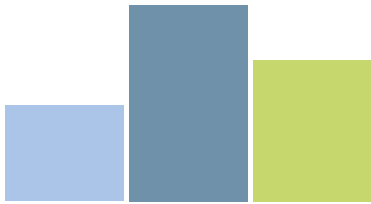




# Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte



## annual report **2014**

Safer Better Care



REGULATION



SUPPORTING  
IMPROVEMENT



ASSESSING  
HEALTH  
TECHNOLOGIES



IMPROVING  
OUTCOMES  
THROUGH  
INFORMATION

## FOREWORD BY THE CHAIRPERSON



During a year when Irish health services have been challenged by reform and a greater need for efficiency and value for money, the Health Information and Quality Authority (the Authority) has continued to deliver on its commitment to promoting and informing sustainable improvements and safeguards for people using health and social care services.

In 2014 we took a significant step forward in safeguarding vulnerable people as we completed our first full year of regulation of designated centres for children and adults with disabilities. Within this first year of regulation, we carried out over 700 inspections and visited over 50% of the designated centres identified to us by providers of services.

We also published 36 inspection reports of foster and children's residential services. Our Children's Team prioritised the inspection and registration of designated centres for children with a disability and carried out 75 inspections in these services. We also published our *Draft National Standards for Special Care Units*.

eHealth is an important enabler for transforming healthcare and we continued to highlight the critical nature of health information to improve outcomes for patients through the efficient and secure collection, use and sharing of health information. As one of the lead organisations in supporting the national vision for eHealth, we undertook a programme of work committed to advancing the eHealth strategy for Irish healthcare in 2014.

The Authority worked with the Department of Health on the Health Identifiers Act 2014, which provides a legislative framework for unique identifiers for individuals and healthcare providers and is a priority of the eHealth Strategy. In support of this we began the development of Information Governance and Management Standards for the Operators of the Health Identifiers Registry.

We published a major review of pre-hospital emergency care services, to ensure high quality in the assessment, diagnosis, clinical management and transporting of acutely ill patients to appropriate healthcare facilities. It set out 12 specific recommendations for improvement which we believe will increase the safety and quality of pre-hospital emergency care services that are provided by the HSE's National Ambulance Service and by Dublin Fire Brigade.

During 2014, our planned review of governance arrangements in place at the Midland Regional Hospital, Portlaoise was escalated to a statutory investigation under section 9 of the Health Act.

Healthcare Associated Infections are a frequent adverse event during healthcare delivery. Their prevention and control are a significant priority for us. In 2014 we carried out 52 unannounced inspections in public acute hospitals as part of our programme for monitoring against *National Standards for the Prevention and Control of Healthcare Associated Infections*.

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

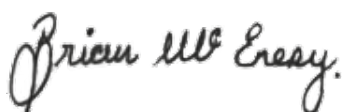
In 2014 we continued to add to our published series of HTAs on referral and treatment thresholds for selected scheduled procedures. We delivered a HTA on public access defibrillation which evaluated the implications of establishing a national public access defibrillation programme to increase survival from out-of-hospital cardiac arrest in Ireland.

The Authority's role is evolving and our internal management experienced change in 2014. Chief Executive Officer Dr Tracey Cooper moved on to become CEO with Public Health Wales, after seven and a half years of service with the Authority. Tracey was succeeded in the post by Director of Health Information and Deputy CEO, Professor Jane Grimson, who took on the role of Acting CEO before retiring during 2014. HIQA's Head of Regulation, Phelim Quinn, then took up the position as our new Chief Executive Officer in November 2014.

I am pleased to welcome Phelim into this new role, and I am confident that under his leadership the Authority will continue to maintain and improve a regulatory system that is trusted by users and the public.

I thank all the staff of the Authority for their hard work and commitment during 2014 and I thank the members of the Board for the advice and direction that they provide. Together, we will carry on the task of promoting capacity, capability and confidence in the quality and safety of health and social care services in this country.

**Brian McEnery**  
Chairperson



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# CHAPTER 1: ABOUT THE HEALTH INFORMATION AND QUALITY AUTHORITY

## 1.1 Introduction

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

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

In 2014, we completed our first full year of regulation of residential services for children and adults with disabilities. The Authority continued to provide advice on decision-making and the assessment of new and existing health technologies. We also undertook a programme of work committed to advancing the eHealth strategy for Irish healthcare and highlighted the critical nature of health information to improve outcomes for patients. We continued to provide quality and safety development opportunities that support the improvement of services.

HIQA published a three-year corporate plan in 2013, *Safer Better Care, Corporate Plan 2013-2015*. The objectives that are expressed in this Corporate Plan are the contours of all the work that we are carrying out in this period. This Annual Report sets out how we progressed those objectives and those from our Business Plan in 2014.

The Corporate Plan reflects the Authority's core values of putting people first, being fair and objective, focusing on excellence and innovation and being open and accountable. It outlines the priorities that are to be met

to enable us to meet our strategic corporate objectives during this time. It is the result of an extensive consultation process and takes context from the external environment in which we carry out our work. The Plan commits HIQA to working with our stakeholders collaboratively and constructively. There is also commitment to ensuring that new functions are properly planned, adequately resourced and cost-effective.

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

Our learning expands to undertaking reviews of good practice from other jurisdictions and recommending the implementation of new systems in the Irish healthcare setting. In 2014 we published six key recommendations in relation to national health and social care data collections.

*Recommendations for a more integrated approach to National Health and Social Care Data Collections in Ireland* was accompanied by the publication of an international review which provided evidence to support these recommendations. The implementation of these recommendations should reduce fragmentation and duplication and ensure a more consistent approach to improving the quality of data in Ireland, resulting in better use of resources and increased efficiencies

While observing our objectives of safety and quality improvement, we continue to ensure the protection of patient privacy as we promote increased efficiency in the health service. In 2014 the Authority signed a Memorandum of Understanding with the Data Protection Commissioner which outlines how we will work together to ensure that people's health and social care personal information is protected and used appropriately.

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

## 1.2 Our mandate and activities

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

The Authority's four core functions are:



### Regulation

Registration, oversight and scrutiny of designated health and social care services which must be in line with legal requirements.



### Supporting improvement

Achieved through the setting of standards, provision of guidance, building capacity by supporting the implementation of sustainable improvements and promotion of quality and patient safety initiatives.



### Assessing health technologies

Providing evidence-based advice to inform policy development and delivery of services.



### Improving outcomes through information

Promoting efficient and secure collection, use and sharing of health information.

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



## Our legal mandate

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

This Annual Report, which outlines the work of the Authority from 1 January to 31 December 2014, is presented in keeping with the statutory requirements of the Health Act 2007, and includes the Authority's arrangements for implementing and maintaining adherence to the Code of Governance for public bodies. It also includes the Annual Report of the Chief Inspector of Social Services and the Annual Governance and Compliance Report as required by the Health Act 2007.

### 1.3 Mission statement and corporate values

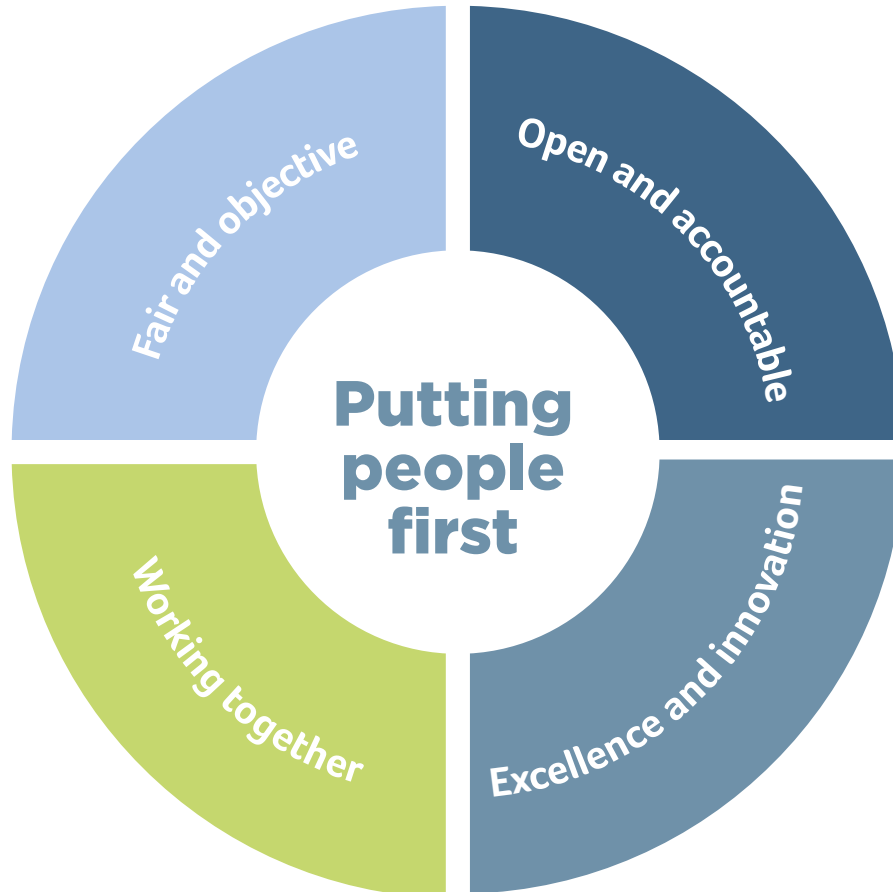
HIQA exists to promote sustainable improvements, safeguard people using health and social care services and support informed decisions on how services are delivered. This mission guides and directs all of the activities of the Authority. Corporate values are intended to express what we believe is important, how we work and how we hope to be viewed by external stakeholders, as well as the ethos and approach which our staff are encouraged to observe. They form the basis of the culture of the organisation. Our five corporate values are stated below and are illustrated in Figure 1.



