



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

# Annual Report 2022

*Safer Better Care*

## *Safer Better Care*

**HIQA** is an independent authority that exists to improve health and social care services for the people of Ireland.



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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**Prof Pat O'Mahony**  
Chairperson

# Foreword from the Chairman

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**I am pleased to introduce HIQA's 2022 Annual Report. This report outlines HIQA's achievements as we implemented the first year of our 2022–2024 Corporate Plan.**

We have been working hard to meet the goals we have set, and in developing the Corporate Plan, our stakeholders noted that they want HIQA to expand on how it will develop and further clarify its human rights-based approach to improving health and social care services, which we will ensure is to the fore in our work as our remit continues to grow.

2022 was another very busy year for HIQA as we navigated the ongoing challenges of living with COVID-19 on our mission to drive improvement across health and social care. We also welcomed our new Chief Executive, Angela Fitzgerald, to our Executive Management Team. I would like to formally welcome Angela to the organisation and to thank her for her leadership, energy and commitment to date. On behalf of HIQA, I wish Angela every success in the role.

Our inspectors continued with our programme of work in monitoring and assessing compliance with the regulations in older persons, disability, healthcare and children's services with a total of 2,192 inspections carried out during 2022. A key objective for HIQA as a regulator is to support a sustained improvement in quality and safety through our inspection activity. Our newly established Healthcare Regulation Directorate grew in 2022 and this enabled us to carry out a programme of inspections in hospitals against the *National Standards for Safer Better Healthcare*. The Healthcare Overview Report published in December 2022 provides an important framework for action in terms of capacity and capability within our hospital services and we are working closely with colleagues in the Health Service Executive (HSE) and the Department of Health to support effective implementation of areas requiring improvement.

Much work was done in 2022 in close collaboration with the Department of Children, Equality, Disability, Integration and Youth as HIQA prepares to take on new responsibilities in the monitoring of International Protection Accommodation Services (IPAS).

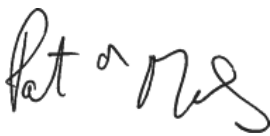


HIQA also conducted 63 inspections of public and private hospitals and dental facilities in 2022 as part of our role in regulating medical exposure to ionising radiation.

Throughout the year, significant work was done by our Health Technology Assessment Directorate in line with our strategic objective to provide robust, high-quality evidence to inform practice and planning policy and decision-making. 13 health technology assessments (HTAs) were published in 2022 and HIQA continued to provide COVID-19 evidence syntheses to inform the work of the COVID-19 Advisory Group.

In our pursuit of driving high standards for those availing of health and social care services, we submitted the Draft Overarching National Standards for the Care and Support of Children using Health and Social Care Services to the Minister for Health and we published a review of Irish and international evidence on homecare to inform the development of the National Standards. In addition, a number of projects were progressed in the area of health information in terms of the collection, use and sharing of health and social care information. A key objective for us over the next three years is to further promote a rights-based approach to health information.

I want to express my sincere thanks to all HIQA staff across the organisation and to my fellow Board members for their dedication in 2022 and their promoting of HIQA's values. I, along with members of the Board, will ensure HIQA continues to drive positive change and improvement in Ireland's health and social care services.



**Prof Pat O'Mahony**  
*Chairperson*



**Angela Fitzgerald**  
*Chief Executive Officer*

# Message from the CEO

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## Welcome to HIQA's 2022 Annual Report.

In 2022, I took up the role of HIQA's Chief Executive. I am pleased to share the achievements and progress we have witnessed this year, as we strive to improve safety and quality of care in Ireland's health and social care services. During the year, I have enjoyed working closely with my dedicated colleagues in HIQA as we seek to drive improvement in our health and social care services.

One of HIQA's core values is working collaboratively and in my first year I have been struck by how our staff seek to engage and support change through effective engagement and collaboration with the services we regulate. I am proud of the work we have achieved together this year.

A key strategic objective for HIQA is to enable stakeholders, especially people using services, to express their views. I would like to thank our stakeholders for taking the time to engage with us and inform our work, whether that be through meeting with us, attending a webinar, submitting feedback to one of our consultations or surveys, connecting with us on social media, or providing us with feedback on a health or social care service. This valuable input and feedback is hugely important to our work.

2022 was another challenging year for health and social care services, as Ireland learns to live with COVID-19 and seeks to reinstate normal service delivery. These last few years have been incredibly difficult for everyone, and I thank our staff, Executive Management Team and Board members for their unwavering commitment over this period. During 2022, it was important that, as we adapted to the "new normal", our approach to regulation found an appropriate balance between protecting the safety of our patients and service users and supporting their overall wellbeing. Consistent with our values, we also sought to be proportionate in our approach to regulation and inspection; the protection of the safety of service users continued to be our priority, but we also recognised the unique challenges faced by providers in operating in a complex economic and post-COVID environment. Our relationships with our key stakeholders and the Department of Health and the Department of Children Equality, Disability, Integration and Youth was crucial in finding the appropriate balance.

Putting people first and listening to service users is central to how we conduct our work. During 2022, we looked to engage directly with people using services through our regulatory and monitoring inspections and through the reinstatement of our Care Experience Programme. From our engagement with people who use health and social care services it is reassuring to see that the vast majority have had a positive experience. However, it is really important that HIQA identifies opportunities for improvement and supports service providers to deliver excellence and quality care.

2022 was also a time of change within HIQA as we expand our remit and activities. We welcomed many new staff members and embarked on new programmes of work as we further our pursuit to ensure safer, better care for people using health and social care services in Ireland. We have been preparing to take on new responsibilities and commitments as set out in the current Programme for Government and elsewhere, including provisions for the onward development of the Patient Safety Bill and the regulation of homecare services. As we take on new areas of work, we will need to adapt and change our approaches to both regulation and stakeholder engagement so that we can achieve our core objectives. In this context embedding a rights-based approach across all of our activities is a key priority for us.

As Chief Executive, I am incredibly proud of the meaningful role HIQA plays in society and I assure you of my commitment to continue this progress achieved in 2022 into 2023 and beyond.



**Angela Fitzgerald**  
*Chief Executive Officer*

# About HIQA



## 1.1 Introduction

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The Health Information and Quality Authority (HIQA) is the independent authority established in 2007 to drive high-quality and safe care for people using health and social care services in Ireland. HIQA's role is to develop standards, inspect and review health and social care services and support informed decisions on how services are delivered.

This Annual Report outlines the work of HIQA from 1 January to 31 December 2022, in keeping with the statutory requirements of the Health Act 2007, and includes HIQA's arrangements for implementing and maintaining adherence to the Code of Governance for public bodies. It also includes the Annual Governance and Compliance Report, as required by the Health Act 2007, and our annual financial statements.

## 1.2 Our mandate and activities

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Our mandate extends across a specified range of public, private and voluntary sector services. Reporting to the Minister for Health and engaging with the Minister for Children, Equality, Disability, Integration and Youth, HIQA has responsibility for:

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

The statutory functions that provide the basis for HIQA'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.

# Governance and management

# 2

## 2.1 Our Board

The Board is the governing body of HIQA and was first established on 15 May 2007. The Board is responsible for the appropriate governance of HIQA, ensuring effective systems of internal control, statutory and operational compliance and risk management. These provide the essential elements of effective corporate governance and compliance.

Membership of the Board is made up of a Chairperson and 11 non-executive directors who have been appointed by the Minister for Health. The Board members have specific experience and expertise in matters connected with HIQA's functions, and come from a range of health and social care professions and industries.

The members of the Board during 2022 included:



**Prof Pat O'Mahony**  
*Chairperson*

Former Chief Executive of Clinical Research Development Ireland. Former Chairman of the Management Board of the European Medicines Agency. Former Deputy Secretary General and Head of Governance and Performance at the Department of Health. Former Chief Executive of the Health Products Regulatory Authority.



**Bernadette Costello**

Chartered Director and Chartered Accountant. Former Director of Internal Audit & Risk at University of Galway. Currently member of Board and Chair of Audit Committee of Irish Management Institute, Oberstown Children Detention Campus. Board and Audit Committee of Port of Galway and Galway and Roscommon Education and Training and Finance Committee.



**Dr Jim Kiely**

Former Vice Chair of the Board of Tallaght University Hospital. Former Health Policy Adviser with the Irish Aid Health Programme. Chaired the Standing Committee of the WHO Regional Office in Copenhagen. Spent 11 years as Chief Medical Officer (CMO) in the Department of Health. Chairs HIQA's Regulation Committee.



**Dr Paula Kilbane**

Former CEO of Eastern Health and Social Services Board in Northern Ireland and Director of Public Health of the Southern Health Board Northern Ireland. Currently a director of a number of boards in the public and charitable sectors.



**Tony  
McNamara**

Insight Management Consultancy. Former CEO of Cork University Hospital. Served on various national advisory and consultancy bodies for the Department of Health. Former board member of Irish Blood Transfusion Board, Road Safety Authority and Health Insurance Authority.



**Lynsey  
Perdisatt**

Senior HR professional. Has worked in both the private and public sector, with significant experience in employee relations, industrial relations and change management.



**Prof Michael  
Rigby**

Extensive experience in health service development and delivery, and in research into health policy, management, and eHealth, in the UK, Europe, and Ireland. Has undertaken projects with the WHO, European Commission, OECD, and European Science Foundation, and has written widely on health research and policy.



**Caroline  
Spillane**

Chief Executive Officer of Institute of Directors (IoD) Ireland. Chartered Director. Former CEO of the Medical Council of Ireland. Former Director General of Engineers Ireland. Former Assistant National Director of the Health Service Executive.



**Martin  
Higgins**

Chair of Food Safety Authority of Ireland Board Former CEO of Safefood. Previously served on boards of the Irish Medicines Board, the health and social care professionals regulator CORU, and the Nursing and Midwifery Board of Ireland.



**Martin  
O'Halloran**

Former CEO of the Health and Safety Authority. Former chairman of the Board of the Institute for Public Administration and the Association of Chief Executives.





**Marion Meany**

30 years' experience working in health services. Former HSE Assistant National Director for Disability Strategy and Planning.



**Daniel McConnell**

Technology Consulting Partner in Deloitte in Northern Ireland. Fellow of the Chartered Institute of Public Finance & Accountancy. Board member of the South Eastern Regional College.

## 2.2 Board meetings

Under the Health Act 2007, the Board is required to meet six times annually. In total, HIQA's Board met nine times in 2022 to progress various significant matters (see Chapter 5 for more detail on our Board's activities in 2022).

## 2.3 Board committees

Four Board committees support the activities of the Board in governing HIQA:

- ▶ **Regulation Committee** oversees the effectiveness, governance, compliance and controls around the delivery of HIQA's regulatory functions.
- ▶ **Audit, Risk and Governance Committee** supports the Board in relation to its responsibilities for issues of risk, control and governance and associated assurance. The Audit, Risk and Governance Committee is independent from the financial management of the organisation. In particular, the committee ensures that the internal control systems, including audit activities, are monitored actively and independently. The committee reports to the Board after each meeting, and formally in writing annually.
- ▶ **Standards, Information, Research and Technology Committee** oversees the governance arrangements, including compliance and controls, for the functions of standards development, health information and health technology assessment functions.
- ▶ **Resources Oversight Committee** monitors the resource requirements of HIQA to ensure that they are aligned with HIQA's corporate strategy, including oversight of resource related risks. In addition, it oversees organisational needs and managerial performance.

## 2.4 Executive Management Team

HIQA's organisational structure reflects the core functions and activities of Regulation, Health Technology Assessment and Health Information and Standards, together with the support services that enable us to achieve our corporate objectives: the Chief Executive's Office, Operations, Information Division, Human Resources and Communications and Stakeholder Engagement. The organisation is led by the Executive Management Team, which is supported by other senior managers who are responsible for our business functions.

The membership of HIQA's Executive Management Team at 31 December 2022 comprised:



**Angela Fitzgerald**

*Chief Executive Officer*



**Dr Máirín Ryan**

*Director of Health Technology Assessment and Deputy Chief Executive*



**Carol Grogan**

*Chief Inspector of Social Services*



**Sean Egan**

*Director of Healthcare Regulation*



**Rachel Flynn**

*Director of Health Information and Standards*



**Sean England**

*Acting Chief Operations Officer*



**Bala Krishnan**

*Chief Information Officer*



**Marty Whelan**

*Head of Communications and Stakeholder Engagement*



**Susan Montgomery**

*Head of Human Resources and Organisation Development*

## 2.5 Corporate governance

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HIQA's Board is responsible for internal controls and annually reviewing the effectiveness of these controls, including financial, operational and compliance controls, and risk management.

To deliver on this responsibility, the Audit, Risk and Governance Committee takes an active role in coordinating the assurances derived from various sources, such as:

- ▶ internal audit work
- ▶ audit by the Comptroller and Auditor General
- ▶ risk management
- ▶ review of financial controls
- ▶ review of financial statements.

In addition:

- ▶ The Executive Management Team provides an annual assurance statement to the Board which sets out the controls covering the totality of HIQA's functions.
- ▶ Regular corporate performance reports are provided to the Board, including corporate risks.
- ▶ The Chief Executive provides a report at each meeting of the Board.
- ▶ The four Board committees report at each meeting of the Board.

### **Compliance with the Code of Practice for the Governance of State Bodies**

HIQA has a Code of Governance, Code of Business Conduct and related governance policies and procedures to ensure its compliance with the revised Code of Practice for the Governance of State Bodies.

HIQA was recertified for the SWiFT 3000 Governance Standard from the National Standards Authority of Ireland. A detailed Annual Governance and Compliance report is included with the annual financial statements for 2022.

# Strategic objectives

# 3

### 3.1 Vision, Mission and values

#### OUR VISION

Safer Services and Better Care for All.

#### OUR MISSION

Protecting service users, and working with stakeholders to enhance and enable equity, quality and safety of health and social care services for all people in Ireland.

#### OUR VALUES

HIQA is driven by its values, which reflect the essence of the legislation that define our remit.



#### PROMOTING AND PROTECTING HUMAN RIGHTS

We will work to promote human rights as well as identifying, challenging and reporting on breaches of rights in health and social care services



#### PUTTING PEOPLE FIRST

We will put the voice and needs of people at the centre of our work and strive to identify, challenge and report on breaches to agreed standards



#### BEING FAIR, OBJECTIVE AND EQUITABLE

We will be fair, objective and consistent in our dealing with people and organisations



#### BEING OPEN AND ACCOUNTABLE

We will communicate the nature and outcomes of our work in an open and transparent way, accepting full responsibility for our actions



#### STRIVING FOR EXCELLENCE

We will continually innovate and improve the quality of our work through robust research, striving for methodical rigour and using the best available resources and evidence



#### PROMOTING QUALITY

We will promote quality within our own organisation and across all health and social care services



#### WORKING COLLABORATIVELY

We will engage and work collaboratively with all our stakeholders



## 3.2 Strategic objectives

HIQA’s Corporate Plan 2022-2024 sets out the framework and strategic objectives that enable us to meet existing and new obligations. This plan outlines the direction and focus of the organisation for the period, and sets out our strategic objectives, as follows:

### Key Strategic Objectives

1	Promote and protect equality and human rights of people using health and social care services
2	Contribute to the progressive improvement in quality and safety of health and social care services
3	Ensure the voice of service users is central to our work
4	Provide robust, high-quality evidence to inform practice, planning policy and decision-making
5	Use our experience to be a trusted voice on quality, safety and human rights in health and social care services
6	Ensure that our key enablers support us to innovate and to excel in the way we carry out our work

### Key Enablers

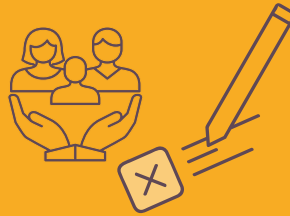


These commitments, included within the Corporate Plan, are met through objectives set out in our annual Business Plan.

# 2022 in numbers

2,192

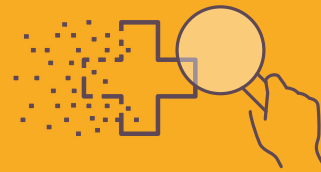
inspections of health and social care services



1,695

concerns received about health and social care services

13 HTAs and evidence syntheses



34,622

completions of **human-rights based approach** modules



16,269

completions of **Infection prevention and control** learning course



13,074

completions of **Adult Safeguarding** learning course

1,375

completions of **How to improve data quality for health and social care services** elearning course



23

**academic publications** in relation to our work



# Key activities





# Regulation of Social Services

## **The Chief Inspector within HIQA is responsible under the Health Act 2007 for the regulation of designated centres for adults and children with disabilities, older people and children’s special care units.**

The monitoring of children’s services, such as child welfare and protection, children’s residential services, foster care and Oberstown Children Detention Campus are also under the remit of the Chief Inspector.

As part of the regulation and monitoring of social services, we inspect and report on the quality and safety of the services, and we meet with the people including children who live in or avail of the service to hear their experiences of how their rights are upheld and are supported to live a fulfilling life. We also receive, analyse and risk-assess information from a range of sources. This can include statutory notifications from providers relating to specific events set out in the regulations, information we formally request as part of the regulation and monitoring of centres and services, as well as information of concern or compliments about the service from residents, people who use services, relatives, staff, advocates or third parties submitting information. This information is used to inform our responsive approach to the regulation of the service and allows the Chief Inspector to respond proactively to regulatory risk and prioritise our regulatory activities.

## **4.1 Regulation of designated centres for people (adults and children) with disabilities**

### **Stakeholder engagement**

#### **Listening to residents’ voices**

In October 2022, the views of residents that had been gathered in 2021 were published on the HIQA website in *Resident Forums in Centres for People with Disabilities in 2021*. The report highlights what residents told us about their rights, their home, their community and the people most important to them. Residents also told inspectors about the impact that the COVID-19 pandemic had on their lives.

Inspectors met with approximately 94 residents across 15 face-to-face meetings in 2022.<sup>1</sup> These meetings allowed residents to meet with us and share their views outside of the inspection process. The outcome of those meetings will be published during 2023.

1 Final numbers not validated at time of publishing the report.

During 2022, inspectors also gathered rich information, through conversation with residents and observations of how they were supported by staff while on inspection. Residents were able to meet with inspectors and tell them what their experiences have been. Residents also completed questionnaires which were given to residents in advance of announced inspections. Inspectors also engaged with people who were important to residents such as family, friends and advocates.

## Residents' Rights

The easing of public health restrictions as the year progressed gave people with disabilities an opportunity to re-engage with life in their communities. For many residents, this meant a return to day services, being able to resume their hobbies and interests and participate in their local communities again.

In the majority of centres inspectors found that providers were upholding and respecting the rights of residents. Residents were supported to return to day services, have holidays, return to work and receive visits from family and friends. Where inspectors found that providers were not supporting residents in line with the most up-to-date public health guidance, providers were required to take action to ensure that any restrictions were based on each resident's assessed support needs and in accordance with prevailing public health guidelines.



## Providers

The Provider Representative Forum met six times during 2022. These meetings include representatives from the National Federation of Voluntary Service Providers, Disability Federation of Ireland, the National Disability Services Association and the HSE in their role as a service provider.

These meetings have provided a valuable opportunity for providers to update HIQA on any emerging issues, and for HIQA to provide regular updates on any regulatory matters.

In October 2022, we resumed our annual face-to-face provider events. Four events were held across the country in Dublin, Cork, Cavan and Galway. The theme of the events was **The Impact of Good Governance: the Right(s) Approach**. 550 providers and managers attended the events and the discussions focused on the importance of good governance and oversight in upholding the rights of people with disabilities who live in designated centres.



*Members of the Disability Team at a provider event.*



*Ciara McShane speaking at a provider event.*

The Chief Inspector attended the Joint Committee on Disability Matters on two occasions during 2022.

On 31 March 2022, Chief Inspector Carol Grogan, accompanied by Deputy Chief Inspector Finbarr Colfer, attended The Joint Committee on Disability Matters to discuss 'Independent and adequate standard of living and social protection – Safeguarding'.<sup>2</sup>

On 27 October 2022, the Chief Inspector, accompanied by the Deputy Chief Inspector and Ciara McShane, National Operations Manager, attended The Joint Committee on Disability Matters to discuss HIQA's Overview Report Monitoring and Regulation of Designated Centres for People with Disabilities in 2021.<sup>3</sup> During 2022, inspectors focused on a number of key areas, including the upholding of residents' rights, particularly in the context of the easing of public health restrictions, governance and management and infection prevention and control.



*Chief Inspector Carol Grogan and Deputy Chief Inspector Finbarr Colfer attending the Joint Committee on Disability Matters.*

2 <https://www.oireachtas.ie/en/oireachtas-tv/video-archive/committees/5532>

3 <https://www.oireachtas.ie/en/oireachtas-tv/video-archive/committees/6687>

## Governance and Management

The Chief Inspector's *Overview Report: Monitoring and Regulation of Designated Centres for People with Disabilities* for 2021 was published on the HIQA website in June 2022 and outlined a growing concern relating to declining compliance with Regulation 23: Governance and Management and the impact that was having on the safety and quality of support for residents.

Inspectors found that in some centres, providers continued to use remote auditing and review arrangements that had been introduced in response to the pandemic. This approach was resulting in ineffective oversight of centres with a significant reliance on verbal and written assurances and little validation of the quality of service being delivered.

During 2021, non-compliance with governance and management reached a non-compliance level of 22%. By the end of 2022, this had increased to 23% and, recognising the challenges providers faced in 2022, such as difficulties recruiting persons in charge and staff, this is still too high and means that almost one in four centres did not have adequate governance arrangements in place. Moreover our findings demonstrated that this was filtering into the quality of service provided to residents and once again highlights the critical nature of robust governance and management.

In one centre there were significant concerns in relation to infection control and in relation to the quality of life for residents which required increased monitoring by inspectors. The provider failed to improve the safety and quality of life of residents and the registration of the centre was cancelled in December 2022. In compliance with the Health Act 2007, the HSE took over the operation of the centre and inspectors continue to monitor the quality of life for residents in the centre.

During 2022, following significant, ongoing concerns relating to governance and safeguarding in HSE centres in Co. Donegal, the Chief Inspector undertook an intensive inspection programme over two weeks in January 2022 and the outcome of that programme was published in the *Overview Report on Governance and Safeguarding in HSE Designated Centres for People with Disabilities in Co Donegal*, which was published on the HIQA website in April 2022. A programme of escalated inspection activity was undertaken during 2022 to monitor the HSE's oversight of all of their centres in Co. Donegal. While there were some exceptions, overall, inspectors found that the HSE were implementing their programme and that it was leading to improvements in the quality of support for residents. An analysis of that programme will be provided in the Chief Inspector's overview report for 2022, and inspectors continue to monitor HSE centres in Co. Donegal closely in 2023.



## Infection Prevention and Control (IPC)

In 2022 inspectors engaged in a programme of focused inspections specifically assessing **Regulation 27: Protection Against Infection**. The purpose of this programme was to use the regulatory framework to drive ongoing quality improvements in the prevention and control of all infection risks, including the risk of COVID-19 infection.

The Chief Inspector published guidance and a specific assessment and judgment framework relating to IPC to assist providers. Online eLearning programmes were also developed and made available to providers in addition to a series of IPC webinars which were held in June 2022.

72.9%<sup>4</sup> of IPC inspections found the provider to be compliant or sub-compliant. This meant that the provider was ensuring that IPC related practices and policies were fit for purpose and kept residents safe. 27.1% of designated centres were found to be non-compliant with **Regulation 27: Protection Against Infection** and the *National Standards for infection prevention and control in community services*. This meant that the governance arrangements in place to monitor and oversee IPC practices, policies and procedures were weak, and areas of risk had not been mitigated. Where inspectors found poor practices in IPC, providers were required to take urgent action and provide assurances about how they would ensure the safety of residents by improving their management of the risk of infection.

Inspectors found that those providers who had good governance and management arrangements tended to have effective IPC risk assessments, controls and contingency plans in place. In these centres, staff and residents told inspectors that they understood the importance of managing IPC and staff had access to the relevant training and support.

However, inspectors also found that some providers had not put appropriate arrangements in place to manage IPC related risks, and that governance and oversight arrangements were weak. In particular, improvements were required to premises, IPC practices and procedures, cleanliness of centres and assistive equipment and ensuring that staff have access to IPC training.

### Registered Designated Centres

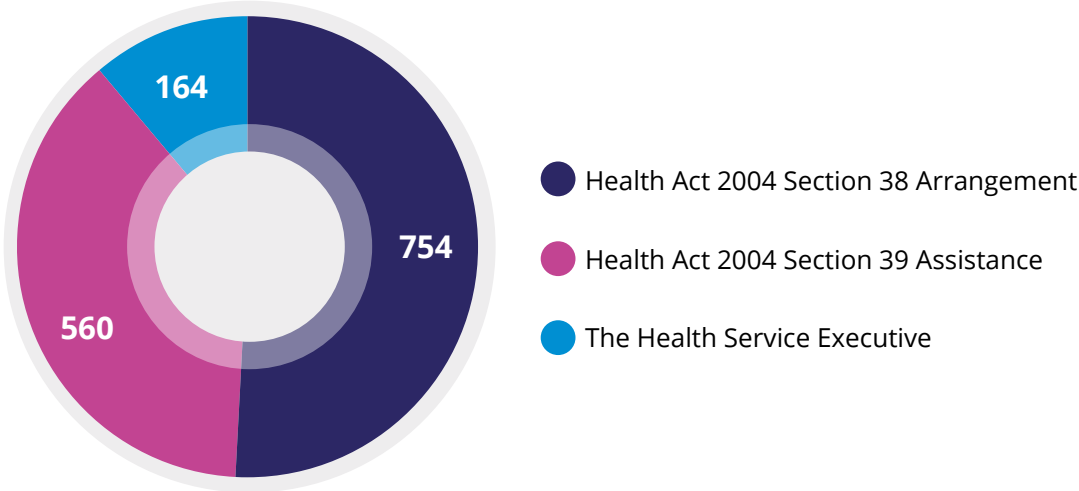
By the end of 2022, there were 1,478 designated centres for people with disabilities, which is a net increase of 77 centres compared with 2021. These centres provided 9,030 residential places. 1,342 centres were for adults, 100 were for children specifically and 36 were a mix of adults and children. The mixed centres were usually either respite centres where adults and children were accommodated at different times or centres where the residents were transitioning to adulthood and wished to remain living together. Figure 1 provides a breakdown of centres by provider type.

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4 These figures relate to the 388 of 411 IPC inspections for which due process has been completed in regards to the compliance judgment.

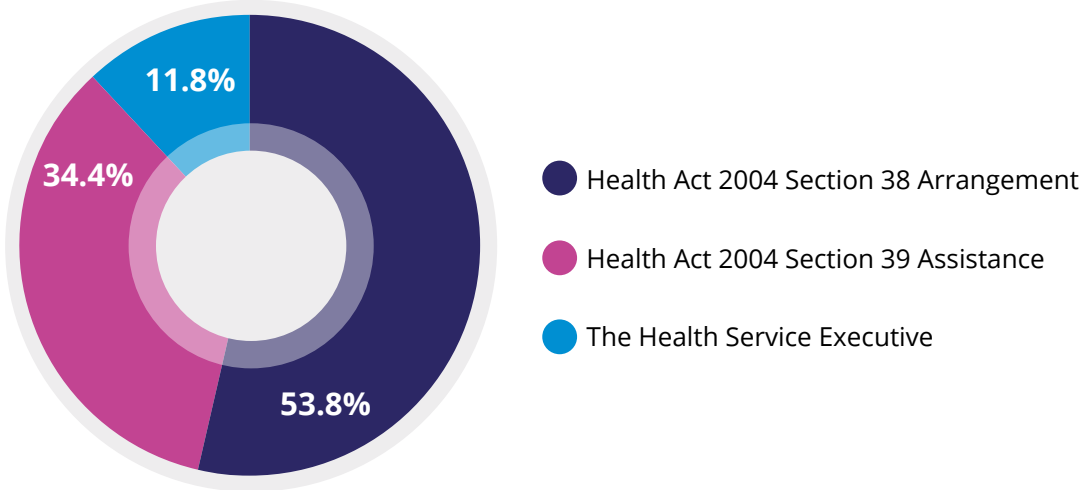


**Figure 1 - Number of registered designated centres for people with disabilities (by provider type) at 31 December 2022<sup>5</sup>**



At the end 2022, there were 9,030 registered places for people with a disability. The HSE directly provided 1,068 (11.8%) of these places, with 4,856 places (53.8%) provided through a Section 38 HSE funding arrangement, and 3,106 places (34.4%) provided through Section 39 assistance by the HSE to providers (Figure 2).

**Figure 2 - Percentage of registered places provided for people with a disability based on funding arrangement of the designated centre at 31 December 2022**



5 Section 38 of the Health Act 2004 states that the HSE can have an arrangement with a person to provide a health or personal social service on behalf of the HSE. Section 39 of the Health Act 2004 states that the HSE can provide assistance to any person or body providing a similar service to the HSE.

### Congregated Settings

Of the 9,030 residential places, over 25% or 2,279 places continued to be located in congregated settings. This was a reduction of 140 since the end of 2021.

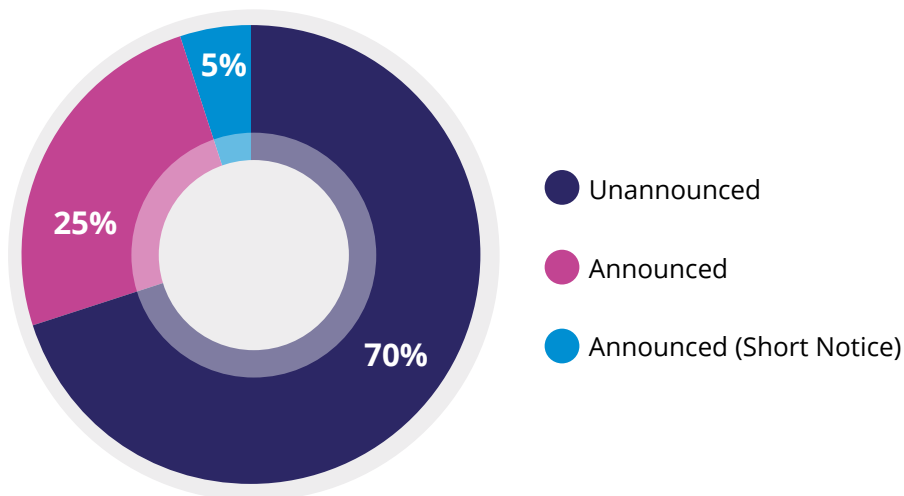
### Inspection activity and regulatory response

During 2022, inspectors completed 1,329 inspections of centres for people with disabilities, which included 411 IPC-focused inspections. This is an increase of 109 inspections on the number conducted in 2021.

In 2022, with the relaxing of restrictions and in line with public health guidance, inspection activity resumed in terms of both announced and unannounced inspections. Inspectors remained aware of infection prevention control measures and continued to take appropriate precautionary measures. As the year progressed, inspectors were once more able to meet and spend time with residents, their family members, advocates and staff while on inspection.

