Safer Better Care

Corporate Plan 2013 – 2015

30th July 2013

Foreword

This is the third Corporate Plan of the Health Information and Quality Authority. It has been developed at a time when there are major plans for the reform of the health service and as such, it heralds an important time for the Authority as we take on new functions and plan for others into the future.

The Authority's remit is broad – spanning both health and social care sectors. It includes regulatory functions and functions aimed at planning and supporting sustainable improvements. It helps inform objective policy decisions through our health technology assessment and health information functions. Because our remit is so broad, it has enabled a deep understanding of the wider context of health and social services and this understanding has informed the development of this strategy.

Since the establishment of the Authority in May 2007, there has been a vast amount of work done to establish our approach towards driving improvements in the quality and safety of our health and social services. We have gained significant insights into not only the sectors that we monitor and regulate, but how we work and how best to engage with those sectors.

For the life of this Corporate Plan, we intend to build on these insights and further develop and refine our approach. Other factors, such as the current fiscal climate and the health service reforms, have also influenced the development of this Plan.

The Authority has always valued its independence in its work but nonetheless we recognise that we do not work in isolation. We also recognise that the Authority does not have an exclusive role around driving quality and improvement, but that this is a common objective of all those delivering health and social care services.

We will continue to work in an inclusive manner so that the voices of those providing and using services are heard, and shape what we do and how we do it. We would also like to thank those who have worked in collaboration with the Authority over the years and look forward to building on these relationships into the future.

Finally, we would like to thank everyone who has taken the time to contribute to the development of this Corporate Plan which we consider as a Plan to be owned by the public and our stakeholders in order to hold us to account in our responsibility to deliver on it.

Brian McEnery
Chairperson

Dr Tracey Cooper
Chief Executive Officer

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1   Executive Summary

This Corporate Plan sets out what the Health Information and Quality Authority (the Authority or HIQA) aims to achieve over the next three years and outlines what our stakeholders can expect from us over that time.

The Object of the Authority's work is to facilitate sustainable improvements in health and social care services by delivering on our statutory remit. Contained within this Plan are the strategic objectives that we believe provide the direction for the Authority from 2013 to the end of 2015. They have been developed in the context of the wider environment and include preparing for additional functions that are intended to be assigned to the Authority over that period.

In developing this Plan we have adopted an approach which we believe illustrates clearly what our priorities will be over the next three years. We have described our primary mission and purpose, the outcomes which we hope to achieve for our stakeholders and the activities that we must implement in order to deliver on our statutory remit. We have also included specific targets as key measures of success against which the delivery of our objectives can be measured.

The successful delivery of this Corporate Plan will depend on a number of internal and external factors. Therefore, we have focused on these factors in order to better prepare the Authority for the challenges and difficulties that lie ahead. For example, we have a particular focus on how we can further enable the organisation internally in order to optimise the delivery of our functions. This includes actively concentrating on specific aspects of the Authority such as our people, our governance and the effective management of the performance and delivery of our work. We have also undertaken an extensive consultation process to ensure we are fully aware of the external context and environment so that our planning and implementation is well-informed and in alignment with this.

Much of the focus over the next three years will be to prepare for the expansion of new functions and introduce better systems so that the Authority as a whole can deliver all of its activities in as efficient and effective a way as possible and in a way that prioritises the areas where improvements are needed most. Engaging with our stakeholders is a key factor in continuing to develop and refine our approach in order to achieve this.

In November 2012, *Future Health: A Strategic Framework for Reform of the Health Service 2012-2015* was published by the Government. This document outlines a programme of major reforms for the health and social care sectors. These reforms are coming at a time when there are significant resource challenges for all sectors of society. While some of these reforms will take place during the life of this Plan, others are subject to future Government policy and, therefore, it will be important that the Authority is vigilant and responsive to the timing of these changes and developments and adapts its Corporate Plan and associated work programmes as appropriate.

As we develop our annual operational business plans to deliver on this overall strategy, we will continue to review our internal and external environment to ensure that our objectives remain relevant to the overall purpose of promoting sustainable improvement.

The next three years will be a very important time for health and social care services in Ireland. For the Authority, preparing for new functions while refining and improving our approach to existing functions will involve significant programmes of work. This Corporate Plan outlines what we intend to do to incorporate these developments over that period in a well managed way.

Finally, it should be noted that this is an ambitious Plan involving a large expansion programme. Much of what is included in this Plan is dependent on the implementation of Government policy, adequate funding and sanction for recruitment. Without this, the implementation of many of the programmes that are contained in this Plan will not happen in the timescales envisaged.

2   Corporate Planning approach

The Authority's corporate planning context is influenced by many factors, chief of which is the vision that the Authority has set. The vision informs our mission and our values and can also be described as the core beliefs of the organisation. These in turn inform the approach and strategic direction of our work. These components are derived from the Authority's mandate, which is set out in the Health Act 2007 and other legislation.

2.1   Our Vision

Our vision is *to drive high quality and safe care for people using our health and social services.*

2.2   Mission 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 will guide and direct all of the activities of the Authority.

Corporate values are intended to express what we believe is important, how we will work and how we hope to be viewed by external stakeholders, as well as the ethos and approach which our staff are encouraged to display. They form the basis of the culture of an organisation.