Professor Jane Grimson from HIQA and Billy Hawkes, Data Protection Commissioner, at the signing of the Memorandum of Understanding between HIQA and the Data Protection Commission.

- **Putting people first** – we put the needs and the voices of service users, and those providing the services, at the centre of all of our work.
- **Fair and objective** – we strive to be fair and objective in our dealings with people and organisations. We undertake our work without fear or favour.
- **Open and accountable** – we share information about the nature and outcomes of our work. We accept full responsibility for our actions.
- **Excellence and innovation** – we strive for excellence in our work. We seek continuous improvement through self-evaluation and innovation.
- **Working together** – we engage with people providing and people using the services in developing all aspects of our work.

**Figure 1:** Corporate values of the Authority.



## CHAPTER 2: GOVERNANCE AND MANAGEMENT

### 2.1 Our Board

The Board is the governing body of the Authority and was first established on 15 May 2007. Its membership includes a Chairperson and 11 non-executive Directors who have been appointed by the Minister. The Board members come from a range of health and social care professions and from industry and are recognised as having specific experience and expertise in matters connected with the Authority's functions.

The members of the Board during 2014 included:



**Brian McEnery**  
(Chairperson)

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



**Philip Caffrey**

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



**Gráinne Tuke**

Solicitor, Deloitte.



### Sheila O'Malley

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



### David Molony

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



### Samuel J. McConkey

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



### Cillian Twomey

Retired Consultant Geriatrician; Former Member and Chairman of the Board of Marymount University Hospital and Hospice (September 2008 - September 2014).



### Una Geary

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



### Anne Carrigy

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



**Mo Flynn\***

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



**Linda O'Shea Farren\***

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



**Darragh O'Loughlin\***

Secretary General of the Irish Pharmacy Union.



**Bairbre O'Neill\*\***

Barrister, practising in the area of civil litigation, with a particular emphasis on commercial litigation and judicial review.



**Mary Fennessy\*\***

Head of Social Work at the Lucena Child and Adolescent Mental Health Service. Former Commissioner on the Confidential Committee Commission to Inquire into Child Abuse and contributor to the Ryan Report.



**Judith Foley\*\***

Acting Chief Education Officer of the Education Department in the Nursing and Midwifery Board of Ireland (NMBI).

\*Stood down from the Board in February 2014

\*\*Joined the Board in April 2014

The Board is responsible for the appropriate governance of the Authority. It ensures that the Authority has effective systems of internal control, statutory and operational compliance and risk management. These provide the essential elements of effective corporate governance and compliance.

## 2.2 Board meetings

The Board is required under the Health Act 2007 to meet six times annually. Eight additional Board meetings were held in 2014 for the purpose of progressing various significant matters (see Appendix 1 for the dates of these meetings and for the attendance of Board members).

## 2.3 Board committees

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



### **The Health and Social Care Governance Committee**

Supports the Board's oversight of the effectiveness and controls around the delivery of the Authority's health and social care functions.



### **The Information, Research and Technologies Committee**

Supports the Board's governance of the Authority's information and health technology assessment functions.



### **The Audit and Corporate Governance Committee**

Supports the Board by monitoring the Authority's compliance with its statutory functions and the effectiveness of the corporate governance, financial management, procurement, risk management and internal audit arrangements.



### **The Remuneration and Nominations Committee**

Supports the Board by monitoring the organisational needs and managerial development of the Authority.

## 2.4 Organisational structure

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

The members of the Authority's Executive Management Team as of December 2014 include:



**Phelim Quinn**

Chief Executive and Chief Inspector of Social Services.



**Dr Máirín Ryan**

Director of Health Technology Assessment and Acting Deputy Chief Executive.



**Mary Dunnion**

Acting Director of Regulation.



**Rachel Flynn**

Acting Director of Health Information.



**Marie Kehoe-O'Sullivan**

Director of Safety and Quality Improvement.



**Sean Angland**

Head of Corporate Services.

Table 1 outlines how we discharge our core business.

**Table 1: The purpose of each functional Directorate**

<p><b>Regulation</b></p> <p>Registering, monitoring and the scrutiny of designated health and social care services in line with legal requirements. We will continue the development of our approaches to regulation in line with emerging government policy, in the context of a challenging financial environment and in line with national and international principles of good regulation.</p>	<p><b>Safety and Quality Improvement</b></p> <p>Actively supporting and enabling a culture of safety and quality improvement across and within the health and social care system; helping to build capability and capacity in the people providing services; developing national standards and guidance in consultation with stakeholders and the provision of quality improvement methodologies and tools; operating schemes aimed at ensuring safety and quality in the provision of services.</p>
<p><b>Health Information</b></p> <p>Identifying and advising on health information deficiencies; establishing an information governance framework and setting standards for health information and health information systems; and evaluating and providing information on the provision of health and social services.</p>	<p><b>Health Technology Assessment</b></p> <p>Informing national decision-making on the use of resources in our health services, specifically through the assessment (and supporting the assessment) of the clinical and cost-effectiveness of health technologies, in order to support the best outcome for the patient.</p>



## CHAPTER 3: STRATEGIC OBJECTIVES AND ACHIEVEMENTS

### 3.1 Strategic objectives

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

Our Corporate Plan is structured to include the outcomes that we aim to achieve; our core activities; our strategic objectives and the key enablers for delivering the Plan. The Authority has identified four outcomes that we wish to achieve in order to deliver our mission. These are:

#### **CARE IS IMPROVED**

We enable sustainable improvement in safety and quality of health and social care services.

#### **PEOPLE ARE SAFEGUARDED**

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

#### **PEOPLE ARE INFORMED**

We publicly report on the safety, quality and effectiveness of health and social care services.

#### **POLICY AND SERVICE DECISIONS ARE INFORMED**

We inform policy development and how services are delivered.

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

The Authority's *Business Plan 2014* sets out targets that we adopted and achieved as we work towards achieving our medium-term strategic objectives.

The strategic objectives are summarised below and are also illustrated in the Appendices.

**Regulation:**

- Conduct regulation programmes of health and social care services so that those services are driven to continuously improve and in turn better safeguard people and achieve improved outcomes for service users.
- Regulate effectively and efficiently and ensure that outcomes and impact on policy are communicated to all relevant stakeholders.

**Supporting improvement:**

- Develop person-centred standards and guidance.
- Build capacity and support the implementation of sustainable improvements.
- Share the learning from our activities to improve patient safety culture.

**Health technology assessment:**

- Conduct relevant health technology assessments (HTAs) as efficiently as possible.
- Act to embed HTA in national policy and service decision-making.

**Health information:**

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

### 3.2 Summary of achievements from 1 January to 31 December 2014


- We completed the first full year of regulation of designated centres for children and adults with disabilities in 2014. We carried out 603 inspections at 462 designated centres.
- We continued our programme of regulation of designated centres for older and dependent persons. We completed 762 inspections of 549 designated older persons' centres in 2014. At least one inspection took place in 97% of the total number of registered centres.
- We published our first annual overview report on the regulation of designated centres for older people, which identified 8,697 required improvements across the sector.
- We published our *Review of pre-hospital emergency care services to ensure high quality in the assessment, diagnosis, clinical management and transporting of acutely ill patients to appropriate healthcare facilities*. The report presents the findings of our review and makes 12 specific recommendations that focus on improvements which we believe will increase the safety and quality of pre-hospital emergency care services that are provided by the HSE's National Ambulance Service and by Dublin Fire Brigade.
- We published our *Report of the review of the governance arrangements as reflected in the safety, quality and standards of services at UL Hospitals*. The governance review is part of HIQA's proactive programme of work seeking assurance on the quality and safety of services against the *National Standards for Safer Better Healthcare*. The review focused on risks previously identified by HIQA as part of its interaction with the hospital group. The report identifies a number of specific actions requiring high priority by UL Hospitals that also require the support of the HSE nationally.
- We carried out 52 unannounced inspections in public acute hospitals, as part of our programme for monitoring against the *National Standards for the Prevention and Control of Healthcare Associated Infections*.
- We published *Recommendations for a more integrated approach to National Health and Social Care Data Collections in Ireland* which made six recommendations for improving national health and social care data collections. In March we also published an updated catalogue of national health and social care data collections.