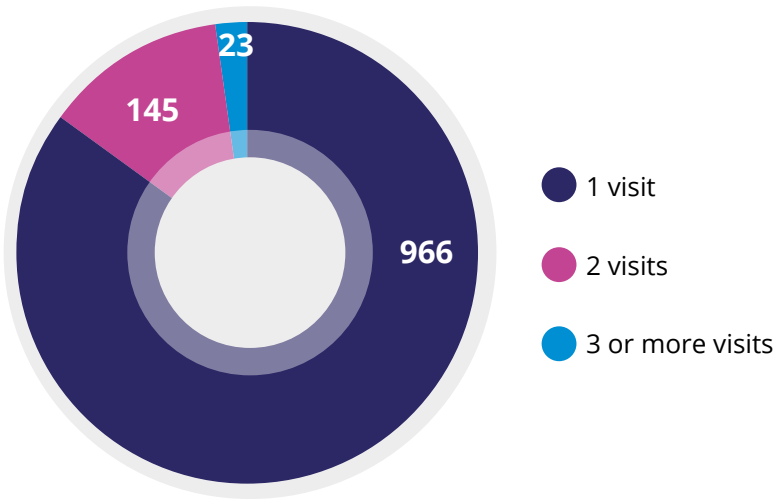
Inspections can be announced, unannounced or short notice announced and may take place at any time of day or night. Of the 1,329 inspections completed, 25% were announced, 5% were short notice announced with the remaining 70% being unannounced (Figure 3).

**Figure 3 - Number of announced and unannounced inspections of designated centres for people with disabilities carried out in 2022**



The majority of centres (966) visited in 2022 received one inspection. This indicates that they had a good level of compliance and that, where there were non-compliances, the provider responded appropriately. While 145 centres required two inspections to monitor compliance, 23 centres required three or more follow-up inspections (Figure 4).

**Figure 4 - Number of inspection visits per centre inspected in 2022**

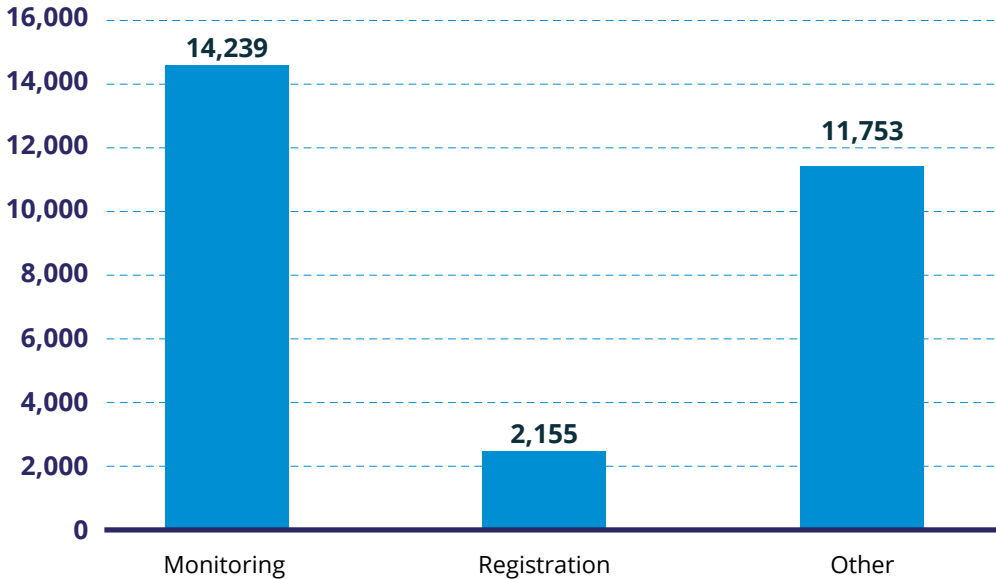


## Receipt of information

### Solicited Information (Regulatory notifications)

Registered providers or persons in charge are required to submit notifications of significant events that occur in a centre within three days and to notify the Chief Inspector of other specific matters in the centre on a quarterly basis (these are referred to as “Other” in Figure 5). Each of these notifications are individually risk assessed and are used to inform regulatory actions. In addition, the provider is required to notify the Chief Inspector of any changes to information supplied for registration purposes (these are referred to as registration in Figure 5). During 2022, 28,147 notifications were received relating to services for people with disabilities.

**Figure 5 - Regulatory notifications received from services for people with disabilities in 2022**

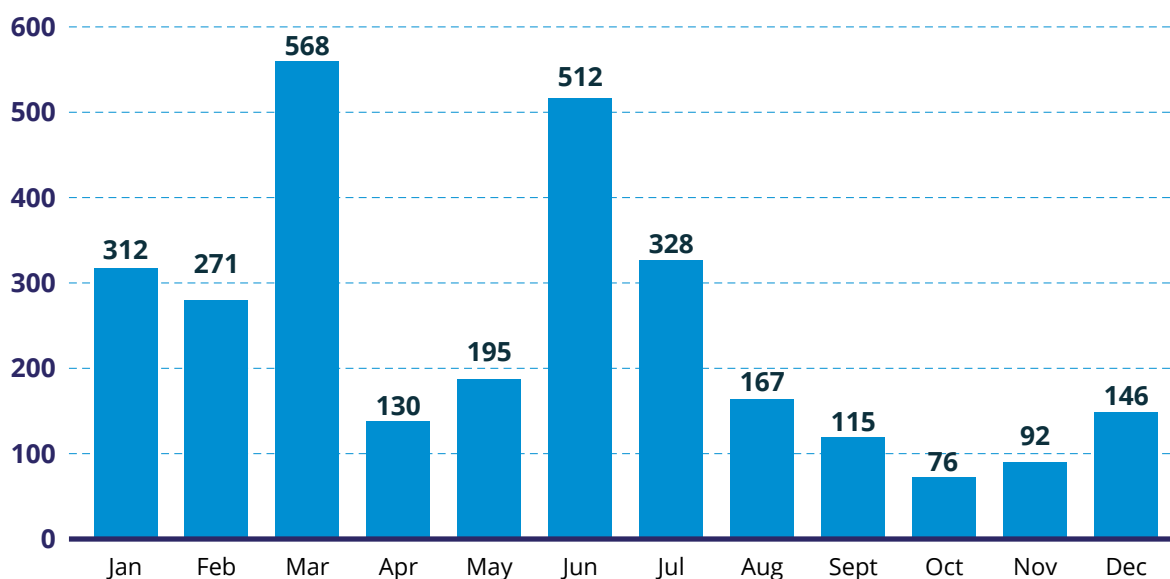




## Notifications of COVID-19 in centres for persons with disabilities

Registered providers are required to notify the Chief Inspector of any outbreak of infectious disease in a centre. In the context of COVID-19, providers were required to notify the Chief Inspector when one or more resident or staff member were suspected or had a confirmed diagnosis of COVID-19. Figure 6 provides information on the notifications relating to confirmed instances of COVID-19 infection:

**Figure 6 - Number of notifications received in 2022 reporting a resident or staff member with confirmed COVID-19**



In the early months of 2022, it was clear that services were impacted by COVID-19. In quarter one of 2022, 1,151 cases of confirmed COVID-19 were reported in comparison to 314 confirmed cases reported in quarter 4 of 2022, demonstrating a decline in the number of reported instances of confirmed COVID-19 by the end of 2022.

A total of 1,347 centres submitted a COVID-19-related notification in 2022. Of these centres, all had at least one confirmed resident or staff case of COVID-19. In 2022, 131 (9.7%) designated centres reported no outbreak of COVID-19.

### Unsolicited Information

Members of the public or others can also contact the Chief Inspector with their feedback or concerns about their experience with a designated centre for people with a disability. All of this feedback is reviewed and risk rated and, where appropriate,<sup>6</sup> used to inform the monitoring of designated centres.

During 2022, the Chief Inspector received 291 pieces of feedback relating to disability centres, a 24% increase on the number received in the previous 12 months. Table 1 details who contacted us during 2022.

6 While under the Health Act 2007 HIQA has no regulatory remit to investigate or manage an individual complaint, the Chief Inspector reviews the information received to establish if it indicates a risk to the safety, effectiveness, and management of the service and the day-to-day care residents receive.

**Table 1 - Sources of unsolicited information in 2022**

Source of unsolicited information	Numbers received in 2022
Residents	16
Relatives of residents	98
Employees	124
Others	53

The types of unsolicited information received included feedback relating to the safeguarding, protection, rights and general welfare and development of residents, the quality of care (including care planning, personal care, healthcare, medicines management and positive behavioural supports) governance and management, communication, staffing, complaints handling and information governance.

## 4.2 Regulation of designated centres for older people (commonly referred to as nursing homes)

2022 was a turning point for residents in nursing homes in the context of the impact that COVID-19 had on them. Residents of designated centres for older people (nursing homes) realised the benefits of reduced COVID-19 restrictions on their lives. Although centres continued to report confirmed cases of COVID-19 among residents and staff, the negative impact on the health and wellbeing of residents lessened following the national vaccination programme. The Chief Inspector adapted the regulatory model during the pandemic to effectively monitor the quality and safety of services, and to respond to risk. HIQA’s focus throughout the pandemic has been to ensure residents’ needs were being met and, where risks were not being managed, to take steps to drive improvement.

The registration and regulation of nursing home processes are in place to ensure nursing homes are fit for purpose and meet the requirements set out in the regulations. As detailed in this report, the Older Person’s Team continued to receive and review both solicited and unsolicited information. During our inspections, we placed a particular focus on residents’ rights. Inspectors continued to identify issues of concern, including non-compliance with governance and management, premises and fire safety.

The closures of nursing homes was a significant concern during 2022. Sixteen registered providers notified the Chief Inspector of their intention to cease the business of operating a designated centre as per section 66 of the Health Act 2007. Twelve of these nursing homes closed before the end of the year while the preparation for the closure of the remaining four nursing homes was in progress. In addition, one nursing home closed when their registration expired and one nursing was removed from the register by the Chief Inspector. On 20 September 2022, a regulatory notice issued to all registered providers of designated centres for older people to remind providers of their legal responsibilities and the importance of ensuring the care and welfare of residents and the safe discharge of residents from nursing homes that intend to close.

## Registered designated centres

As of 31 December 2022, there were 557 registered designated centres for older people in Ireland with 31,674 registered beds.

This figures represents a reduction of 10 in the total number of nursing homes since the end of 2021, and the number of beds has reduced by 168.

**Table 2 - Number of centres and beds over the last two years**

Year	Number of centres	Number of beds
2021	567	31,842
2022	557	31,674

Nursing homes may be owned and operated by a number of legal entities, including:

- ▶ Health Service Executive (HSE)
- ▶ HSE-funded bodies under sections 38 and 39 of the Health Act 2004
- ▶ Private providers.

The vast majority (77%) of nursing homes are owned and operated by private providers. Table 3 provides an overview of the nursing homes by provider type.

**Table 3 - Profile of ownership of nursing homes as of 31 December 2022**

Provider Type	Number of centres	Number of beds
Health Service Executive (Public)	111 (20%)	5,067 (16%)
HSE-funded bodies under Sections 38 and 39 of the Health Act 2004	17 (3%)	921 (3%)
Private Providers	429 (77%)	25,662 (81%)
<b>Total</b>	<b>557</b>	<b>31,650</b>

## Bed Capacity

In 2022, 733 new nursing home beds became available through the registration of four new nursing homes and extensions in 25 existing nursing homes. New nursing homes provided 448 new beds, while extensions to existing nursing homes accounted for a further 285 beds.

**Table 4 - Geographical location of new beds registered in 2022**

Meath	199	Wicklow	19	Kerry	4
Dublin	172	Galway	16	Tipperary	3
Louth	140	Offaly	13	Westmeath	2
Cork	126	Kildare	11		
Mayo	20	Sligo	8		

The number of registered beds also changed due to the closure of nursing homes or by a reduction in the number of beds in an existing nursing home. In 2022, bed capacity in nursing homes was reduced by 863 due to the closure of a centre or a reduction in the number of beds in an existing centre.

In 2022:

- ▶ 12 centres closed voluntarily, having notified the Chief Inspector of their intention to cease the operation of the designated centre and close the centre.
- ▶ One centre was closed by the Chief Inspector under section 51 of the Health Act 2007.
- ▶ One centre closed when the registered provider did not renew their registration.
- ▶ The number of available beds reduced in 69 existing nursing homes.
- ▶ Overall, there was a net reduction in the number of registered beds of the order of 168.

### Notified Occupancy Levels

Three times a year, on 1 January, 1 May and 1 September, registered providers of nursing homes can choose to submit a notification to the Chief Inspector detailing the number of residents living in their nursing home on these dates. These figures provide a point-in-time view of the number of residents living in nursing homes at three different points during the year. In 2022, the Chief Inspector received notification of occupancy from a high percentage (94% to 96%) of nursing homes (Table 5).

**Table 5 - NF60 notifications received in 2022**

Month	NF60 Received	Registered Centres	% of centres which submitted an NF60 <sup>7</sup>
January 2022	543	567	96%
May 2022	533	565	94%
September 2022	531	565	94%

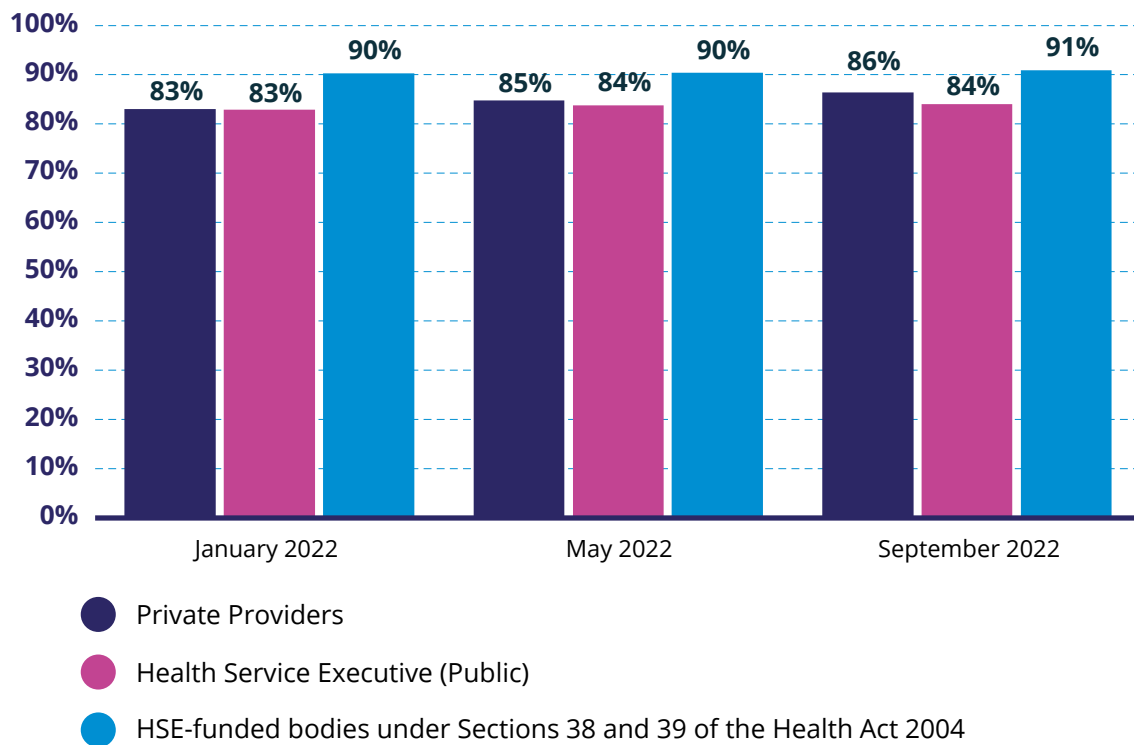
7 Notification of the number of residents living in the nursing home.

Table 6 presents a picture of the occupancy levels in nursing homes based on notifications received by nursing homes three times a year.

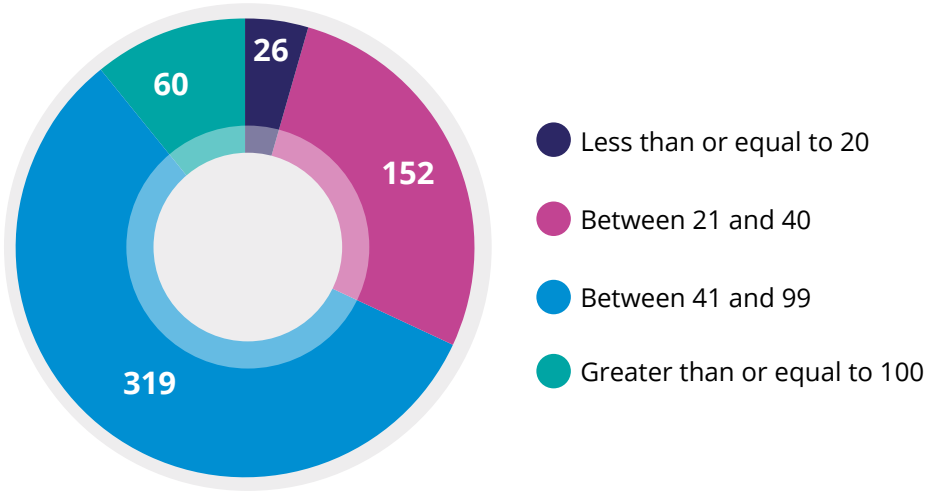
**Table 6 - Occupancy levels as per NF60 notifications received in 2022**

	January 2022	May 2022	September 2022
<b>Registered Beds in centres which submitted a NF60</b>	30,612	30,425	30,419
<b>Notified Occupancy</b>	25,498	25,806	26,229
<b>Vacancies</b>	5,114 (17%)	4,619 (15%)	4,190 (14%)

**Figure 7 - Percentage of occupied beds by provider type as per NF60 notifications received in 2022**



**Figure 8 - Size range of nursing homes as of 31 December 2022**



### Inspection activity and regulatory response

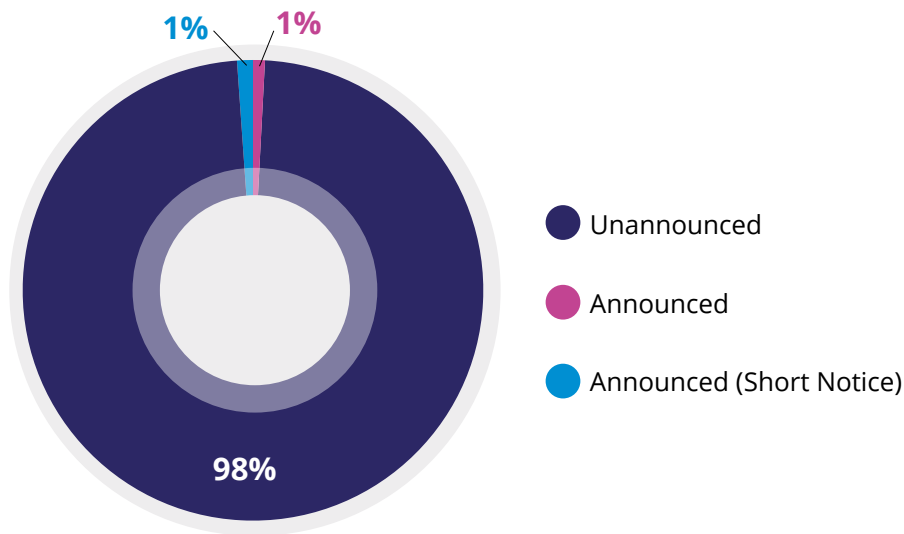
In 2022, we carried out 726 inspections of 558 nursing homes. This is an increase of 171 inspections when compared to 2021. A single inspection may be carried out by one or more inspectors over one or more days. Factors which are considered in allocating resources to inspections include available information, the extent of an outbreak (if applicable), the size of the centre and the history of regulatory compliance in the centre. In 2022, the 726 inspections equated to 1,222 inspection days.

Any inspection of a nursing home will be reflected in the publication of a report of the inspection, with a few minor exceptions.<sup>8</sup> In 2022, 679 inspection reports were published and the remaining reports are progressing through the system.

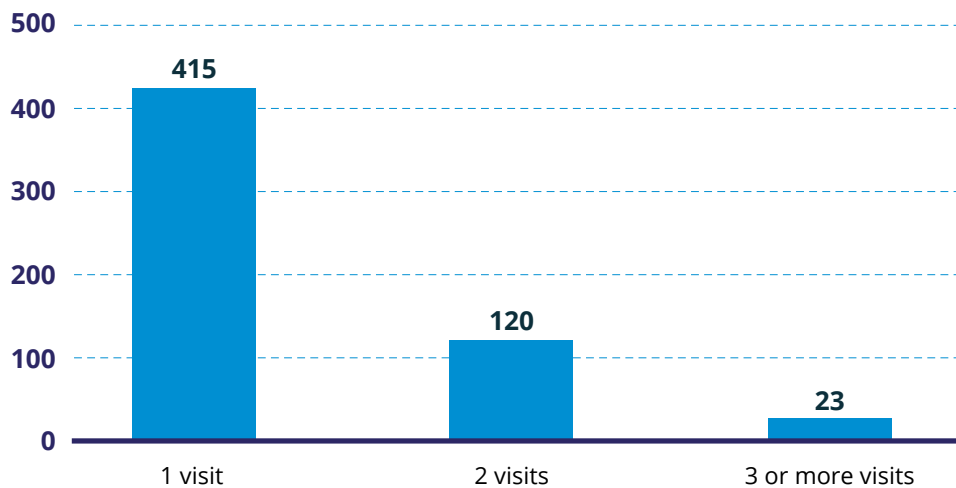
As with the previous two years, the majority (98%) of inspections of nursing homes were unannounced (Figure 9).

8 A report may not be published if the centre is unregistered and the inspection was for the purpose of registering it, or if the inspection was to inform an application to vary a condition of registration and didn't include a review of any other issues then the findings of the inspection will be reflected in the decision making record for the application to vary the condition. One inspection report is subject to judicial review proceedings and cannot be published at this time.

**Figure 9 - Announced, short notice announced and unannounced inspections of nursing homes carried out in 2022**



**Figure 10 - Number of inspection visits per centre in 2022**



The vast majority of nursing homes (558) inspected in 2022 received between one or two inspections during the course of the year, with 120 nursing homes having two inspection visits during the year. However, concerns about the care and welfare of residents in a small number of nursing homes necessitated more than two inspections. 23 nursing homes required three or more inspections during 2022, which relates to 4% of all nursing homes inspected over the year.

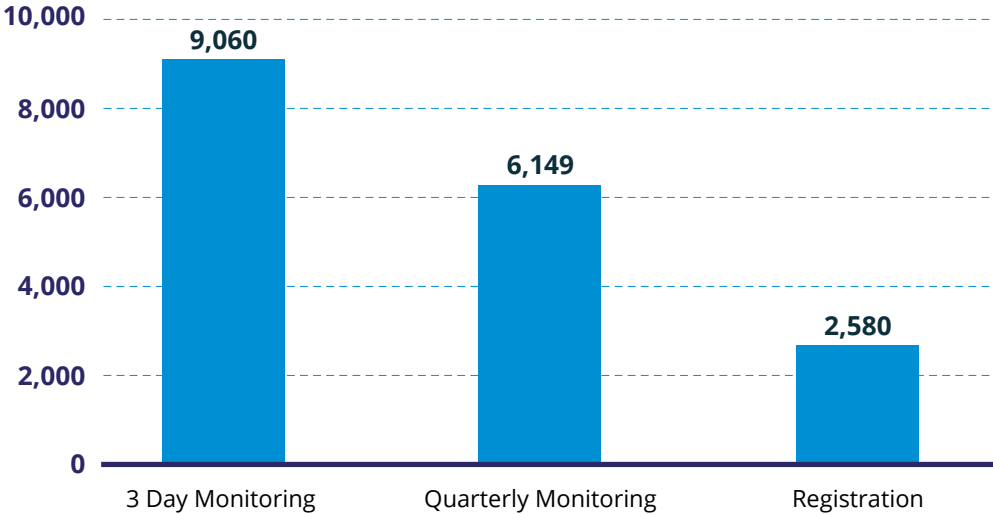
## Receipt of information

### Solicited Information (Regulatory notifications)

Registered providers or persons in charge are required to submit notifications of significant events that occur in a centre within three days, and to notify the Chief Inspector of other specific matters in the centre on a quarterly basis. These notifications are risk assessed and inform our regulatory actions.

During 2022, we received 18,344 notifications which was an increase from the number received the previous year.

**Figure 11 - Regulatory notifications received from nursing homes in 2022**

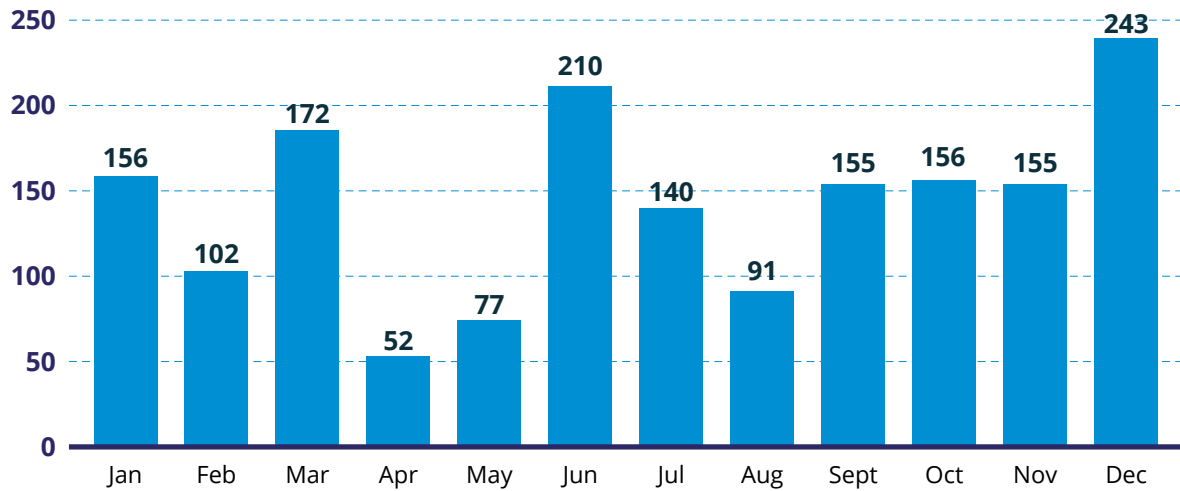


### Notifications of COVID-19 in Nursing Homes

Nursing home providers are required to notify the Chief Inspector of any outbreak of infectious disease in a centre. In the context of COVID-19, providers are required to notify the Chief Inspector when one or more resident or staff members are suspected or confirmed to have COVID-19 (Figure 12).

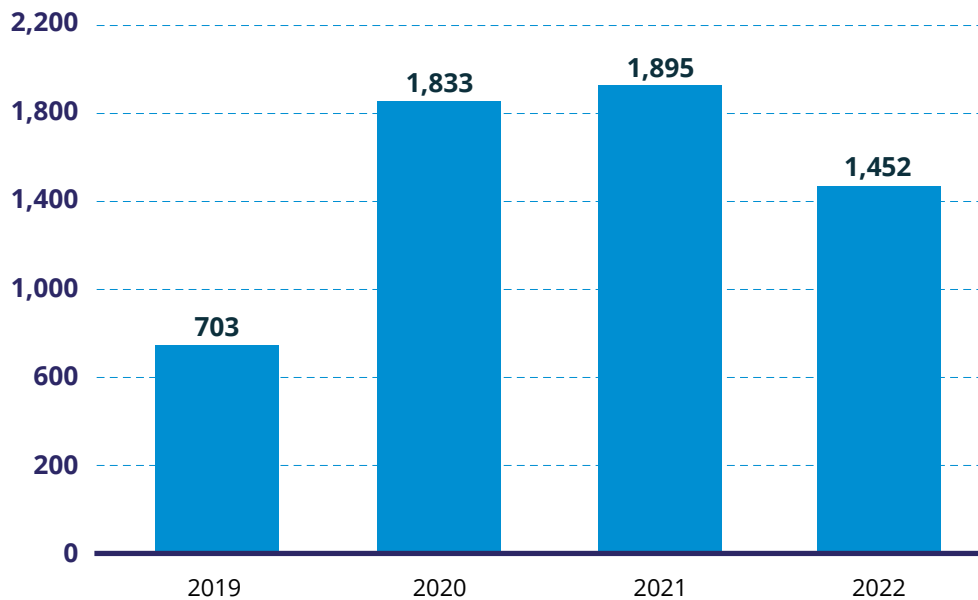


**Figure 12 - Number notifications received in 2022 which reported a resident or staff member with confirmed COVID-19**



In addition to notifying the Chief Inspector of confirmed or suspected outbreaks of COVID-19, nursing home providers are required to inform the Chief Inspector about unexpected deaths (Figure 13). In 2022, the Chief Inspector was notified of 1,452 unexpected deaths<sup>9</sup> among residents in nursing homes.

**Figure 13 - Notifications of unexpected deaths received between 2019 and 2022**



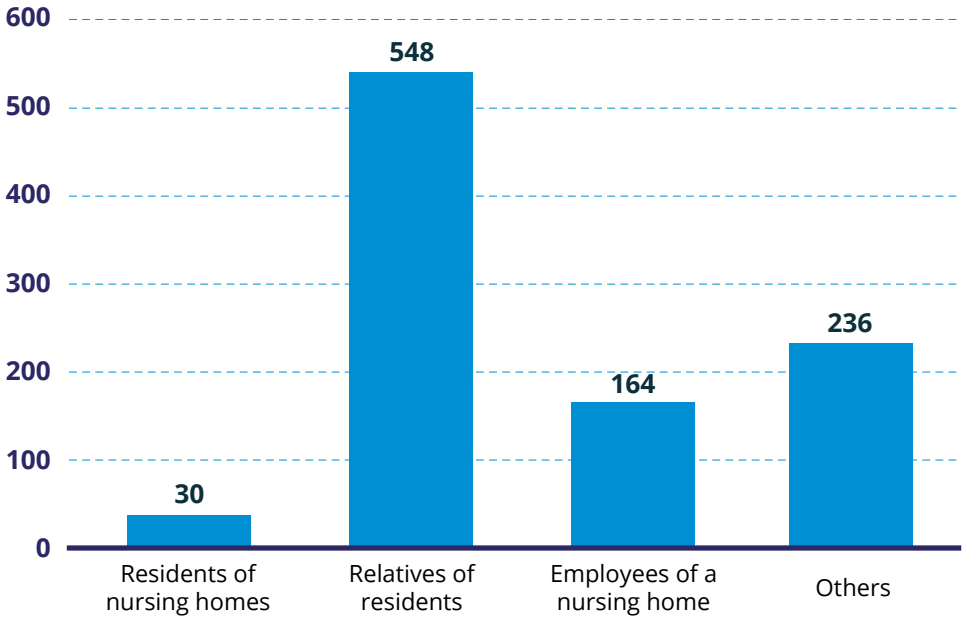
9 This number includes all unexpected deaths in all nursing homes and not just unexpected deaths among residents with COVID-19.

### Unsolicited Information

Members of the public or others can also contact the Chief Inspector with their feedback about their experience with nursing homes. All of this feedback is reviewed and risk rated and, where appropriate,<sup>10</sup> used to inform the monitoring of the healthcare services under our remit.

During 2022, we received 978 pieces of feedback, a 4.5% increase on the number received in the previous 12 months. Figure 14 outlines who contacted us in 2022.

**Figure 14 - Source of unsolicited information received in 2022**



The types of unsolicited information we received included feedback relating to the safeguarding, rights and the general welfare and development of residents, the quality of care (including care planning, personal care, healthcare, nutrition and hydration and falls management) infection prevention and control measures, governance and management, communication, staffing, staff training and development and complaints handling.

Of the 978 pieces of information received, 18 were complimentary about a specific nursing home. Two of these were from residents, 13 were from relatives and three were from members of the public. These highlighted how residents' rights were upheld and all reflected positively on the quality of care residents received (five specifically complimented end-of-life care). Six referenced staffing as being satisfactory, and 15 noted the good governance arrangements in place in the centre.