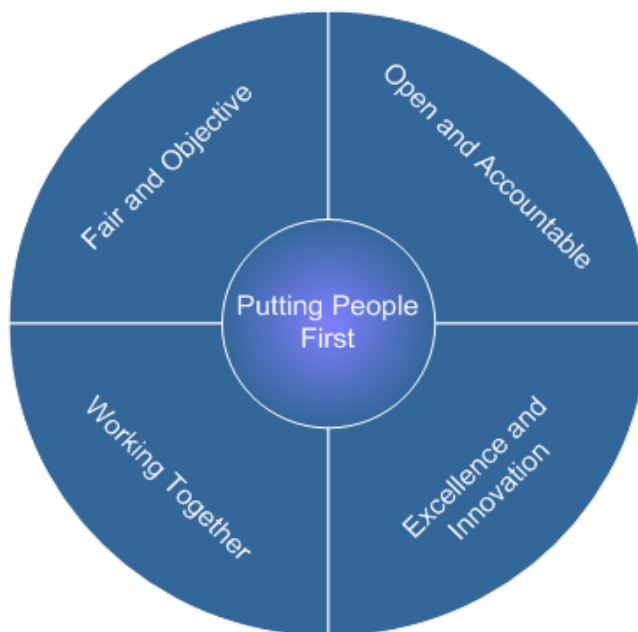The core values of the Authority are shown in Figure 1.

Figure 1: Core 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, and undertake our work without fear or favour.

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

Excellence and innovation – we strive for excellence in our work, and 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.

2.3 Corporate Plan Process

2.3.1 Key steps in the process

In September 2012, the Authority began the development of its third Corporate Plan. The main considerations in this process included:

- **Review of the Authority's existing Corporate Plan and legal mandate**
  The Board, with the Executive management, reviewed the existing Corporate Plan including the extent of its delivery, its impact and related learnings and implications. The Authority's legal mandate and its boundaries framed discussions around existing and future priorities.

- **The external environment and related priorities and challenges**
  The review also considered the economic, political, environmental and wider health sector factors. Government policy and the strategic direction for the health and social care system was also considered. The implications for the Authority in terms of future anticipated functions were discussed as well as areas where the best impact can be achieved. Major risks and challenges were deliberated on so that the Plan was realistically based.

- **The internal environment and related priorities and challenges**
  A consultation process was undertaken with our staff which reviewed our internal environment and the factors that needed to be addressed in order to deliver on the Authority's future strategy which are reflected in our enabling objectives. These enabling objectives are aimed at developing the Authority and its staff in a way that best equips us to achieve our objectives effectively and includes such factors as our systems, people, performance and governance.

- **Stakeholder Engagement**
  Extensive stakeholder consultation took place and the outputs of that process were reflected where appropriate in the drafting of the Plan.

2.3.2 The Authority's statutory mandate and legal parameters

The statutory functions that provide the basis for the Authority's work are outlined in the Health Act 2007 (and the Child Care Act 1991 as amended, Children Act 2001, Education for Persons with Special Educational Needs 2004, Disability Act 2005). A list of our statutory functions is provided at Appendix 1.

2.3.3 What have we achieved and what difference have we made[1]

In developing this Corporate Plan, we considered what has been achieved over the life of our last Corporate Plan and more importantly, what we believe the impact of those achievements has been. This was a significant factor in determining our intended emphasis for the next three years. A brief summary of achievements can be found at Appendix 2. A more detailed account can be found in the Authority's 2012 Annual Report when published.

2.3.4 The wider environment and related challenges

When developing this Corporate Plan, the Authority considered the wider environment and the related challenges. Some of the key factors are listed here:

Fiscal climate
The impact of economic and fiscal constraints on all stakeholders is significant and continues to be a challenge and a concern. Therefore, it will be more essential than ever that what we do and how we do it will make maximum impact and that our focus is relevant and appropriate without placing an undue burden on the service providers. It will be important that we are supportive and fair and provide the best value for money possible.

To address these challenges:
- we will work with our stakeholders in a collaborative and constructive manner. In some instances we will develop memoranda of understanding (MoUs) which are formal commitments to collaborate with key stakeholders, including other regulators, to ensure that there is clarity around our respective roles and responsibilities, that information is exchanged to safeguard patients and that the overall burden that regulatory activity places on service providers is reduced wherever possible
- we will continuously review our approach in order to identify leaner practices
- we will ensure that the Authority's work ultimately makes a difference and delivers sustainable improvements for people using health and social care services
- we will include key measures of success so that our performance against this corporate plan can be quantitatively and qualitatively assessed
- we will evaluate our impact during the life of this Plan.

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[1] The Authority's Annual Report for 2012 contains an overview of the implementation of the 2010-2012 corporate plan.

Health service reform

The Minister for Health published a major plan of reform in November 2012 which has significant implications for the future direction of the Authority. The plan, *Future Health: A Strategic Framework for Reform of the Health Service 2012-2015,* includes plans for the establishment of a Patient Safety Agency (PSA) which is intended to improve the safety of patient care through learning, sharing, and supporting implementation of interventions that are known to reduce avoidable harm.

The Authority will work with the PSA, when established, to ensure that there is a complementary and fluid approach to delivering both organisations' functions for the benefit of the public and will develop a memorandum of understanding to optimise this working relationship. This reform plan also stated that consideration will be given to merging the appropriate regulatory functions of the Mental Health Commission (MHC) with the Authority to form a single regulatory body although no timeline has been specified.

In consideration of this reform agenda over the next three years, the Authority will work collaboratively with the Minister for Health and his officials where possible in helping to achieve the best outcomes of these reform priorities.

Future Health: A Strategic Framework for Reform of the Health Service 2012-2015 acknowledges the role that the *National Standards for Safer Better Healthcare* will play in providing a national framework for good governance, patient safety and quality of care and the centrality of the National Standards in the development of a licensing system to be operated by the Authority. It is intended that this licensing function will commence in 2015 and will apply to defined healthcare services.