- We published draft standards for public consultation which included:
  - *Draft National Standards for Special Care Units*
  - *Draft National Quality Standards for Residential Care Settings for Older People in Ireland*
- We presented to the Joint Oireachtas Committee on Health and Children concerning the work of the Authority on two separate occasions.
- We published the following health technology assessments:
  - *Health technology assessment (HTA) of public access defibrillation.*
  - *A series of health technology assessments of clinical/referral thresholds for selected scheduled procedures.*
- We continued to develop our suite of national HTA guidelines. These included the publication of national guidelines on stakeholder engagement in HTA and national guidelines on the retrieval and interpretation of economic evaluation literature. Updates to the existing national economic evaluation, budget impact assessment and evaluating clinical effectiveness guidelines were also published during 2014.
- Inspections and reports were completed in line with the national standards for foster care, child protection and welfare and all types of children's residential services. In 2014, our children's team prioritised the inspection and registration of designated centres for children with a disability and 75 inspections were carried out. Our inspectors assessed and responded to 80 pieces of information as well as notifications about high risk incidents in designated centres for children with disabilities.
- We published *Principles of Good Practice in Medication Reconciliation.*
- We published an International review on the use of information for the regulation of health and social care. This international review looked at how information is used by regulators and other health and social care agencies in eight different jurisdictions.
- We published an update to the *Authority's General Practice Messaging Standard.*

- We published our *Recommendations regarding the adoption of SNOMED Clinical Terms as the Clinical Terminology for Ireland*. This will be an essential building block for rolling out eHealth and for the introduction of electronic health records.
- We published eight guidance documents for designated centres to assist them in meeting regulations and implementing standards. These were:
  - Advice to Registered Providers on Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013
  - Guidance for Providers to the Health Act 2007 Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013
  - Statutory Notifications: Guidance for Registered Providers and Persons in Charge
  - Guidance on Registration and Renewal of Registration
  - Guidance for Designated Centres: Enforcement Policy
  - Guidance on End-of-Life Care
  - Guidance on Food and Nutrition.
- The Authority received a Highly Commended Award in the OPW ‘Optimising Power @ Work’ programme’s regional awards for both its Head Office and Dublin Regional Office in Smithfield. In 2014, the Authority recorded an improved energy performance by reducing its energy consumption by a total of 48.9% compared with 2010.

# 4

## Activities by Directorate Facts and Focus



**762**  
INSPECTIONS OF  
NURSING HOMES  
DURING 2014

**603**  
DESIGNATED  
CENTRES FOR ADULTS  
WITH A DISABILITY  
INSPECTED DURING  
FIRST YEAR OF  
REGULATION

**52**  
UNANNOUNCED  
INSPECTIONS OF  
PUBLIC ACUTE  
HOSPITALS CARRIED  
OUT IN 2014

**75**   
INSPECTIONS  
OF DESIGNATED  
CENTRES FOR  
CHILDREN WITH  
A DISABILITY

## CHAPTER 4: ACTIVITIES BY DIRECTORATE

This chapter of the Annual Report records the work that staff within our Directorates carried out in 2014 to progress the strategic objectives that are outlined in the Authority's *Corporate Plan 2013 - 2015*. The specific objectives of each Directorate are set out in the sections of this chapter.

### 4.1 Report of the Office of the Chief Inspector of Social Services (Regulation Directorate)

#### 4.1.1 Background

Our Regulation Directorate within HIQA is responsible for regulating and scrutinising the quality and safety of specified adult and children's health and social care services across Ireland. The Directorate encompasses the office and role of the Chief Inspector of Social Services (formerly the Social Services Inspectorate). This section of the report constitutes the report of the Chief Inspector of Social Services and relates to our responsibilities to report on the activities of the office under section 37 of the Health Act. The Directorate operates in two distinct divisions:

#### **1. Regulation of adult social care services.**

The registration and inspection of designated centres for older and dependent persons and designated centres for adults with disabilities in line with the provisions of the Health Act 2007.

#### **2. Regulation and scrutiny of healthcare and children's services.**

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

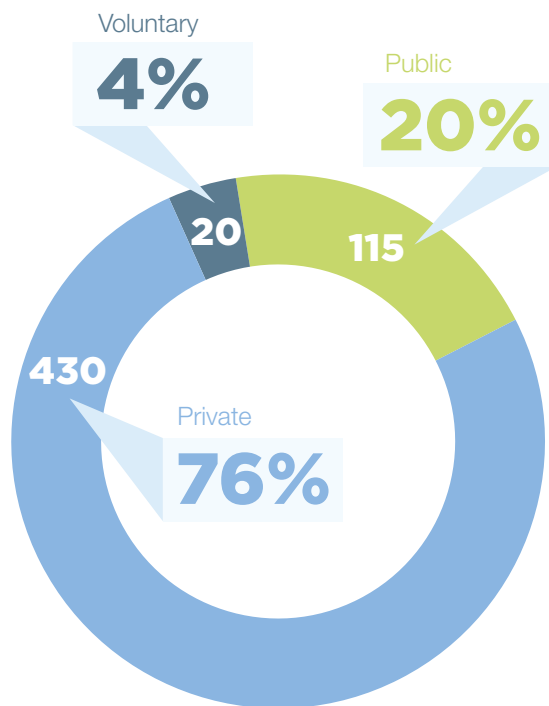
We additionally meet our strategic objectives through our regulatory activity, by ensuring that care is improved, that people are safeguarded, that people are informed and that we influence the way in which policy and service decisions are made.

## 4.1.2 Regulation of adult care services

### Designated centres for older persons

As of 31 December 2014, there were 565 active registered designated centres for older persons providing 28,705 registered beds in this sector. In 2014, 203 providers of designated centres for older and dependent persons were granted a renewal of their registration. There were 35 applications to vary or remove a condition of registration granted in 2014.

**Figure 2:** Number and percentage of registered designated centres for older people (by provider type), as at 31 December 2014.



We completed 762 inspections at 549 designated older persons' centres in 2014. At least one inspection took place in 97% of the total number of registered centres. Inspections may be announced or unannounced and are planned as part of our annual schedule of monitoring and registration renewal.

In 2014, 58% of inspections of older persons' centres were unannounced. In developing and discharging our programme of inspections, we ensure an ongoing assessment of risk within centres based on our previous experience in centres and information we receive from various sources about the quality, safety and experience of residents. The majority of announced inspections related to the registration renewal programme. While we appreciate that unannounced inspections provide a perception



of greater assurance to the public, announced inspections are used to enable greater participation of residents and relatives by letting them know when we will be present in the service.

**Explanation of the five different types of inspections:**

- **'Full 18 outcome' inspections** set out the centre's compliance with all of the standards and regulations. This type of inspection is typically carried out to inform a registration or renewal decision.
- **Monitoring inspections** monitor ongoing compliance with regulations and standards. A specific number of outcome areas are considered during these inspections, but not the full 18 outcomes.
- **Follow-up inspections** assess whether the provider has implemented required actions.
- **Single/specific issue inspections** are based on a notification or on information received.
- **Thematic inspections** focus on end-of-life care and food and nutrition.

