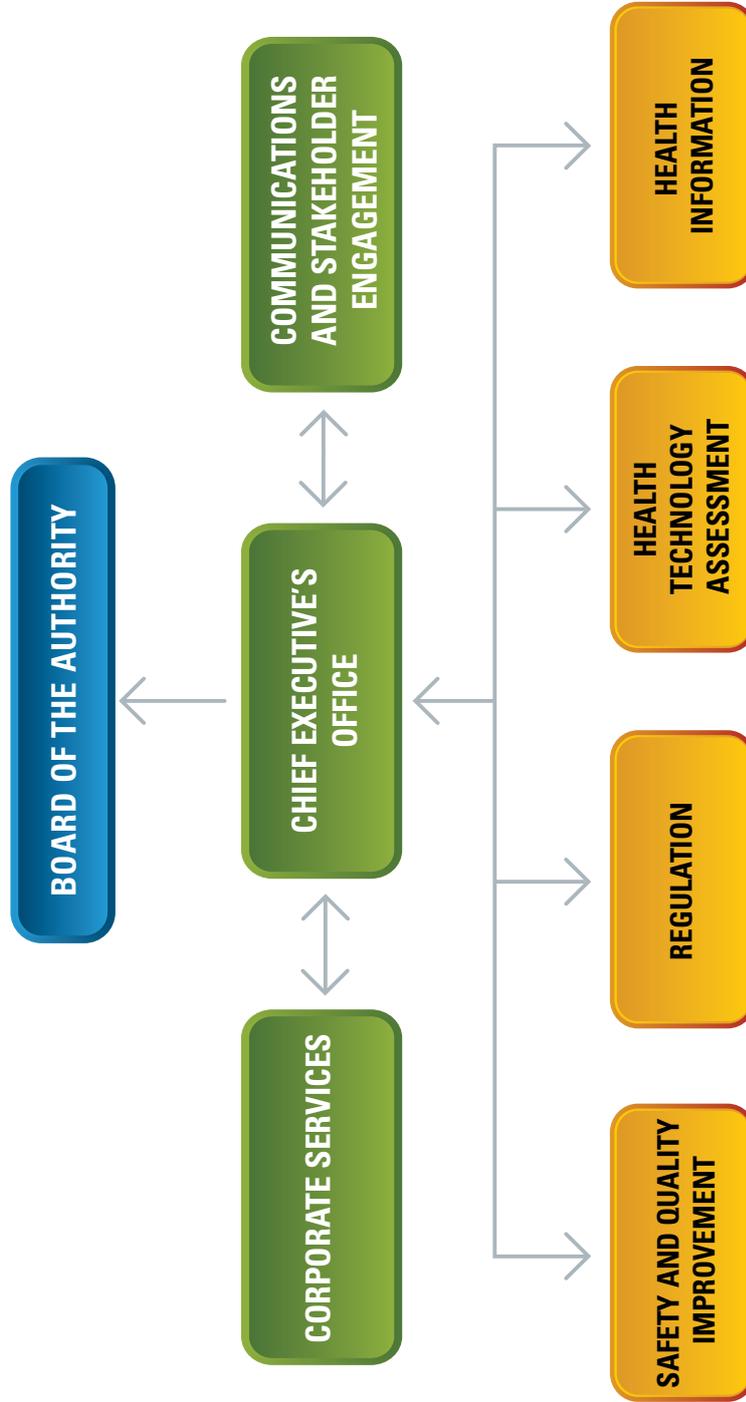
---

1   Department of Finance. Code of Practice for the Governance of State bodies, section 10.1

CEO's office, including corporate planning and reporting, ethics in public office, board and committee governance and risk management.

Communications and Stakeholder engagement including arrangements for stakeholder engagement and public affairs.

The Authority continually works to strengthen its governance arrangements when areas for improvement are identified.

Appendix 4: Organisational Structure

BOARD OF THE AUTHORITY

CHIEF EXECUTIVE'S OFFICE

COMMUNICATIONS AND STAKEHOLDER ENGAGEMENT

CORPORATE SERVICES

HEALTH INFORMATION

HEALTH TECHNOLOGY ASSESSMENT

REGULATION

SAFETY AND QUALITY IMPROVEMENT

Health Information and Quality Authority

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Head Office

Unit 1301 City Gate
Mahon,
Cork
Phone: +353 21 240 9300

Dublin Regional Office

George's Court
George's lane,
Dublin 7
Phone: +353 1 814 7400

Online

Email: info@hiqa.ie
URL: www.hiqa.ie