The expansion programme for the allocation of new functions to the Authority, envisaged in the reform plan and by other policy decisions, is significant. In some instances, the Authority will be regulating previously unregulated areas such as services for people with disabilities. The Authority's role and scope in research ethics governance is subject to the enactment of the relevant pieces of legislation, and therefore has not yet been fully defined. However, it is likely that there will be significant implications for the work of the Authority when this function is commenced. It is also envisaged that the Authority will take on the responsibility as being the competent authority for medical ionising radiation protection.

To address these challenges, we will ensure that any new functions are properly scoped and planned for and that there are adequate systems and resources in place to support these functions.

We will work collaboratively with the Department of Health to ensure that such functions are commenced in a well managed way with appropriate resources and in a way that takes account of the impact of increasing regulation on the health and social care sector.

Stakeholder's views

Maintaining the credibility of the Authority and the confidence of our stakeholders is a constant challenge. For this reason, we undertook an extensive stakeholder engagement programme for this Plan in two phases. The first phase involved going out to targeted consultation prior to developing our strategic objectives; the second phase, following the development of draft strategic objectives, gathered wider views on our intentions over the next three years.

2.3.5 Feeding back on the corporate plan

Following the consultation on the draft Corporate Plan, the feedback was reviewed and it was very useful in that it highlighted where we needed to provide more clarity or more detail.

All feedback was considered and we hope that this final Plan has addressed these views, where appropriate, through additional clarifications and the inclusion of our 'Measures of Success' which make explicit how we will measure ourselves against the successful delivery of this Plan. A summary of this feedback is available on our website www.hiqa.ie.

We would like to thank everyone who has taken the time to contribute to the development of the Corporate Plan and we hope to continue our engagement with you throughout its delivery over the next three years.

2.4   Corporate Plan Structure

In developing the Corporate Plan, we adopted an approach known as strategy mapping. This is a widely used corporate planning tool to ensure alignment between an organisation's strategy and the capabilities, competencies, resources and business processes that collectively provide the means by which the strategy is implemented.

The strategy map (shown on Table 1, page 15) illustrates the structure of the strategy and articulates the following key elements:

- outcomes that we aim to achieve in order to deliver on our mission
- our core activities
- our strategic objectives
- the key enablers to deliver on the Plan.

2.4.1 Outcomes

The outcomes describe the core reasons for the Authority's existence and what the intended consequences of our work will be. We have identified four outcomes that the Authority wishes to achieve in order to deliver our mission.

These are described as follows:

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.

2.4.2 Core activities

The Authority has four core activities or functions aimed at achieving these outcomes that are organised in Directorates (an overview of which is provided at Appendix 2).

These activities are:

- **Regulation[2] –** which consists of the registration, oversight and scrutiny of designated health and social care services and must be in line with legal requirements.

- **Supporting Improvement –** which is 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 (HTA) –** which involves the provision of evidence-based advice to inform policy development and how services are delivered.

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

2.4.3 Strategic objectives to deliver on our core activities and functions

The strategic objectives that will be underpinned by our core activities and achieve our outcomes over the next three years are summarised below and are also illustrated in chapter 3.

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[2] It should be noted that the Authority's regulatory role currently relates to public hospitals and healthcare facilities. It relates to services, not health or social care professionals and does not extend to mental health services.

Strategic objectives: regulation
Our strategic objectives for our regulatory activities are to:

- Conduct regulation programmes of health and social care services to safeguard people and achieve improved outcomes for service users.
- Regulate effectively and efficiently and ensure that its outcomes and impact on policy are communicated to all relevant stakeholders.

Our priorities over the next three years will be to:
- use comprehensive risk assessment to concentrate resources in areas that need them most
- provide accessible advice on methods of improvement (in conjunction with the Safety and Quality Improvement Directorate)
- ensure that those providers who persistently breach regulations/standards or who place service users at risk of harm are identified quickly, directed to address their compliance issues appropriately and/or face proportionate and meaningful sanctions
- ensure the efficiency and effectiveness of our regulatory and oversight activities as a publicly funded body.

Strategic objectives: supporting improvement
Our strategic objectives for our supporting improvement activities are to:

- 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.

Our priorities over the next three years will be to:
- provide guidance to support the implementation of all standards developed by the Authority and related Regulations
- undertake a targeted programme in Quality Improvement Science to build capacity and capability in quality improvement methodologies to health and social care staff
- support health and social care providers to implement sustainable improvements in safety and quality through national patient safety initiatives.

Strategic objectives: assessing health technologies
Our strategic objectives for our assessing health technologies activities are to:

- Conduct a number of relevant HTAs as efficiently as possible.
- Act to embed HTA in national policy and service decision making.

> **Our priorities over the next three years will be to:**
> - prioritise relevant HTAs to inform key national policy and service decisions as well as clinical guidelines
> - further embed HTA in health policy and health service decision making in Ireland through capacity building initiatives, the national HTA guideline development programme, and horizon scanning to inform HTA topic referral and selection.

Strategic objectives: improving outcomes through information

Our strategic objectives for our improving outcomes through information activities are to:

- Set standards to support eHealth.

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

> **Our priorities over the next three years will be to:**
> - focus on the further development of eHealth standards to support the sharing of health information
> - put in place the necessary standards to facilitate the electronic exchange of medication information and working towards the development of a patient-centred shared medication record
> - commence a programme for the development of a set of key performance indicators (KPIs) to support the monitoring of compliance initially against the *National Standards for Safer Better Healthcare* and in the longer term across all the regulatory functions of the Authority.