**Figure 3:** Number and type of inspections carried out between 1 January 2014 and 31 December 2014.

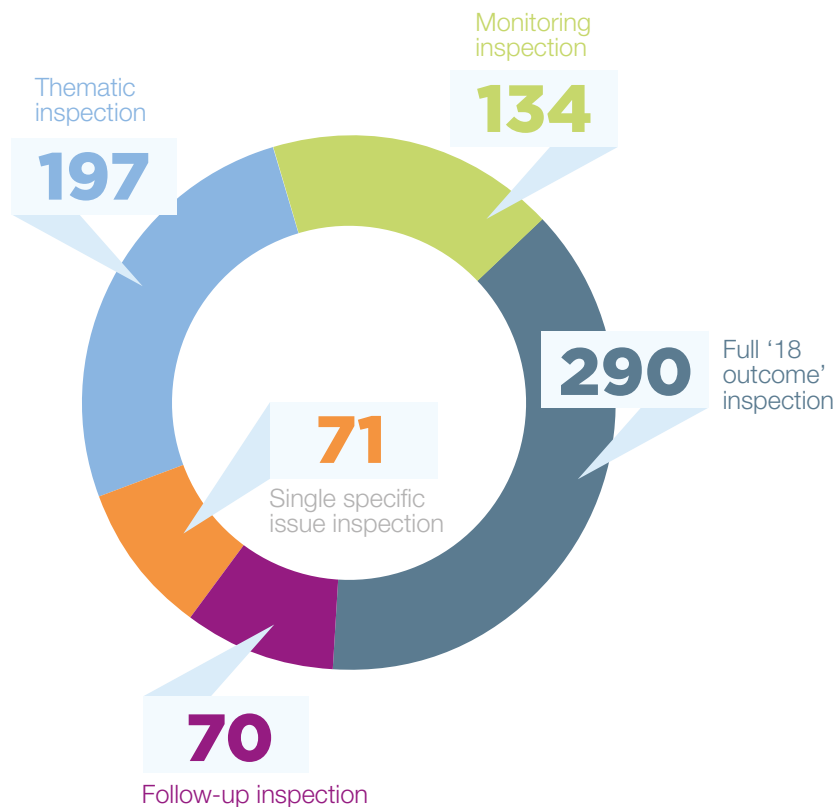
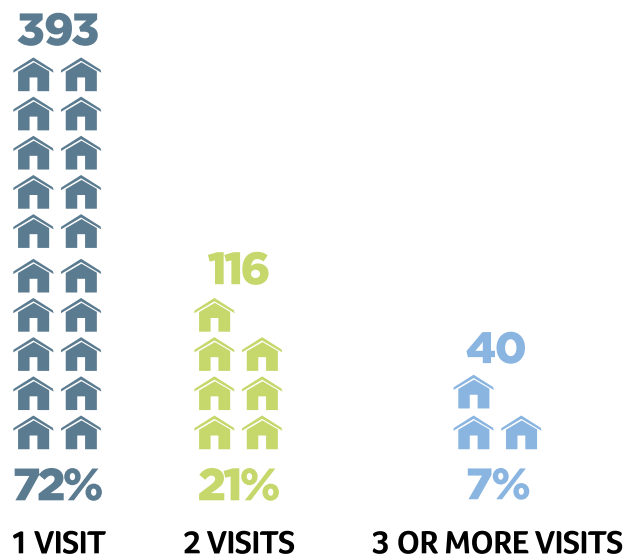


Figure 4 lists the number and percentage of inspection visits to designated centres on an overall centre basis and as proportions of overall visits. As outlined, our responsive regulation approach targets our inspection resource at the centres which are the least compliant, or where we have identified potential risk.

Of the 549 registered centres which received a monitoring or registration inspection in 2014, 71.58% received one inspection, 21.13% received two and the remaining 7.29% received three or more inspections.

**Figure 4:** Number of visits to centres carried out between 1 January 2014 and 31 December 2014.



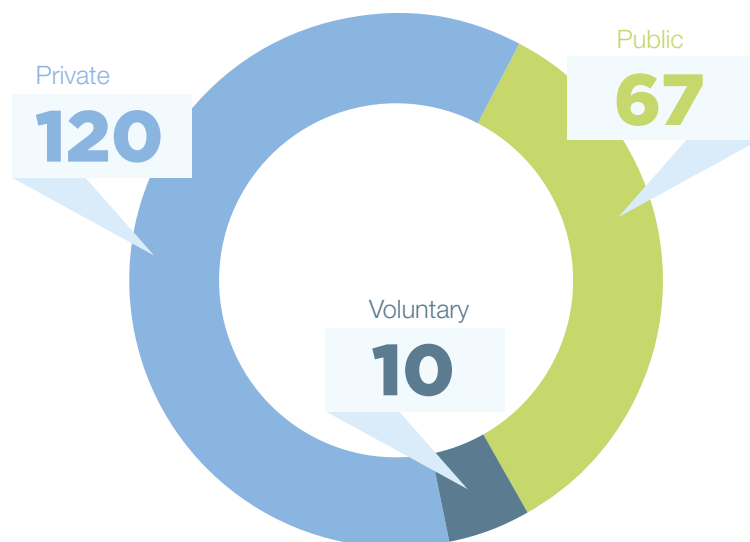
### Thematic inspection and monitoring programme

We introduced inspections based on particular themes to encourage and facilitate improvement within residential services for older people. During 2014 the programme continued to focus on end-of-life care and food and nutrition for residents in nursing homes.

We monitored 484 centres via the completion and return of a provider self-assessment. Focused thematic inspections took place in 197 designated centres to validate the self-assessment exercise.

To facilitate quality improvement, the Authority published evidence-based guidance which identified the essential elements required to provide safe, high-quality care. We held seminars for 900 providers and persons in charge prior to the roll-out of the programme.

**Figure 5:** Centres by sector visited during thematic inspection programme.



Inspection of these centres also enabled us to examine any issues or risks identified with other standards or regulations. A report on the outcomes of the thematic inspections and of all of our work within adult social care services will be published in an overview report in 2015.

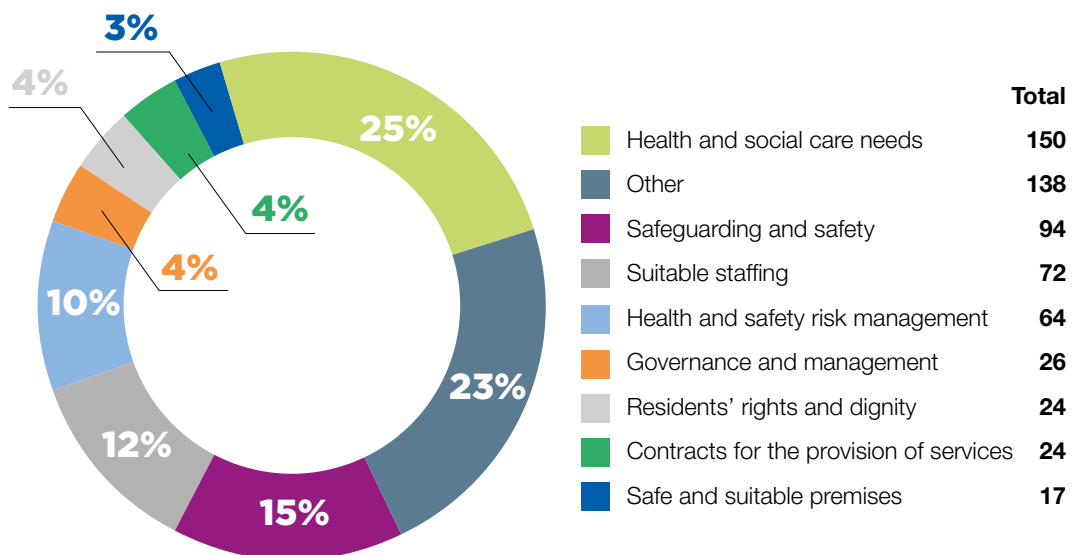
### Receipt of information

Information on the quality, safety and experience of residents is vital in the regulation of services. We receive, analyse and risk assess information from a range of sources. This includes notifications from providers, specified under regulations, about specific events in designated centres. We also receive a number of concerns from people who may be residents, relatives, staff, advocates or third parties who have direct contact with a resident or residents. All information is used to inform our assessment of compliance and risk within services and further informs our monitoring and inspection programme.

In the course of 2014 we received 10,000 regulatory notifications, which included 5,470 notifications that alerted the Authority to potential risks to the health, safety or wellbeing of residents.

We also received 609 concerns relating to older persons and 203 concerns relating to people with disabilities.

**Figure 6:** Number and type of concerns received relating to older persons in 2014.



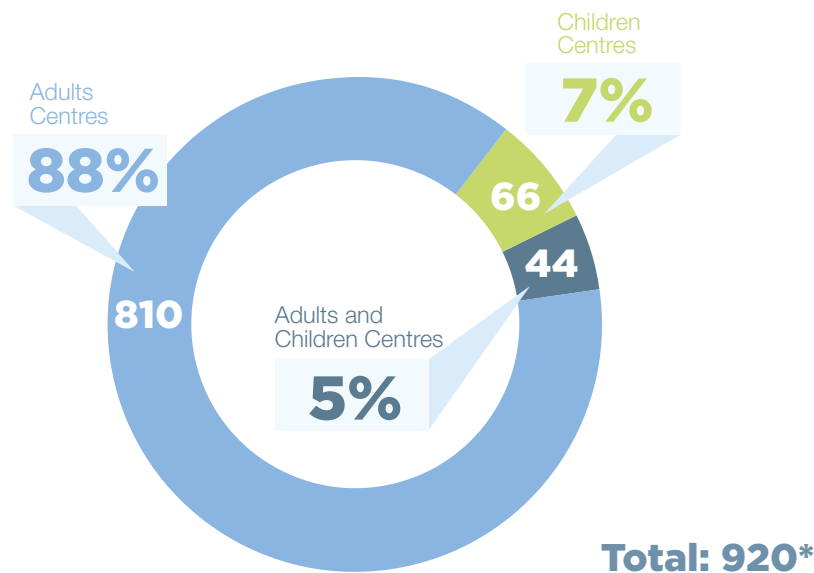
#### 4.1.3 Regulation of centres for persons (adults and children) with disabilities

The Minister for Health signed the commencement order for the regulation of designated centres for children and adults with disabilities

on 1 November 2013. We then began registration and inspection of these services and 2014 was the first full year of regulation.