10 While under the Health Act 2007 HIQA has no regulatory remit to investigate or manage an individual complaint, the Chief Inspector reviews the information received to establish if it indicates a risk to the safety, effectiveness, and management of the service and the day-to-day care residents receive. The Chief Inspector also assess how the provider complies with their statutory obligations to investigate complaints.



*Members of the Older Person's Team attending a provider event.*

## Stakeholder Engagement

### Resident Voice

As part of the inspection process, there is a focus on residents' lived experience in nursing homes. Information about nursing homes is received from families, and residents through our information handling centre throughout the year. Inspectors also speak with residents and their families and friends during our inspections.

During the course of an inspection, inspectors speak with residents about their day-to-day experience of living in the centre. Inspectors also speak with families and friends if they are present in the centre. Many residents like to speak about their experience of the staff, the types of activities they enjoy, the quality of the meals, and their personal accommodation. Where residents are not able to express their own experience, inspectors observe the care and support provided to them, to ensure it is person centred and reflects their care and support needs.

The information received is presented at the beginning of each inspection report. The information is used as part of the evidence to make judgments about the quality of a service, and also to identify where improvements are required. Such information from residents may support people when choosing a nursing home.

Throughout 2022, we established a regular pattern of engagement with stakeholders which included:

- ▶ The Office of the Ombudsman
- ▶ SAGE Advocacy
- ▶ Nursing Homes Ireland
- ▶ Céile Care
- ▶ HSE (Older People Operations).

This engagement has provided a valuable opportunity for stakeholders to share information and discuss issues of concern relevant to designated centres for older people. A number of the older person's team are involved in working groups, which were established following the recommendation from the report of the COVID-19 Nursing Home Expert Panel.

In November 2022, we hosted stakeholder events for registered providers and persons in charge of designated centres for older people. There were approximately 600 attendees across the four events, which were held in Dublin, Cork, Mullingar and Galway. The theme of the event was **Residents Rights: Listening to Drive Improvement** and included presentations regarding:

- ▶ An introduction to the Older Person's Team
- ▶ Findings of the National Nursing Home Experience Survey 2022
- ▶ Essential Role of the Person in Charge
- ▶ Safeguarding Adults at Risk
- ▶ Infection Prevention and Control
- ▶ A Rights-Based Approach to Residents Care
- ▶ Amendments to the Regulations
- ▶ Changes to Registration Processes
- ▶ Plans for 2023.

### Overview Report

In December 2022, we published an overview report which detailed the monitoring of designated centres for older people in 2020 and 2021. This report outlined the lived experience of residents during the COVID-19 pandemic, and the challenges which impacted nursing home providers and staff members.



## 4.3 Regulation and monitoring of children's services

We monitor and inspect a range of services provided to children by statutory and non-statutory providers. These services include:

- ▶ children's residential centres (statutory)
- ▶ foster care (statutory and non-statutory)
- ▶ special care units (designated centres)
- ▶ child protection and welfare services (statutory)
- ▶ Oberstown Children Detention Campus.

Each service has its own statutory framework using regulations and or standards which sets out what is expected from the service.

Overall, in 2022 we found incremental improvements in compliance with national standards and regulations across the majority of children's services. However, many of the challenges experienced by children's services in 2021 continued throughout 2022 and this has impacted on the services provided to some children.

### Regulation of children's residential centres

It has been proposed for a substantial period of time that the remit of the Chief Inspector be expanded to include the regulation of all children's residential centres, statutory and non-statutory, as designated centres. We await its commencement, particularly in light of the current situation where there continues to be a lack of suitable placements for children, the introduction of regulation of children's residential centres would help to provide assurances in relation to the quality and safety of all residential services provided to children.

### COVID-19

Levels of COVID-19 in children's residential services, detention and special care units continue to remain low and, when there have been incidences, effective plans have been in place. Where children have contracted COVID-19, they generally have experienced mild symptoms. Child protection and welfare services and foster care services continue to operate their services as normal and while some services were impacted earlier in the year by staff illness due to COVID-19, they continued to operate all of their services.

### Monitoring activity

Regulatory activity carried out by the Children's Team in 2022 included:

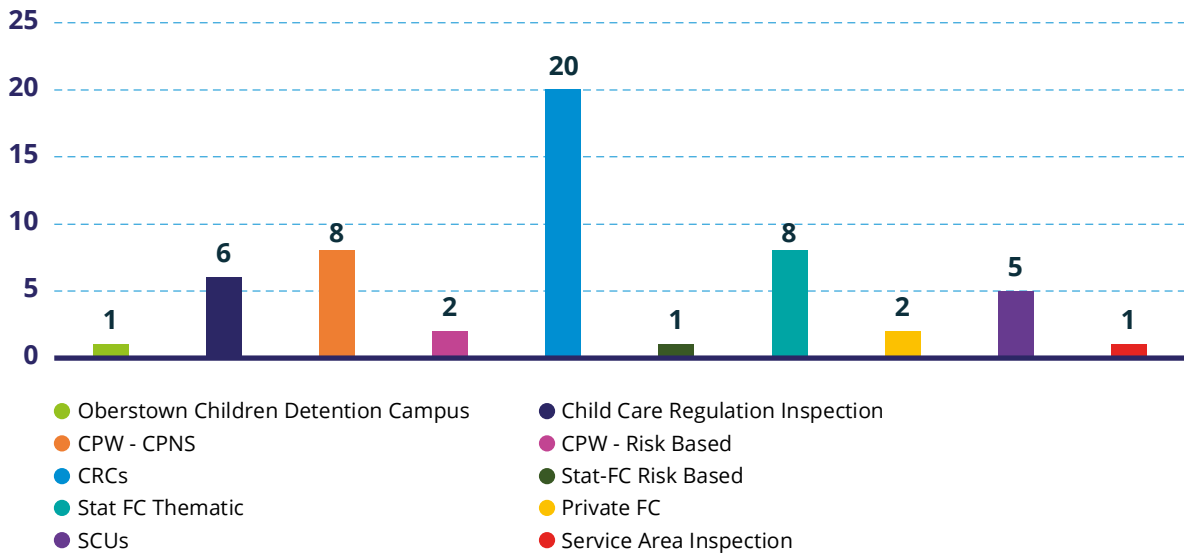
- ▶ Inspections of 20 statutory residential centres for children against the *National Standards for Children's Residential Centres* (2018). All these centres were given a short-notice announcement.<sup>11</sup> Inspections focused on the standards in relation to children's care and support, protection of the child, behaviour management, and contact with family, workforce and the service's statement of purpose. The majority of centres demonstrated a good level of compliance with the national standards.

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11 Services were notified 72 hours in advance of inspection.

- ▶ Six inspections focused on the statutory duties of the Child and Family Agency (Tusla) social workers in monitoring placements for children in residential care in line of the Child Care (Placement of Children in Residential Care) Regulations 1995. These inspections included review of case planning, supervision and visiting, social work records and child-in-care reviews of children placed in residential care to ensure that safe services were provided to these children. Overall, there was a high level of compliance with these regulations.
- ▶ Five unannounced inspections of special care units were carried out: two were routine monitoring inspections; two were risk-based inspections; and one was a follow-up inspection. These inspections monitored ongoing compliance with the Health Act 2007 (Care and Welfare of Children in Special Care Units) 2017 and the Health Act 2007 (Registration of Designated Centres) (Special Care Units) 2017.
- ▶ Eight announced inspections of statutory foster care were carried out as part of a thematic programme focusing on assessing the efficacy of governance arrangements across foster care services and the impact these arrangements have for children in receipt of foster care. This inspection programme concluded in 2022 and, overall, strong governance arrangements were illustrated in the 12 foster care service areas participating in the programme.
- ▶ Two announced inspections were carried out of non-statutory foster care services to examine management arrangements, safeguarding and child protection, and the recruitment, assessment, approval, supervision, training and review arrangements in place for foster carers.
- ▶ One annual announced inspection was carried out of Oberstown Children Detention Campus which focused on children's rights and their participation, their care, management and oversight of staff and restrictive practices.
- ▶ Eight child protection and welfare inspections were carried out which focused on the child protection notification system (CPNS). Children who are assessed by Tusla as being most at risk are placed on the CPNS. The inspections examined the management of children on the CPNS, and the governance of the service.
- ▶ One service area inspection was completed which focused on the service's progress in reaching compliance in both the child protection and foster care service of one service area. The inspection focused on the overall governance of the service area along with the management and assessment of the child protection service, the recruitment and retention of foster carers, placements for children and how children in foster care were supported. The service submitted a satisfactory compliance plan which is subject to on-going monitoring.
- ▶ One follow-up risk-based inspection of a statutory foster service occurred in 2022 and substantial improvements in compliance against the *National Standards for Foster Care* (2003) were achieved.
- ▶ Two risk-based child protection and welfare inspections were carried out during 2022 of one child protection service. These inspections were announced and focused on Tusla's management of child protection concerns, the assessment of these concerns, safety planning, waiting lists and the governance of the service. Substantial progress was achieved in this area in regard to the governance of unallocated child protection and welfare cases.

**Figure 15 - Inspections of children’s services in 2022**



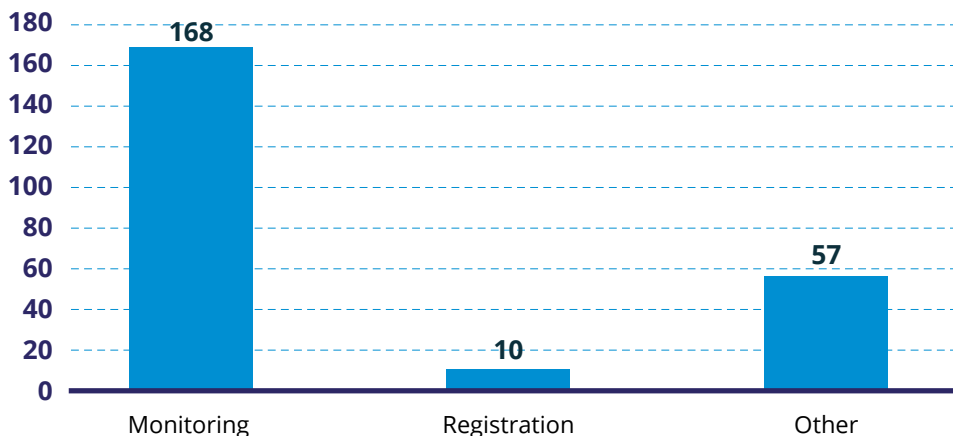
## Receipt of Information

### Solicited information (Regulatory notifications)

During 2022, we:

- ▶ received 42 notifications of serious incidents including the deaths of children in care from Tusla. Tusla is required to notify HIQA of deaths and serious incidents involving children in care and children known to its child protection and welfare service. All information received was assessed and risk rated and used to inform our monitoring programme.
- ▶ received six National Review Panel reports relating to serious incidents and deaths involving children in care and or children known to the child protection and welfare service.
- ▶ received 235 notifications from special care units including, 168 monitoring notifications, 10 registration notifications and 57 others.

**Figure 16 - Regulatory notifications received in 2022**





### Unsolicited information

Members of the public or others can also contact the Chief Inspector with their feedback about their experience with children’s social care services under our remit. All of this feedback is reviewed and risk rated and, where appropriate,<sup>12</sup> used to inform the monitoring of the healthcare services under our remit.

During 2022, we received 84 pieces of feedback, a 6% increase on the number received in the previous 12 months. Of these, 41 related to child protection and welfare services, 28 related to foster care services, nine related to special care units, four related to children’s statutory residential services and two related to Oberstown Children Detention Campus. Table 7 outlines who contacted us in 2022.

**Table 7 - Sources of unsolicited information in 2022**

Source of unsolicited information	Numbers received in 2022
Children	2
Relatives of children	36
Employees	12
Others	34

The types of unsolicited information we received included feedback relating to the safeguarding, protection and rights of children, the quality of care, risk management, governance and management, communication, staffing, complaints handling and information governance.

In addition to the above inspections, our regulatory programme also included the following:

- ▶ The *Overview Report on Monitoring and Regulation of Children’s Services in 2021* was published in June 2022. Alongside this report, for the first time, a summary report was published for children outlining the findings of inspection activity in an easy-to-read format for young people.
- ▶ We continued to routinely contact children’s residential care and Oberstown Detention Campus. Services are contacted by phone to provide support and monitor the preparedness of services for an outbreak of COVID-19, and its potential impact on the service delivery to children.

### Listening to children’s voices

Meeting with and hearing first-hand the experiences of children who use services is an integral part of our work. During 2022, we continued to meet with children, their parents and guardians, professionals, external agencies services, and service providers in person and remotely. We are committed to promoting and reflecting the voice of children and young people in our work.

12 While under the Health Act 2007 HIQA has no regulatory remit to investigate or manage an individual complaint, the Chief Inspector reviews the information received to establish if it indicates a risk to the safety, effectiveness, and management of the service and the day-to-day care residents receive.



In total, across the services, inspectors engaged with 180 children either directly, over the phone or by way of a questionnaire. Of the 180 children, 65 were children in residential care, 47 children in foster care, 24 children who were supported by child protection services, 28 children in detention and 16 in special care. Inspectors also spoke with a sample of parents and guardians, foster carers and other professionals such as guardian ad litem as part of our inspection activity.

Listening to children's voices during inspections enables us to capture children's experience of their care, and understand better the impact of the governance of these services on these experiences. A particular focus of participation of children and young people in our work is to capture how they are involved in decision-making on issues that affect them. Such decision-making is enshrined in the Irish Constitution and Article 12 of the United Nations Convention on the Rights of the Child (UN, 1989), ratified by Ireland in 1992.

### Stakeholder engagement

During 2022, the Chief Inspector and the Head of Children's Services met with the officials from the Department of Children, Equality, Disability, Integration and Youth to exchange relevant updates and exchange information on actual or potential risk across the sector; and discuss progress on regulatory developments. Stakeholder meetings were held with staff from special care units, foster care (statutory and non-statutory), child protection and welfare services and Oberstown Children Detention Campus during quarter four of 2022. HIQA's focus on a children's-rights approach to monitoring and inspection was presented, along with our key findings from inspections and our plans for 2023.

Throughout 2022, we held regular meetings with the CEO of Tusla and members of Tusla's senior management team to share information on regulatory developments, risks, practice issues and service delivery.

Other stakeholders we engaged with in 2022 included:

- ▶ the Chairperson of the Board and Campus Director of Oberstown Children Detention Campus
- ▶ the CEO of EPIC
- ▶ the CEO of Irish Foster Carers Association (IFCA)
- ▶ Ombudsman for Children's Office
- ▶ Alliance of Birth mothers
- ▶ Providers of non-statutory foster care services
- ▶ Persons in charge and persons participating in management of special care units.

### Resource Challenges

Vacant social work posts continued to impact on service provision for some children, despite the implementation of a range of recruitment and retention initiatives by Tusla. Notwithstanding this challenge, Tusla provided a safe service to the majority of children who were assessed at ongoing risk of significant harm and were placed on the child protection notification system. Our inspections showed that Tusla through its services endeavoured to work with children who were at the highest risk.

However, a lack of social workers and social care staff and an increase in referral levels to child protection and welfare services have directly led to an increase in waiting lists and an upward trend in relation to the number of children in foster care without an allocated social worker. In addition, there were challenges in the recruitment and retention of staff in special care units, which impacted directly on the quality of care provided to a small number of children. Tusla have developed plans to address these specific risks.

Similar to 2021, there is an acknowledged deficit in alternative care capacity within the sector. These deficits ranged from a lack of foster care placements, to difficulties in transitioning children from special care to suitable step-down placements, to challenges in placing children with complex needs in appropriate residential placements, resulting in some children living in respite residential care centres or in 'special arrangements' provided by Tusla, some of which were unregulated. These issues have been escalated to Tusla and in response, they are implementing their residential and foster care strategic plans in order to improve the provision of these services. However, these strategies will take time to show their effectiveness and we will continue to monitor to ensure that Tusla continue to manage the associated risks.

### Learning from Statutory Notifications in Social Care (The LENS Project)

The LENS (LEarning from Notifications in Social Care) Project is a three-year HRB funded project hosted by HIQA. 2022 was the second year of the project. Its focus is to make the data collected in statutory notifications from designated centres<sup>13</sup> for usable for research and to conduct research with the newly developed database.

This year saw the update of the Database of Statutory Notifications from Social Care to include an additional 40,000 notifications to the database and extended the database to cover the years 2013 to 2021. The database is available for use by researchers both internally and externally to HIQA.

An analysis of current management and reporting practices of notifiable events in designated centres and a separate analysis of factors that contribute to notifiable events were conducted and new Guidance on Managing Notifiable Events in Designated Centres was published, informed by this research. The academic publications and the guidance document outline current good practice in managing and reporting notifiable events and factors that are contributing to their occurrence in designated centres in Ireland. This information can be used by centres to improve their own practices.

Standardised language is important to ensure accurate communication and to support use of collected data. There is standardised language for medical terms and for nursing terms but there is no accepted terminology for social care. To address this gap, a project on the development of a Lexicon for Social Care was launched in November 2022. A draft lexicon has been developed and an expert advisory group of inspectors, service providers, residents, health information specialists and academics has been established. The expert advisory group is currently working through the terms to agree inclusions and definitions. This work will be completed in 2023.

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13 Designated centres for older people (nursing homes) and centres for people with a disability.

The Database of Statutory Notification from Social Care has been used extensively in the last year by researchers within HIQA, supported by the LENS project team. Projects on deaths in designated centres for people with disability, frequency of pressure sores and pressure sores requiring hospitalisation, use of restrictive practices in designated centres and, types of frequency of serious injuries, have all been completed. External applications for use of the Database have also been received and are being processed.

### Supporting education through Student Placements

Three student placements were hosted within the LENS Project team this year: an undergraduate student from UCC Public Health who undertook work relating to pressure sores in nursing homes; a student from the UCD Summer Student Research scheme who undertook a project on evidence of infringement and upholding of human rights in notifications; and a second UCD student who categorised and mapped the types of serious injuries that are notified as a starting point in a larger project that is being completed on the revision of the definition for serious injuries.

A Masters Research student has also used the database to complete work on the reasons given for the use of restrictive practices.

### Conferences

To support the dissemination of our learnings from the project, the team presented at the following conferences in 2022:

- ▶ The SPHeRe Conference, Dublin
- ▶ The Conf, Trinity College Dublin, Dublin
- ▶ The National Patient Safety Organisation Conference, Dublin
- ▶ The European Public Health Conference, Berlin
- ▶ The Regulators Conference, Gothenburg.

### Contributions to academic discourse through Publications

The following articles have been published by the LENS Project team in 2022:

- ▶ Management and reporting of safety incidents by residential care facilities in Ireland: A thematic analysis of statutory notifications
- ▶ Incidence and type of restrictive practice use in residential disability facilities in Ireland, a cross-sectional study
- ▶ Incidence and type of restrictive practice use in nursing homes in Ireland
- ▶ To summarise the approach to and findings of the PPIE undertaken as part of a programme of secondary research with a vulnerable, hard to reach population during the COVID-19 pandemic
- ▶ Guidance on managing notifiable events in designated centres.

## Future work

2023 will be the last year of the external funding for the LENS Project. We are currently looking at ways to continue the project after the end of funding. Projects for 2023 include: completion of the Lexicon for Social Care, an analysis of determinants of notifiable events in designated centres, an analysis of risk-based prioritisation of notifications, completion of an analysis on evidence of infringement and upholding of human rights in notifications and definitions of adverse events for social care. We will continue to work to increase the use of the database externally and partner with those looking to use it in their research. The database will also be updated with all the notifications received in 2022 to further extend its coverage. A key focus for 2023 will be dissemination of the findings of the research conducted as part of the project.

## 4.4 Monitoring and regulation of healthcare services

In healthcare, HIQA is responsible for monitoring compliance against national standards under the Health Act 2007 (as amended) to improve the quality of care to service users. HIQA also has a remit to conduct statutory investigations into services where there are potential serious patient safety concerns impacting on the health and welfare of patients. In addition, HIQA is the Competent Authority in Ireland with responsibility for regulating medical exposure to ionising radiation.

A new Healthcare Regulation Directorate was established within HIQA in late 2021 with the progression of key leadership roles to fulfil growing responsibilities in the regulation of healthcare, and also international protection accommodation services (IPAS), formerly referred to as Direct Provision. This organisational restructuring represents an important additional step in working to meet the requirements arising from an extension of HIQA's legal functions in the regulation and monitoring of healthcare across the public, private and voluntary sectors.

### Healthcare regulatory and monitoring activities

In 2022, HIQA launched a new monitoring programme in public healthcare services against the *National Standards for Safer Better Healthcare* in acute and community healthcare services. The experience and learning gathered from the thematic inspections conducted by HIQA over the past decade informed the revised consolidated approach which aims to evaluate if care is person centred, safe and effective in the public acute and community healthcare services. Further planned legislative change is anticipated to advance HIQA's regulatory role into private healthcare through the enactment of the Patient Safety (Notifiable Patient Safety Incidents) Bill 2019. This launch was supported with the publication of *Guide to Assessment Judgment Framework to monitor against National Standards for Safer Better Healthcare* and online webinars of the inspection approach which was presented to 261 attendees.

The new approach involves a core assessment against 11 national standards, and the ability to conduct risk based inspections against one or more of the full suite of the national standards if needed, using an Assessment and Judgement Framework. Methods to listen to the experience of patients and learn from them is included within the assessment approach to inform improvements in service quality and safety – in line with HIQA's desire to ensure that the voice of patients is central to our work. The methodology also aims to focus on the rights of patients as they experience care.

In total, HIQA conducted 20 inspections in 2022, and published nine individual hospital reports and an overview report of HIQA's early findings in emergency departments.

In addition, HIQA also conducted 63 inspections of public and private hospitals and dental facilities as part of our role in regulating medical exposure to ionising radiation. Medical exposure to ionising radiation is when radiation is used as part of diagnosis such as an X-ray or CT scan, for medical research purposes or the use of radiotherapy as part of cancer treatment at a hospital. The inspections carried out were prioritised on a risk-basis in a range of services including dental practices and hospitals carrying out diagnostic imaging and radiotherapy. We published 55 inspection reports relating to medical exposure to ionising radiation in 2022.

Further to the inspection of services carrying out medical exposure to ionising radiation, HIQA completed the issue of self-assessment questionnaires in the dental sector to assess baseline regulatory compliance related to radiation protection. This self-assessment questionnaire is a tool that allows services to self-appraise their level of compliance with the regulations and helps to identify any possible risks or perceived gaps in practice. HIQA continued this monitoring of services throughout 2022, with 796 self-assessment questionnaires received from dental services.

## Receipt of information

In addition, HIQA received information that was used to further inform and support our monitoring activities of healthcare services.

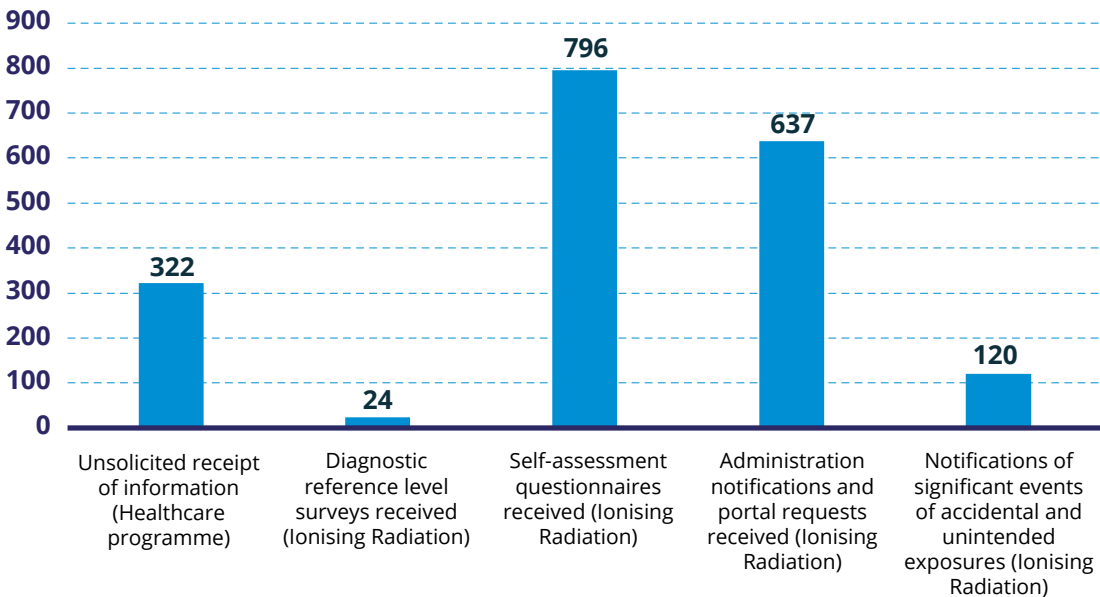
### Unsolicited information

- ▶ HIQA received 322 pieces of unsolicited information on healthcare services, a 7% increase on the number received in the previous 12 months. All of this feedback is reviewed and risk rated and used to inform the monitoring of these services. The types of unsolicited information we received included feedback relating to the safeguarding and rights of service users, the quality of care, infection prevention and control measures, risk management, governance and management, communication, staffing, complaints handling and information governance.

### Solicited information (Regulatory notifications)

- ▶ 637 administrative notifications of medical exposure to ionising radiation were received by HIQA in 2022. These included changes of service details, declarations of new undertakings and requests to access HIQA’s provider portal.
- ▶ HIQA received 120 notifications of accidental and unintended exposures to ionising radiation. These notifications and subsequent follow up reports were assessed and used to inform the regulatory programme.

Figure 17 - Desktop monitoring activity across Healthcare services during 2021





## Key reports published

### Overview Report: Monitoring Programme Against the National Standards in Emergency Departments in 2022

In December 2022, we published a report of HIQA's initial findings from the first seven emergency departments inspected as part of HIQA's new monitoring programme against the *National Standards for Safer Better Healthcare* in 2022. This report aimed to provide necessary clarity from our collective findings from inspections to inform policy and improvement efforts across the health service – using our position as a trusted voice on behalf of patients and the public to drive improvement in services. The particular sample of emergency departments referenced in the report predominantly reflect those that experienced the worst levels of overcrowding in 2022.



Findings from the first seven inspections in emergency departments highlight that overcrowding in emergency departments compromised the dignity and respect of patients, and poses a risk to the health and safety of patients. Emergency department overcrowding and insufficient access to acute and primary services will continue to occur unless a system-wide approach is taken to address major structural challenges. A key finding is the need to strengthen leadership, management and governance at hospital level in relation to patient flow, effective use of capacity and appropriate staffing. This is clearly linked to improving patient safety and operational effectiveness. Key areas for improvement relate to patient dignity and privacy, ensuring sufficient workforce numbers, and the protection of patients from harm associated with the design of service delivery. Furthermore, improvements were needed to ensure that there is a balanced approach to the daily operational management of patient flow, capacity and appropriate staffing, which is clearly linked to patient safety and activity.



*Sean Egan, HIQA's Director of Healthcare Regulation, outlining key findings from HIQA's Overview Report: Monitoring Programme against the National Standards in Emergency Departments in 2022, on RTÉ television national news bulletins.*

HIQA identified four key areas for both immediate and longer-term attention to address safety issues in our emergency departments. These include:

- ▶ A need to continue to create additional capacity within the whole healthcare system, both acute and community, as a matter of priority.
- ▶ More responsive leadership, governance and management is needed at local, regional and national level, which acts to address performance issues when identified.

- ▶ The need to advance a more effective approach to strategic workforce planning at local, regional and national level that enables effective anticipation and management of staffing requirements in response to assessed need.
- ▶ More effective identification, monitoring and management of patient safety risks associated with overcrowding in emergency departments, with timely escalation and response to risk within hospitals should they occur.

### Overview report of lessons learned from receipt of statutory notifications of accidental and unintended exposures 2021

In 2022, HIQA published its annual *Overview Report of lessons learned from receipt of statutory notifications of accidental and unintended exposures to ionising radiation in 2021*. This report summarised the notifications reported to HIQA in 2021 and considered data from 2019 and 2020 for trending purposes. Statutory reporting has seen an upward trend in the annual number of accidental and unintended exposures and significant events reported to HIQA since it began receiving notifications in January 2019. All data reported since 2019 indicates that accidental and unintended exposures and significant events predominantly occurred in computed tomography (CT) departments and in the vast majority of cases, involved a relatively low additional radiation dose which is associated with minimal risk to the service user.



Overall, it was found that service providers should aim to encourage and support individuals to report incidents with the assurance that the response will be focused on what happened, rather than who failed.



Members of HIQA's Healthcare Regulation and Health Technology Assessment Directorates providing information to delegates about HIQA's growing Competent Authority responsibilities in the area of radiation protection at the Irish Institute of Radiography and Radiation Therapy Annual Conference November 2022 – (L-R Andrew Dullea, Lydia O Sullivan, Agnella Craig and Kirsten O'Brien).



It was noted that corrective actions could be improved by relying on more effective system-focused changes rather than people-focused interventions such as education and information. Trends were also seen in the main cause of events, with human error attributed as the main cause of incidents in over half of the notifications received in 2020 and 2021. The subsequent implemented corrective actions largely relied on people focused interventions such as education and information. This combination of human error as a main cause and education and information as a corrective action may represent a minimally effective system for reducing the probability of re-occurrence. System-focused changes should be the preferred method for undertakings in effectively reducing the possibility of reoccurrence of incidents. Similarly, education and information were predominantly relied on as the corrective action for staff involved in accidental and unintended exposures or significant events.

### **Additional functions fulfilled by HIQA as Competent Authority for medical exposure to ionising radiation on behalf of the State**

As the Competent Authority for medical exposure to ionising radiation, HIQA is required to fulfil a number of roles which complement the regulation of services through inspection and monitoring to improve the quality and safety of services. A number of these functions were progressed in 2022 as outlined below.

- ▶ As part of the competent authority function to review national diagnostic reference levels (DRLs), or typical doses service users should receive as part of their diagnosis or treatment, HIQA updated national DRLs for fluoroscopy and fluoroscopy guided interventional (FGI) procedures and published a list of national DRLs in 2022. This was completed after reviewing and assessing the responses to the survey issued in 2021 to 64 medical facilities that provide these services nationally. Although comparisons with previous national DRL data was difficult due to the limited data previously available, large dose reductions were noted across the vast majority of procedures and clinical tasks where comparisons could be made. HIQA also found that the majority of equipment for fluoroscopy and FGIs were less than five years old, which has positive safety implications, as this equipment is considered relatively new and is often associated with advanced technology and potential dose reducing features.
- ▶ In 2022, HIQA commenced a review of diagnostic reference levels for nuclear medicine procedures. This required extensive stakeholder engagement to develop a clinically appropriate national catalogue of applicable procedures. Responses to the diagnostic reference level were received from 24 undertakings and review of responses commenced in Q4 of 2022. The results of this survey will be published later in 2023 following the review and assessment of individual responses.
- ▶ Work commenced on establishing national procedures for clinical audit after an amendment to S.I. No. 256 of 2018 (S.I. No. 528 of 202), moved responsibility from the Minister for Health for this function to HIQA in October 2022.



*Members of the newly formed HIQA IPAS Monitoring Team receiving refresher training related to a Human Rights Based approach to service monitoring in HIQA's Smithfield office. This new team was formed over the course of 2022 to deliver HIQA's new monitoring role in this area.*

## Monitoring of International Protection Accommodation Services (IPAS)

During the course of 2022, HIQA also undertook work and preparations to establish a regulatory function for the monitoring and inspection of International Protection Accommodation Services (IPAS). This proposed new intended monitoring role for HIQA, and is very much aligned to our competencies as a systems regulator and an advocate for Human Rights and Equality in the provision of human services.