2.4.4 Supporting activities

There are also activities undertaken by our support services which provide the necessary cross-organisational support, coordination and infrastructural services to ensure that the Authority is enabled to undertake its work in a well governed way.

The strategic objectives for the Enablers (people, governance, performance planning and delivery, information, communication and engagement and evidence) are, for the most part, led by these three support Directorates:

Corporate Services
The Corporate Services team has a significant role to play in ensuring that the Authority is fit for purpose, through effective staff welfare, performance, management and recruitment, premises management, information systems and other key support services. During the life of this Plan, there will be a considerable focus on the organisational aspects that enable the effective delivery of its functions.

Communications and Stakeholder Engagement

The Communications team is responsible for coordinating all of the Authority's communications, both internal and external, and advising on stakeholder engagement. Our primary focus is to ensure that all communication from the Authority is coordinated, consistent, effective and public-friendly to enable the delivery of the core objectives of the Authority.

Over the next three years we will facilitate the development and extension of collaborative relationships across health and social care services through our core functions of press and media relations; publications management; consultation and stakeholder engagement; public and parliamentary affairs; online communications (including our website and social media) and internal communications.

Chief Executive's Office

The Chief Executive's Office provides oversight, direction and support to enable the Authority to deliver its objectives effectively and efficiently and in a well-governed way. It provides support to the Board of the Authority and ensures its statutory planning and reporting is delivered. Over the next three years, there will be ongoing review and revision of our approaches in these areas.

2.4.5 Strategic objectives on a page

The following Strategy Map on page 13 illustrates how the elements of the corporate plan coexist and outlines the high level activities that the Authority will undertake over the next three years to achieve the strategic objectives.

Strategy Map 2013-2015

Our mission is:

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

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:

Our strategic objectives are:

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

- 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

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

- 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

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

- 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

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

- 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

3 Strategic Objectives for 2013 – 2015

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

Strategic objectives for core activities/functions:

1.	REGULATION *Registration, oversight and scrutiny of designated health and social care services in line with legal requirements*		
	Strategic Objectives By 31 December 2015:	**What we will do**	**Measures of success**
1.1	We will have conducted regulation programmes of health and social care services to safeguard people and achieve improved outcomes for service users. To include: **Regulation of adult care services**	We will carry out regulation programmes of services as outlined in the relevant legislation using robust methodologies. **Adult Social Care Services** Our priorities include: ▪ effective commencement of the regulation of designated centres for adults with a disability ▪ effective renewal of existing registrations of designated centres for older persons and dependent persons with a view to raising standards in care provision ▪ reviewing and developing a range of registration policies and procedures ensuring that we meet good standards of	• Maintained an accessible, up-to-date register of all designated centres as outlined in the Health Act 2007 (Q) • 100% of designated centres for adults with a disability registered • 100% of inspections completed on the basis of a regulatory planning approach incorporating relevant risk assessment and proportionate approaches (Q) • 100% of all incidents to be acknowledged and initially processed by case holding officers in line with our procedural norms (Q) • Annual overview reports of the overall performance of regulated agencies and establishments within the older persons

Provision of an assurance programme of the quality and safety of defined healthcare services in Ireland	administration ▪ planned for the introduction of any new areas of regulation. **Defined Healthcare Services** We will develop, implement and report on a scrutiny programme aimed at providing assurance on the safety and quality of healthcare services in line with the requirements of the Health Act 2007, the *National Standards for Safer Better Healthcare* and other relevant healthcare standards. Our priorities include: ▪ completing within agreed timescales any specific investigations initiated by HIQA or commissioned by relevant government ministers in line with the Health Act 2007. ▪ developing and commencing the delivery of a three-year programme of thematic monitoring reviews based on identified priorities and consultation with stakeholders. ▪ reviewing our methodologies to ensure that our processes enable us to prepare for the proposed licensing of healthcare services in line with government priorities. ▪ carrying out a programme of announced and unannounced infection prevention and hygiene inspections in line with agreed regional hygiene standards.	and residential disability programmes (A) Demonstrate a measurable improvement in • regulated services through ongoing assessment of and reduction of the number of designated centres requiring intensive inspection regimes (A) • Complete, within agreed timescales, any specific investigations initiated by HIQA or commissioned by government. • Report on the impact of review activity on improvements in the quality, safety and availability of healthcare services (A) • Number of reviews completed as set out in the Three-Year Review Programme 2013 - 2015(Q) • Have prepared, and consulted on, a licensing methodology for healthcare services.(A) • Complete 100% of announced and unannounced infection prevention and hygiene inspections as set out in the planned programme (Q) • Completion of an annual overview report of the outcomes of the infection

		prevention and hygiene inspections (A)
		• Have agreed, prepared, and consulted on an approach to regulation of radiology services in line with the Ionising Radiation (Medical Exposure) Regulations (IR[ME]R) (A)
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Provision of an assurance and regulation programme of the quality and safety of defined children's social care services in Ireland.	**Children's Social Care Services** Our priorities will include: ▪ completing the delivery of a three-year inspection programme of specified children's services, including foster care and child protection services. ▪ continuing a programme of inspection of all children's residential services. ▪ commencing a programme of registration and monitoring of special care units and designated centres for children with disabilities.	• Developed and maintained an accessible, up-to-date register of all children's designated centres as outlined in the Health Act 2007 (Disability and Special Care Units) (Q) • 100% of designated centres for children with a disability registered • 100% of inspections of children's residential and detention schools completed in line with our procedural minimum frequency of inspection (Q) • Number of inspections completed as set out in the Three-Year inspection Programme 2013–2015(Q) • Compilation in an annualised report all activities and recommendations aimed at improvement of services, addressing relevant children's rights issues and

		influencing relevant policy
		• Documented evidence of HIQA's contribution to policy, standards and guidance on children's services (A)
Planned and implemented a system for research ethics governance in line with all relevant pieces of legislation	We will define and implement a system of research ethics governance in line with all relevant legislation Our priorities will include: • Planning and implementing a new function for the Authority as supervisory body of research ethics committees under the clinical trials on medicinal products legislation • Working with the Department of Health to develop an implementation model for the research ethics provisions of the Health Information Bill.	• 100% of the recognised Research Ethics Committees are operating using the systems and processes designed and implemented by HIQA