As of 31 December 2014, there were 88 providers of designated centres for persons (children and adults) with disabilities. There were 920\* centres consisting of 1,362 residential units.

**Figure 7:** Number and percentage of active designated centres for Persons (Children and Adults) with Disabilities (by centre type), as at 31 December 2014

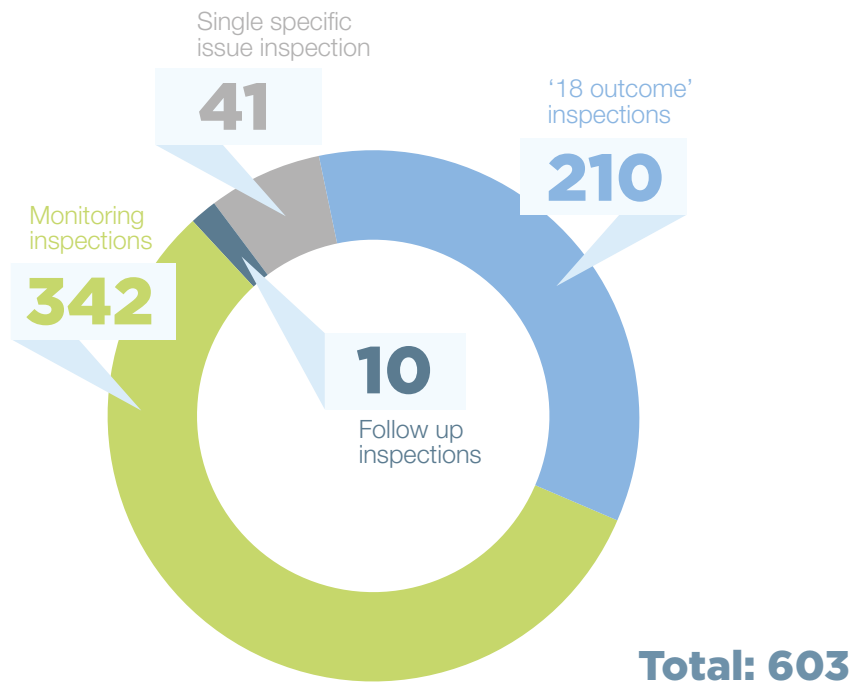


In accordance with the Health Act 2007, service providers were given a specified period of time up to 30 April 2014 to notify the Authority of the designated centres that they were operating. At the same time we commenced our monitoring inspections. We continue to engage with providers to support their understanding and knowledge of their legal responsibilities in relation to registration. By the end of 2014, 603 inspections had taken place during the year.

By the end of 2014, 49 centres had been registered and a further 28 providers had been informed of the proposed outcome of their application to register.

\* This figure refers to the total number of designated centres for people with disabilities. The Adult Social Care Section of the Directorate is responsible for the regulation of Adult services, and mixed child and adult services, which is a total of 854 centres.

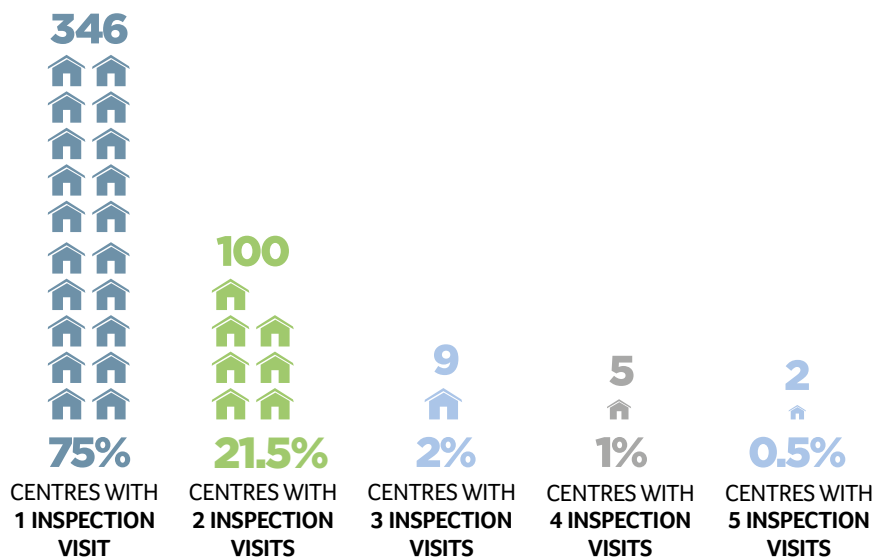
**Figure 8:** Number and type of inspections carried out between 1 January 2014 and 31 December 2014.



**Number of visits to centres**

Of the 854 centres providing services to adults with a disability, and mixed children and adults services, 462 (54%) centres were inspected in the first year of regulation. This table lists the numbers and percentages of inspection visits to designated centres on an overall centre basis and as a proportion of overall visits.

**Figure 9:** Number of visits to centres providing services to adults with a disability, and mixed child and adult services, between 1 January 2014 and 31 December 2014 .



#### 4.1.4 Centre closures

The Authority may consider taking enforcement action when there are reasonable grounds to believe that there are serious risks to the health and or welfare of residents in a centre, or if there is a substantial and significant breach of the regulations as a result of a provider failing in its duty to safeguard a resident(s). During 2014 a number of designated centres for older and dependent people closed. Of these, formal enforcement procedures were used in respect of one centre, where the centre was issued with a Notice of Cancellation in September 2014 and the provider accepted the decision.

#### 4.1.5 Stakeholder engagement

We maintained a significant programme of communication and engagement with stakeholders and organisations. We held seminars for service providers in both the older person and disability sectors. These provided information to assist providers to manage the registration process for their centres. The Authority also met with the Service User Representative Panel during the year. Members of this panel include advocacy groups and service providers who represent people with a disability living in designated centres.

#### 4.1.6 Regulating effectively and efficiently

In 2014 we strengthened our commitment to ensuring that our processes and methods reflect best practice in regulation and public administration. These developments align with our commitment to ensuring that we are meeting our core values of putting people first, being fair and objective, open and accountable and developing excellence and innovation in regulatory practice.

The Authority's Monitoring Approach saw the development and publication of assessment and judgment frameworks which aim to bring about greater consistency and transparency for providers of services and the public on the way that we monitor compliance with standards and regulations.

Regulatory and safety notices were issued in 2014 to help service providers enhance their compliance and safety levels. These related to:

- risk management of glucose monitoring in designated centres
- thematic inspections.

**We also published a number of guidance documents for providers, specifically on:**

- Advice to Registered Providers on Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013

- Guidance for Providers to the Health Act 2007 Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013
- Statutory Notifications: Guidance for Registered Providers and Persons in Charge
- Guidance on Registration and Renewal of Registration
- Guidance for Designated Centres: Enforcement Policy
- Guidance on End-of-Life Care
- Guidance on Food and Nutrition.

**During the year we developed and published a range of policies and procedures aligned with the objectives that are expressed in our Business Plan 2014:**

- Policy and procedure for managing submissions made by registered providers
- Policy for managing written representations made under the Health Act 2007 (as amended)
- Standard Operating Procedure on the recording, storage and use of digital images taken at an on-site inspection in the Regulation Directorate
- Assessment Framework for Monitoring Older Persons Services
- Judgment Framework for Monitoring Older Persons Services.

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

**Regulatory and monitoring activity**

The Child and Family Agency (Tusla) was established in January 2014 with responsibility for delivering children protection and welfare services on behalf of the state.