During 2022, a substantial project was undertaken to establish this pillar and prepare for taking on this new function. A programme of recruitment was undertaken to on-board and integrate an inspection and monitoring team by December 2022. A significant programme of work was carried out to support this new function to use the HIQA Authority Monitoring Approach (AMA), which resulted in the development of key documents such as an 'Assessment-Judgement Framework' and a 'Guide to Monitoring IPAS Services'. Extensive work was also carried out in regard to internal systems and process development, which culminated in the in the development of effective information management systems.

To develop the function, a series of pilot inspections were carried out in December 2022, in agreement with the Department of Children, Equality, Disability, Integration and Youth. These inspections were beneficial for HIQA as they provided an opportunity to ensure the approach to inspection was effective and to optimise any areas requiring adaptation.



*Attendees at one of HIQA's focus groups with NGOs as part of IPAS monitoring preparations: L-R Ciara Landy - Children's Rights Alliance, Leina Ibnouf - AkiDwa, Shafinah Mariam Namirembe - MASI, Cillian Quinn - ActionAid, Sheila Curran - Social Justice Ireland Working Group, Bronagh Gibson, Head of Programme, IPAS - HIQA, Reuben Hambakachere - Cultúr Migrants Centre.*

### Stakeholder engagement in preparation for IPAS monitoring

A project was undertaken to identify and engage with key stakeholders in the area of international protection. A 'Stakeholder Engagement Strategy' was developed and implemented which led to the development of an expert advisory group, and a series of meetings with people living in IPAS centres, providers of services, representatives of relevant Government agencies (such as Tusla), and Non-Governmental Organisations.

Throughout 2022 there was substantial engagement with the Department of Children, Equality, Disability, Integration and Youth to prepare for taking on these new responsibilities. The pilot inspections provided the Department with an understanding of the monitoring and escalation processes in advance of the expected commencement of statutory monitoring in 2023. HIQA's role in this area will commence with the passing of necessary enabling legislation in early 2023.

### Other planned legislative changes of relevance to the expansion of HIQA's monitoring and regulatory role in healthcare

In addition to the current functions HIQA fulfils in the area of healthcare monitoring and regulation, HIQA is continuing preparations to take on a number of new responsibilities and commitments that have been set out in the Programme for Government. These responsibilities will result from the progression of;

- ▶ Patient Safety (Notifiable Patient Safety Incidents) Bill 2019
- ▶ Human Tissue (Transplantation, Post-Mortem, Anatomical Examination and Public Display) Bill (2018)

The commencement of both the Patient Safety Bill and the Human Tissue (Transplantation, Post-Mortem, Anatomical Examination and Public Display) Bill will represent a significant expansion of HIQA's current remit in healthcare services in Ireland. These pieces of legislation, once enacted, will place a statutory responsibility on HIQA to monitor private healthcare facilities against National Standards, to receive and respond where necessary to notifiable patient safety incidents, and to make provisions for the carrying out of post-mortems. During 2022, HIQA continued engagement with relevant colleagues in the Department of Health to prepare for the taking on of these new functions. By year end 2022, each bill was presented in Dáil Eireann and will be further progressed in 2023.

## 4.5 Health Technology Assessment and Evidence Synthesis

HIQA's Corporate Plan 2022-2024 includes the strategic objective:

- ▶ Provide robust, high-quality evidence to inform practice, planning policy and decision making.

The HTA directorate will:

- ▶ Produce high-quality health technology assessments (HTAs) and evidence syntheses to inform major health-policy and health-service decisions, including the national response to COVID-19.
- ▶ Expand and consolidate the capacity to conduct and use evidence synthesis and knowledge generation both in HIQA and across the health system.
- ▶ Work with decision-makers to promote opportunities to embed the use of high-quality evidence synthesis outputs to inform key practice, planning and policy decisions.

Under the Health Act 2007, HIQA has a statutory role to evaluate the clinical and cost-effectiveness of health technologies and to provide advice to the Minister for Health and HSE in this regard. This is called health technology assessment (HTA), and it informs investment decisions in health and social care. We also conduct evidence synthesis to support the development of national clinical guidelines and national clinical audit, as well as to inform the development of health policy. We develop national HTA guidelines to inform the production of timely, consistent and reliable assessments that are relevant to the needs of the people using health and social care services.

In 2020, HIQA also took on a key role in providing evidence synthesis and evidence-based advice to inform public health decision-making in relation to COVID-19; this support continued in 2022. HIQA also established a new HTA Directorate function, the Ionising Radiation function, in Q4 2021.

### HTA – Our approach

- ▶ Each HTA includes both an ethical and a social domain. In undertaking these domains, human rights, human dignity, privacy and religious or cultural integrity are specifically reviewed in relation to each technology under assessment by the HTA team at HIQA. The clinical effectiveness and safety of each technology undergoing HTA is assessed using a systematic or narrative review of the literature. Opportunities for quality improvement in current care pathways are highlighted when identified by our review of organisational issues.
- ▶ Patients and the public are important stakeholders in HTA and representatives are invited to join the expert advisory groups constituted to contribute to each HTA as outlined in our Quality Assurance Framework.
- ▶ A public consultation on a draft HTA report is conducted in certain circumstance, for example a large societal impact. A public consultation is not intended to act as a vote or opinion poll, but rather to understand whether there are any important omissions or gaps in the report.



- ▶ The HTA team contributes to a number of advisory groups and networks run by external stakeholders. These include the Technology Review Group of the HSE National Cancer Control Programme, the National Clinical Effectiveness Committee, and the COVID-19 Advisory Group.
- ▶ The HTA team regularly presents work at conferences and publishes in peer-reviewed journals
- ▶ The team also presents to guideline groups, HSE and the Department of Health on our support functions e.g. HTA prioritisation process, HRB-CICER guideline support

HTA directorate activities in 2022 included:

- ▶ Health technology assessment following our general prioritisation process
- ▶ Health technology assessment and evidence synthesis to inform the work of the National Screening Advisory Committee
- ▶ COVID-19 and public health policy evidence synthesis
- ▶ Generic justification of ionising radiation
- ▶ HRB-CICER – National Clinical Guideline support
- ▶ Funded research activities
- ▶ Stakeholder engagement
- ▶ Directorate consolidation.

### Health technology assessment (HTA) prioritisation programme

The choice of which HTAs are undertaken by HIQA is key to ensuring that we fulfil our role of supporting evidence-based decisions on the efficient delivery of national health services. In April 2021, a request for HTA topics was sent to the Department of Health and the HSE. Ten topics were scoped in accordance with the standard operating procedure for scoping topics as per the HTA prioritisation process.

We completed a desktop review and liaison with the relevant requestors to gather information relating to the description of the technology and its likely use, its potential clinical and economic impact, related decision-making and policy impact. We then summarised the recommended approach to HTA which was provided for consideration by the Prioritisation Advisory Group. The Prioritisation Advisory Group comprises two representatives of the Department of Health, two from the HSE, and two patient representatives.

The group rated the topics relative to each other using four main prioritisation criteria: clinical impact, economic impact, relevance of this technology in the context of national health policy initiatives, and clear link to decision-making in regard to the introduction of this technology and a reasonable assumption that a HTA could directly contribute to aiding the decision-making process.

Given the available resources, existing commitments and estimated resources required to undertake each HTA and the relevant time frame for decision-making, the HTA work programme for 2021 and 2022 was developed and approved by the Board of HIQA.

Arising from the 2021 HTA topic identification and prioritisation process, the following assessments were completed in 2022 or ongoing and due for completion in 2023:

- ▶ HTA of metabolic surgery for people with type 2 diabetes and obesity
- ▶ A rapid HTA of gene expression profiling tests for guiding the use of adjuvant chemotherapy in early-stage invasive breast cancer
- ▶ HTA of repatriation of paediatric haematopoietic stem cell transplant
- ▶ HTA of an expansion of the childhood immunisation schedule to include varicella vaccination
- ▶ HTA of domiciliary invasive ventilation for adults with spinal cord injuries.

In December 2022, HIQA launched a call for new topics to inform the HTA work plan for the next 12 to 18 months. Submitted topics will be screened, scoped and prioritised according to a Board-approved process which was updated in 2022.

### **HTA of metabolic surgery for people with type 2 diabetes and obesity**

In 2021, HIQA commenced a HTA of metabolic surgery for the treatment of comorbid type 2 diabetes (T2D) and obesity following a request from the National Clinical Programme for Diabetes, with support from the National Clinical Programme for Obesity.

Bariatric surgery, initially developed for the treatment of obesity, has been shown to result in additional benefits beyond weight loss for the treatment of type 2 diabetes, such as improvements in glycaemic control leading to the coining of the term 'metabolic surgery'. However, access to metabolic surgery is not currently provided within the diabetes clinical care pathway in Ireland.

As part of the HTA, we reviewed the epidemiology of comorbid T2D and obesity in Europe, in particular in Ireland. We also undertook two systematic reviews, the first of which synthesised the evidence on the clinical effectiveness and safety of metabolic surgery relative to best medical care or other metabolic surgeries. The second systematic review summarised the international evidence on the cost effectiveness of metabolic surgery compared with best medical care in patients with comorbid T2D and obesity. These reviews informed the development of an Irish-specific economic evaluation that estimated the cost-effectiveness and incremental budget impact associated with the potential introduction of a metabolic surgery programme as part of the T2D clinical care pathway in Ireland. Finally, we analysed the organisational and ethical implications of the proposed introduction of a metabolic surgery programme.

An expert advisory group with representation from key stakeholders including the HSE, the Irish College of General Practitioners (ICGP), clinicians with specialist expertise in the management of patients with comorbid T2D and obesity, methodological experts and patient representation supported the project by providing expert advice.

The HTA was published on the HIQA website in July 2022 found that metabolic surgery is safe, and is more effective than best medical care in producing improvements in glycaemic control and weight loss. Evidence from the economic evaluation indicated that metabolic surgery would be a highly cost-effective use of health care resources.

The HTA advised that if a metabolic surgery programme is introduced, integration of long-term follow-up care post-surgery with existing T2D care would be important to optimise available resources and facilitate better continuity of care for patients. The HTA also advised that consideration should be given to the establishment of a national diabetes registry to support healthcare service planning in response to epidemiological trends.

### **A rapid HTA of gene expression profiling tests for guiding the use of adjuvant chemotherapy in early-stage invasive breast cancer**

Breast cancer is the most commonly diagnosed cancer in women in Ireland. Most newly diagnosed cases are hormone receptor-positive (HR+), human epidermal growth factor receptor 2-negative (HER2-), early-stage (stage I-IIIa) breast cancer. Surgery is considered the first-line treatment in this patient group. Following surgery, further therapy, including chemotherapy, may be needed. Chemotherapy can reduce the risk of recurrence and has contributed to declining breast cancer mortality; however, some patients who receive chemotherapy may not benefit from it and so could be spared its side effects and late complications.

Historically, choice of treatment was guided by clinical and pathologic factors. Gene expression profiling (GEP) tests have been developed to further inform decisions regarding chemotherapy use in breast cancer. GEP tests are intended to provide information on disease prognosis and some may also be able to identify the patients who are most likely to benefit from chemotherapy. In this way they support clinical decision making regarding a patient's need for adjuvant chemotherapy.

Currently in Ireland, the HSE reimburses the Oncotype DX® GEP test. However, there are three other GEP tests available that are not reimbursed by the HSE: MammaPrint®, EndoPredict®, and Prosigna®. Following a request from the HSE National Cancer Control Program, HIQA undertook a rapid HTA on the use of commercially available GEP tests for the purpose of guiding adjuvant chemotherapy decisions in patients with HR+, HER2-, early-stage invasive breast cancer. This rapid HTA aimed to provide advice to the HSE on these alternatives to Oncotype DX®.

An expert advisory group with representation from key stakeholders including the HSE, oncologists and surgeons with specialist expertise in the management of patients with breast cancer, and patient representation supported the project by providing expert advice.

Taking into account notable limitations of the evidence, this report concluded that among node-positive patients, the clinical effectiveness evidence most strongly supports the continued use of Oncotype DX®. Among node-negative patients, there is currently insufficient clinical effectiveness evidence to differentiate between the four GEP tests. We advised that a decision to reimburse GEP tests other than Oncotype DX® should consider differences in factors such as test indications, test costs and feasibility of use, particularly with respect to laboratory resources. Further, in order to optimise the management and use of GEP tests in Ireland, consideration should be given to collecting data on GEP test use and developing guidance around test use.

This HTA will be published in Q1 2023.

## **HTA of repatriation of paediatric haematopoietic stem cell transplant**

Allogeneic HSCT, sometimes known as a bone marrow transplant, is the internationally recognised standard of care for paediatric patients with particular inborn errors of metabolism (IEM), inborn errors of immunity (IEI) and haemoglobinopathies (depending on the form and severity of disease). While HSCT is available in Ireland to paediatric patients with haematological malignancies and certain benign conditions, paediatric patients with other conditions requiring HSCT must travel abroad to avail of this treatment. Funding for these procedures is provided through the Treatment Abroad Scheme (TAS) operated by the Health Service Executive (HSE). However, the requirement for travel can place a significant financial and logistical burden on patients and their families.

In light of the issues described above, a request was received by HIQA from the National Clinical Lead; Child Health, Public Health in the HSE, with support from specialist clinicians in Children's Health Ireland (CHI), to carry out a health technology assessment (HTA) of the repatriation of paediatric HSCT services for patients with IEM, IEI and haemoglobinopathies. The overarching aim of this HTA was to describe the current and proposed HSCT treatment pathways and to identify the implications of the choice of treatment location both for patients and for the Irish healthcare system.

An expert advisory group comprising representatives from key stakeholder groups was convened to provide advice and guidance over the course of the HTA. The protocol for the HTA was published on the HIQA website in June 2022. The domains included in this HTA are: description of technology; epidemiology and burden of disease; budget impact; organisational considerations; social, legal and ethical issues. This HTA will be finalised in early 2023 and will provide advice to the Minister for Health and the HSE on the potential impact of providing HSCT in Ireland for these patients.

## **HTA of an expansion of the childhood immunisation schedule to include varicella vaccination**

Following a request from the Department of Health, HIQA commenced a HTA of the expansion of the childhood immunisation schedule to include varicella (chicken-pox) vaccination. The HTA aims to establish the clinical effectiveness and safety of varicella vaccination, and determine the cost effectiveness, budget impact, organisational and ethical aspects of a national programme of childhood varicella vaccination. An expert advisory group comprising representatives from key stakeholder groups has been convened to provide advice and guidance over the course of the HTA.

Varicella is a common, acute and highly contagious disease mainly affecting children, with most children having had varicella before their tenth birthday. There is an associated burden on parents and caregivers as children will not be able to attend childcare facilities or school while infectious. Varicella symptoms are normally mild, however, complications happen more frequently in immunocompromised people and infants less than one year of age who become infected with varicella. For these persons, varicella can be a serious disease. These two vulnerable groups will not be able to access the vaccine, but who may benefit through herd immunity.

The protocol for the HTA was published on the HIQA website in June 2022.



An expert advisory group with representation from key stakeholders including the Health Service Executive, the National Immunisation Advisory Committee (NIAC) the Irish College of General Practitioners (ICGP), clinicians with specialist expertise in public health, methodological experts and patient representation supported the project by providing expert advice.

The HTA is ongoing and the draft report will be made available for public consultation in 2023, allowing members of the public and stakeholder organisations to provide feedback. Following the public consultation period, the HTA will be completed and provided as advice to the Minister for Health to inform a decision on the expansion of the childhood immunisation schedule to include varicella vaccination.

### **HTA of domiciliary invasive ventilation for adults with spinal cord injuries**

Following a request from the HSE, HIQA commenced a HTA of domiciliary invasive ventilation for adults with spinal cord injuries (SCI).

Damage to the spinal cord can cause changes in its function, which may be temporary or permanent. The consequences of SCI depend on the severity and location of the injury on the spinal cord; injuries that occur higher up the spinal cord (that is, the cervical spine) and that cause complete loss of function below that level of injury, result in the most serious symptoms (for example complete paralysis of all four limbs and torso, respiratory failure, loss of bowel and bladder control). These individuals with high cervical cord injuries will generally require invasive mechanical ventilation to survive during the initial phase of their management, as they cannot breathe on their own. Invasive mechanical ventilation involves the creation of an artificial airway, such as a tracheostomy in the neck, which is connected to a ventilator machine. While the majority of these individuals will eventually be weaned off the ventilator over time, a small number will have lifelong dependency on invasive mechanical ventilation.

An integrated care pathway for patients with SCI has been developed in Ireland by the National Clinical Programme for Rehabilitation Medicine, in line with its model of care. Although the National Rehabilitation Hospital (NRH) can now admit and manage ventilated patients successfully as part of this pathway, discharge planning for these individuals remains a huge challenge. As a result, these individuals may remain in the NRH for a prolonged period of time, often several years, before being discharged home. These delayed discharges can have a detrimental impact on the individual, their family and caregivers, management of bed capacity in the NRH, and the wider healthcare system due to the significant cost of treating these patients in hospital.

Individuals with high cervical cord injuries requiring invasive mechanical ventilation have complex health care needs, and require substantial support from formal and informal caregivers in a home setting. The purpose of the HTA is to assess the organisational, budget impact and resource implications associated with the systematic provision of domiciliary invasive ventilation to individuals with SCI. It will also consider the social and ethical issues arising from the provision of care to individuals with substantial needs in a home setting.

An expert advisory group with representation from key stakeholders including the HSE and the National Rehabilitation Hospital supported the project by providing expert advice.

The HTA will be finalised in 2023 to inform a decision by the HSE regarding the national delivery of care for adults with spinal cord injuries who require permanent invasive mechanical ventilation and in whom discharge home is deemed clinically appropriate.

## **Rapid HTA of continuous glucose monitoring in adults with type 1 diabetes mellitus**

Following a request from the Chief Clinical Officer in the HSE in 2022, HIQA is undertaking a rapid health technology assessment of continuous glucose monitoring in adults with type 1 diabetes mellitus to help inform reimbursement decisions. This rapid HTA is in response to an update of the NICE clinical guidelines which were contextualised for the Irish Adult type 1 diabetes mellitus National Clinical Guideline. This rapid HTA is due for completion in early 2023.

Continuous glucose monitoring (CGM) is a relatively recent development in diabetes management that enables glucose monitoring with a reduced need for finger-prick testing. It has been presented as an innovative technology in diabetes care, and internationally its use has been increasing.

An expert advisory group with representation from key stakeholders including the Health Service Executive, the Irish College of General Practitioners (ICGP), clinicians with specialist expertise in the management of patients with type 1 diabetes, and patient representation supported the project by providing expert advice.

The rapid HTA will provide a review of the evidence on the clinical and cost effectiveness of intermittently scanned continuous glucose monitoring (CGM) and real time CGM systems, as well as a preliminary estimate of the potential budget impact that different CGM strategies may have for the healthcare system in Ireland.

This HTA will be published in 2023 to inform decision making with regard to reimbursement of continuous glucose monitoring systems.

## **Health technology assessment and evidence synthesis to inform the work of the National Screening Advisory Committee**

The National Screening Advisory Committee (NSAC) was established in 2019 following a recommendation of the 2018 Scoping Inquiry into the CervicalCheck Screening Programme. NSAC is an independent advisory committee that advises the Minister for Health and Department of Health on new proposals for and revisions to population-based screening programmes. Since 2020, HIQA has undertaken evidence synthesis and provided evidence-based advice to NSAC on behalf of the Minister for Health. This support has involved both assessments of new and existing population-based screening programmes and reviews of processes (such as prioritisation and decision-making approaches, or the development of ethical frameworks) used to inform policy-making on screening.

## **HTA of the addition of severe combined immunodeficiency (SCID) to the National Newborn Bloodspot Screening Programme**

Severe combined immunodeficiency (SCID) is an inherited condition that impacts on the body's ability to fight infection. The condition results in a child having lower levels of T-cells than normal and being very vulnerable to infection. Typically, there are no symptoms at birth; however, SCID is considered an emergency as the condition almost always results in death in the first year of life unless the child receives treatment. In Ireland, cases of SCID are currently identified by family history (typically a sibling previously diagnosed) or through clinical presentation (typically through the development of infections), and, since May 2022, through screening for ADA-SCID (one specific subtype of SCID, of which Ireland has a comparatively high prevalence compared to other countries, that may be screened for using technology in the laboratory).

Screening for all SCID subtypes is possible through the quantification of T-cell receptor excision circles (TRECs). In September 2021, at the request of NSAC, HIQA agreed to undertake a HTA of the addition of TREC-based screening for SCID to the National Newborn Bloodspot Screening Programme.

As part of the HTA, evidence synthesis included a description of the technology of newborn screening for SCID and the epidemiology of SCID. We also undertook systematic reviews of the diagnostic accuracy of the screening method, the potential clinical benefits associated with early diagnosis and or HSCT, and the international evidence of the cost effectiveness of TREC-based screening for SCID. A budget-impact analysis was also conducted. Finally, we assessed the potential organisational, social and ethical implications of introducing TREC-based screening for SCID in Ireland. This project was supported by an Expert Advisory Group comprising broad stakeholder representation including representatives from the Department of Health, HSE, children's hospitals, expert clinicians, laboratory staff and patient/parent representatives.

The HTA found that TREC-based screening for SCID would enable earlier detection of infants that would otherwise present clinically. Such screening could also detect infants that would otherwise experience early mortality prior to diagnosis. Earlier identification, and earlier treatment, for SCID results in better clinical outcomes for the child in terms of reduced morbidity and mortality. Of note, while considered sensitive, TREC-based screening is not specific to SCID. Other conditions causing low T-cells would also be identified, and it is likely that a number of these detected through screening would be higher than the number of cases of SCID that would be detected. From an ethical and social perspective, the benefits of screening for children with SCID, their families, and the broader health system should be weighed against the potential for harm in the context of instances of false positives and these other conditions (not all of which would be clinically relevant or will benefit from earlier detection).

In terms of implementation of TREC-based screening for SCID, the HTA found that the incremental budget impact of adding TREC-based screening was estimated at €3.66 million over five years. Additionally, there are a number of key operational challenges and considerations relevant to any decision to implement screening.

Given that screening for ADA-SCID is currently being performed in Ireland, and that the TREC-based screening would also identify ADA-SCID alongside the other forms of SCID, we advised that if TREC-based screening for SCID is implemented, consideration should be given to monitoring and evaluating the continuing relevance of screening for ADA-SCID alongside TREC-based screening.

This HTA was approved by the HIQA Board and submitted to NSAC for consideration in December 2022.

### **Scoping reports for potential modifications to the BreastCheck and BowelScreen programmes**

In November 2021, NSAC issued the first annual call for proposals from healthcare professionals, health services, and the public on new screening programmes that may be adopted in Ireland, as well as suggestions for modifications to five existing programmes (namely BreastCheck, CervicalCheck, BowelScreen, Diabetic RetinaScreen, and National Newborn Bloodspot Screening Programme).

In February 2022, following the close of the annual call for proposals, NSAC considered proposals for modifications to existing programmes. These included proposals relating to expanding the age eligibility for BreastCheck and BowelScreen.

On the basis of the discussions at this meeting, NSAC requested HIQA to look at the evidence surrounding proposals for modifications to the current BreastCheck (age extension to include those aged 45 to 49 years and 70 to 74 years, including the potential for the assessment of breast density) and BowelScreen (age extension to include those aged 50 to 54 years) programmes in Ireland. Given the resource-intensive nature of HTAs and current capacity for assessment, two scoping reports were produced. These scoping reports provide high-level information on the relevant topics across the domains of epidemiology, current guidelines, potential clinical impact, potential economic impact, and feasibility of implementation. The purpose of the scoping reports was to inform decision-making by NSAC with regard to the sequence and scope of the HTAs which will be undertaken by HIQA.

The findings from these scoping reports were presented to NSAC in September 2022.

### **Criteria-based approach to enable selection of conditions for further assessment within HTA for potential addition to Ireland's National Newborn Bloodspot Screening Programme (NNBSP)**

In October 2021, following a request from the Department of Health, the NNBSP Governance Group identified 30 conditions that may be considered for assessment with regard to their potential addition to the NNBSP. An additional five conditions were also proposed through the NSAC 2021 Annual Call, resulting in a total of 35 conditions. With consideration to the large volume of conditions proposed for assessment, the need for a transparent process to enable the selection of these conditions for progression to in-depth assessment (that is, HTA) was identified. Consistent with the approach adopted by NSAC, which uses agreed criteria for appraising the viability, effectiveness and appropriateness of a screening programme, such a selection process would consider the conditions against a set of agreed criteria.

At the request of the Department of Health, HIQA agreed to support this process by informing the development of a set of criteria, populating an assessment grid, proposing a preliminary method of categorising the information available for the criteria and subsequently applying the draft categorisation. The purpose of the proposed criteria and assessment was to inform selection of these conditions for further assessment, not decision-making regarding the introduction of screening for a particular condition. A full HTA may be required to gain a more complete understanding of the evidence for each condition ahead of any decision-making on whether or not to screen for a condition.

A draft of the approach was presented to a sub-group of the NSAC in November 2022. Following endorsement by the sub-group, the approach was then presented to at the NSAC meeting in December 2022 to assist the NSAC in their selection of the next condition to be proposed for assessment by HIQA.

## COVID-19 and public health policy evidence synthesis

The evidence and information relating to COVID-19 continues to evolve since its emergence in December 2019. HIQA began to provide evidence synthesis to support the national public health response to the COVID-19 pandemic in March 2020 at the request of the Department of Health.

A COVID-19 Evidence Synthesis Team was established in HIQA's HTA Directorate to provide evidence synthesis to support the work of National Public Health Emergency Team (NPHE), NPHE sub-groups and other groups in the Department of Health and HSE working on the national public health response to COVID-19.

In September 2020, HIQA commenced providing evidence-based advice to NPHE on behalf of the Minister for Health. The advice was informed by evidence synthesis undertaken across all relevant domains of HTA and health services research. HIQA established a COVID-19 Expert Advisory Group (EAG) to provide expert interpretation of the relevant evidence and inform the development of the Advice from HIQA to NPHE. The EAG comprises nominated representatives from the relevant clinical and public health stakeholder groups, patient representation and methodological expertise.

In February 2022, the NPHE was stood down. In April 2022, the Minister for Health established the COVID-19 Advisory Group (CAG). HIQA continues to provide COVID-19 evidence syntheses at the request of the Department of Health to inform the work of the CAG.

In addition, HIQA's COVID-19 Evidence Synthesis Team provided evidence synthesis support to the Public Health Reform Expert Advisory Group to inform its work in recommending an appropriate operating model to develop and oversee the delivery of Public Health in Ireland.

In 2022, we produced a range of evidence synthesis products. These included:

- ▶ Work to inform NPHE and Department of Health
  - Rolling review of International Public Health Guidance in relation to the Omicron variant (B.1.1.529)
  - Rolling review of the evidence in relation to the Omicron (B.1.1.529) variant
  - Descriptive analysis of COVID-19 epidemiological indicators and associated contextual factors in European countries
  - Analysis of factors associated with outbreaks of SARS-CoV-2 in nursing homes in Ireland: Waves 1 to 3.
- ▶ Work to inform the CAG
  - Planned public health measures and strategies to limit the impact of COVID-19 surges: an international review
  - International review of guidance on the use of face masks to mitigate the spread of SARS-CoV-2 infection
  - Catalogue of institutions undertaking COVID-19 horizon scanning
  - Presentation on the different pathways for new health technologies to become national policy.



- ▶ Work to inform HSE
  - International review of clinical guidelines and models of care for long COVID.
- ▶ Work to inform the Public Health Reform Expert Advisory Group
  - High level review of configuration and reform of Public Health systems in selected countries
  - Analysis of a public consultation survey to inform the work of the Public Health Reform Expert Advisory Group – Individual Responses
  - Analysis of a public consultation survey to inform the work of the Public Health Reform Expert Advisory Group – Organisational Responses.

Eight manuscripts from this work have been accepted for publication in academic journals.

We have also contributed to a number of expert groups convened in response to the COVID-19 pandemic. The Director of HTA, Dr Máirín Ryan, was a member of NPHE; and HIQA's Chief Scientist, Dr Conor Teljeur, and Dr Ryan, were members of NPHE's Irish Expert Modelling Advisory Group. Dr Ryan is currently a member of the CAG. HIQA's Head of Assessment, Dr Susan Spillane, is a member of the Irish Cancer Society funded project entitled 'Examining the impact of COVID-19 on cancer in Ireland'. Lastly, our Deputy Directors of HTA, Shelley O'Neill and Dr Trish Harrington, are members of the HSE Long COVID Ireland Study Steering Committee.

## Generic justification of ionising radiation

The European Council Directive 2013/59/Euratom Basic Safety Standards for Protection Against Dangers Arising from Medical Exposure to Ionising Radiation was transposed into Irish law on 15 January 2019. The regulations designate HIQA as the Competent Authority in Ireland for the regulation of medical exposures to ionising radiation (MEIR). HIQA is now responsible for the generic justification of new practices before they are generally adopted, and may also consider the justification of existing practices when new and important information becomes available. HIQA is also responsible for the preparation of guidelines for the use of MEIR in asymptomatic individuals for the early detection of disease, but outside of a screening programme. To assist with fulfilling these responsibilities, HIQA's HTA Directorate established a new ionising radiation evidence review team, which was fully formed in 2022. This evidence review team will undertake the synthesis and appraisal of evidence which will underpin generic justification decisions and the preparation of guidelines.

## Expert Advisory Group

In order to support HIQA in its role, a multi-disciplinary Expert Advisory Group was convened and met for the first time on 13 October 2022. The EAG comprises representatives from patient organisations, regulators and key professional bodies. The role of this new advisory group is to support decision making by providing expert advice and recommendations to HIQA on MEIR guidelines, the generic justification of new and existing practices involving MEIR, and other HIQA activities involving MEIR and MEIR practices. Following an open competition, an independent Chairperson, Professor Mary Coffey, was appointed to this EAG. Professor Coffey has extensive experience in ionising radiation, having been involved in the development of the national plan for radiation oncology in Ireland, the founding of a European system for reporting and analysis of radiation oncology incidents (ROESIS), and the development of curriculums for radiation therapists, clinical audit, education and quality, and risk management.

## Generic justification methods document

Following a desktop scoping exercise, which included a review of how other EU member states are carrying out generic justification and input from our EAG and key stakeholders, we have prepared a generic justification methods document. This document describes how HIQA will carry out generic justification and provides guidance to applicants on how to apply for the generic justification of a new practice. This document was submitted to the HIQA Board for approval.

## HRB-CICER – National Clinical Guideline support

In 2016, HIQA was awarded a five-year contract for €2.25 million by the Health Research Board (HRB) to establish the HRB Collaboration in Ireland for Clinical Effectiveness Reviews (HRB-CICER). A no-cost extension was approved for HRB-CICER in December 2021, extending the work programme until April 2023. HIQA's main collaborator is the Department of Public Health and Primary Care at Trinity College Dublin.

HRB-CICER aims to deliver a high-quality evidence base with regard to systematic review of clinical and cost-effectiveness and budget impact analysis to support the development of evidence-based recommendations in National Clinical Guidelines and National Clinical Audits. These guidelines and audits are quality assured by the National Clinical Effectiveness Committee (NCEC) and mandated by the Minister for Health for implementation by the HSE. The collaboration also provides training in evidence synthesis and advises the NCEC on improvements in methodological developments in evidence generation, and on research gaps in the evidence base and how they may be best addressed.