1.2	We will have ensured that regulation is carried out effectively and transparently and that its outcomes and impact on policy are communicated to all relevant stakeholders.	We will ensure that inspections findings are published and all inspection reports include a quality improvement plan and that outcomes of regulation activity are reported nationally on an annual basis, highlighting areas where policy and standards may need to be amended. Our priorities include: ▪ ensuring the effective delivery of all local and national reports within set time frames ▪ regularly communicating with people, service providers, and relevant government departments on areas where policy and standards need to be amended ▪ from our scrutiny activity we will actively contribute to National processes for the development of policy, standards and guidance ▪ review develop and implement a range of protocols and procedures that provide assurance on HIQA's regulatory functions.	• Creation of an annual list of issues and anomalies on policy, regulations and standards – forwarded to DOHC for consideration (A) • Produce annual reports which contain recommendations aimed at improvement of services provided in designated centres addressing how we influence policy at centre level and national level (A) • 100% of inspection reports made available on HIQA's website (Q) • Compilation in an annual report of all activities and recommendations aimed at improvement of healthcare and influencing healthcare policy(A) • Documented evidence of HIQA's contribution to policy, standards and guidance

2.	**Supporting Improvement** *Improving quality and safety by providing support to services providers and users*		
	Strategic Objectives By 31 December 2015	**What we will do**	**Measures of success**
2.1	We will have developed new and revised existing standards and guidance	In consultation with service users and other key stakeholders, we will develop new standards and guidance as required and review and revise existing standards within the appropriate time frames. Our priorities will include: ▪ revising existing standards and guidance as per approved process within appropriate time frames ▪ developing new standards as required per approved process ▪ developing a system for prioritising areas of guidance to be developed.	• 100% compliance with process for developing standards • 100% compliance with process for reviewing and revising standards • 85% of existing standards reviewed and/or revised by 2016 • 100% compliance with process for eliciting feedback and requests for guidance from the system • 100% compliance with process for developing guidance • 85% of prioritised requests resulting in guidance documents produced in line with the Authority's process

2.2	We will have built capacity and capability and supported the implementation of sustainable improvements.	We will develop a targeted education programme to build capacity and capability in health and social care providers. Our priorities include: ▪ providing education in quality improvement science for front-line staff in health and social care ▪ evaluating the education programme to ensure that it is meeting its stated objectives. We will develop and support the enablement of National Quality Improvement Initiatives for health and social care. Our priorities include: ▪ supporting the implementation of pilot quality improvement projects with continuous education, training and oversight ▪ evaluating the Quality Improvement Initiative projects.	• 95% successful completion by participants in the quality improvement science education programme • 95% improvement in knowledge of quality improvement science among participants • 80% satisfaction rate of participants' experience of education programme • 95% improvement in Quality Improvement initiatives • 80% satisfaction rate of participants' experience of implementing the QI initiatives
2.3	We will have communicated the learning from our activities to improve patient safety culture	We will share the learning from all work undertaken by the Authority internally and externally including Quality Improvement initiatives, inspections and investigations. Our priorities include: ▪ identifying areas of good practice and	• 100% compliance with process for the sharing of learning • At least one communication notice published by the Authority per year • Number of requests received via email

		trends in areas in need of improvement • sharing our learning through a variety of mechanisms and forums in line with the Authority's processes	and other sources for copies of communication notices published by the Authority
		We will participate in European and international patient safety collaborative and projects. Our priorities include: • contributing to the European Union Network for Patient Safety and Quality of Care (PaSQ) • IHI Open School Network	• 100% completion of stated requirements as an Associated Partner in the European Union Network for Patient Safety and Quality of Care (PaSQ) in a timely manner • Increase by at least 30 the number of IHI Chapters in Ireland as part of the HIQA Hub by 2016

3.	**Improving Outcomes Through Information** *Promoting the efficient, and secure collection, use and sharing of health information:*		
	Strategic Objectives By 31 December 2015	**What we will do**	**Measures of success**
3.1	We will have set standards to support eHealth.	We will develop technical standards which will support improved sharing of patient information. Our priorities include: ▪ Developing eHealth interoperability standards to support the sharing of patient information between healthcare professionals and across healthcare organisations.	• 100% of our projects are completed within planned timescale
3.2	We will have promoted and enabled the use of information to plan, manage and deliver health and social care services.	We will continue to promote the use of information to drive safer better health and social care through standards and guidance. Our priorities include: ▪ designing and publishing an annual report which brings together information on the quality and safety of services ▪ identifying gaps in social care data collections and propose solutions ▪ planning for the introduction of any new functions arising from the Health Information Bill.	• Regular publication of information to drive quality and safety of health and social care in Ireland