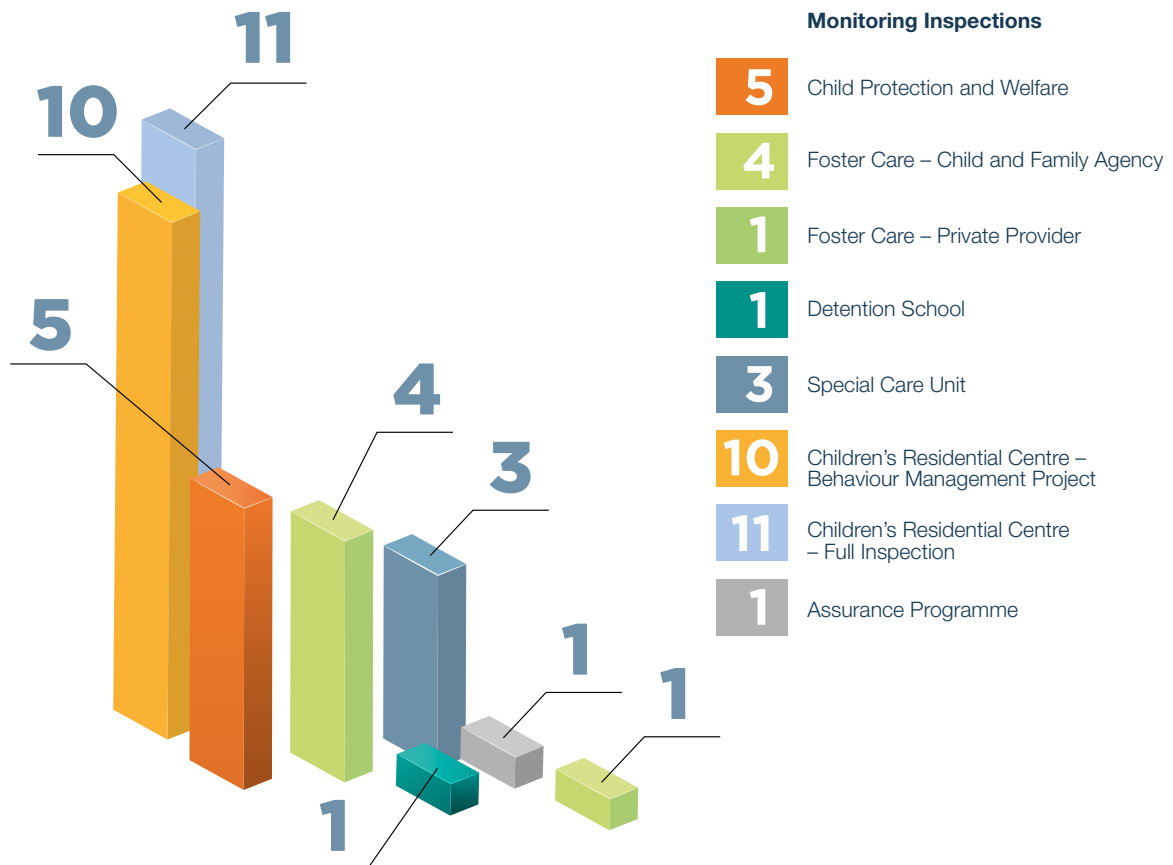
In 2014, our National Children's Team continued to monitor, inspect and report on services under the Child Care Act, 1991 and the Children Act 2001 (as amended). Inspectors monitor and report on the following types of service:

- children's residential centres run by the Child and Family Agency
- special care units
- detention schools



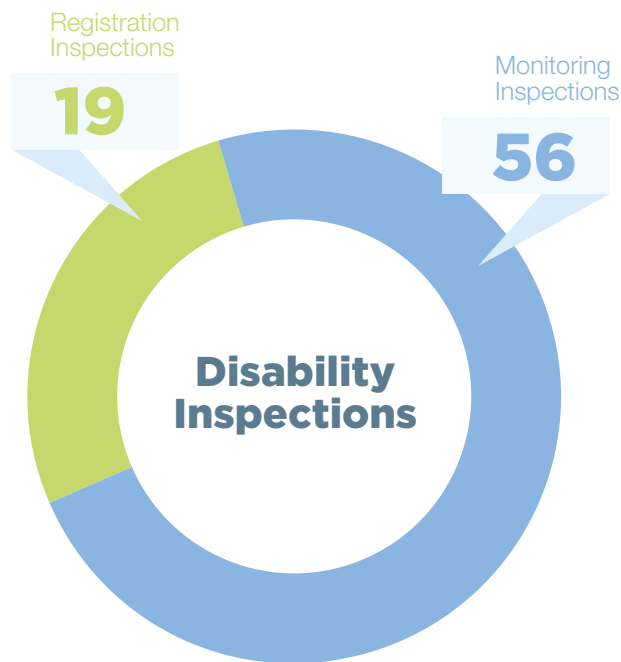
- child protection and welfare services
- foster care services, run both by private providers and by the Child and Family Agency
- designated centres for children with disabilities.

**Figure 10:** Number of monitoring inspections completed within the 12 month period from 1 January 2014 to 31 December 2014.



During 2014, the Children’s Team prioritised the registration and inspection of designated centres for children with a disability under the Health Act 2007. Seventy five inspections were carried out in total, both for the purposes of registration and also to monitor services, identify good practices and risks and take regulatory actions as required. A number of centres were inspected more than once in order to drive improvement and safety in centres. Inspectors have engaged with a number of providers in order to address non-compliance with standards and regulations.

**Figure 11:** Number of monitoring and registration inspections completed of designated centres for children with disabilities within the 12 month period from 1 January 2014.



### Receipt of information

The Authority assessed and responded to 80 pieces of information, as well as notifications about high-risk incidents in designated centres for children with disabilities. In accordance with our policies, all information was risk-assessed with associated regulatory action as required.

During 2014, we received data on a quarterly basis from the Child and Family Agency. This provided information on foster care and child protection and welfare services both at a service area level, and nationally. We used this information to identify possible risks and to inform and prioritise our inspection schedule.

### Children's residential centres and focused inspections.

We carried out a series of 10 focused inspections on the management of behaviour that challenges in children's residential services. Six additional risk-based inspections were also carried out. Inspectors found that while some staff teams were able to meet the needs of children with behaviour that challenges, other teams were significantly challenged.

The programme of focused inspections will be extended to include a further 10 centres in 2015.

## Child protection and welfare and foster care findings

In the five inspections against the *National Standards for Child Protection and Welfare* and five inspections of foster care services, the following themes were identified:

- Social work and other staff worked hard to deliver services to children and families but faced significant challenges.
- Timely action was taken to protect children at immediate risk and foster carers continued to provide good quality care to children.
- There were long waiting lists for basic social work interventions such as assessments and many foster carers did not have link workers.
- Some children deemed to be at serious and ongoing risk did not have social workers.
- There were no specific policies or procedures in place for managing allegations of institutional or organised abuse and retrospective disclosures.

## Direct provision services

Following a consultation exercise with relevant stakeholders, the Authority examined the effectiveness of the child protection and welfare services delivered to children living in the direct provision services provided on behalf of the Department of Justice. Direct provision services are residential institutions where asylum seekers and their children are accommodated while they await a decision on their asylum application. Provisional findings have been made and a full inspection report will be published in 2015 with national recommendations.

## Children in secure accommodation

During the Authority's annual inspections of three special care units and one of the State's three detention schools, the following children's rights issues were identified by inspectors:

- Children did not always have access to full-time education or in the case of children in the detention schools, an offending behaviour programme.
- Children were placed in single separation,\* sometimes in unsuitable environments in one of the special care units and in the detention schools, sometimes for extensive periods of time.

The Authority will further explore the issue of the restriction of children's liberty in secure accommodation in 2015.

#### **4.1.8 Provision of an assurance programme of the quality and safety of defined healthcare services in Ireland**

Under the Health Act 2007, we are responsible for developing standards for the quality and safety of healthcare services and for monitoring compliance with those standards. Under the Act we also have responsibility to investigate the safety, quality and standards of healthcare services if we believe that there is a serious risk to the health and welfare of service users.

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

During 2014 the Authority conducted 52<sup>\*\*</sup> unannounced inspections in public acute hospitals. This was done as part of the Authority's programme for monitoring against the *National Standards for the Prevention and Control of Healthcare Associated Infections*.

This included three unannounced re-inspections in 2014 which were prompted by poor performance identified during the first unannounced inspection.

The findings from each inspection were subsequently published on [www.hiqa.ie](http://www.hiqa.ie).

Inspections were conducted with a particular focus on Standard 3, the Infection Prevention Control Standards which relates to environmental hygiene, and Standard 6, which relates to hand hygiene practice. During the inspections, concerns or issues identified relating to other Standards were also recorded.

The Authority found that while most hospital areas inspected were generally clean, there were varying levels of compliance and non-compliance with the Standards. Poor levels of compliance were observed regarding the cleanliness of patient equipment, and environmental hygiene in patient areas and sanitary facilities.

While hospitals are working to fully implement and promote all aspects of best practice, variance in hand hygiene performance was observed by the

\* Single separation is defined as the isolation of a seriously disruptive young person, for as short a period as possible, to give him/her an opportunity to regain self-control. Department of Health and Children's National guidelines on the use of single separation in special care units (2003).

\*\* Two further re-inspections as part of our 2014 programme were carried out in January 2015.

Authority across the acute hospital sector in 2014. A culture of good hand hygiene practice has not yet been fully embedded across all hospitals.