HIQA also provide support to the NCEC through membership of the Committee and by assisting with the prioritisation and appraisal of submitted guidelines. In 2022, HIQA provided expert input to the NCEC appraisal team for the following guidelines:

- ▶ National Clinical Guideline on Infection, Prevention and Control
- ▶ National Clinical Guideline for the diagnosis, staging and treatment of patients with gestational trophoblastic disease.

## National Clinical Guideline Stop Smoking

HRB-CICER supported the development of the National Clinical Guideline Stop Smoking. The team worked with the guideline development group (GDG) regarding the development of their recommendations, and conducted a budget impact analysis (BIA) to estimate the costs of implementing the clinical recommendations. The guideline was launched in January 2022.

## National Clinical Guideline Unexpected Intraoperative Life-threatening Haemorrhage

HRB-CICER supported the development of the National Clinical Guideline Unexpected Intraoperative Life-threatening Haemorrhage. The team worked with the GDG to scope, plan and agree review protocols, conducted systematic reviews of the Irish incidence of life threatening haemorrhage and clinical guidelines for the same, engaged with the GDG regarding the development of their recommendations, and conducted a BIA to estimate the costs of implementing the clinical recommendations. The guideline was launched in May 2022.

## Update processes for guidelines-systematic review

HRB-CICER conducted a systematic review to describe the most recent guideline update processes, including up-to-date prioritisation methods, used by international or national groups who provide methods guidance for developing and updating clinical guideline. The systematic review focused on updating processes for existing guidelines. This review was requested by the NCEC to support them in considering amendments to the current update processes outlined in their methodological guidance for guideline developers. This review was published in June 2022.

## Guideline development

HRB-CICER also provided the following support to GDGs in 2022:

- ▶ a systematic review of clinical and economic literature on single patient room accommodation compared to multi-bed rooms in acute settings to support the development of the National Clinical Guideline on Infection Prevention and Control
- ▶ a budget impact analysis of the implementation of the National Clinical Guideline on Infection Prevention and Control.

## Funded Research

### Health Research Board Emerging Investigator Award

HIQA is a co-applicant on the Health Research Board Emerging Investigator Award (EIA) led by Dr Barbara Clyne, HRB-CICER and RCSI University of Medicine and Health Sciences, entitled *Evidence synthesis and translation of findings for national clinical guideline development: addressing the needs and preferences of guideline development groups*. This research aims to support clinical guideline development processes underlying the work conducted by HRB-CICER by developing a 'toolkit' for evidence producers and end users.

This toolkit will support:

- ▶ optimal selection of evidence synthesis methods
- ▶ communication of the findings of evidence synthesis and
- ▶ translation of research evidence into recommendations.

During 2022, a Delphi study on the optimal selection of evidence synthesis methods was conducted. A cross-sectional analysis of strong recommendations from low certainty evidence in a suite of national guidelines was completed. A mixed-methods systematic review on the effectiveness and preferences for systematic review summaries was completed and published. Based on this review, work has commenced on co-developing and pilot testing prototype modes of communicating findings of evidence summaries. A qualitative interview study on the perspectives on the production and use of rapid reviews during the COVID-19 pandemic was also completed and published.



## Collaborative Doctoral Award

HIQA is a co-applicant on the Health Research Board Collaborative Doctoral Award led by Professor Susan Smith, RCSI and Trinity College, Dublin, which funds a programme entitled *Managing complex multimorbidity in primary care: a multidisciplinary doctoral training programme*. The programme includes a collaboration with HIQA to evaluate the costs of adhering to clinical guidelines falling on patients with complex multimorbidity and their carers, an area under researched to date. During 2022, a national survey, administered by Behaviours and Attitudes on 'How do people with multimorbidity prioritise their healthcare when unable to afford healthcare costs: a choice experiment' was conducted. A paper examining the association between multimorbidity and healthcare expenditure in older adults was published. This work formed the basis of a PhD thesis successfully defended in 2022 by PhD candidate James Larkin.

## Stakeholder engagement

### National and international networks

In 2022, HIQA contributed to a number of advisory groups and networks run by external stakeholders. These included the Technology Review Group of the HSE National Cancer Control Programme, the National Clinical Effectiveness Committee, the National Public Health Emergency Team, the Irish Epidemiological Modelling Advisory Group and the COVID-19 Advisory Group.

We continued our collaboration with HSE Health Library Ireland. HSE librarians provided technical support to HIQA's librarian, as needed.

We partnered with the HSE Department of Public Health in the Mid-West to co-host a Clinical Leadership in Public Health Medicine fellow from July 2021 to July 2022. This was one of a series of post-specialist registrar training fellowships, under the auspices of the Royal College of Physicians of Ireland, and funded by the HSE to facilitate access to specialist training, in this case advanced evidence synthesis skills. Again, in partnership with the HSE Department of Public Health in the Mid-West, we have been awarded an Aspire post-specialist registrar training fellowship funded by the HSE from July 2023 to 2024.

HIQA participates as a member of the UK National Screening Committee newborn blood spot task group. This group has been set up to identify practical and innovative approaches to help researchers and others develop evidence that can inform robust recommendations about new or modified screening programmes within the constraints of limited evidence bases.

HIQA is a member of both HTAi and the International Network of Agencies for Health Technology Assessment (INAHTA). These international collaborations allow us to share research and collaborate on and co-produce evidence reviews on health technologies.

In 2019, we signed a memorandum of understanding (MoU) between national health technology assessment (HTA) bodies in Scotland, Wales and Ireland. The MoU established a collaborative approach to the identification and assessment of new health technologies between the three organisations. The MoU was renewed in 2022. Collaboration has included HIQA team members acting as dedicated reviewers for assessments produced by the other member agencies.

AGENAS, the Italian national HTA agency is funding one of its senior health economists to work in HIQA on an 18-month fellowship. The fellowship, which commenced in October 2021, provides a unique opportunity for skills transfer and information exchange between the two agencies.

The EU Health Technology Assessment Regulation (HTAR) was formally adopted in December 2021. The regulation replaces the voluntary network of national authorities (HTA Network) and the EU-funded project-based cooperation (EUnetHTA Joint Actions) with a permanent framework for joint work. It will apply from January 2025. The new framework covers joint clinical assessments, joint scientific consultations, the identification of emerging health technologies, and voluntary cooperation. HIQA will play an active part in the implementation of the new framework, HIQA with the National Centre for Pharmacoeconomics has been appointed to represent Ireland in the Coordination Group established by the EC to oversee implementation of the HTAR.

HIQA was a founding member of the Heads of HTA Agencies Group, a network of European health technology assessment agencies established in 2021. The Group which now comprises 32 member agencies from across Europe meets at regular intervals with the following objectives:

- ▶ to support the development of the basis for joint work on all HTA activities at EU level within the framework of the EU HTA Regulation once it comes into force
- ▶ to support the preparation of national systems and capacities for the adoption of the HTA Regulation
- ▶ to support the joint work performed at the technical and scientific level by HTA bodies across Europe
- ▶ to advise policy-makers and relevant EU and national institutions on matters regarding HTA, particularly cooperation in HTA.

ISPOR is the largest scientific society in the area of health technology assessment with over 14,000 members worldwide. HIQA plays an active role in ISPOR activities. The Director of HTA has been appointed as a member of the ISPOR HTA Council and Chair of the HTA Roundtable Europe 2022 to 2024.

We also established national and international academic collaborations, for example through the HRB Emerging Investigator Award project.

### **Evidence Synthesis Ireland**

We collaborate on the Evidence Synthesis Ireland (ESI) initiative led by Professor Declan Devane, National University of Ireland Galway (NUIG), which aims to strengthen Ireland's capabilities in evidence synthesis to promote evidence-informed health decision making. Evidence Synthesis Ireland is funded by the HRB and the Public Health Agency, Northern Ireland. The scheme places fellows virtually with experienced evidence synthesis centres and review teams in Ireland and internationally, including HIQA facilitating skills transfer and learning.

In 2022, an ESI fellow collaborated with HIQA on a systematic review of the clinical effectiveness and safety of metabolic surgery for the treatment of comorbid type 2 diabetes and obesity. During the fellowship, the ESI fellow contributed to the development of numerous research outputs including a health technology assessment, a peer-reviewed publication and conference abstracts.

Two further ESI fellows have been selected to collaborate with HIQA on systematic reviews aligned to the HIQA work programme and commencing in 2023.

A member of the HTA team has been awarded an ESI fellowship with the Evidence for Policy and Practice Information and Co-ordinating Centre (EPPI-Centre), University of London to develop and evaluate automation methods and tools in evidence synthesis.

The Director of HTA is a member of the International Advisory Board for Evidence Synthesis Ireland.

### Conferences and events

During 2022, HIQA's HTA Directorate presented its work at a number of conferences and events see Appendix 7.

Dr Conor Teljeur, our Chief Scientist, won the prestigious Best Research Podium Presentation Award at the International Society for Pharmacoeconomics and Outcomes Research (ISPOR) Europe 2022 conference. Our team won the award for the best academic paper in the 'Public Health Medicine and Epidemiology' category of the Royal Academy of Medicine in Ireland (RAMI) Awards in June 2022. Our team was also the winner of the Community and Social Care Category at the HSE Open Access Research Awards 2022.



Our HTA team won the award for the best academic paper in the 'Public Health Medicine and Epidemiology' category of the Royal Academy of Medicine in Ireland (RAMI) Awards.



Dr Conor Teljeur, our Chief Scientist, giving his award winning presentation at the ISPOR conference in Vienna.



Our HTA Team presenting a workshop with the Department of Health and WHO at the European Public Health Conference.



*Our HTA Team presenting the HRB-CICER workshop at NPSO conference.*

## Consolidating the Directorate

HIQA has a strategic objective to expand and consolidate capacity to conduct and use HTA and evidence synthesis. There has been substantial expansion of the Directorate resources over recent years.

In 2022, the Evidence for Public Health Policy team was established on a permanent basis to provide evidence synthesis to inform public health policy including the public health response to COVID-19. New permanent posts were appointed to the Screening HTA team to facilitate a substantial expansion in HTA outputs to inform the work of the National Screening Advisory Committee. The remaining permanent positions on the Evidence Review team for Generic Justification of Ionising Radiation team were filled. Finally, a new Immunisation HTA team was established to inform immunisation policy in Ireland.

The HTA Directorate now comprises 42 sanctioned positions of which 37 are permanent.



## 4.6 Health Information and Standards

### Health Information

We work in three areas to support the national health information and eHealth agenda. These include:

- ▶ providing evidence to inform national health information policy
- ▶ developing national standards and guidance
- ▶ reviewing against national standards.

Working collaboratively with key stakeholders, we gather national and international evidence on best practice. We consult with experts, stakeholders, service providers and service users. We develop Recommendations, national standards and guidance to support the health information and eHealth agenda in Ireland. In addition, we assess compliance of national health information systems with national standards. The ultimate aim is to have quality data and information to support individual care, planning and management of services, policy making and research.

### Evidence to Inform National Health Information Policy

#### Key considerations to inform policy for the collection, use and sharing of health and social care information in Ireland

In August 2022, we published a new report outlining four policy areas needed to drive improvement in the collection, use and sharing of health and social care information in Ireland. The key considerations have been informed by an extensive engagement process including a national public engagement project and a public consultation, input from an expert advisory group, targeted engagement with a broad range of national and international stakeholders, including health and social care professionals, as well as a review of international evidence. The report has been submitted to the Minister of Health for his consideration and we continue to engage with the Department of Health on progressing these policy considerations within the development of the new general scheme of a Health Information Bill.

The paper sets out how progress is needed across four key areas to ensure a rights-based approach underpins health information and eHealth developments, including:

- ▶ A national health information engagement strategy should be developed to outline a coordinated and ongoing engagement approach with the public and with health and social care professionals on health information.
- ▶ There needs to be a solid legislative framework in place to enable change, progress and developments in health information.
- ▶ Appropriate national governance structures should be established to oversee and lead on the changing health information landscape including the establishment of a national strategic entity for health information.
- ▶ Improved infrastructure to support the collection, use and sharing of data is needed, including a citizen health portal and national data sharing and linkage service, and these must be underpinned by best practice technical, security and data quality standards.

Progress is needed across all four areas to promote a modern, future-focused and data-rich environment for health and social care in Ireland.

A full report, summary of stakeholder involvement and summary of key considerations were published. Two knowledge sharing resources were also published. These include an infographic and examples that illustrate some of the challenges and opportunities in the area of health information in Ireland.

The full report, and related resources, are available on [www.hiqa.ie](http://www.hiqa.ie).



*Dr Barbara Foley, Health Information Quality Manager, discussed the key considerations as part of a panel discussion on the key enablers needed to drive improvements in eHealth and health information at the Smart Health Summit in Dublin in September 2022.*

# Key considerations to inform policy

## COLLECTION, USE and SHARING of health and social care information

### Why change is needed...

1.

To improve **health information sharing** to provide **high-quality care** for all

2.

To improve **access to health information** for citizens and professionals

3.

To increase **transparency and choice** about how health information is used

### Where change is needed...

#### Effective engagement

- Develop national health information engagement strategy and action plan.
- Run general awareness campaign on health information.
- Run targeted campaigns for new developments.

#### Legislative framework

- Promote better use of health information for high-quality and safe health and social care services.
- Develop clear rules for data sharing across public, private and voluntary organisations, underpinned by a rights-based approach.
- Ensure appropriate controls are in place for data protection and to ensure safe sharing of data.

#### Technical & operational requirements

- Establish a citizen health portal to provide public with access to and control over their health information.
- Establish a national data sharing and linkage service to support the use of data for direct care, planning and managing services, public health and research.
- Improve data quality and security.

#### Governance structures

- Establish a national strategic entity for oversight and management of health information.
- Develop local information governance networks.

### What people told us...

86%

Want access to view their own medical records online

94%

Think it is important for health information to be used to improve the quality of care

94%

Want to be informed about possible future uses of information



"I see multiple doctors so I need them all to see what the others have written, but I would like to see my information and know who has access."

[www.hiqa.ie](http://www.hiqa.ie)



## Recommendations on the ICT enablement of older persons services

In November 2022 we published *Recommendations on the ICT Enablement of Older Persons Services in Ireland*. These Recommendations support safe and effective electronic sharing of health information for older persons (and for other populations) across the full sector, public and private, and are aligned to national eHealth goals under Sláintecare.

An older person's patient journey typically has a high number of transitions across care settings, requiring very close coordination between the different health and social care domains, but with their information typically held in a number of IT systems or in paper records in silos across those settings. Getting a full picture of the older person's care can be challenging. Following the impact that the COVID-19 pandemic had on older persons' services in Ireland, the COVID-19 Nursing Homes Expert Panel recommended the introduction of an integrated IT system to support the effective sharing of health information, the management of services, and the provision of alternate capacity. The Department of Health engaged HIQA to explore how the capabilities recommended by the Expert Panel could be progressed and implemented.

An advisory group was convened with members drawn from 32 stakeholder organisations and programmes to advise on the national situation and the overall recommendations. To inform the recommendations HIQA undertook reviews of national and international evidence. The international review looked at ICT enablement of older persons' services in eight jurisdictions (Australia, Canada, Denmark, Estonia, Finland, Northern Ireland, Scotland, New Zealand) that are considered to have made significant progress in the areas of eHealth and digital health and was published in October 2021. The national review set the ICT enablement of older persons' services in the context of current strategic policy, under Sláintecare, and related structural, service and other reforms. It also looked at examples of current enablement across settings and roles and was published in March 2022.

A six-week public consultation was undertaken between March and April 2022 where interested parties had the opportunity to submit feedback on a set draft recommendations. As part of the public consultation information sessions were held with Age Friendly Ireland's older persons' councils, the HSE's Health and Social Care Professions Office, and the CHO Digital Managers network, to encourage members of those networks to make submissions. All feedback received was analysed and this analysis has been published along with information on engagement with stakeholders as the *Stakeholder Involvement Report*.

While the HSE is developing systems with the capabilities that the Expert Panel requires, in practice these systems will need to be made available to, and adopted by, staff in a broad range of settings, services, and roles across the full sector – both public and private. The systems will also need to be interoperable with national eHealth solutions in the long term. Therefore, HIQA has worked with stakeholders across health and social care, and ICT, to develop strategic recommendations in these areas. The successful ICT enablement of health and social care services for older persons (and for all populations) will require measures in four areas:



1. strategy and governance
2. vision and roadmap
3. standardised sharing of information
4. user engagement.

Two persona have been developed, which explain what these recommendations will mean for patients and health and social care professionals and are available on our website.

### **Recommendations on a model for health information standards to support the delivery of health and social care standards in Ireland**

In 2022, we commenced work on recommendations on a model for health information standards to support the delivery of health and social care standards in Ireland. These recommendations outline the structures needed to support safe and effective electronic sharing of health information across the full sector, public and private. Recommendations on a model for health information standards will support the collection, use and sharing of information across the health information system.

Through Sláintecare, and as outlined in various health information strategies and the most recent eHealth strategy (2013), there has been a commitment to adopt a standards-based approach for health information. Strengthening how health information standards are developed and ensuring they are implementable in health information systems is fundamental to enable a joined up health and social care service.

An expert advisory group was convened with members drawn from 17 stakeholder representatives from organisations and programmes to advise on the national situation and the overall recommendations. To inform the recommendations, HIQA undertook reviews of national and international evidence. The international review looked at health information modelling in five jurisdictions (Australia, Denmark, England, New Zealand and Ontario) that are considered to have made significant progress in the areas of digital health and was published in March 2021. The national review covered organisations who play a role in health information standards and also looked at examples of current standards in use in national implementations.

A six-week public consultation was undertaken between June and August 2022, where interested parties had the opportunity to submit feedback on a set of draft recommendations. As part of the public consultation, targeted engagement was undertaken with existing networks including the National Patient Forum, Health Information Society Ireland and Academia. Information sessions were also held with the HSE CHO Digital Health Managers and HSE eHealth Directors to encourage members of those networks to make submissions. The draft recommendations were also communicated to senior management in the Department of Health, HSE, National Standards Authority of Ireland and other key stakeholders. All feedback received was analysed and this analysis was used to update the recommendations. We held the third and final advisory group meeting in September 2022 and we continue to update the recommendations based on their valuable input.

## Recommendations on the implementation of a national health and social care portal for Ireland

In line with HIQA's strategic objective to provide robust, high-quality evidence to inform practice, planning policy, and decision-making, the Technical Standards team have been working on a National Engagement on Digital Health and Social Care. The national engagement was born out of the project to develop recommendations on the implementation of a national portal for health and social care in Ireland. During 2022, and as part of the evidence gathering for the latter, we engaged with services internationally and nationally who had already developed portals or had made advances in the area.

One of the key pieces of advice out of these interviews was to identify what a portal would mean to the public and health and social care professionals. A decision was made to carry out a national engagement to gather robust evidence and to inform the development of purposeful digital systems. The National Engagement on Digital Health and Social Care is a collaboration between HIQA, the Department of Health, the HSE, and patient representatives. The aims and objectives of the engagement have been finalised and the project governance agreed with the convening of a steering group of representatives from the partners. The steering group has met twice to date. The evidence gathering methodology has been planned based on evidence of how engagements with staff and the public on digital health and social care have been carried out elsewhere. The steering group, in addition to HIQA staff focus groups, has influenced the themes to be researched. The overarching themes for the project include attitudes to and readiness for digital access to information, sharing information, and digital care as well as challenges and opportunities. Two focus groups with health and social care professionals are planned for early January 2023 to further ensure the surveys are fit for purpose and suitable for the Irish context. The project team is currently working on its submission for ethical approval to the Royal College of Physicians of Ireland in February 2023.

The engagement is being carried out in the context of the eHealth goals of Sláintecare as well as the European Commission's Europe's Digital Decade: digital targets for 2030, notably, its goal for every EU citizen to have electronic access to medical records by that year. The findings will help towards the development and provision of digital health systems, services, and information aligned to HIQA's vision of safer services and better care for all.

## Developing national standards and guidance for Health Information

### Development of National Standards for Information Management in Health and Social Care

In 2022, HIQA developed Draft National Standards for Information Management in Health and Social Care. The draft national standards represent a revision and expansion of the scope of the Information Management Standards for National Health and Social Care Data Collections which were published by HIQA in 2017. This revision involved widening the scope of the standards beyond national data collections to include all services and organisations that collect, use or share health and social care information. The aim of the Draft National Standards for Information Management in Health and Social Care is to provide a roadmap to improve the quality of health and social care information, which will ultimately contribute to the delivery of safe and reliable care.



The draft national standards are set out under three principles to ensure that: data processing activities are conducted in accordance with a rights-based approach; an organisation is accountable by having all of the necessary governance arrangements in place to manage information appropriately in line with relevant legislation; and an organisation is responsive by having arrangements in place to adapt to the changing health information landscape, to take a systematic approach to information governance, and to ensure that maximum benefit is achieved from its data and information.

An evidence synthesis of international evidence on governance structures and information management arrangements in place for national health and social care data collections was also conducted in 2022 which includes an 'as-is' analysis of the current situation in Ireland. This paper was published in October 2022 and was used to inform the draft national standards and ensures that they are evidence-based and fit for purpose in an Irish context. The final evidence synthesis is available on [www.hiqa.ie](http://www.hiqa.ie).

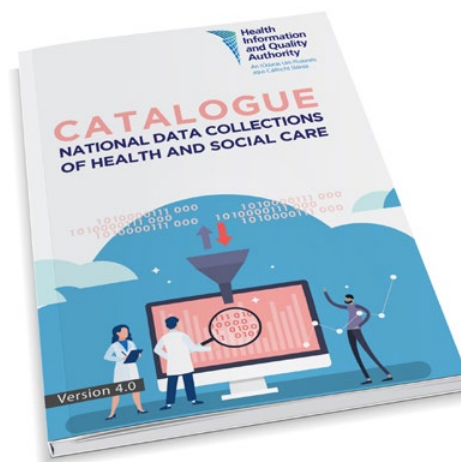
The draft national standards went for public consultation for an eight-week period from 24 October to 19 December 2022. Fifty-one responses were received, which included 16 responses from individuals and 35 responses on behalf of organisations. A targeted consultation involving focus groups and meetings with key stakeholders was also undertaken during this period. The intention was to target a broad range of individuals and organisations during the consultation in line with the scope change to include all services and organisations that collect, use or share health and social care information within HIQA's legislative remit. We held four focus groups with representatives from national health and social care data collections, HIQA inspectors, health and social care professionals involved in care provision and with professionals with roles relating to Information Governance at a hospital, hospital group, or national HSE level. We also held interviews with key organisations including the Mental Health Commission.

The findings from the public consultation will be analysed and used to inform the development of the final standards which will be presented to the Advisory Group in March 2023 before entering HIQA's approval process. Once approved by HIQA's Board, the final standards will be submitted to the Minister for Health and will be published on HIQA's website in 2023.

## Catalogue of National Health and Social Care Data Collections

In October 2022, we launched a fully revised and updated *Catalogue of National Health and Social Care Data Collections in Ireland*. This is the fourth version of the Catalogue which was first published in 2010. National data collections collect health and social care information and are crucial in providing a national overview of an identified health or social care-related issue or service in Ireland. HIQA's catalogue presents an overview of the large volume of data currently being gathered by national health and social care data collections in Ireland in one accessible location.

The catalogue includes 128 national data collections which collect health or social care information in Ireland, including 24 newly identified collections since the previous version in 2017. These include a number of data collections that were established in response to the COVID-19 pandemic such as CoVAX – the National COVID-19 Immunisation System, and the COVID-19 Data Research Hub. Both the published Catalogue and an online interactive version are available on the HIQA website.



## Developed guidance and digital learning tools to support the national data collections and data quality

In 2018, we published *Guidance on a data quality framework*. To further support health and social care staff to understand the importance of data quality in their work and to implement HIQA's Guidance on a data quality framework, we developed an online learning course on *How to improve data quality for health and social care services*.

In 2021, we revised and updated the two modules in this online learning course in order to make them available on HSEland (the HSE's learning and development website).

How to improve data quality for health and social care services consists of two modules:

- ▶ **Module 1:** Introduction to data quality
- ▶ **Module 2:** Developing a data quality framework.

Module 1: Introduction to data quality was launched in November 2021 and Module 2: Developing a data quality framework was launched in January 2022.







- ▶ **Module 1:** Introduction to data quality highlights the importance of high-quality data and explains how everyone working in health and social care has a role to play in driving improvements in the quality of data in their service. It also emphasises how data can impact on the quality and safety of care of people who use health and social care services.
- ▶ **Module 2:** Developing a data quality framework introduces a data quality framework and outlines how it can be used drive improvement in health and social care.

Both modules contain practical examples, self-reflection questions and links to additional resources to extend learning. Each module can be completed separately and the learner receives a certificate of completion at the end of each module when completed on HSELand.

Both modules are available to complete on [www.hseland.ie](http://www.hseland.ie) and [www.hiqa.ie](http://www.hiqa.ie).

By the end of 2022, on HSELand:

- ▶ 1,075 people had completed Module 1: Introduction to data quality
- ▶ 300 people had completed Module 2: Developing a data quality framework

We included an online evaluation form at the end of each module to gather feedback on the module and each module's impact.

357 evaluation surveys were completed for Module 1: Introduction to data quality in 2022.

- ▶ For Module 1, 98% of learners who completed an evaluation reported that they feel they have a better understanding of data quality, having completed the module.
- ▶ For Module 1, 89% of learners who completed an evaluation reported that they found the module 'very useful' or 'extremely useful'.

People who completed Module 1: Introduction to data quality in 2022 said:

### Module 1: Introduction to data quality

*“Good module to cover. Informed information on how quality data empowers the health service and patients using our health system.”*

*“HSE captures a lot of data each day and we as its members need to improve ourselves at collecting accurate good quality data for better care for everyone. It has added a new dimension insight to my job.”*

*“It is a useful springboard for future study and training in the area of data quality.”*

129 evaluation surveys were completed for Module 2: Developing a data quality framework in 2022.

- ▶ For Module 2, 99% of learners who completed an evaluation reported that they feel they have a better understanding of data quality, having completed the module.
- ▶ For Module 2, 80% of learners who completed an evaluation reported that they found the module 'very useful' or 'extremely useful'.

People who completed Module 2: Developing a data quality framework in 2022 said:

### Module 2: Developing a data quality framework

*“I have a clearer understanding of data, information and the need for a data quality framework.”*

*“Helped me understand my role better in why data is important to the organisation.”*

*“Completing module made me reflect on practices in own service.”*



## Reviewing against national standards

### Review programme of compliance of national data collections with information management standards

In 2022, we continued to review compliance of national data collections with information management standards. The purpose of the review programme is to drive quality improvement in all major national health and social care data collections within the HSE.

A review to assess information management practices for both acute and community waiting list data within the HSE commenced in 2021 and continued in 2022. Waiting list data across the HSE is managed both within the HSE and, in the case of acute scheduled care waiting list data, by an external agency, the National Treatment Purchase Fund (NTPF). The NTPF has a statutory responsibility to collect, collate and validate information on persons waiting for public hospital treatment in Ireland. However, as the work of the NTPF sits outside the remit of HIQA, the focus of the review was information management practices within the HSE. In 2022, as part of the evidence gathering stage of the review we continued to engage with key stakeholders in the HSE and the NTPF. We also continued our schedule of virtual site visits to acute and community services. In total seven hospitals and four community services were visited comprising a total of 42 interviews and focus groups. All evidence was synthesised and a draft report was prepared. The draft report has been prepared for submission to relevant key stakeholders for factual accuracy purposes, with an aim to finalise and publish the report including key recommendations in quarter one of 2023.

### Health and Social Care Standards

Under the Health Act 2007, HIQA is responsible for the development of national standards for health and social care services. National standards are a set of high-level outcomes that describe how services can achieve safe, quality, person-centred care and support. They are evidence-based and informed by engaging with those who use and provide our health and social care services.

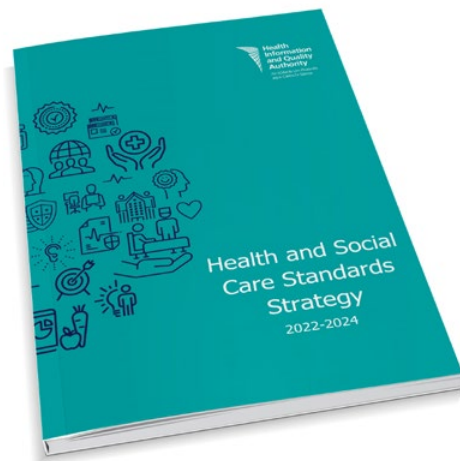
In developing national standards, we aim to promote quality improvements and improve the experience of people using health and social care services. National standards offer a common language to describe what high-quality, safe and reliable health and social care services look like. Underpinned by a set of key principles (see Figure 18), national standards enable a person-centred care approach and promote day-to-day practice that is up to date, effective, consistent and based on the best available evidence. Our standards are written from the perspective of the person using the service, by focusing on outcomes for them and placing them at the centre of all that the service does.

**Figure 18 - Key principles to underpin national standards for health and social care services**



We also develop implementation support tools, such as online learning courses and booklets, to help staff working in health and social care services to implement the national standards in everyday practice in their setting.

We have developed a strategic direction to guide us in the development of national standards and implementation support tools, ensuring that we are prioritising areas of need, reaching our target audiences and having impact on the quality and safety of health and social care services in Ireland. The ultimate aim is improving the experience of people using health and social care services. The Health and Social Care Standards Strategy 2022-2024 was published in May 2022 and includes the four objectives outlined below.



**Developing national standards:** Develop and update standards based on need, prioritising the use of our resources and maximising the benefits to the health and social care system and the people who use them.

1. **Supporting implementation of standards:** Support implementation of standards in order to drive improvements and consistent interpretation within health and social care services.
2. **Disseminating standards and implementation support tools:** Enhance dissemination of standards and implementation support tools, increasing reach, understanding and application of standards.

- 3. Being a trusted voice relating to health and social care standards:** Establish a centre of excellence for the development of standards, implementation support tools and quality, safety and human rights in health and social care services.

The key work programmes undertaken by the Standards Team in 2022 to achieve these objectives are outlined below.

### Overarching National Standards for the Care and Support of Children using Health and Social Care Services

Together with the Mental Health Commission (MHC), we have completed the development of Draft Overarching National Standards for the Care and Support of Children using Health and Social Care Services, which were submitted for Ministerial approval in July 2022. These standards cover all health and social care services providing care and support to children, including disability services, mental health services, acute and community healthcare services, GP and primary care services, and children's social services.



This is the first time that a set of national standards has been developed that is focused on the needs of all children across health and social care services. Written in the voice of the child using the service, the standards set out what outcomes a child should expect and what a service needs to do to achieve these outcomes. The standards aim to drive improvements in the quality and safety of care and support for all children using health and social care services, and to support organisations and services to work together in an integrated and collaborative way to improve the experiences and outcomes of children and their families.

The standards are informed by a review of the international research on children's health and social care services, as well as extensive engagement with children, young people, families, carers, advocates, staff and policy-makers. In 2022 we held the final meetings of the Standards Advisory Group and Children's Reference Group to discuss the draft standards, before the draft standards were finalised and submitted for Ministerial approval. The Children's Reference Group is comprised of young people and family members with experience of using a range of health and social care services for children. The group gave insight into the issues that are important to children and families using services, so that this is reflected in the content of the standards.