4.	**Assessing Health Technologies** *Provision of evidence based advice to inform policy development and how services are delivered.*		
	Strategic Objectives By 31 December 2015:	**What we will do**	**Measures of success**
4.1	We will have undertaken a number of relevant HTAs as efficiently as possible.	Our priorities include: ▪ undertaking HTAs appropriate to decision makers' needs to inform national policy and service decisions and national clinical guidelines ▪ continuing the development and implementation of a quality assurance framework for delivery of high quality HTA outputs ▪ engaging with international colleagues and work programmes to harmonise approaches, disseminate outputs and avoid duplication of effort.	• Documented evidence of the usefulness and relevance of the advice to the decision makers and whether the advice has been considered in the decision-making process • 100% of topics undertaken comply with our prioritisation criteria • Documented evidence of compliance with the quality assurance framework • 100% achievement of each HTA project plan within timescale
4.2	We will have acted to embed HTA in to national policy and service decision making	Our priorities include: ▪ continuing to develop a suite of national HTA Guidelines ▪ building HTA capacity through training, support, research collaboration and stakeholder engagement ▪ undertaking horizon scanning activities to inform HTA topic referral and selection.	• Documented evidence of our contribution to HTA awareness, capacity, capability and activity in the broader healthcare system • 100% achievement of targets in the Guidelines action plan

Strategic objectives for Enablers: -

5.	People		
	Ensure that we have a competent and supported workforce that is utilised to its full potential.		
	Strategic Objectives By 31 December 2015:	**What we will do**	**Measures of success**
5.1	We will ensure that we have a competent and supported workforce that is utilised to its full potential	We will manage, support and develop our people through a range of human resource policies, processes and development initiatives, which are in line with employment legislation and recognised standards. Our priorities include: • continuing to develop our staff through a range of learning and development initiatives linked to Authority business requirements and management principles • developing and maintaining robust internal human resources processes and systems to ensure consistent application of organisational policies • fully embedding the Authority's Management Principles as part of the PMDS[3] system • ensuring organisational readiness for new regulatory environment and other functions • achieving the *Excellence through People* Standard.[4]	• Implementation of our learning and development plan • Measured through improvement in periodic climate survey of staff • 100% of staff with agreed PMDS objectives every year • Staff and management frameworks in place to support delivery of additional functions • Achievement of the ETP accreditation

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[3] PMDS – Performance Management Development System.
[4] Excellence through people is a standard.

6.	Governance *Demonstrate that our corporate governance framework is effective and robust*		
	Strategic Objectives By 31 December2015	**What we will do**	**Measures of success**
6.1	We will have demonstrated that our corporate governance framework is effective and robust.	Our priorities include: ▪ Demonstrate that Risk Management is embedded throughout the Authority ▪ maintain procedures for the effective management of complaints and dissemination of lessons learned ▪ ensure that Board governance is regularly reviewed and in line with up-to-date corporate governance practice	• Risk management practice embedded at senior management level • For each risk, actions have been identified, implemented and changes/improvements have occurred (end of year review) • 100% implementation of the internal audit recommendations within defined timescales • 100% compliant with Code of Practice for the Governance of State Bodies • All complaints processed in accordance with Authority's process and defined timelines. • Number of changes/improvements that have been resulted from recommendations of investigated complaints • 90% of recommendations from Board and Committee evaluations are implemented within defined timescales

7.	**Performance and Delivery** *Manage the organisation effectively and efficiently through robust planning and performance management.*		
	Strategic Objectives By 31 December 2015	**What we will do**	**Measures of success**
7.1	We will have embedded a fully integrated planning and performance management approach to manage the organisation more effectively and efficiently.	We will implement and embed a performance management framework in order to ensure an integrated approach to strategic planning and performance management for HIQA. Our priorities include: ▪ implementing and continuously reviewing the Corporate Plan (2013-2015) ▪ developing and implementing annual business plans aligned to the corporate plan ▪ reviewing annually measures of success/KPIs ▪ using a recognised quality management model/process to assess and review organisational effectiveness and ensure an integrated approach to quality improvement. ▪ implementing a range of approaches to ensure that organisational performance is effective e.g.: ▪ strategic and operational performance reporting	• Minimum of 90% of actions identified within the annual business plan are successfully implemented within agreed timescales • 100% of measures of success reported as being progressed within timescales • Have implemented and reviewed a recognised quality management system
7.2	We will have aligned resources to support HIQA's strategic priorities and maintained our financial performance	We will plan and manage the use of resources to deliver all of our activities efficiently and demonstrating value for money. Our priorities include:	• No material issues identified by Comptroller and Auditor General or internal auditors in review of financial controls

		- maintaining an effective system of internal financial control demonstrating compliance with relevant standards - demonstrating year-on-year efficiency improvements in the use of resources in line with the Public Service Agreement.	Reduction in unit costs of key activities

8.	**Information:** *Ensure that information is used and managed effectively and in accordance with best practice.*		
	Strategic Objectives By 31 December 2015	**What we will do**	**Measures of success**
8.1	We will have ensured that information is managed effectively.	Our priorities include: ▪ reviewing and updating our Information and ICT strategy ▪ implementing the new Corporate Information System (Prism) to support all regulatory activities. ▪ improving access to high quality management information.	• Information and ICT Strategy to support delivery of the Corporate Plan is revised and implemented according to the timescales specified
8.2	We will have complied with best practice and the highest standards for information governance.	We will ensure that we have the necessary policies, procedures and systems in place to achieve full compliance with information governance standards Our priorities include: ▪ implementing a rolling information governance improvement plan ▪ designing and implementing an Authority-wide information inventory with associated record retention and destruction policies across all areas ▪ conducting regular internal audits of information governance compliance ▪ effectively managing all information governance risks.	• Documented evidence to show compliance with the Authority's Information Governance self-assessment tool