All hospitals inspected required improvements in order to achieve full compliance with the Standards. Innovative practices, which could provide learning to other hospitals, were also observed.

#### 4.1.10 Receipt and analysis of information and concerns

In respect of healthcare services, we receive, analyse and risk assess information and concerns that are brought to our attention by a range of sources.

In 2014 the number of concerns about healthcare services we received increased by 21%. This information was used to assist the deployment of our resources to the areas of highest risk.

The majority of concerns received were used to inform the Authority's ongoing monitoring and investigation programmes, such as the investigation at the Midland Regional Hospital, Portlaoise. However, in some cases the Authority wrote to local, regional or national HSE Managers in order to seek assurances as to a specific system of care.

During 2014 we continued to explore more effective means of receiving and analysing performance and other information from local and national sources. The Authority engaged with the Health Service Executive (HSE) to establish a process whereby the HSE will provide the Authority with an agreed suite of data on a quarterly basis. The system is now established and expected to yield useful information in 2015. The Authority will use this data to inform current and future regulatory activity.

#### 4.1.11 Three-year assurance programme

As part of a proactive programme of monitoring of service providers against the *National Standards for Safer Better Healthcare*, the Authority identified five priorities for assessment or review as part of a three-year assurance programme. During 2014 we progressed this as follows:

- *A Report of the review of the governance arrangements as reflected in the safety, quality and standards of services at UL Hospitals was published in June 2014.*
- *A Review of pre-hospital emergency care services to ensure high quality in the assessment, diagnosis, clinical management and transporting of acutely ill patients to appropriate healthcare facilities was published in December 2014.*

- The planned review of the governance arrangements that are in place at the Midland Regional Hospital, Portlaoise to ensure the quality and safety of services in the context of nationally mandated standards and implementation of recommendations of previous investigations was escalated to a statutory investigation under section 9 of the Health Act into ‘the safety, quality and standards of services provided by the Health Service Executive to patients in the Midland Regional Hospital, Portlaoise’.
- Work began on an assessment programme for antimicrobial stewardship (management of the way hospitals use antibiotics) in 49 public acute hospitals across Ireland. This assessment programme will begin in 2015.
- Work also began on the design of an assessment programme of the arrangements that are in place in 49 hospitals to ensure that elderly patients who utilise acute general hospital services are adequately assessed, managed and evaluated to effectively meet their individual hydration and nutritional needs. This assessment programme will commence in 2015.

#### **4.1.12 Review of the governance arrangements as reflected in the safety, quality and standards of services at UL Hospitals**

We published a *Review of the governance arrangements as reflected in the safety, quality and standards of services at UL Hospitals* in June 2014. The review was undertaken in order to monitor progress with the implementation of the Authority’s *National Standards for Safer Better Healthcare*.

The UL Hospitals group was selected for review because the Authority had extensive engagement with the Health Service Executive (HSE) about a range of patient safety issues and the effectiveness of the governance arrangements in hospitals in the midwestern region.

The review highlighted a series of key risk and challenge areas that required focused attention by the HSE nationally and the management of UL Hospitals at a group level.

The single most significant risk observed by the Authority was the persistent overcrowding in the Emergency Department in the University of Limerick Hospital. The overcrowding impacted negatively on patients and on staff. It impeded access to patients for care and observation, reduced privacy and dignity, increased the risk of transmission of infection and prevented adequate cleaning of the department.

The report also identified the following high risks:

- Resources are not being optimally used across all of the group's hospital sites with specific focus on bed availability for patients with complex needs at University Hospital Limerick.
- Absence of meaningful analysis and discussion of patient complaints, trends in clinical incidents, adverse events and the prevention and control of Healthcare Associated Infections at Board level.
- Absence of clear interim advice and direction from the Department of Health and the HSE in relation to integrated governance arrangements between voluntary and public services in the context of emerging hospital groups and single boards.

The Authority required the HSE and UL Hospitals to develop and publish a quality improvement plan aimed at eliminating or reducing the identified risks. Overall executive accountability, responsibility and authority for the execution of the quality improvement plan lies with both the HSE and UL Hospitals.



#### **4.1.13 Review of pre-hospital emergency care services to ensure high quality in the assessment, diagnosis, clinical management and transporting of acutely ill patients to appropriate healthcare facilities**

As part of our three-year assurance programme, we completed a comprehensive review to identify if pre-hospital emergency care services in Ireland had the necessary arrangements in place to ensure high quality in the assessment, diagnosis, clinical management and transporting of acutely ill patients to appropriate healthcare facilities. The review was published in December 2014.

Pre-hospital emergency care is the emergency care provided to a patient before transfer to a hospital or appropriate healthcare facility. In Ireland, pre-hospital emergency care is mainly provided by the Health Service Executive's (HSE's) National Ambulance Service. Dublin City and County are served by both the National Ambulance Service and Dublin Fire Brigade. Both services were included in this review.

The report made 12 recommendations: eight national recommendations which apply to both Dublin Fire Brigade and the National Ambulance Service, and four recommendations specific to the National Ambulance Service and Health Service Executive.

The eight national recommendations included:

- The need to develop a joint action plan between Dublin Fire Brigade and the National Ambulance Service to improve call-handling processes and better coordination of calls between both services.
- Implementation of a fully integrated ambulance service in the Dublin area.
- The immediate involvement of Dublin Fire Brigade in the National Ambulance Service Control Centre Reconfiguration Project.
- Development of a comprehensive workforce plan.
- Collective monitoring of service performance and public reporting of such measures against key performance indicators including response times.
- A review of the current model of service delivery.

The specific recommendations for the National Ambulance Service included:

- The provision of ongoing training for staff, a review of all job descriptions for management positions and subsequently



an assessment of employee capabilities against revised job descriptions.

- The promotion of the development of community first responder schemes.
- The need to improve the approach to corporate and clinical risk management.
- The need to enhance clinical governance, including commencement of clinical audit.

Both services were advised by the Authority to develop and publish quality improvement plans to address each recommendation.



Pictured at the press conference launching HIQA's review of pre-hospital emergency care services were, L–R, Marty Whelan (HIQA), Gabriel Mc Clean (review team), Phelim Quinn and Mary Dunning from HIQA.

#### 4.1.14 Statutory investigations

We commenced an investigation into the safety, quality and standards of services provided by the Health Service Executive to patients in the Midland Regional Hospital, Portlaoise in March 2014. The report will be published in 2015.

The investigation will make a series of local and national recommendations aimed at improving the quality and safety of care at the Midland Regional Hospital, Portlaoise and across the wider healthcare services.

# 4.2

## Health Technology Assessment Facts and Focus

WE EVALUATED  
THE BENEFITS OF A  
**NATIONAL  
PUBLIC ACCESS  
DEFIBRILLATION  
PROGRAMME**

TO INCREASE  
SURVIVAL FROM  
OUT-OF-HOSPITAL  
CARDIAC ARREST



WE MADE  
RECOMMENDATIONS ON  
**9 PATIENT  
PROCEDURES**

AS WE ADDED TO OUR  
SUITE OF HTAs ON CLINICAL  
REFERRAL AND TREATMENT  
THRESHOLDS



**5 UPDATES**  
AND ADDITIONS  
TO OUR NATIONAL  
HTA GUIDELINES  
PUBLISHED



**OVER 200  
PEOPLE**

ATTENDED OUR RESEARCH  
ETHICS INFORMATION  
SESSION AS WE PREPARED  
FOR OUR NEW FUNCTION  
IN RESEARCH ETHICS  
GOVERNANCE

## 4.2 Health Technology Assessment

### 4.2.1 Background

Our health technology assessment (HTA) function supports and informs healthcare decision-making, to enable safe and effective health policies that are patient-focused and achieve best value for the resources available. As outlined by the Health Act 2007, the Authority has a statutory role to undertake and develop the discipline of HTA in Ireland.

Work undertaken by the HTA directorate includes the production of a range of assessments that have informed national policy and service decisions and the development of a suite of HTA guidelines that promote the production of assessments that are timely, reliable, consistent and relevant to the needs of decision makers and key stakeholders. The Directorate has further aided capacity development in HTA through participation in a range of national and international activities that aim to enable safe, effective, equitable and efficient healthcare.

### 4.2.2 Health technology assessments undertaken in 2014

#### ***Health Technology Assessment of Public Access Defibrillation***

In December 2014, the Authority published a HTA that evaluated the implications of establishing a national public access defibrillation (PAD) programme to increase survival for out-of-hospital cardiac arrest patients in Ireland.

This HTA was undertaken in response to a request from the then Minister for Health, Dr James Reilly TD, to inform decision making on matters related to the Public Health (Availability of Defibrillators) Bill 2013. The report was submitted to the Minister as advice and is actively being considered to inform a decision in relation to the management of out-of-hospital cardiac arrest in Ireland.