From the outset of this project, it was recognised that additional supports would be required to assist services to implement the standards fully. To this end, throughout the development of the standards we asked stakeholders what was needed to support services and staff to implement the standards into practice in their work settings, for example, any additional tools and educational materials. We will work collaboratively with stakeholders in 2023 to develop implementation support tools that will have the greatest impact.

## National Standards for Children's Social Services

The Draft National Standards for Children's Social Services were submitted for Ministerial approval in December 2021. These standards cover all children's social services, from the point of a child's referral to a service until they transfer to another service or are discharged. The national standards aim to drive improvements in the quality and safety of care for children who are at risk in the community or who are living away from their families in the care of the State, and supports a rights-based approach to the provision of care and support for these children.



Implementation support tools are also being developed to support services and staff to implement the standards into practice in their work settings, for example, educational materials, and tools for effective communication and information sharing between Tusla and children, families, and foster carers at critical times in a child's life.

To ensure that any tools developed are relevant and fit for purpose, we have established a high-level Steering Group, with senior representatives from Tusla and the Children's Rights Alliance, to oversee this collaborative project. We have also established a cross-sectoral Working Group to co-produce these tools. This group comprises of Tusla staff, HIQA inspectors, representatives from non-statutory services, a representative from the Irish Foster Care Association (IFCA), a foster carer representative and young people with experience of children's social services. Three Working Group meetings have been held in 2022.

Additionally, stakeholders identified that materials were needed to help support young children understand what the standards mean for them, as they journey through children's social services. We are developing a video animation for young children that will help them to understand the standards. The video animation is being developed collaboratively with key stakeholders, including children, young people, families, foster carers and staff. Facilitated by Barnardos, we met with three groups of young children, and with parents, to hear what was important to them. We also met with a group of foster carers to hear what they thought the video should cover.



*Deirdre Connolly, Acting Standards Manager, presenting on how children's views and experience informed the Draft National Standards for Children's Social Services, European Social Services conference, Hamburg, June 2022.*

During 2022, we also continued to share with stakeholders what children and young people told us was important to them and the outcomes they expect when they are using services. This includes presenting on how children's views informed the standards at the Social Care Ireland Conference in April 2022 and the European Social Services conference in June 2022.



## National Standards for Homecare and Support Services

Homecare and support is an essential service which allows people to receive care and support in their own home, and remain living at home for as long as possible. There are challenges to the sector, with an ageing population, increasingly complex care being provided in the home and difficulties in the recruitment and retention of staff and consistency of services. Currently, there is no statutory regulation of homecare and support services in Ireland. The Department of Health is currently developing a statutory scheme for home support, to be underpinned by legislation and standards. This legislative framework will offer assurance that people using these services receive safe, quality, person-centred care and will help address concerns relating to accountability and continuity of care.



In 2022, HIQA continued to advocate for improvements in homecare and support services and to develop national standards to support safe, quality, person-centred care in these services. The national standards will focus on a human rights-based approach to homecare and support that facilitates autonomy and choice. The standards will aim to promote progressive quality improvements in homecare and support services and will give a shared voice to the expectations of the public, people using services, service providers and staff.

In May 2022 we published a review of Irish and international evidence on homecare to inform the development of the National Standards. This evidence review provides an overview of the current provision of homecare in Ireland and summarises international evidence to identify characteristics of good practices in homecare and support services. The evidence review is available to read on [www.hiqa.ie](http://www.hiqa.ie).

The evidence review, along with findings from stakeholder focus groups and a public scoping consultation, were used by the Standards Team to inform the development of a draft set of standards for homecare and support services. These draft standards were presented to the Standards Advisory Group in March 2022. The Advisory Group is made up of 20 members, including people who use home support services, carer representatives, staff, advocacy groups, the Department of Health, the Department of Children, Equality, Disability, Integration and Youth Affairs, HIQA Regulation, the Mental Health Commission, providers of home support services, CORU, the National Health and Social Care Professions Office, the Office of the Ombudsman, Irish College of General Practitioners, the National Disability Authority and the HSE.

In 2023, HIQA will continue to work closely with the Department of Health to support the development of the primary legislation and regulations for home support, as well as continuing to engage widely with stakeholders in the development of the national standards. This will include a six-week public consultation in 2023, where stakeholders and the wider public will have an opportunity to share their views on the draft standards. Feedback from this public consultation, along with further targeted stakeholder engagement will be used to update and finalise the national standards.



## National Care Experience Programme

The National Care Experience Programme (NCEP) is a tripartite programme between HIQA, the Health Service Executive (HSE) and the Department of Health which seeks to improve the quality of health and social care services in Ireland by asking people about their experiences of care and acting on their feedback.

The mission of the National Care Experience Programme is “Hearing, understanding and responding to the experience of people using Ireland’s health and social care services to drive and embed sustainable improvement in care”. Our Strategy for 2022-2024 sets out the following objectives:

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

The programme currently manages a suite of five national surveys:

- ▶ National Inpatient Experience Survey
- ▶ National Nursing Home Experience Survey
- ▶ National Maternity Bereavement Experience Survey
- ▶ National End of Life Survey
- ▶ National Maternity Experience Survey.

Further detail of the advances and engagement with these communities are outlined in the sections below.



## National Inpatient Experience Survey

The National Inpatient Experience Survey is a nationwide survey asking patients about their recent experiences in hospital. The survey aims to learn from patients' feedback in order to improve hospital care. In 2022, the results of the 2021 National Inpatient Experience Survey were published, and the 2022 iteration of the survey was undertaken and the results were also published. These marked the fourth and fifth time the National Inpatient Experience Survey was implemented since the inaugural survey in 2017 (with a one year break due to the COVID-19 Pandemic). In addition to a technical report for the 2021 survey, two supplementary reports to the 2021 findings were also published. One explored patients' experiences of care in hospital from the perspective of a [human rights-based approach](#). A human rights-based approach to the provision of acute hospital care involves respecting every individual's human rights through promoting the core principles of person-centred care. Most people had positive experiences, however there was some room for improvement, with many people saying that they were not told about medication side effects and were not given any written or printed information about what they should or should not do after leaving hospital. The second supplementary report explored [experiences of discharge or transfer from hospital](#).

The findings of the 2022 survey were launched on Thursday, 15 December 2022. A national report and 39 hospital reports were published and made available to the general public on the NCEP website, along with the HSE national response to the findings. A short animation outlining the findings of the 2022 survey can be found [here](#).

A total of 10,904 took part in the 2022 National Inpatient Experience survey, which was a 44% response rate of eligible participants. Most participants (82%) rated their overall experience of hospital care as good or very good. Most patients said that they did not feel they were at risk of catching COVID-19 while in hospital, and that they were always able to understand staff when they were wearing face masks and visors.

Over 70% of people who had questions about COVID-19 said that they always got answers they could understand. While 63% of people said they had no worries or fears about COVID-19, 12% of people said that they could not find a member of staff to talk to about their worries or fears.

The National Inpatient Experience Survey will be reviewed throughout 2023 with a view to ensuring that it continues to meet the needs of its various stakeholders. The sixth iteration of the survey is planned to be undertaken in 2024.





## National Nursing Home Experience Survey

The National Nursing Home Experience Survey was undertaken for the first time in 2022. The National Nursing Home Experience Survey asked nursing home residents and their relatives or friends about their experiences of nursing home care in Ireland. The survey aimed to learn from and understand these experiences in order to improve the care provided in Irish nursing homes. In total, 718 residents and 943 family members and friends from 53 nursing homes participated in the survey. Most residents (90%) and most family members and friends (87%) said they had a good or a very good overall experience with their nursing home.

The findings of the survey were launched on Tuesday 1 November 2022 with a video address by the Minister for Mental Health and Older People, Mary Butler TD. A short animation outlining the findings of the survey can be found [here](#).

The findings of the National Nursing Home Experience Survey were presented at four HIQA stakeholder engagement events for Designated Centres for Older Persons on 'Residents' Rights: Listening to Drive Improvement'.



*Tina Boland, Project Lead, presented at a HIQA stakeholder engagement event for Designated Centres for Older Persons on Residents' Rights: Listening to Drive Improvement.*



*Dr Conor Foley and Roisin Murphy, National Care Experience Programme, shared information about the work of the National Care Experience Programme at a HIQA stakeholder engagement event for Designated Centres for Older Persons on Residents' Rights: Listening to Drive Improvement.*



## National Maternity Bereavement Experience Survey

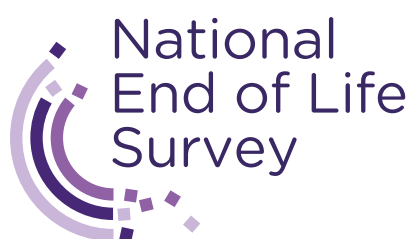
The National Maternity Bereavement Survey was undertaken for the first time in 2022. The need for a dedicated survey to explore the experiences of bereaved parents, to capture meaningful information on their experiences of care in a sensitive and appropriate manner was identified during the development of the National Maternity Experience Survey. The National Maternity Bereavement Experience Survey (NMBES) aims to learn from parents and families about their care experiences following a pregnancy or perinatal loss. The survey aims to inform healthcare management of the quality and safety of care provided, drive accountability across the healthcare system and provide policy developers with definitive data to inform policy development and implementation. The data collected from this survey will help to provide assurance in the care being provided and identify areas for improvement in all maternity hospitals and units in Ireland. The survey findings will also help inform the existing national standards for bereavement care in addition to informing regulation programmes for maternity care services.

Women and their partners who experienced a second trimester miscarriage, a stillbirth or an early neonatal death and received inpatient care in one of Ireland's 19 maternity units or hospitals between 1 January 2019 and 31 December 2021 were invited to participate in the survey. The online survey was open to all eligible participants for an eight week period from 1 September to 31 October 2022.

Episode five of the 'Let's Talk Care Experience' [podcast](#) was launched in September 2022. In this episode, Mairie Cregan, Co-founder of Féileacáin, the Stillbirth and Neonatal Death Association of Ireland and Anna Maria Verling, Clinical Midwife Specialist in Bereavement and Loss, and Project Lead, National Maternity Bereavement Experience Survey discussed the importance of listening to experiences of maternity bereavement care in Ireland to help improve future care provided.

In total, 655 women and 232 partners or support persons participated in the survey. Participants shared their stories of the care they received from when they first found out that their baby had died, through to the care they received while in hospital, and the follow-up care they received once they returned home. Participants were asked to rate their overall care, and 74% said that they had received good or very good care. The results of the survey will be published in early 2023.





## National End of Life Survey

The National End of Life Survey will be the first national survey asking bereaved relatives about the care provided to a family member or friend in the last months and days of their life. The purpose of the survey is to learn from people's experiences of end-of-life care in order to improve the services provided both to people who are dying, and to their loved ones. Individuals who registered the death of a family member or friend that occurred between 1 September and 31 December 2022 will be invited to participate in the survey and will receive a survey pack in the post between March and May 2023.

Surveying bereaved relatives is recommended as a means of evaluating the experience of care delivered as outlined in the HSE National Clinical Care Programme for Palliative Care, Model of Care (2019). The findings will build on existing good practice and inform quality improvements within services, national standards and monitoring programmes within the Health Information and Quality Authority, and national policy and legislation in the Department of Health. Throughout the year three information sessions were held with CRS staff and two general information sessions. Over 200 individuals attended information sessions.



### 'Let's Talk Care Experience' Podcast

'Let's Talk Care Experience' is the National Care Experience Programme podcast discussing all aspects of people's experiences using Ireland's health and social care services. It provides guidance from experts to healthcare professionals based on the feedback from our surveys. The episodes released in 2022 focused on:

- ▶ the importance of the National Maternity Bereavement Experience Survey
- ▶ ideas on what one Patient Advocacy Manager does to support people using hospital services
- ▶ tips on how to communicate well with patients.

## Advocacy

The COVID-19 Expert Panel report, published in August 2020, included a recommendation for HIQA to highlight and promote independent advocacy services available to residents. To address this recommendation, we developed an online learning course for health and social care staff on the fundamentals of advocacy to support implementation of the advocacy elements of existing standards such as the National Standards for Adult Safeguarding, and the Guidance on Human Rights-Based Approach in Health and Social Care Services.



We engaged with key stakeholders, established a working group and held a number of meetings and focus groups with advocacy organisations, HIQA regulation, nursing home staff, nursing home residents, people using services in the disability sector and patient representatives. These meetings and focus groups provided an opportunity for participants and those using and working in services to inform and shape the content of the course. We also conducted user testing, inviting stakeholders to provide feedback in order to make improvements.

To capture the perspectives of people using and working in health and social care settings, we recorded videos of people talking about their experience of advocacy and what it means to them. Participants included an advocacy expert, a patient representative, a nursing home resident, and nursing home staff. These video clips are included throughout the online course and as a longer educational video available to view on the HIQA website.

In addition to the online learning course, we are developing an information booklet on advocacy to further support staff to understand the fundamentals of advocacy in health and social care and to raise awareness of the online learning course.

The online learning course *The Fundamentals of Advocacy in Health and Social Care* is relevant to all staff working in health and social care settings. The course aims to enable health and social care staff to support the people they care for to advocate for themselves and access advocacy services by improving their knowledge and understanding of advocacy.



The course will be available on [www.hseland.ie](http://www.hseland.ie) and [www.hiqa.ie](http://www.hiqa.ie) in early 2023.

## Online learning courses

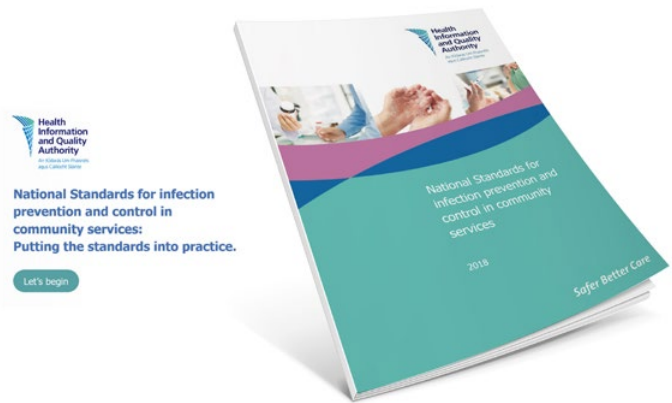
Since 2020, we have developed and launched a number of online learning courses to assist service providers and staff to understand and implement national standards. These online learning courses help build capacity, and promote sustained quality improvement within health and social care services. At the end of each course, we include an evaluation to gather feedback on the course and to assess its impact on learners. Please see Table 8 for the number of people who have completed these courses.

**Table 8 - Online learning course completions**

Online learning course	Completions in 2022	Completions since launch
Infection prevention and control	16,269	49,209
Adult Safeguarding	13,074	27,976
Rights based care module 1: Introduction to Human Rights in Health and Social Care	9,724	25,316
Rights based care module 2: Role of Good Communication in upholding Human Rights	8,567	21,319
Rights based care module 3: Putting People at the Centre of Decision-Making	8,009	17,967
Rights based care module 4: Positive Risk-taking	8,322	16,795
<b>Total</b>	<b>63,965</b>	<b>158,582</b>

## Infection Prevention and Control

In 2020, we launched the first online learning course to support health and social care staff to implement the *National Standards for infection prevention and control in community services*. The course demonstrates how front-line staff working in health and social care services can implement the standards in their day-to-day work. People who completed this course in 2022 stated:



*"This course was very informative and I felt very reassured that so many things are taken into consideration, right down to how fabric chairs and carpet in a waiting room are not easy to keep clean and therefore choosing different furniture here would make it easier to keep this area infection free."*

*"The course gave me a better insight to the use and misuse of antibiotics and the stats of the use of antibiotics in Ireland."*

*"I found the information to be concise, and delivered in a brief and "to the Point" method. This is important as healthcare staff are often very busy, and with limited time to absorb over lengthy presentations."*



## Adult Safeguarding

At the end of 2020, we launched an online learning course to support people who work in health and social care services to implement the *National Standards for Adult Safeguarding* in their service. In 2022, people who completed this course stated:



*“Simple and clear learning which is most informative, this course really put me thinking about how I can improve myself on safeguarding in my daily duties.”*

*“I feel everyone should do a course like this to help them to be more aware of the signs of abuse and the necessary steps on how to report it.”*

*“It helped me to connect practice to policy. It validated what I do in practice and learn the principles behind it and more.”*

To support health and social care staff to understand and apply a human rights-based approach in their work, we launched an online learning course as a series of modules in 2021. This course builds on the *Guidance on a Human Rights-based Approach in Health and Social Care Services* and consists of four modules:

- ▶ Module 1: Introduction to Human Rights in Health and Social Care
- ▶ Module 2: Role of Good Communication in upholding Human Rights
- ▶ Module 3: Putting People at the Centre of Decision-Making
- ▶ Module 4: Positive Risk-taking.

See Table 9 below to view the number of people who have completed each of the course modules in rights-based care.

**Table 9 - Human-rights based approach module completions**

Human-rights based approach modules	Completions in 2022	Completions since launch in 2021
Module 1	9,724	25,316
Module 2	8,567	21,319
Module 3	8,009	17,967
Module 4	8,322	16,795
<b>Total</b>	<b>34,622</b>	<b>81,397</b>



In 2022, those who completed the course modules stated:

### Module 1: Introduction to Human Rights in Health and Social Care

*"It is really an eye-opener. It has changed my perspective on human rights and health and social care work."*

*"I find the module very insightful, understandable and realistic. I can easily relate and apply in my daily practice."*

### Module 2: Role of Good Communication in upholding Human Rights

*"Excellent module. That showed me I am on the right path how I am working. But also gave me more ideas that I can bring into my practice to be a better practitioner to the residents under my care."*

### Module 3: Putting People at the Centre of Decision-Making

*"Module presents everyday realistic scenarios which underlines and makes real the importance of good accessible communication to ensure upholding of individual's human rights."*

*"I found this module beneficial to me in my role as CNM2 Intellectual Disability Services. I feel very strongly about residents' rights and will be recommending to my line manager that training is completed by all staff in our area."*

*"This course creates such an awareness of empowering people with as much information as possible, to help them make both very simple and huge decisions about their own lives."*

## Module 4: Positive Risk-taking

*"I found it very informative and gave tools to help me improve the way I support the individual I work with."*

*"The content is very clear, direct and is not too long. The detail of how the service followed up to support the person is very practical and applicable for the services where this support is mostly required, individuals with intellectual disability and cognitive impairment."*

All the above courses are available to complete on [www.hseland.ie](http://www.hseland.ie) and [www.hiqa.ie](http://www.hiqa.ie).

HIQA gained international visibility for the online learning courses, securing a nomination for the annual European Social Services Award in the area of Workforce Development. Our submission entitled Online Learning Courses to support Health and Social Care Staff to implement National Standards was successfully shortlisted for inclusion at the award ceremony that took place in November 2022.



Members of the Health and Social Care Standards team attending the European Social Services Awards for the short listed project, Online Learning Courses to support Health and Social Care Staff to implement National Standards.



*Members of the Health and Social Care Standards team meeting with a European Social Service Network delegation from the Israeli Ministry of Welfare and Social Affairs in Dublin.*

## Stakeholder Engagement

### Engagement with external organisations

In 2022, HIQA engaged with a number of external organisations to share their learning and expertise.

HIQA met with the Swedish Standards Institute online to present HIQA's approach to developing national standards and our approach to supporting implementation of national standards into practice. We also presented on the work of the Standards Team to a European Social Service Network delegation from the Israeli Ministry of Welfare and Social Affairs.

In 2022, HIQA provided workshops on implementation science for HSE staff - the Policies, Procedures, Protocols and Guidelines Steering Group and the Workplace Health and Wellbeing Unit.

HIQA participated in two national reviews in 2022: the TEHDAS review and the PHIRI review. The TEHDAS Review Ireland focused on Ireland's national health information systems and the PHIRI review focused on national systems mobilised and leveraged in response to the COVID-19 pandemic.

### National and international networks

In 2022, HIQA contributed to a number of national and international networks:

- ▶ **National Standards Authority of Ireland Health Informatics Standards Consultative Committee TC 21 (HISC).** The NSAI through the HISC committee participates in the work of [International Standards Organisation \(ISO\) TC 215 Health Informatics committee](#) and [European Committee for Standardization \(CEN\) TC 251\) Health Informatics Committee](#). Health informatics standards are currently under development by CEN and ISO are discussed and formal responses are agreed. In addition the committee regularly provides responses to consultation on health information standards in Ireland.

- ▶ **SNOMED CT Governance Board.** A SNOMED Governance Board has been established to provide strategic advice and oversight on the implementation of SNOMED CT in Ireland. A strategy has been agreed covering 2021 to 2023. The Board is chaired by Dr Kevin O'Carroll, our Technical Standards Manager. The Enterprise Architecture function of the Office of the Chief Information Officer in the HSE is where Ireland's National Release Centre has been established and is responsible and has the delegated authority to licence the SNOMED CT Irish Edition and derivatives.
- ▶ **International Network for Innovation in Regulation and Supervision of Care (SINC) Group.** SINC is an informal group which members drawn from health and social care regulators across Europe and beyond. Dr Barbara Foley, our Health Information Quality Manager, and Dr Kevin O'Carroll, our Health Information Technical Standards Manager sit on the group. Sweden, England, Denmark, Norway, Scotland, Ireland, Portugal, Finland, Singapore, Netherlands are currently participating.
- ▶ **X-eHealth.** The X-eHealth project is an EU project which aims to lay the foundations to advance the integration of eHealth services features already in place for the European Cross Border sharing of Patient Summary information and electronic prescriptions. The X-eHealth project is developing functional and technical specifications for Discharge Summaries and for the revision of the existing Patient Summary to include rare diseases.
- ▶ **DASSL (Data Access, Storage, Sharing and Linkage) Proof of Concept Project Stakeholder Group.** The DASSL model aims to facilitate the safe and secure linkage and analysis of health and related data in Ireland, with a view to supporting healthcare research and policy decisions. The Irish Centre for High-End Computing has been funded by the Health Research Board to develop a proof-of-concept technical infrastructure to support this model. HIQA is represented on this stakeholder group to provide expert advice in relation to this proof of concept model.
- ▶ **HSE National Health and Social Care Data Dictionary Governance Group.** HIQA is a member of this group to provide advice in relation to the strategic direction and governance of this project.
- ▶ **EU Joint Action 'Towards the European Health Data Space'.** Representatives from the Health Information teams at HIQA are stakeholder members in Work Package 4 – Policy Forum and members of the overarching stakeholder forum.
- ▶ As a member of the **Steering Group of Evidence based Practice Ireland**, HIQA contributed to the development and delivery of a three-day workshop in evidence-based practice for health and social care staff, in collaboration with facilitators from the HSE, UCC and DCU. As a member of the steering committee of the **Implementation Network of Ireland and Northern Ireland**, we worked with the network to develop online training materials on Implementation Science.
- ▶ HIQA is also a member of a number of groups chaired by the HSE including the National ePrescribing Project Board, the National Medicinal Product File Project Board and the Dataset Specification Management Process.





*Dr Barbara Foley, Marie Higgins, and Suzanne Barror attending the Smart Health Summit 2022.*



*Members of the Health Information Quality Team attending the National Patient Safety Office Annual Conference.*



*Dr Kevin O'Carroll attending the Symposium on Digitalisation in Healthcare, Interoperability and Standards, hosted by the Centre for eIntegrated Care at Dublin City University.*



*Dr Daniela Rohde, Anna Maria Verling and Roisin Murphy at the Maternity and Midwifery forum.*

## Student Placements

In 2022, seven undergraduate students were hosted on student placements across the HIS Directorate. Four students joined us as part of their 12-week student placement with the Public Health Sciences undergraduate degree in UCC and three students joined us as part of their eight-week EUSA placement and their degree in Science, Society and Policy. Their placements contributed to the core work of the teams and to a number of academic articles, currently being prepared for submission to journals. The placements have helped build academic relationships and also promote the work of the HIS Directorate in the next generation of health and social care professionals.

## Academic Collaborations

### Influences on the Implementation of Health and Social Care Standards

To promote evidence-based practice and to inform the work of our Standards Team, a PhD student has been sponsored by HIQA to undertake research on the 'Implementation of Health and Social Care Standards in Health and Social Care Services.' The PhD is being undertaken in collaboration with University College Cork and the SPHeRE (Structured Population and Health-services Research Education) Programme.

This research has examined the enablers and barriers to implementing standards in practice. Learning from this PhD research will inform the identification and selection of implementation support tools that the standards team can develop to support the implementation of standards into practice.

The research will contribute towards developing an innovative implementation process that can be applied to future standards projects and will also support the broader implementation of standards in health and social care in Ireland.

### Development of personalised knowledge graphs for use in a patient portal to support caring for older persons

To promote evidence-based practice and to inform the work of our Technical Standards team, a PhD student has been funded to undertake their doctoral studies while contributing to research work within the team. The PhD is being undertaken in collaboration with Trinity College, Dublin. The preliminary title of the PhD is '*Development of personalised knowledge graphs for use in a patient portal to support caring for older persons*'. Knowledge graphs consist of data and importantly relationships between data. They provide structure for data and facilitate combining data from multiple sources so it can be used in applications, for example in patient portals. The outputs from this PhD research will contribute towards developing patient portals in Ireland.

### Impact of opt-out models on the secondary uses of health information

To promote evidence-based practice and to inform the work of our Health Information Quality team, a Master of Public Health student was supervised to complete a systematic review on the impact of opt-out models on the secondary use of health information. The Master of Public Health was undertaken at University College Cork. The findings from this research will provide evidence to inform our work in relation to national health information policy.

### Impact of visiting restrictions on the inpatient experience in acute hospitals in Ireland during the COVID-19 pandemic

To promote evidence-based practice, a student from the MSc in Applied Social Research in Trinity College Dublin was supervised to analyse data from the National Inpatient Experience Survey to examine the impact of visiting restrictions on the inpatient experience in acute hospitals in Ireland during the COVID-19 pandemic.



## Generating actionable insights from free-text care experience survey data using qualitative and computational text analysis

HIQA is working with a team from Maynooth University to enhance the application of the analysis of free-text comments from the National Care Experience Programme using qualitative and computational text analytics methods. The research will tell us about areas of good experience and areas that need to be improved in Ireland's hospital and maternity services. It will also highlight situations or contexts that lead to a good or poor experience. This information will be used to improve the quality of healthcare services and inform changes in current policy and practice. The research will provide a dashboard, or tool for healthcare managers and staff, to help them better understand and use information from patient feedback more easily in the future.



*Davina Swan presenting at the Public and Patient Involvement Summer School at University of Limerick.*

## 4.7 Our enabling functions

### Human Resources

A new Head of HR and Organisational Development was appointed in 2022 to strengthen the role of HR at executive management level and to develop strategies to maximise the talent and potential of our workforce. This role will ensure that people management and development practices remain strongly linked to long-term organisation goals and outcomes.

The Human Resources and Organisational Development Team continued to deliver on a number of strategic human resources and organisational development initiatives in 2022.

### Diversity, Inclusion and Belonging

HIQA celebrates and values diversity in its workforce and aims to create an inclusive environment where everyone feels respected, valued, encouraged to contribute, and feels confident that they belong at HIQA. HIQA promotes diversity, inclusion and belonging through its equality policy, complying with current legislation by publishing an annual Gender Pay Gap Report. This aims to drive greater transparency regarding gender balance in organisations and encouraging initiatives such as the Diversity and Inclusion Working Group which supports and promotes diversity and inclusion across HIQA. The gender pay gap figure reported for the mean hourly pay gap in 2022 is 2.07%.

### HIQA Future of Work Model

In June 2022 the organisation successfully transitioned from remote working to a new organisation interim blended working model. The model was developed to facilitate and enhance flexible working arrangements in the organisation going forward. It was implemented following objective data gathering and analysis and an extensive staff member and stakeholder consultation programme. Government guidance for public and civil service organisations was incorporated into the final design.

The project implementation plan was supported through the development of specific guidance and support materials including management and staff member briefing packs, on line resource materials and a bespoke development programme for line management.

A comprehensive review of the current model is planned in 2023. This will ensure that it remains fit for purpose and responsive to emerging organisational, stakeholder and staff member requirements.

### Health and Wellbeing

Staff member health and wellbeing continued to be a key priority in 2022 with the organisation transitioning to a new corporate wellbeing provider. The new HIQA wellbeing programme is primarily accessed through a digital wellbeing studio, equipped with leading live streaming technology, delivering a best-in-class experience for staff members and their families.

Wellbeing focus areas in 2022 were informed by staff member requirements and included diverse programmes, events and workshops relating to mind, body and life skills development.

A new corporate time and attendance system was implemented this year. This was developed primarily to ensure that staff member health, safety and wellbeing is promoted and effectively managed in relation to hours of work and other provisions as laid out under the Organisation of Working Time Act 1997.

## Corporate Learning and Development

Corporate Learning and Development work programmes offered an extensive range of development supports to staff members with a specific emphasis on the development of the behavioural and technical competencies identified within the organisations competency framework. In 2022, this work included the design and delivery of 20 group development programmes across a broad selection of topics and a comprehensive corporate induction programme which was attended by 81 new staff members.

Leadership and management development programmes remained a key focus for this year. A graduation event in September 2022 celebrated the commitment and achievements of 29 managers who participated in and completed these two new custom designed development programmes. 31 new or recently promoted managers also participated in a newly designed Corporate Manager On-boarding Programme.

Work was also completed to further develop the internal skills and capabilities in the areas of mentoring, training and coaching. A Community of Practice for Mentors was commenced in March 2022 and additional materials developed to support and address the upskilling requirements of qualified trainers.

## Talent Acquisition and Management

In 2022, HIQA maintained the highest level of accreditation for the Excellence Through People award Ireland's national human resource management quality standard through the National Standards Authority of Ireland.

HR worked closely with management to identify and support workforce planning and the changes associated with planned new commencements. We supported and progressed the recruitment and appointment of a large number of roles managing over 1,300 candidate applications during 2022. Challenges in accessing skilled professionals particularly in the enabling corporate functions remains an area of concern. A tightening and highly competitive labour market will continue to require agile and responsive workforce planning strategies in 2023.

Ongoing change management support was delivered to various projects across the organisation including work on digital and data transformation, new commencements and organisation design projects.

Further work was undertaken in 2022 in relation to organisational structure and design. Increasing demand on HIQA services needs to be enabled by the right organisational structure, management and governance arrangements and strong supporting capabilities at corporate level. This work built on the objectives achieved in 2021 and expanded the remit of the programme to include all functions within the organisation. A number of opportunities have presented for HIQA to foster more collaborative and synergistic ways of working by bringing together similar or related types of work or functions and streamlining and simplifying reporting lines where possible.

## Health and Safety

HIQA remains strongly committed to the protection of the health and safety of all employees. It has a comprehensive suite of health and safety related policies and procedures and training programmes in place.

There was one reportable incident to the Health and Safety Authority during the year.

### Communications and stakeholder engagement

The aim of communications and engagement activity in 2022 was to assist the organisation in delivering its overall strategic objectives set out in the Corporate Plan 2022-2024, and the goals set out in the 2022 business plan.

The development of a communications and stakeholder engagement strategy for the period 2022-2024 and an annual action plan were key business planning objectives for the year. HIQA has a wide variety of stakeholders spanning its broad and ever-increasing remit. The nature of HIQA’s stakeholders continues to evolve as the environment within which HIQA operates changes. These changes include those in the wider political environment, changes in national and local health and social care service structures and policies, and the emergence of new parties and groups interested in HIQA’s work.