8.3	Maximised the value of our operational information through Business Intelligence (BI) tools and techniques	We will apply BI tools and techniques to support risk-based decision making in the Authority's regulatory operations Our priorities include: ▪ Developing a BI Strategy to support delivery of the Corporate Plan ▪ designing and deploying BI-driven operational reporting and risk profiling for each of the regulatory functions supported by Prism ▪ Providing support to regulatory functions to ensure data quality, analysis and reporting.	• BI Strategy developed and implemented according to agreed timescales • Each BI application is in continuous use to support regulatory decisions and risk mitigation

9.	Communications and Engagement *Actively communicate and engage in an open and responsive manner with all our stakeholders.*		
	Strategic Objectives By 31 December 2015	**What we will do**	**Measures of success**
9.1	We will have utilised a range of relevant communications methods to ensure that stakeholders are fully informed on our work and the benefits to patients/service users from it.	Our priorities include: ▪ making best use of social media, online communications and new/emerging channels ▪ ensuring the public, stakeholders, decision makers and the media are kept informed of our work ▪ ensuring that all reports are available to the public in a timely, understandable and transparent manner.	• Achieve 90% compliance in an annual quality audit of reports and publications with the house style and corporate identity • Stakeholder feedback demonstrates positive feedback on engagement and consultation
9.2	We will have consulted and engaged widely to deliver clear and meaningful understanding of our work	Our priorities include: ▪ increasing the involvement of people in the planning and carrying out of our work across the Authority and ensuring there are consistent engagement processes in place across the Authority.	• 100% of advisory groups will have service-user participation • 95% of all staff directly involved in any form of consultation or engagement to have completed communications training in the Authority's consulting and engaging processes
10	Evidence and Research Objectives and Priorities *Ensure that our work is informed by evidence and research.*		
	Strategic Objectives By 31 December 2015	**What we will do**	**Measures of success**
10.1	We will have ensured that our work is informed by evidence and research	Our priorities include: ▪ developing and implementing an evidence and research strategy and associated action plan.	• 100% of actions from the plan implemented successfully within timescale

4   Resource, staffing and financial requirements

To achieve the objectives set out in this Plan, we will require sufficient resources to carry out our work. The Authority's primary source of income is the annual grant from the Department of Health. We are conscious of the pressures on public finances and are committed to using these resources in as effective and efficient a manner as possible. As well as continuing our current activities, the Authority will need to be sufficiently resourced, and support will be required to continue to develop our infrastructure to underpin the quality of the service we aim to provide as we expand over the period of this Plan.

The other source of income is fees charged to regulated providers registered with us. These fees are set by the Minister for Health. They contribute to the costs of regulating the centres that pay the fees, for example, nursing homes.

The key resources we require are people with the skills, experience and values to help us deliver our objectives. We are committed to equipping people with technology and information systems to enable them to work efficiently.

We will set clear goals for individuals and manage performance against these. We will provide managers and staff with learning and development programmes that support their development and corporate objectives.

The indicative headcount required by the Authority over the life of the Plan is as follows.

	End 2013	End 2014	End 2015
Number of staff in substantive positions	200	211	229

The staff numbers for 2014 and 2015 are based on preliminary assumptions and are likely to be subject to change.

It is of particular importance for us to have the underpinning information management systems to be able to use information intelligently to inform our work. This is most important in our regulatory functions in order to assess the information we receive and respond appropriately to safeguard people. We will further develop how we use information to enable us to improve these activities.

If there is a shortfall in staffing or financial resources, the implementation of this Plan will be adjusted accordingly. The consequent impact will be established and a revised Plan, including revised targets, will be prepared and submitted to the Minister for Health at that time.

5   Conclusion

The Authority has a large programme of work to deliver over the next three years and a significant part of this is related to the commencement of new functions.

These functions include:

- regulating residential services for people with disabilities
- regulating children's special care units
- a substantive programme of monitoring against the *National Standards for Safer Better Healthcare*
- commencing a role in research ethics governance
- preparing for the future licensing of designated healthcare facilities.

While these developments will help safeguard people using the health and social care services, they will also require a planned coordinated approach to implement them effectively.

This Corporate Plan reflects the need to continue to do our existing functions well and to ensure there is a strong framework and approach for undertaking the additional functions; hence significant and specific focus has been placed on factors that will better enable the work of the Authority such as:

- ensuring that our staff are utilised to their full potential
- managing the organisation effectively through robust planning and performance
- demonstrating that our corporate governance framework is effective
- using and managing information to optimise our operations
- engaging effectively with stakeholders
- ensuring that our work is informed by evidence and research.

The Authority is not passive in this respect and over the next three years intends to build stronger, leaner approaches that enable the organisation to be more effective, improve the value that we provide for our taxpayers and have a substantial impact on improving the quality and safety for people using our health and social care services.

Similarly, meaningful and constructive engagement with the Department of Health and the Department of Public Expenditure and Reform will also be essential to ensure that we have sufficient resources to deliver on this ambitious Plan.

In conclusion, the challenges and opportunities that exist for us, and the wider health and social care services, are well recognised and our planning has taken these into account.

Our focus will be on the need to improve outcomes for people by reinforcing the accountability of organisations in meeting their responsibilities, ensuring that care is person centred and individuals are able to make informed choices and decisions. We will provide more support to the providers of services in meeting their statutory obligations in quality and safety, respond proportionately when providers of care do not meet essential standards of quality and safety and enforce where services are unsafe.

Without the help and support of all our stakeholders, our efforts will not be successful and so the need for collaboration and active engagement with people using and those providing services, and all our stakeholders who have a responsibility in improving quality and safety, will be a key factor in our onward journey.

In that context, the Authority would like to acknowledge with gratitude the goodwill and cooperation it has received since its establishment and looks forward to working with our colleagues in other parts of the health and social care sectors, so that we make a real difference to people using health and social care services in Ireland.