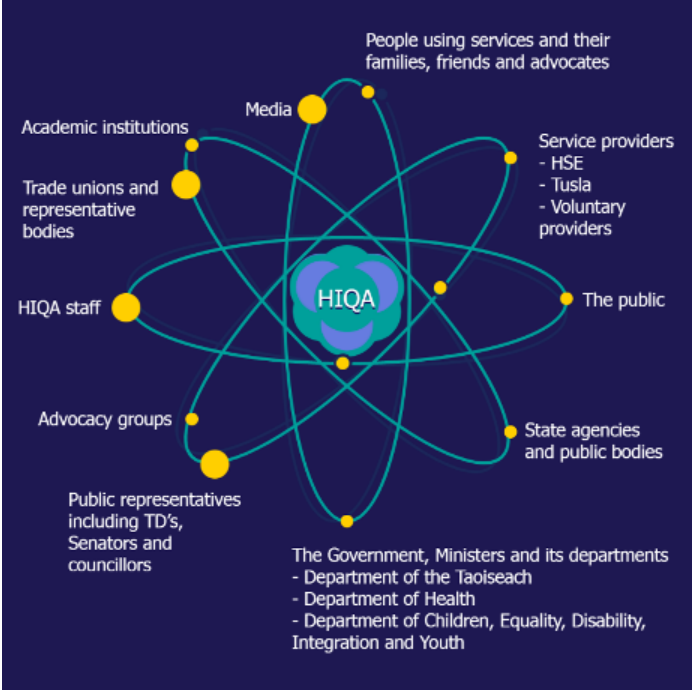
The 2022 action plan outlined what HIQA would do to meet its four key communications and stakeholder engagement objectives: inform and influence; listen and learn; support and enable; and enhance and explore.

It detailed specific actions, key performance indicators, timelines and the person responsible for ensuring implementation of each action. The Communications and Stakeholder Engagement Team worked closely with colleagues across the organisation to ensure actions were completed and KPI’s achieved.

Activity and the performance of tools and channels were monitored and measured throughout the year and learnings from the results influenced any adaptation of our approach where necessary.

We continue to look at new, innovative and engaging ways to communicate with our stakeholders with a ‘digital first’ approach and this was a key focus of our work in 2022. We produced 30 videos, six of which were animations, as well publishing internal and external e-zines, targeted visual updates, and an increased number of infographics. We live streamed key events and continued to make our internal HIQA Talks session available to staff via Zoom. Other key deliverables were achieved in 2022 including work around accessibility, in particular in respect of our website.

In 2022, in addition to stakeholder engagement activity undertaken by each directorate, a snapshot of some of the work of the Communications and Stakeholder Engagement Team is captured below.



**2,192**

inspection reports published.



**41**

press releases issued.

**97**

publication statements published.



**6**

overview reports published.



**6**

editions of external newsletter, HIQA News, issued.

**12**

editions of staff e-zine issued.



**42**

parliamentary questions responded to.



Our website, [www.hiqa.ie](http://www.hiqa.ie), received

**2 million+ page views**

during the year.



**5,000+**

info@hiqa.ie queries managed.

**20+**

submissions to external public consultations made.



## Information Division

Our Information Division supported the organisation in 2022 through the provision of ongoing technology solutions along with ICT staff. The solution provided the required enhancements and maintenance of regulatory and business systems. The Information Division enabled remote and hybrid working, collaboration technologies and preparation of suite of pipeline technology initiatives.

2022 built further on the foundation laid out in the HIQA's Digital and Data Transformation Strategy. We have assessed business and regulatory processes and leaned them ahead of the implementation of a modern digital solution. Upon the receipt of the funding approval from the Department of Health, we have concluded the necessary contract discussions and finalised contract documentation with the identified supplier. We have undertaken initial preparation including the gathering of the required business content for the delivery of a modern regulatory system.

We continue to follow PRINCE2 methodology for the delivery of prioritised projects. Business and technology staff were trained in this methodology. A number of strategic and operation projects were progressed in 2022 by working closely with the multi-disciplinary team. Business and corporate initiatives such as interim/blended working, collaboration technologies, protected disclosure and IPAS commencements were delivered. Cyber security, infrastructure upgrades, business application enhancements and Power BI reporting were implemented. Additional initiatives continue to be progressed in relation to cyber security, business intelligence and data roadmap implementation. Cloud technologies are being adopted as part of Digital and Data transformation strategy implementation. We have reviewed security practices to continue to improve them and align them with the evolving industry standards. In line with the needs of the digital and data transformation strategy and expected increase of staff numbers, we are preparing our security road map and the infrastructure for future systems that will be adopted for the cloud implementation.

Throughout 2022, we also provided deskside and system support and implemented a new support management system. In addition, we handled over 6000 support tickets for staff throughout the year. The team have undertaken ongoing maintenance activities on systems to ensure they are operational. In addition, they have covered over 1000 support queries on our internal regulatory system. The Information Division have further strengthened security measures by liaising closely with our 24x7 security monitoring partner and delivered additional security upgrades on HIQA's systems.

## Quality, risk and compliance

HIQA's commitment to Quality management is articulated in the Corporate Plan 'HIQA will demonstrate our commitment to quality'. HIQA has defined quality as:

"Delivering our work effectively, efficiently and consistently, to an agreed standard while delivering our statutory requirements. It means our organisation is agile in responding to stakeholder feedback and in identifying and implementing continual improvement"

A significant emphasis has been placed on Quality Risk and Compliance during 2022 to progress this objective including:



- ▶ Working towards a recognised certification for our quality management system. This will enable us to demonstrate best practice in driving quality in our systems and processes across the organisation by increasing efficiency, consistency and availing of opportunities for improvement
- ▶ The Development of a Quality Community of Practice to support staff undertaking quality improvement initiatives
- ▶ The Development of a system to track and monitor Compliance with all statutory requirements
- ▶ Taking a proactive approach to the management and review of internal controls across all business areas with the objective of identifying, and addressing any weaknesses or gaps
- ▶ Ensuring risk management is underpinned by the Board approved risk appetite statement through our risk management system
- ▶ Ensuring strong oversight of corporate risks
- ▶ Providing Quality Improvement and risk management training to staff
- ▶ Implementing a programme of internal audit and tracking the implementation of any recommendations for improvement.

### Financial management

Throughout 2022, HIQA continued to manage its financial resources in line with good practice and all relevant governance requirements. The use of planning and ongoing financial management enabled HIQA to use its resources efficiently and effectively.

HIQA's internal financial controls were audited during the year by our internal audit provider. No material concerns were identified. Improvements were made to the financial management system that processes financial transactions and provide management information to support decision-making.

HIQA's annual accounts for 2021 were submitted to the Comptroller and Auditor General in accordance with the timescales set out in the Health Act 2007.

# Annual Financial Statements

# 5

## HIQA Board membership

Name	Role
Pat O'Mahony	Chairperson
James Kiely	Board Member
Caroline Spillane	Board Member
Paula Kilbane	Board Member
Michael Rigby	Board Member
Lynsey Perdisatt	Board Member
Bernadette Costello	Board Member
Martin Higgins	Board Member
Martin O Halloran	Board Member
Marion Meany	Board Member
Daniel McConnell	Board Member

## General information

**Address** Unit 1301,  
City Gate,  
Mahon,  
Cork  
T12 Y2XT

<b>Bankers</b>	Ulster Bank 95 Main Street Midleton Co Cork P25 RW67	Danske Bank 3 Harbourmaster Place, IFSC, Dublin 1 D01 K8KI Dublin
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**Auditors** Comptroller and Auditor General  
3A Mayor Street Upper  
Dublin 1  
D01 PF72

**Solicitors** Beauchamps  
Riverside Two  
Sir John Rogerson's Quay  
Dublin 2  
D02 KV6

## Statement on Internal Control

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### 1. Scope of responsibility

On behalf of the Health Information and Quality Authority (HIQA) I acknowledge the Board's responsibility for ensuring that an effective system of internal control is maintained and operated. This responsibility takes account of the requirements of the Code of Practice for the Governance of State Bodies 2016, and adherence to HIQA's own Code of Governance.

### 2. Purpose of the system of internal control

The system of internal control is designed to manage risk to a tolerable level rather than to eliminate it. The system can therefore only provide reasonable, and not absolute, assurance that assets are safeguarded, transactions are authorised and properly recorded and that material errors or irregularities are either prevented or detected in a timely way.

The system of internal control, which accords with guidance issued by the Department of Public Expenditure and Reform, has been in place in HIQA for the year ended 31 December 2022 and up to the date of approval of the financial statements.

### 3. Capacity to Handle Risk

HIQA has an Audit, Risk and Governance Committee comprising of four Board members and one external member with financial expertise. The Committee met nine times during 2022.

HIQA has outsourced its internal audit function to an independent professional firm who conduct a programme of work agreed with the Audit, Risk and Governance Committee and the Board.

A risk management policy and procedure has been approved by the Board, which sets out HIQA's risk appetite, the risk management processes in place, and the roles and responsibilities of staff in relation to risk. This policy has been issued to all staff who are expected to work within HIQA's risk management policies, to alert management on emerging risks and control weaknesses, and assume responsibility for risks and controls within their own area of work.

### 4. Risk and control framework

HIQA has implemented a risk management system which identifies and reports risks and the management actions being taken to address and, to the extent possible, to mitigate those risks.

A risk register is in place which identifies the key risks facing HIQA. Risks have been identified, evaluated and graded according to their significance, and are regularly reviewed as appropriate by various levels within the organisation including management, the Audit, Risk and Governance Committee, other committees of the Board and the Board. These assessments are used to plan and allocate resources to ensure risks are managed to an acceptable level.

The risk register details the controls and actions needed to mitigate risks and responsibility for operation of controls assigned to specific staff. I confirm that a control environment containing the following elements, is in place:

## Statement on Internal Control (continued)

- ▶ procedures for all key business processes have been documented,
- ▶ financial responsibilities have been assigned at management level with corresponding accountability,
- ▶ there is an appropriate budgeting system with an annual budget which is kept under review by senior management,
- ▶ there are systems aimed at ensuring the security of the information and communication technology systems and
- ▶ there are systems in place to safeguard assets.

In 2022, following the ending of restrictions resulting from the COVID-19 pandemic, HIQA introduced a policy to facilitate flexible working practices and established systems and controls that facilitate dispersed and remote working. Potential security and control threats arising from these arrangements were monitored and addressed on an ongoing basis. HIQA has been able to continue its operations without disruption and with minimal changes to its risk and control processes.

### 5. Ongoing monitoring and review

Formal procedures have been established for monitoring control processes and control deficiencies are communicated to those responsible for taking corrective action and to management and to the Board, where relevant, in a timely way. I confirm that the following ongoing monitoring systems are in place:

- ▶ key risks and related controls have been identified and processes have been put in place to monitor the operation of those key controls and report any identified deficiencies
- ▶ reporting arrangements have been established at all levels where responsibility for financial management has been assigned, and
- ▶ there are regular reviews by senior management of periodic and annual performance and financial reports which indicate performance against budgets and forecasts.

### 6. Procurement

I confirm that HIQA has procedures in place to ensure compliance with current procurement rules and guidelines and during 2022, with the following exception.

In May 2021, the Health Service Executive was subject to a serious cyber-attack, through the criminal infiltration of its IT systems. Given the critical risks identified, HIQA immediately took steps to strengthen its security stance and introduced additional security measures. HIQA contracted with an external provider to put in place a Monitoring Detection and Response Solution, with the capability to record system level behaviours, using them to detect suspicious events, investigate and block malicious activity and remediate affected systems. These arrangements were at the core of HIQA's cyber defences and continued in 2022, with expenditure of €53k in the year until August when it was safely replaced by a service that was subject to a competitive procurement process.

## Statement on Internal Control (continued)

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### 7. Review of effectiveness

I confirm that HIQA has procedures to monitor the effectiveness of its risk management and control procedures. HIQA's monitoring and review of the effectiveness of the system of internal control is informed by the work of the internal and external auditors, the Audit, Risk and Governance Committee and senior management within HIQA who are responsible for the development and maintenance of the internal control framework.

I confirm that the Board conducted an annual review of the effectiveness of the internal controls for 2022.

### 8. Internal control issues

No weakness in internal control was identified in relation to 2022 that requires disclosure in the financial statements.

On behalf of the Board,



**Pat O'Mahony**  
Chairperson

Date: 17 April 2023



# Governance Statement and Board Members' Report

## 1. Governance

The Board of the Health Information and Quality Authority (HIQA) was established under the Health Act 2007. The functions of the Board are set out in Section 8 of the Act. The Board is accountable to the Minister for Health and is responsible for ensuring good governance. The Board performs this task by setting strategic objectives and targets and taking strategic decisions on all key business issues. The regular day-to-day management, control and direction of HIQA are the responsibility of the Chief Executive and the senior management team.

The Chief Executive and the senior management team follow the broad strategic direction set by the Board, and ensure that all Board members have a clear understanding of the key activities and decisions related to the entity, and of any significant risks as they arise. The Chief Executive acts as a direct liaison between the Board and management of HIQA.

The results of the annual evaluation of the Board and its committees were presented to the Board in March 2022. This was an internal evaluation. It is HIQA's practice to undertake an external evaluation every three years.

## 2. Board responsibilities

The work and responsibilities of the Board are set out in HIQA's Code of Governance which also contains the matters specifically reserved for Board decision. A formal Schedule of Matters Reserved for Board Decision is in place which is aligned to the requirements of the Code of Practice for the Governance of State Bodies. In addition, a scheme of delegation provides for the delegation of functions to the CEO and members of the Executive management. Standing items considered by the Board include:

- ▶ declaration of interests,
- ▶ reports from committees,
- ▶ financial reports and management accounts,
- ▶ performance reports, and
- ▶ reserved matters as they arise.

Section 35 of the Health Act requires the Board of HIQA to keep, in such form as may be approved by the Minister for Health with consent of the Minister for Public Expenditure and Reform, all proper and usual accounts of money received and expended by it.

In preparing these financial statements, the Board of HIQA is required to:

- ▶ select suitable accounting policies and apply them consistently,
- ▶ make judgments and estimates that are reasonable and prudent,
- ▶ prepare the financial statements on a going concern basis unless it is inappropriate to presume that it will continue in operation, and
- ▶ state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements.

## Governance Statement and Board Members' Report (continued)

The Board is responsible for keeping adequate accounting records which disclose, with reasonable accuracy at any time, its financial position and enables it to ensure that the financial statements comply with Section 35 of the Health Act 2007.

The Board is responsible for approving the annual business plan and budget. Evaluation of HIQA's performance against the annual business plan and budget is carried out on an ongoing basis.

The Board is also responsible for safeguarding its assets and taking reasonable steps for the prevention and detection of fraud and other irregularities. The Board considers that the financial statements of HIQA give a true and fair view of the financial performance and the financial position of HIQA at 31 December 2022.

### 3. Board structure

The Board consists of a Chairperson and eleven ordinary members, all of whom are appointed by the Minister for Health.

Name	Role	Tenure commenced	Tenure expires
<b>Pat O'Mahony</b>	Chairperson of the Board	03/10/2018	02/10/2023
<b>Paula Kilbane</b>	Board Member	29/07/2015 30/09/2020	28/07/2020 29/09/2025
<b>James Kiely</b>	Board Member	26/02/2018 25/02/2023	25/02/2023 25/02/2026
<b>Caroline Spillane</b>	Board Member	26/02/2018 25/02/2023	25/02/2023 25/02/2026
<b>Lynsey Perdisatt</b>	Board Member	02/09/2019	01/09/2024
<b>Tony McNamara</b>	Board Member	02/09/2019	Resigned 31/01/2023
<b>Michael Rigby</b>	Board Member	02/09/2019	01/09/2024
<b>Bernadette Costello</b>	Board Member	28/02/2020	27/02/2025
<b>Martin Higgins</b>	Board Member	01/06/2021 25/02/2023	25/02/2023 25/02/2026
<b>Martin O Halloran</b>	Board Member	01/06/2021	31/05/2026
<b>Daniel McConnell</b>	Board Member	01/06/2021	31/05/2026
<b>Marion Meany</b>	Board Member	01/06/2021	31/05/2026

## Governance Statement and Board Members' Report (continued)

### 4. Committees of the Board

The Board has established four committees, as follows:

#### (a) Audit Risk and Governance Committee:

The role of the Audit Risk and Governance Committee is to support the Board in relation to its responsibilities for issues of risk, control and governance and associated assurance. The Committee is independent from the financial management of the organisation. In particular the Committee ensures that the internal control systems including audit activities are monitored actively and independently. The Committee reports to the Board after each meeting, and formally in writing annually.

#### (b) Resource Oversight Committee:

This committee monitors the resource requirements of HIQA to ensure that they are aligned with HIQA's corporate strategy including oversight of resource related risks. In addition, it oversees managerial performance.

#### (c) Regulation Committee:

This committee oversees the effectiveness, governance, compliance and controls around the delivery of HIQA's regulatory functions.

#### (d) Standards, Information, Research and Technology Committee:

This committee oversees the governance arrangements, including compliance and controls, for the functions of standards development, health information and health technology assessment functions.

### 5. Schedule of attendance, fees and expenses for Board members and external committee members

A schedule of attendance at Board and Committee meetings in 2022 is set out below, including the fees and vouched expenses paid to each member:

## Governance Statement and Board Members' Report (continued)

### (a) Current Board Members

	Statutory Board meeting	Extra Board meetings	Audit, Risk and Governance Committee	Regulation Committee	Standards, Information Research and Technology Committee	Resource Oversight Committee	Fees	Vouched expenses
<b>Number of meetings</b>	<b>6</b>	<b>3</b>	<b>9</b>	<b>4</b>	<b>6</b>	<b>6</b>		-
Pat O'Mahony	6 of 6	3 of 3	N/A	N/A	N/A	6 of 6	€11,970	-
James Kiely	5 of 6	3 of 3	N/A	4 of 4	4 of 6	5 of 6	€7,695	€94
Caroline Spillane	4 of 6	3 of 3	7 of 9	N/A	N/A	N/A	€7,695	-
Paula Kilbane	5 of 6	3 of 3	N/A	N/A	5 of 6	N/A	€7,695	€95
Michael Rigby	5 of 6	3 of 3	N/A	4 of 4	6 of 6	N/A	€7,695	-
Tony McNamara <sup>1</sup>	6 of 6	3 of 3	9 of 9	3 of 4	N/A	N/A	€7,695	-
Lynsey Perdisatt	5 of 6	3 of 3	N/A	N/A	N/A	6 of 6	€7,695	-
Bernadette Costello	5 of 6	3 of 3	9 of 9	N/A	N/A	6 of 6	€7,695	€609
Martin Higgins	5 of 6	2 of 3	8 of 9	N/A	N/A	3 of 6	€7,695	€335
Martin O Halloran	6 of 6	2 of 3	N/A	4 of 4	6 of 6	N/A	€7,695	-
Danny McConnell	6 of 6	3 of 3	N/A	N/A	N/A	6 of 6	€7,695	€88
Marion Meany	6 of 6	2 of 3	N/A	3 of 4	5 of 6	N/A	€7,695	-
<b>Total</b>							<b>€96,615</b>	<b>€1,221</b>

<sup>1</sup> Resigned 31 January 2023

### (b) External Audit, Risk and Governance Committee Members

Dónall Curtin attended two Audit, Risk and Governance Committee meetings in 2022. Fees of €570 were paid to him in 2022. No expenses were paid to him in 2022.

Fees were paid to Board members at the approved standard rates for the periods involved.

## Governance Statement and Board Members' Report (continued)

### 6. Disclosures required by Code of Practice for the Governance of State Bodies 2016

The Board is responsible for ensuring that HIQA has complied with the requirements of the Code of Practice for the Governance of State Bodies 2016. The following disclosures are required by the Code.

#### 6.1 Employee Short Term Benefits

Employee short-term benefits in excess of €60,000 are set out in note 6 of the Annual Financial Statements.

#### 6.2 Consultancy Costs

Consultancy costs include costs of external expert analysis and advice to management which contributes to decision making or policy direction. It excludes outsourced 'business as usual' functions

	2022	2021
	€	€
<b>Consultancy</b>		
Legal advice	43,569	69,545
Human resources	18,159	55,653
Governance and strategy	239,224	466,797
Digital and data transformation	971,015	702,490
<b>Total consultancy</b>	<b>1,271,967</b>	<b>1,294,485</b>

	2022	2021
	€	€
Consultancy costs charged to capital account*	364,497	600,729
Consultancy costs charged to the Income and Expenditure and Retained Revenue Reserves**	907,470	693,756
<b>Total</b>	<b>1,271,967</b>	<b>1,294,485</b>

\*Included in Statement of Capital Income and Expenditure

\*\*Included in Professional Services in the Income and Expenditure Statement

## Governance Statement and Board Members' Report (continued)

### 6.3 Legal Costs and Settlements

	2022	2021
	€	€
Legal fees – legal proceedings	89,573	185,770
<b>Total</b>	<b>89,573</b>	<b>185,770</b>

#### Note 1

The table provides details of expenditure in the reporting period in relation to a range of legal proceedings. This does not include expenditure incurred in relation to general legal advice received by HIQA which is disclosed in consultancy services above.

### 6.4 Travel and Subsistence Expenditure

Travel and Subsistence Expenditure is categorised as per note 8 of the Annual Financial Statements.

### 6.5 Hospitality

The Income and Expenditure and Retained Revenue Reserves Statement includes the following hospitality expenditure:

	2022	2021
	€	€
Board and Staff Hospitality	3,735	4,686
<b>Total</b>	<b>3,735</b>	<b>4,686</b>

## 7. Statement of compliance

The Board has adopted the Code of Practice for the Governance of State Bodies 2016 and put procedures in place to ensure compliance with the Code. HIQA was in full compliance with the Code of Practice for the Governance of State Bodies for 2021.

On behalf of the Board,

Signed: 

**Pat O'Mahony**  
Chairperson

Date: 17 April 2023

Signed: 

**Bernadette Costello**  
Board Member

Date: 17 April 2023



# Comptroller and Auditor General Report

## Report for presentation to the Houses of the Oireachtas Health Information and Quality Authority

### Qualified opinion on financial statements

I have audited the financial statements of the Health Information and Quality Authority for the year ended 31 December 2022 as required under the provisions of section 35 of the Health Act 2007. The financial statements have been prepared in accordance with Financial Reporting Standard (FRS) 102 — *The Financial Reporting Standard applicable in the UK and the Republic of Ireland* and comprise

- the statement of income and expenditure and retained revenue reserves
- the statement of capital income and expenditure
- the statement of financial position
- the statement of cash flows and
- the related notes, including a summary of significant accounting policies.

In my opinion, except for the non-compliance with the requirements of FRS 102 in relation to retirement benefit entitlements referred to below, the financial statements give a true and fair view of the assets, liabilities and financial position of the Health Information and Quality Authority at 31 December 2022 and of its income and expenditure for 2022 in accordance with FRS 102.

### Basis for qualified opinion on financial statements

In compliance with the directions of the Minister for Health, the Health Information and Quality Authority accounts for the costs of retirement benefit entitlements only as they become payable. This does not comply with FRS 102 which requires that the financial statements recognise the full cost of retirement benefit entitlements earned in the period and the accrued liability at the reporting date. The effect of the non-compliance on the Health Information and Quality Authority's financial statements for 2022 has not been quantified.

I conducted my audit of the financial statements in accordance with the International Standards on Auditing (ISAs) as promulgated by the International Organisation of Supreme Audit Institutions. My responsibilities under those standards are described in the appendix to this report. I am independent of the Health Information and Quality Authority and have fulfilled my other ethical responsibilities in accordance with the standards.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

## Comptroller and Auditor General Report (continued)

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### Report on information other than the financial statements, and on other matters

The Health Information and Quality Authority has presented certain other information together with the financial statements. This comprises the annual report, the statement on internal control and the governance statement and board members' report. My responsibilities to report in relation to such information, and on certain other matters upon which I report by exception, are described in the appendix to this report.

I have nothing to report in that regard.



**John Crean**  
**For and on behalf of the**  
**Comptroller and Auditor General**

**26 April 2023**

## Comptroller and Auditor General Report (continued)

### Responsibilities of Board members

As detailed in the governance statement and Board members' report the Board members are responsible for

- the preparation of financial statements in the form prescribed under section 35 of Health Act 2007
- ensuring that the financial statements give a true and fair view in accordance with FRS 102
- ensuring the regularity of transactions
- assessing whether the use of the going concern basis of accounting is appropriate, and
- such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

### Responsibilities of the Comptroller and Auditor General

I am required under section 35 of the Health Act 2007 to audit the financial statements of the Health Information and Quality Authority and to report thereon to the Houses of the Oireachtas.

My objective in carrying out the audit is to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement due to fraud or error. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the ISAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with the ISAs, I exercise professional judgment and maintain professional scepticism throughout the audit. In doing so,

- I identify and assess the risks of material misstatement of the financial statements whether due to fraud or error; design and perform audit procedures responsive to those risks; and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

## Comptroller and Auditor General Report (continued)

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- I obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the internal controls.
- I evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures.
- I conclude on the appropriateness of the use of the going concern basis of accounting and, based on the audit evidence obtained, on whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Health Information and Quality Authority's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my report. However, future events or conditions may cause the Health Information and Quality Authority to cease to continue as a going concern.
- I evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

I communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

I report by exception if, in my opinion,

- I have not received all the information and explanations I required for my audit, or
- the accounting records were not sufficient to permit the financial statements to be readily and properly audited, or
- the financial statements are not in agreement with the accounting records.

## Comptroller and Auditor General Report (continued)

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### Information other than the financial statements

My opinion on the financial statements does not cover the other information presented with those statements, and I do not express any form of assurance conclusion thereon.

In connection with my audit of the financial statements, I am required under the ISAs to read the other information presented and, in doing so, consider whether the other information is materially inconsistent with the financial statements or with knowledge obtained during the audit, or if it otherwise appears to be materially misstated. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

### Reporting on other matters

My audit is conducted by reference to the special considerations which attach to State bodies in relation to their management and operation. I report if I identify material matters relating to the manner in which public business has been conducted.

I seek to obtain evidence about the regularity of financial transactions in the course of audit. I report if I identify any material instance where public money has not been applied for the purposes intended or where transactions did not conform to the authorities governing them.

## Statement of Income and Expenditure and Retained Revenue Reserves

For the year ended 31 December 2022


	Notes	2022 €	2021 €
<b>Income</b>			
Department of Health (Vote 38, E1)		21,369,000	19,369,000
Annual and registration fees	2	7,035,183	7,108,240
Other income	3	6,288,816	4,358,298
		<b>34,692,999</b>	<b>30,835,538</b>
<b>Expenditure</b>			
Staff costs	4	26,311,498	23,087,156
Travel and subsistence	8	733,336	456,239
Professional fees	9	706,719	1,213,039
Publication expenses		124,498	51,966
Support costs	10	3,863,871	3,402,537
Establishment expenses	11	2,715,657	2,116,703
		<b>34,455,579</b>	<b>30,327,640</b>
Surplus/(Deficit) for the year		237,420	507,898
Surplus as at 1 January		<b>2,050,118</b>	1,542,220
Surplus at 31 December		<b>2,287,538</b>	<b>2,050,118</b>

The Statement of Income and Expenditure and Retained Revenue Reserves includes all gains and losses recognised in the year with the exception of depreciation and amortisation which are included in the Statement of Capital Income and Expenditure.

The Statement of Cash Flows and Notes 1 to 19 form part of these financial statements.

On behalf of the Health Information and Quality Authority,

Signed:



**Pat O'Mahony**  
Chairperson

Date: 17 April 2023

Signed:



**Angela Fitzgerald**  
Chief Executive

Date: 17 April 2023



## Statement of Capital Income and Expenditure

For the year ended 31 December 2022

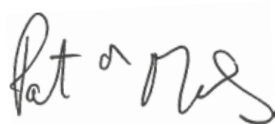
	Notes	2022 €	2021 €
<b>Income</b>			
Department of Health (Vote 38, L)	15	3,646,238	2,427,907
Amortisation of Capital Fund Account	15	1,622,845	1,657,952
		<b>5,269,083</b>	<b>4,085,859</b>
<b>Expenditure</b>			
Leased Buildings	12	754,858	-
Fixtures and fittings	12	106,416	17,110
Computer equipment	12	1,877,494	1,810,068
Non capital expenditure	15	907,470	600,729
Depreciation	12	1,622,845	1,657,952
		<b>5,269,083</b>	<b>4,085,859</b>
<b>Surplus/(Deficit) for the Year</b>		-	-
Opening (deficit)/surplus		-	-
<b>Surplus/(Deficit) for Year</b>		-	-

The Statement of Income and Expenditure and Retained Revenue Reserves includes all gains and losses recognised in the year with the exception of depreciation and amortisation which are included in the Statement of Capital Income and Expenditure.

The Statement of Cash Flows and Notes 1 to 19 form part of these financial statements.

On behalf of the Health Information and Quality Authority,

Signed:



**Pat O'Mahony**  
Chairperson

Date: 17 April 2023

Signed:



**Angela Fitzgerald**  
Chief Executive

Date: 17 April 2023

## Statement of Financial Position


As at 31 December 2022

	Notes	2022 €	2021 €
<b>Fixed Assets</b>			
Tangible Assets	12	4,076,629	2,960,706
<b>Current Assets</b>			
Receivables	13	2,460,571	1,194,198
Cash and cash equivalents		2,673,713	3,228,679
		<u>5,134,284</u>	<u>4,422,877</u>
<b>Less Current Liabilities</b>			
Payables falling due within one year	14	<u>(2,846,746)</u>	<u>(2,372,759)</u>
<b>Net Current Assets</b>		<b>2,287,538</b>	<b>2,050,118</b>
<b>Total Assets less Current Liabilities</b>		<b><u>6,364,167</u></b>	<b><u>5,010,824</u></b>
<b>Capital and Reserves</b>			
Revenue Reserves		2,287,538	2,050,118
Capital Account	15	4,076,629	2,960,706
		<u>6,364,167</u>	<u>5,010,824</u>

The Statement of Cash Flows and Notes 1 to 19 form part of these financial statements.

On behalf of the Health Information and Quality Authority,

Signed:



**Pat O'Mahony**  
Chairperson

Date: 17 April 2023

Signed:



**Angela Fitzgerald**  
Chief Executive

Date: 17 April 2023

## Statement of Cash Flows

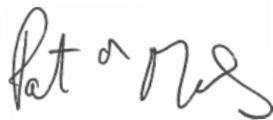
For the year ended 31 December 2022

### Reconciliation of Operating Surplus to Net Funds Inflow from Operating Activities

	2022	2021
	€	€
Operating Surplus	237,420	507,898
(Increase)/Decrease in receivables	(1,266,373)	27,256
Increase in payables and accruals	473,987	620,266
Interest received	(59)	(81)
<b>Net Cash Flow from Operating Activities</b>	<b>(555,025)</b>	<b>1,155,339</b>
<b>Cash Flows from Investing Activities</b>		
Purchase of fixed assets	2,783,006	1,804,158
Non capital expenditure	907,470	489,414
Capital grants received	(3,690,476)	(2,293,572)
<b>Net Cash Flows from Investing Activities</b>	<b>-</b>	<b>-</b>
<b>Cash Flows from Financing Activities</b>		
Interest received	59	81
<b>Net Cash Flows from Financing Activities</b>	<b>59</b>	<b>81</b>
<b>Net (Decrease) / Increase in Cash and Cash Equivalents</b>	<b>(554,966)</b>	<b>1,155,420</b>
Cash and cash equivalents at 1 January	3,228,679	2,073,259
<b>Cash and Cash Equivalents at 31 December</b>	<b>2,673,713</b>	<b>3,228,679</b>

On behalf of the Health Information and Quality Authority,

Signed:



**Pat O'Mahony**  
Chairperson

Date: 17 April 2023

Signed:



**Angela Fitzgerald**  
Chief Executive

Date: 17 April 2023

# Notes to the Financial Statements

For the year ended 31 December 2022

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## 1. Accounting Policies

### 1. (a) General Information

The basis of accounting and significant accounting policies adopted are set out below. They have all been applied consistently throughout the year and for the preceding year.

### 1. (b) Statement of Compliance

The financial statements of HIQA for the year ended 31 December 2022 have been prepared in accordance with FRS102 (the financial reporting standard applicable in the UK and Ireland), as modified by the directions of the Minister for Health in relation to superannuation. In compliance with the directions of the Minister for Health, HIQA accounts for the costs of superannuation entitlements only as they become payable (see (k) and (l)). This basis of accounting does not comply with FRS102, which requires such costs to be recognised in the year in which entitlement is earned.

### 1. (c) Basis of Preparation

The financial statements are prepared under the accruals method of accounting and under the historical cost convention in the form approved by the Minister for Health with the concurrence of the Minister for Public Expenditure and Reform, in accordance with Section 35 of the Health Act 2007.

The following accounting policies have been applied consistently in dealing with items which are considered material in relation to HIQA's financial statements.

### 1. (d) Income

(i) Oireachtas grants

The amount brought to account in the Statement of Income and Expenditure and Retained Revenue Reserves represents the actual grants received in the accounting grants in respect of approved capital expenditure are accounted for in the Capital Income and Expenditure account on an accrual basis.

(ii) Annual fee income

Annual fees from providers of Designated Centres for Older Persons are recognised three times every year in accordance Health Act 2007 Registration of Designated Centres for Older People (Regulations 2009 (S.I. 245 of 2009) and, Health Act 2007 Registration of Designated Centres for Older People) (Amendment) Regulations 2013 (S.I. 493 of 2013).

## Notes to the Financial Statements

For the year ended 31 December 2022

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Annual fees from providers of Designated Centres for Persons with Disabilities are recognised three times every year in accordance with Health Act 2007 Registration of Designated Centres for Persons (Children and Adults) with Disabilities Regulation 2013 (S.I. 366 of 2013).

(iii) Application to register or vary fees

Applications to register or vary fees are recognised on receipt of the relevant fee, in accordance with Statutory Instrument 245 of 2009, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009 and Statutory Instrument 366 of 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulation 2013.

(iv) Other grants

Other grants, such as EU project funded grants are recognised on an accrual basis.

### 1. (e) Employee - short-term benefits

Short term benefits such as holiday pay are recognised as an expense in the year and benefits that are accrued at year-end are included in the payables figure in the Statement of Financial Position.

### 1. (f) Receivables

Receivables are recognised at fair value, less a provision for doubtful debts. The provision for doubtful debts is a specific provision and is established when there is objective evidence HIQA will not be able to collect all amounts owed to it. All movements in the provision for doubtful debts are recognised in the Statement of Income and Expenditure and Retained Revenue Reserves.

Annual fee debt is only written off on the basis of management assessment of the probability of non-collection and the cost of collection versus the debt outstanding. All amounts for debt written off are recognised in the Statement of Income and Expenditure and Retained Revenue Reserves.

### 1. (g) Operating lease

Rental expenditure under operating leases is recognised in the Statement of Income and Expenditure and Retained Revenue Reserves over the life of the lease. Expenditure is recognised on a straight line basis over the lease period. Any lease incentives are released over the life of the lease.

## Notes to the Financial Statements

For the year ended 31 December 2022

### 1. (h) Capital funding

HIQA's fixed assets are funded from a combination of capital grants and allocations from current revenue. Funding sourced from grants is transferred to a capital account which is amortised in line with the depreciation of the related assets. Capital grants in respect of approved expenditure are accounted for in the Capital Income and Expenditure Statement on an accrual basis. Expenditure funded from capital funding that does not result in the creation of an asset is expensed to the Capital Income and Expenditure Statement on an accruals basis.

### 1. (i) Property, computer software, plant and equipment and depreciation

Property, computer software, plant and equipment are stated at cost less accumulated depreciation, adjusted for any provision for impairment. Depreciation is provided on all property, computer software and equipment, plant and equipment at rates estimated to write off the cost less estimated residual value of each asset on a straight line basis over their estimated useful lives, as follows:

▶ Leasehold interest	Life of the lease
▶ Furniture and fittings	20%
▶ Computer software and equipment	33.33%
▶ Cloud based computer software and equipment	are written off over the life of the contract

Asset acquisitions, regardless of the source of funds, are capitalised with the exception of assets funded from revenue (non-capital) grants with a value below the following threshold:

▶ Equipment or furniture and fittings	- Less than €3,809
▶ Computer software or ICT equipment	- Less than €1,270

Residual value represents the estimated amount which would currently be obtained from disposal of an asset, after deducting the estimated costs of disposal, if the asset were already of an age and in the condition expected at the end of its useful life. If there is objective evidence of impairment of the value of an asset, an impairment loss is recognised in the Statement of Capital Income and Expenditure and Retained Revenue Reserves.

### 1. (j) Intangible Assets

Intangible assets comprise software acquired by HIQA. The external costs of software licences and development are capitalised where it can be separately identified as software for use by HIQA and where it is expected to convey business benefits for a number of future years. Research costs are written off as incurred.



# Notes to the Financial Statements

For the year ended 31 December 2022

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## 1. (k) Superannuation

In accordance with Section 27 of the Health Act 2007, HIQA has established a superannuation scheme which has been approved by the Department of Health.

The scheme is a defined benefit superannuation scheme for employees. No provision has been made in respect of benefits payable. Contributions from employees who are members of the scheme are credited to the Statement of Income and Expenditure and Retained Revenue Reserves when received. Pension payments under the scheme are charged to the Statement of Income and Expenditure and Retained Revenue Reserves when paid. By direction of the Minister for Health, no provision has been made in respect of benefits payable in future years.

## 1. (l) Single public service pension scheme

All new entrants into the public sector with effect from 1 January 2013 are members of the single public service pension scheme, where all employee pension deductions are paid to the Department of Public Expenditure and Reform. Pension payments under the scheme are charged to the Statement of Income and Expenditure and Retained Revenue Reserves when paid. By direction of the Minister for Health, no provision has been made in respect of benefits payable in future years.

## 1. (m) Critical accounting judgments and estimates

The preparation of the financial statements requires management to make judgments, estimates and assumptions that affect the amounts reported for assets and liabilities as at the statement of financial position date and the amounts reported for revenues and expenses during the year. However, the nature of estimation means that actual outcomes could differ from these estimates. The following judgment has had the most significant effect on amounts recognised in the financial statements:

### Depreciation and residual values

HIQA has reviewed the asset lives and associated residual values of all fixed assets, and in particular the useful economic life and residual values of fixtures and fittings, and have concluded that assets lives and residual values are appropriate.

## Notes to the Financial Statements

For the year ended 31 December 2022

### 2. Annual and Registration Fee Income

	2022	2021
	€	€
Annual fees	6,622,633	6,669,740
Registration fees	412,550	438,500
	<b>7,035,183</b>	<b>7,108,240</b>

### 3. Other Income

	2022	2021
	€	€
Department of Health:		
- Nursing Home Expert Panel Grant	4,026,788	2,707,406
- National Screening Advisory Committee	323,521	290,915
- Evidence for Policy	55,000	-
Department of Children Equality Disability Integration and Youth:		
- International Protection Accommodation Services (IPAS) Monitoring Grant	390,585	-
Superannuation contributions	529,834	567,428
EU and other grants	3,603	46,375
Mental Health Commission	75,990	32,636
Health Research Board grants	380,516	344,383
Health Service Executive - National Care Experience Program	502,580	369,004
Interest received	59	81
Miscellaneous income	340	70
<b>Total</b>	<b>6,288,816</b>	<b>4,358,298</b>

## Notes to the Financial Statements

For the year ended 31 December 2022

### 4. Staff Costs

	2022	2021
	€	€
Wages and salaries	21,856,520	18,238,858
Pensions	1,264,587	1,402,179
Agency staff	843,090	1,482,993
Board members' fees	96,615	80,584
Employers' pay related social insurance	2,250,686	1,882,542
<b>Total</b>	<b>26,311,498</b>	<b>23,087,156</b>

Additional superannuation contributions of €656,469 (2021, €551,749) were deducted from staff salaries and remitted to the Department of Health.

Superannuation contributions of €542,224 (2021 €404,031) were deducted from staff members of the Single Public Service Pension Scheme salaries and remitted to the Department of Public Expenditure and Reform.

### 5. Remuneration

#### 5. (a) Aggregate Employee Benefits

	2022	2021
	€	€
Employee short-term benefits	21,856,520	18,238,858
Outstanding annual leave entitlement		224,925
158,264		
Employer's contribution to social welfare	2,250,686	1,882,542
	<b>24,332,131</b>	<b>20,279,664</b>

The total number of staff employed, whole time equivalents, at year end was 336 (2021 320)

## Notes to the Financial Statements

For the year ended 31 December 2022

### 5. Remuneration (continued)

#### 5. (b) Short-term Benefits

	2022	2021
	€	€
Basic pay	21,856,520	18,238,858
	<u>21,856,520</u>	<u>18,238,858</u>

#### 5. (c) Key Management Personnel

Management personnel consist of the Chief Executive, the Director of Health Technology Assessment and Deputy Chief Executive, the Director of Healthcare, the Chief Inspector of Social Services, the Director of Health Information and Standards, and the Acting Chief Operations Officer. The total value of short term benefits for key management personnel is set out below:

	2022	2021
	€	€
Chief Executive Officer (note 1)	131,294	163,327
Other Key Management Personnel	736,272	604,974
	<u>867,566</u>	<u>768,301</u>

#### Note 1

HIQA's Chief Executive officer commenced employment on 28/03/2022.

This does not include the value of retirement benefits earned in the period. The Chief Executive and the other key management personnel are members of HIQA's pension scheme and their entitlements in that regard do not extend beyond the terms of the model public service pension scheme.

HIQA's key management personnel were reimbursed €27,783 (2021 €7,460) for travel, subsistence and other expenses incurred while carrying out their duties.

Details of fees earned and expenses reimbursed to members of the Board are set out in the Governance Statement and Board Members' Report.

## Notes to the Financial Statements

For the year ended 31 December 2022

### 6. Employee Short-Term Benefits

Employees' short-term benefits in excess of €60,000 are categorised into the following bands:

Employee benefits	2022 Number	2021 Number
€60,001 - €70,000	74	80
€70,001 - €80,000	68	33
€80,001 - €90,000	25	19
€90,001 - €100,000	13	12
€100,001 - €110,000	8	5
€110,001 - €120,000	4	4
€120,001 - €130,000	0	0
€130,001 - €140,000	1	0
€140,001 - €150,000	1	0
€150,001 - €160,000	3	1
€160,001 - €170,000	0	2

Total employer pension contributions paid during the year was nil (2021 nil).

For the purposes of this disclosure, short-term employee benefits in relation to services rendered during the reporting period include salary, overtime allowances and other payments made on behalf of the employee, but exclude employer's Pay Related Social Insurance.

### 7. Average Headcount

	2022	2021
Chief Inspector of Social Services	173	164
Healthcare Regulation	26	19
Health Technology Assessment	27	18
Health Information and Standards	39	33
Support staff	68	60
	<b>333</b>	<b>294</b>

As at 31 December, HIQA employed 336 whole time equivalent staff (2021 320). During 2021, HIQA split its Regulation Directorate into Chief Inspector of Social Services and Healthcare Regulation Directorates.

## Notes to the Financial Statements

For the year ended 31 December 2022

### 8. Travel and Subsistence

	2022	2021
	€	€
<b>Domestic</b>		
Board	2,716	-
Employees	707,757	454,757
<b>International</b>		
Employees	22,280	1,307
External professional services*	583	175
	<u>733,336</u>	<u>456,239</u>

Board travel and subsistence includes €1,221 paid directly to Board members (2021 €0). The balance of €1,495 (2021 €0) relates to expenditure paid by HIQA on behalf of the Board members in relation to hotel accommodation. Where hotel accommodation was provided by HIQA, no subsistence was claimed by the Board member.

\*This cost relates to travel and subsistence costs which were incurred by HIQA as part of the contractual cost associated with the receipt of certain professional services.



## Notes to the Financial Statements

For the year ended 31 December 2022

### 9. Professional Fees

	2022	2021
	€	€
Legal advice	133,142	255,314
ICT professional services and consultancy	123,917	207,797
Strategic Human Resource Development	197,287	358,775
Financial Management Development	26,912	31,488
Standards development and health technology assessments	41,337	57,140
Corporate plan stakeholder engagement	-	36,048
Human Rights within Inspection Methodology	12,177	-
Market Oversight Research	2,370	31,376
Human resources information system	-	246
Estate Services	-	72,735
Staff survey	-	23,063
Data Protection Services	33,090	17,318
External accreditations	21,390	10,593
Pension support services	80,131	36,710
Procurement services	520	8,377
Facilitation and Coaching Services	3,997	-
Sustainability Services Consultancy	6,000	-
Human Resources consultancy	18,159	55,653
Other	6,290	10,406
<b>Total professional services</b>	<b>706,719</b>	<b>1,213,039</b>

## Notes to the Financial Statements

For the year ended 31 December 2022

### 10. Support costs

	2022	2021
	€	€
Recruitment	212,667	458,612
Staff training and development	390,030	593,869
Advisory membership and subscriptions	102,774	69,590
Telephone	195,779	162,539
IT support and supplies	2,680,535	1,884,837
Cloud Services	104,372	39,302
Internal audit	40,532	61,483
External audit	19,000	17,300
Postage and stationery	96,867	95,947
Media monitoring	11,199	8,491
Couriers	1,536	4,492
Prompt payment interest and charges	4,432	3,908
Bank charges	4,148	2,167
<b>Total</b>	<b>3,863,871</b>	<b>3,402,537</b>

## Notes to the Financial Statements

For the year ended 31 December 2022

### 11. Establishment Expenses

	2022	2021
	€	€
Rent	1,408,200	1,250,834
Building leases-rent free reserves	234,398	57,790
Building service charge	307,442	206,191
Insurance	16,374	35,033
Repairs and maintenance	164,970	109,009
Meeting room hire	28,835	625
Stakeholder events and catering	36,794	7,705
Light and heat	213,158	151,435
Cleaning and refuse	123,442	123,267
Security	171,151	150,751
Record retention and storage	2,565	2,851
Health and safety	8,328	21,212
<b>Total</b>	<b>2,715,657</b>	<b>2,116,703</b>

## Notes to the Financial Statements

For the year ended 31 December 2022

### 12. Fixed assets

	Leasehold interest	Fixtures and fittings	Computer software and equipment	Total
	€	€	€	€
<b>Cost or valuation</b>				
Balance at 1 January 2022	2,067,364	762,124	8,103,305	10,932,793
Additions	754,858	106,416	1,877,494	2,738,768
Disposals	-	-	-	-
Cost or valuation at 31 December 2022	<u>2,822,222</u>	<u>868,540</u>	<u>9,980,799</u>	<u>13,671,561</u>
<b>Accumulated depreciation</b>				
Balance at 1 January 2022	1,328,068	703,100	5,940,919	7,972,087
Depreciation charge for the period	112,112	33,264	1,477,469	1,622,845
Accumulated depreciation on disposal	-	-	-	-
Accumulated depreciation at 31 December 2022	<u>1,440,180</u>	<u>736,364</u>	<u>7,418,388</u>	<u>9,594,932</u>
<b>Net book value at 31 December 2022</b>	<u><b>1,382,042</b></u>	<u><b>132,176</b></u>	<u><b>2,562,411</b></u>	<u><b>4,076,629</b></u>
<b>Net book value at 31 December 2021</b>	<u><b>739,296</b></u>	<u><b>59,024</b></u>	<u><b>2,162,386</b></u>	<u><b>2,960,706</b></u>

## Notes to the Financial Statements

For the year ended 31 December 2022

### 13. Receivables

	2022	2021
	€	€
Annual fee receivables	5,490	-
Prepayments	1,054,292	760,834
Department of Children Equality Disability Integration and Youth	393,234	-
Health Service Executive	453,830	-
Department of Health – Capital Grants receivable 339,412		295,173
Project Debtors	205,358	4,173
Payroll Receivables	41,419	52,295
Other Receivables	11,775	37,484
	<b>2,460,571</b>	<b>1,194,198</b>

### 14. Payables (amounts falling due within one year)

	2022	2021
	€	€
Payables	250,499	215,786
Prepaid income	72,405	41,774
Prepaid project income	134,158	304,704
Trade accruals	983,207	915,712
Payroll deductions	889,365	678,729
Holiday pay accrual	224,925	158,264
Building Leases-rent free reserves	292,187	57,790
	<b>2,846,746</b>	<b>2,372,759</b>

## Notes to the Financial Statements

For the year ended 31 December 2022

### 15. Capital Account

	2022 €	2021 €
Opening balance at 1 January	2,960,706	2,791,480
<b>Movement for period</b>		
Expenditure from capital and ICT programme grant	3,646,238	2,427,907
Non capital expenditure (Note 1)	(907,470)	(600,729)
Disposals	-	(187,924)
Amount amortised in line with depreciation for the period	(1,622,845)	(1,657,952)
Accumulated depreciation on disposals	-	187,924
<b>Balance at 31 December</b>	<b>4,076,629</b>	<b>2,960,706</b>

#### Note 1

Non capital expenditure relates to expenditure on professional fees, which have not met the FRS 102 definition of a fixed asset.

### 16. Capital Commitments

	2022 €	2021 €
Contracted for	1,684,720	544,466
	<b>1,684,720</b>	<b>544,466</b>

## Notes to the Financial Statements

For the year ended 31 December 2022

### 17. Leasehold Commitments

HIQA is currently occupying three leased premises (Cork, Dublin and Galway). In all cases the lease agreement is between the landlord and the Office of Public Works.

The lease in respect of City Gate, Mahon, Cork was entered into in 2008 for a term of 20 years and one month. The annual rent payable is €388,941. As a result of agreements entered into as part of the decentralisation programme, this rent is paid by The Office of Public Works and is not recouped from HIQA.

The lease in relation to Smithfield in Dublin was entered into 2008 for a 20-year term. The annual rent payable is €1,177,571.

The lease in relation to Headford Road in Galway was entered into on 01 February 2016 for a 10-year term. The annual rent payable is €20,151.

HIQA commenced a 20 year lease for a premises at Building 2000, City Gate Mahon, Cork on 01 November 2021. The lease is subject to a rent review every five years and includes a rent free period from 01 November 2021 to 31 March 2022. This six month rent free period is amortised over the life of the lease. The annual effective cost of the lease is €201,354.

As at 31 December 2022, HIQA had the following future minimum lease payment for each of the following periods:

Within one year	€201,354
Between two to five years	€805,416
After five years	€2,785,858

HIQA commenced a 15 year lease for a premises at One Central, Forester Street, Galway on 01 November 2021. The lease is subject to a rent review every five years and includes a rent free period from 01 November 2021 to 31 July 2022 and a further three months' rent free for the first quarter of the second term of the lease. This twelve month rent free period is amortised over the life of the lease. The annual effective cost of the lease is €214,570.

As at 31 December 2022, HIQA had the following future minimum lease payment for each of the following periods:

Within one year	€214,570
Between two to five years	€858,278
After five years	€1,892,810



## Notes to the Financial Statements

For the year ended 31 December 2022

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### 18. Board Members' Interests

The Authority has procedures for dealing with conflicts of interest, in accordance with guidelines issued by the Department of Public Expenditure and Reform.

### 19. Approval of Financial Statements

These financial statements were approved by the Board on 17 April 2023.

# Appendices

# 6

## Appendix 1: Annual protected disclosures report

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Under section 22 of the Protected Disclosures Act 2014, each public body is required to publish an annual report outlining the number of protected disclosures received in the previous year and the action taken (if any). This report must not result in the identification of persons making a protected disclosure.

The Minister for Public Expenditure and Reform has, under Section 7(2) of the Protected Disclosures Act 2014, prescribed the Chief Executive Officer of HIQA as an appropriate recipient of disclosures of relevant wrongdoings relating to all matters relating to the standards of safety and care of persons receiving health and social care services in the public and voluntary healthcare sectors and social care services in the case of the private healthcare sector, as provided for by the Health Act 2007. Any such disclosures made can only be dealt with in a way that is consistent with, and appropriate to the role, statutory rights and duties of HIQA.

This report covers the period of 1 January to 31 December 2022.

As reported in 2021, 23 disclosures were received under section 7 of the Act, of which 20 matters were closed by year end, leaving three which progressed into 2022. Two of these remain under regulatory review.

In 2022, 81 disclosures received were assessed under the Protected Disclosures Act 2014. This information was logged and risk-assessed and in each case used to inform the most appropriate intervention by HIQA as a regulator of health and social care services and in compliance with its duties under the Protected Disclosures Act 2014. Seventy seven (77) of these have been closed out and four remain under regulatory review.

No protected disclosures were received internally in 2022.

In preparation for the commencement of the Protected Disclosures (Amendment) Act 2022, HIQA reviewed the internal and external channel policies and procedures for protected disclosures to ensure compliance with the commencement of the amendments to the legislation on 1 January 2023. Further information on making a protected disclosure to the CEO as a prescribed person under the Protected Disclosures Act 2014 (as amended) can be found on the HIQA website [here](#).

## Appendix 2: Service charter

HIQA has published a new Quality Service Charter and Action plan for the purpose of providing information to people engaging with our services on the level of service they can expect from us. The Charter sets out our commitment to engaging with our stakeholders in line with the twelve principles of quality customer service for customers and clients of the public service. Progress on implementing our Service Charter action plan in 2023 will be published on [www.hiqa.ie](http://www.hiqa.ie).



## Appendix 3: Freedom of Information report

HIQA received a total of 128 Freedom of Information (FOI) requests in 2022, carrying over seven from 2021. Further details on these requests are provided in the tables below.

HIQA carried out refresher training for a number of decision-makers during 2022, while a number of new decision-makers were appointed and received training.

2022 FOI Requests	
Brought forward from 2021	7
Received 2022	120
<b>Total Requests Handled</b>	<b>127</b>
Brought forward into 2023	10
Closed in 2022	118

2022 Closure Breakdown	
Granted	16
Part Granted	40
Refused	27
Transferred	0
Withdrawn (dealt with outside FOI)	36
Withdrawn (no action)	3

## Appendix 4: Energy consumption

HIQA continues to work to meet its obligations to reduce its impact on our natural resources and the planet.

In line with Government guidelines and the obligations placed on all public bodies to reduce their carbon footprint by 50% by 2030 and to be carbon neutral by 2050, HIQA have made very good progress. Using the average energy usage between 2016 and 2018 as a baseline HIQA have to-date achieved a 30.2% Carbon Reduction.

Description	Electricity	Gas	Total
Benchmark Year	155	76	231
Previous 12 Months	106	55	161
% Difference	-31.4%	-27.7%	-30.2%

The reductions seen to-date have been established by reducing our energy consumption in both the Head office in Cork and the Dublin Regional office in Smithfield.

## Appendix 5: Complaints management

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HIQA welcomes comments, suggestions and complaints about its performance and conduct in the discharge of its statutory duties and responsibilities. This feedback may come from service providers, patients, carers, relatives, private and voluntary organisations, statutory agencies and the general public. HIQA welcomes all feedback and regards complaints as opportunities to review practice, procedures and identify areas for improvement. We also wish to resolve complaints in an effective and timely manner, and use an early resolution approach to complaints wherever possible.

During 2022, four complaints were received by HIQA, all of which were dealt with in accordance with our policy.



## Appendix 6: Irish Human Rights and Equality Commission Act 2014

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The Irish Human Rights and Equality Commission Act 2014 Section 42 places an obligation on all public bodies to uphold the public sector duty to protect human rights, promote equality and eliminate discrimination. HIQA is compliant with its public sector duty under the Act and continues to develop its human rights approach. HIQA's Corporate Plan 2022-2024 has a significant focus on human rights, outlining a core value of promoting and protecting human rights. This commits HIQA to working to promote human rights as well as identifying, challenging and reporting on breaches of rights in health and social care services.

HIQA is committed to making good decisions based on objective evidence. During 2022 we commenced a good decision-making project delivering unconscious bias training to managers across the organisation.

HIQA's human resources function supports equality of opportunity in its recruitment processes, the development of a competency framework and in its learning and development opportunities. It has fair procedures in place and promotes equality in its grievance policy and dignity at work processes as well as its equality policy.

The protection of rights and promotion of equality is a central tenet of HIQA's regulatory functions. In 2022, we worked to amplify the voice of adults and children who use regulated and monitored services and provide more information on human rights. HIQA has advocated to the Department of Health for amendments to the Health Act 2007 and its regulations which will strengthen its approach in this regard.

## Appendix 7: Official Languages (Amendment) Act 2021

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HIQA continues its work in fulfilling its obligations under the Official Languages Act. In 2022, we continued to encourage the use of Irish among our staff and supported them in participating in Irish language courses should they wish. Seachtain na Gaeilge was celebrated with an internal campaign to promote the Irish language and to encourage our staff to use it in their work.

## Appendix 8: Conferences and lectures

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During 2022, HIQA employees presented the organisation's work at a number of virtual conferences and events, including:

- ▶ 8th Annual SPHeRE Network Conference
- ▶ All-Ireland Maternity and Midwifery Festival 2022
- ▶ Bealtaine Festival
- ▶ European Public Health Conference
- ▶ European Social Services Conference
- ▶ Evidence-Based Medicine (EBM) Live Conference
- ▶ Irish Gerontological Society Conference
- ▶ National Patient Safety Office Conference
- ▶ Nursing Homes Ireland Conference
- ▶ RCSI Medical Professionalism Conference
- ▶ Social Care Ireland Conference
- ▶ Society of Social Medicine Annual Scientific Meeting
- ▶ Smart Health Summit 2022
- ▶ Symposium on Digitalisation in Healthcare, Interoperability and Standards
- ▶ International Society for Pharmacoeconomics and Outcomes Research
- ▶ Trinity Health Education and Research International Conference.

## Lectures

During 2022, HIQA presented the organisation's work to undergraduate and postgraduate students on the following courses:

- ▶ BA Applied Social Care and BA Social Care Practice, Technological University of the Shannon and Mid-West
- ▶ BSc Physiotherapy, Trinity College Dublin
- ▶ Masters in Public Health, University College Cork
- ▶ MSc in Healthcare Infection, Trinity College Dublin
- ▶ MSc Health Informatics, University College Dublin
- ▶ MSc in Healthcare Management, Royal College of Surgeons Ireland
- ▶ MSc in Health Services Management, Trinity College Dublin
- ▶ MSc in Strategic Quality Management, University of Limerick
- ▶ Patient and Public Involvement (PPI) Summer School, University of Limerick
- ▶ Social Care Degree Programme, TUDublin
- ▶ MSc in Pharmaceutical Science
- ▶ Diploma in Health Economics, Institute of Public Administration
- ▶ Specialist Registrar in Public Health Training Scheme
- ▶ Masters in Health Economics, University of Galway
- ▶ BSc in Pharmacy, University College Cork
- ▶ BSc in Pharmacy, Trinity College Dublin
- ▶ SPHeRE PhD programme.

## Appendix 9: Academic publications

- ▶ Ahern S, Walsh KA, Paone S, Browne J, Carrigan M, Harrington P, Murphy A, Teljeur C, Ryan M. Clinical efficacy and effectiveness of alternative varicella vaccination strategies: An overview of reviews. *Reviews in medical virology*. 2022;e2407.
- ▶ Ahern S, Walsh KA, Paone S, Browne J, Carrigan M, Harrington P, Teljeur C & Ryan M. Safety of varicella vaccination strategies: An overview of reviews. *Reviews in Medical Virology*. 2022;e2416
- ▶ Sharp MK, Baki DA, Quigley J, Tyner B, Devane D, Mahtani KR, Smith SM, O'Neill M, Ryan M, Clyne B. The effectiveness and acceptability of evidence synthesis summary formats for clinical guideline development groups: a mixed-methods systematic review. *Implementation Science*. 2022 Dec;17(1):1-20.
- ▶ Jordan K, Fawsitt CG, Carty PG, Clyne B, Teljeur C, Harrington P, Ryan M. Cost-effectiveness of metabolic surgery for the treatment of type 2 diabetes and obesity: a systematic review of economic evaluations. *The European Journal of Health Economics*. 2022 Jul 22:1-6.
- ▶ Clyne B, Hynes L, Kirwan C, McGeehan M, Byrne P, Killilea M, Smith SM, Ryan M, Collins C, O'Neill M, Wallace E, Murphy AW & Kelly ME. Perspectives on the production, and use, of rapid evidence in decision making during the COVID-19 pandemic: a qualitative study. *BMJ Evidence-Based Medicine*. 2022;bmjebm-2021-111905
- ▶ Carty PG, Teljeur C, De Gascun CF, Gillespie P, Harrington P, McCormick A, O'Neill M, Smith SM, Ryan M. Another Step Toward Hepatitis C Elimination: An Economic Evaluation of an Irish National Birth Cohort Testing Program. *Value in Health*. 2022 Dec 1;25(12):1947-57.
- ▶ O Murchu E, Marshall L, Teljeur C, Harrington P, Hayes C, Moran P & Ryan M. Oral pre-exposure prophylaxis (PrEP) to prevent HIV: a systematic review and meta-analysis of clinical effectiveness, safety, adherence and risk compensation in all populations. *BMJ Open* 2022;12(5):e048478.
- ▶ Walsh KA, Broderick N, Ahern S, Fawsitt CG, O'Brien KM, Carrigan M, Harrington P, O'Neill M, Smith SM, Spillane S, Teljeur C & Ryan M. Effectiveness of rapid antigen testing for screening of asymptomatic individuals to limit the transmission of SARS-CoV-2: A rapid review. *Reviews in Medical Virology*. 2022:e2350
- ▶ Clyne B, Tyner B, O'Neill M, Jordan K, Carty PG, Phillips M, Power K, Turner MJ, Smith SM & Ryan M. ADAPTE with modified Delphi supported developing a National Clinical Guideline: Stratification of Clinical Risk in Pregnancy. *Journal of clinical epidemiology*. 2022; 147:21-31
- ▶ Clyne B, Jordan K, Ahern S, Walsh KA, Byrne P, Carty PG, Drummond L, O'Brien KK, Smith SM, Harrington P, Ryan M & O'Neill M. Transmission of SARS-CoV-2 by children: a rapid review, 30 December 2019 to 10 August 2020. *Eurosurveillance*. 2022;27(5):2001651

- ▶ Teljeur C, Comber L, Jordan K, Murchu EO, Harrington P, O'Neill & Ryan M. Challenges encountered during the systematic review of newer and enhanced influenza vaccines and recommendations for the future. *Reviews in Medical Virology*. 2022:e2335.
- ▶ O Murchu E, Comber L, Jordan K, Hawkshaw S, Marshall L, O'Neill M, Teljeur C, Ryan M, Carnahan A, Pérez Martín JJ, Hayman Robertson A, Johansen K, de Jonge J, Krause T, Nicolay N, Nohynek H, Pavlopoulou I, Pebody R, Penttinen P, Soler-Soneira M, Wichmann O & Harrington P. Systematic review of the efficacy, effectiveness and safety of MF59® adjuvanted seasonal influenza vaccines for the prevention of laboratory-confirmed influenza in individuals ≥18 years of age. *Reviews in Medical Virology*. 2022;e2329.
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