Appendix 1

Statutory functions of the Health Information and Quality Authority

The statutory functions of the Authority are:

- promoting safety and quality in health and personal social services

- setting standards for health and social care services (with the exception of mental health services which are regulated by the Mental Health Commission)

- monitoring compliance with the standards

- conducting investigations on the safety, quality and standards of services where there is a serious risk to the health or welfare of a person receiving the services

- evaluating the clinical and cost effectiveness of health technologies including drugs and providing advice arising from the evaluation to the Minister for Health

- making recommendations in respect of the services to ensure the best outcomes for the resources available to the Health Service Executive (HSE)

- advising, and making recommendations to the Minister for Health and the HSE, about deficiencies in relation to the information in respect of services and the health and welfare of the population

- registering providers and inspecting designated centres for the residential care of older people

- inspecting HSE residential care services for children, special care units, detention centres and foster services

- operating accreditation programmes and granting accreditation

- operating other schemes to ensure safety and quality as deemed appropriate.

Appendix 2
Summary overview of core Directorate functions and achievements of the Authority during the life of the Corporate Plan 2010–2012

1. Regulation Directorate

The main functions of the Regulation Directorate include the registration, monitoring and scrutiny of designated health and social care services in line with legal requirements.

These services include:
- residential care for older people
- residential services for people with disabilities (to be commenced September 2013)
- children in residential, foster care , detention schools and special care units for children
- Residential services for children with disabilities
- the *National Standards for Safer Better Healthcare* will provide the basis for examining a range of prioritised themes aimed at providing multiple views of how our healthcare services are delivered.

Regulatory functions – achievements and impact
A significant amount of regulatory activity took place over the last three years in the health and social care sector.

Examples of this regulatory activity included:
- The registration and inspection programme of residential services for older people continued with the result that some unsafe centres were closed and others delivered improvements in order to be registered.
- A number of investigations took place and have been instrumental in informing the essential elements, configuration and governance arrangements for safe healthcare services.
- The Authority commenced the monitoring of the Health Service Executive's (HSE's) delegated function for child protection services at the end of 2012. The existing monitoring programme of children's services over the last three years included inspection of special care units, detention schools, foster care services and HSE residential care facilities.

2. Safety and Quality Improvement Directorate

The functions of the Safety and Quality Improvement Directorate are to set standards for our health and social care services and promote quality and safety initiatives to support sustainable improvements in these services.

Standards Development – achievements and impact

The development and publication of standards are a tangible means by which to articulate what is expected of the providers of a service and also frames what the users of that service can expect. Monitoring the implementation of standards also acts as a clear means to assess the quality and safety of services.

Over the last three years, work in this area included:

- The *National Standards for Safer Better Healthcare* were mandated and published. These provide the framework for implementing high quality, safe healthcare services and for assessing compliance with a range of core requirements such as good governance, patient safety and quality of care. They also pave the way for the introduction of a licensing system for designated healthcare services towards the end of the life of this new Corporate Plan.

- The development of *Draft Standards for Adults and Children with a Disability* and *Draft Standards for Special Care Units*. In addition, *National Standards for the Protection and Welfare of Children* were mandated and launched in 2012 and the monitoring of these services commenced in 2012.

3. Health Technology Assessment Directorate

Health Technology Assessment is about making sure that resources in our health services are used in a way that ensures the best outcome for the patient or service user. It is a form of research that generates information about the clinical and cost-effectiveness of health technologies. Technologies can include drugs, medical devices, diagnostic techniques, surgical procedures and public health programmes such as cancer screening programmes.

Health Technology Assessment (HTA) – achievements and impact

Significant work has taken place in the Authority's HTA function which has a real and direct impact to inform decisions for maximising population health within a finite budget. A National Bowel Screening Programme commenced in 2012, following a HTA that advised that testing people aged 55 to 74 years would be highly cost-effective and would reduce the incidence of colorectal cancer (the second most commonly diagnosed cancer in Ireland) by 15% and mortality by 36%.

A decision not to implement universal prion filtration of red blood cell transfusions was made following a HTA that highlighted the considerable opportunity cost (estimated initially at €11 million per annum) to further minimise a low risk (estimated two deaths arising out of exposure over 10 years) of variant Creutzfeldt-Jakob disease (vCJD) transmission.

Work has been ongoing to support national capacity to undertake HTA. National guidelines on conduct of HTA have been developed to standardise the production of assessments with the aim of ensuring that the outputs of HTAs are consistent and comparable regardless of who conducted them.

4.   Health Information Directorate

The functions of the Health Information Directorate are to identify and advise on health information deficiencies, establish an information governance framework, set standards for health information and health information systems, and evaluate and provide information on the provision of health and social services.

These functions are significant because safe, reliable healthcare depends on access to, and the use of, information that is accurate, valid, reliable, timely, relevant, legible and complete. Fundamental to the successful implementation of the model of patient-centred care is that vital information about the patient (such as their medical history, previous test results and diagnostic information) accompanies them at all times along the care pathway. In this way, the information required by healthcare professionals to treat patients in the best and most appropriate way possible is available when and where it is needed, resulting in improved patient safety and a reduction in unnecessary duplication of tests and investigations.

Health Information – achievements and impact

The Authority's Health Information Directorate has provided guidance on information governance and data quality and our Information Governance Self-Assessment tool is being used by providers. A *National Standard for Patient Referral Information* has been developed and incorporated into a pilot of electronic referrals which went live in the HSE South region, thus enabling the transfer of patient information reliably and efficiently, and therefore improve patient safety.