The purpose of the HTA was to estimate the clinical and cost-effectiveness of a range of PAD configurations. These ranged from the comprehensive programme described in the Bill to a more targeted scheme involving only those places with the highest incidence of out-of-hospital cardiac arrests. It also considered the wider implications of a PAD programme in relation to the delivery of emergency care services, its impact on out-of-hospital cardiac arrest patients and members of the public, as well as relevant ethical and legal issues associated with this type of intervention.

The report concluded that, based on current data, none of the PAD programmes evaluated would be cost-effective using conventional

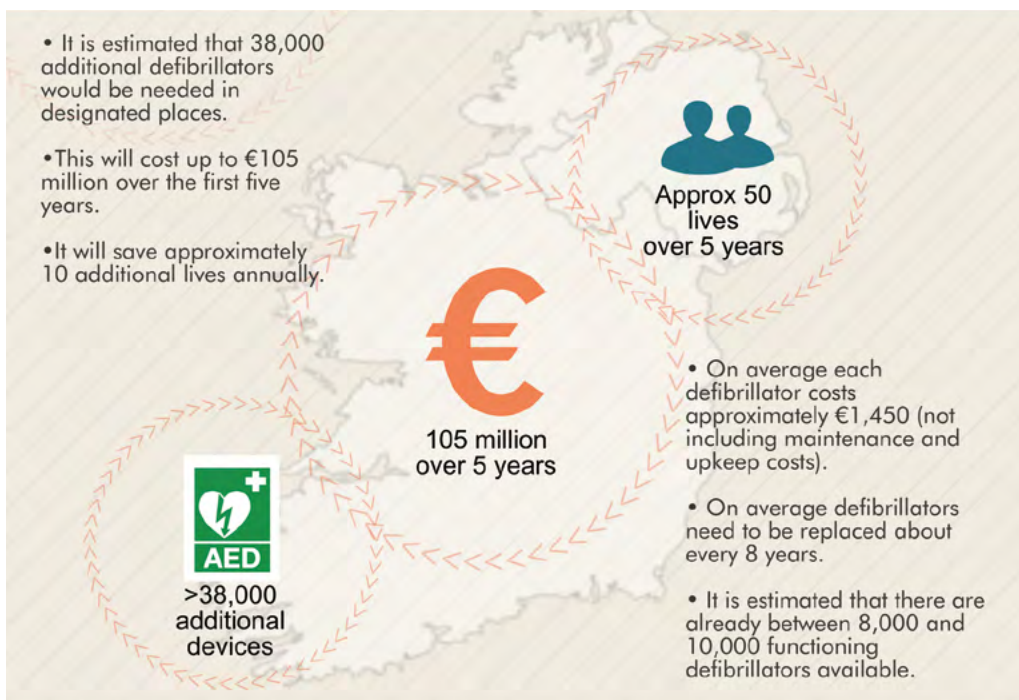
willingness to pay thresholds. However, targeted automated external defibrillator (AED) deployment in locations with a higher incidence of out-of-hospital cardiac arrest, in combination with significantly increased usage of AEDs as a result of a national emergency medical services (EMS) linked AED register and increased public awareness could make public access defibrillation programmes more cost-effective.

The HTA noted that Ireland already has a high level of dispersal of AEDs on a voluntary basis, but that this system is not standardised, coordinated or linked to emergency medical services.

It recommended that if a PAD programme is introduced in Ireland, it should be considered in conjunction with measures to increase the usage of publicly accessible AEDs. These include:

- increased public awareness
- expanded CPR and AED training
- an EMS-linked AED register.

It advised that any prospective programme should start by targeting the mandatory deployment of AEDs to locations with the highest incidence of OHCA. A process of performance evaluation and research should also be incorporated from the outset to guide ongoing tailoring of the programme to maximise efficiency.



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

The Authority continued to undertake a series of rapid HTAs to examine the appropriateness and potential impact of introducing clinical referral or treatment thresholds for selected scheduled procedures following a request from the Director General Designate of the HSE in December 2012.

The aim of these HTAs is to provide advice on the potential clinical referral or treatment thresholds for procedures where effectiveness may be limited unless undertaken within specified clinical criteria.

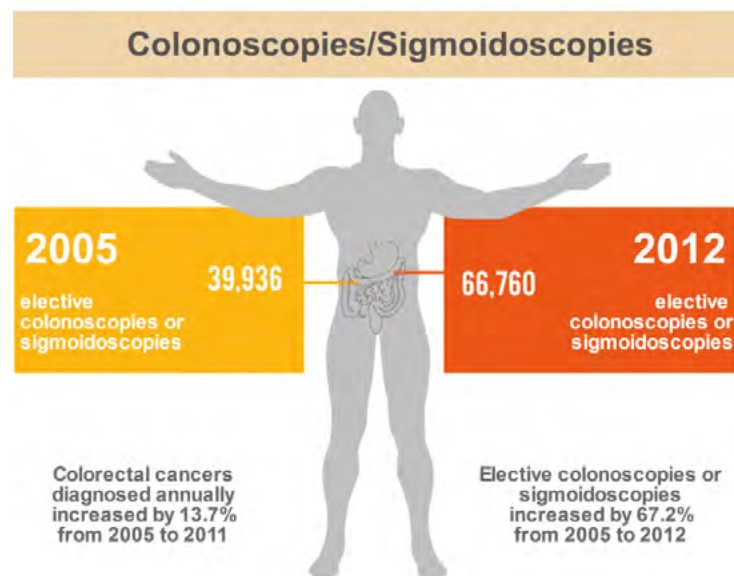
The aim of the criteria is to reduce unnecessary referrals to surgeons thereby ensuring a more efficient referral process, standardising care provided and ultimately improving patient access to surgery. The benefits of the thresholds when implemented are expected to include appropriate management of patient expectations, reduced waiting time for surgical outpatients and shortening of the patient's elective surgical journey.

This HTA is being undertaken on a phased basis and during 2013 we completed the first two phases of the rapid HTAs. We added to this in 2014 with the publication of phase 3 and phase 4.

Phase 3, incorporating four orthopaedic surgical procedures – hip and knee arthroplasty, and knee and shoulder arthroscopy – was published in July 2014. During the completion of this phase, we worked closely with the HSE Clinical Care Programmes for Rheumatology and for Trauma and Orthopaedics, with a view to integrating the referral thresholds into agreed national care pathways.

Phase 4, incorporating five procedures, was published in November 2014. This phase advised referral thresholds for a range of gastrointestinal (GI) conditions, specifically upper and lower GI symptoms suspected of indicating malignancy, for adult patients with groin (abdominal and inguinal) hernia, as well as referral thresholds for haemorrhoid procedures and gallstone disease.

**Figure 13:** We developed referral and treatment thresholds for people with lower gastrointestinal problems which may indicate cancer. These thresholds aim to ensure that the right patients receive referral and treatment at the right time, and avoid unnecessary referrals.



We also published updated chapters on background, methods and review of relevant ethical issues to provide context to this work.

The reports from these two phases in the series were submitted to the HSE and the Minister for Health for their consideration.

#### 4.2.3 Health Technology Assessments commenced in 2014

##### ***Health Technology Assessment of Screening for Atrial Fibrillation***

The Authority agreed to undertake a HTA of screening for atrial fibrillation in primary care, following discussions with the National Clinical Programme for Stroke.

The HTA will examine the clinical and cost-effectiveness of this intervention as well as the budget impact and resource implications of a national screening programme in Ireland. It will inform decision-making in relation to its potential implementation.

The Terms of Reference for the assessment have been agreed with the HSE and an Expert Advisory Group comprising key stakeholder groups formed. Work on the HTA is expected to conclude in July 2015 with the submission of a final report to the Minister for Health and the HSE for their consideration.

### ***Health Technology Assessment of BCG Vaccination Programmes***

The Authority agreed to undertake a HTA of BCG (vaccine against tuberculosis) vaccination programmes, in response to a request from the Department of Health.

At present, Ireland has a policy of universal BCG vaccination of infants. The purpose of the HTA is to determine the clinical, cost, organisational and ethical implications associated with adopting a selective BCG vaccination policy that targets high-risk infants.

The Terms of Reference for the assessment have been agreed with the Department of Health. An Expert Advisory Group comprising key stakeholder groups is currently being formed.

### ***Health Technology Assessment of Electronic Early Warning and Clinical Handover Systems***

The Authority agreed to undertake an assessment of the effectiveness of electronic early warning systems and electronic clinical handover systems in hospital inpatients, following discussions with the Department of Health.

The HTA will examine the effectiveness and safety of such systems, review their cost-effectiveness and examine and outline key determinants that support successful outcomes from such systems.

The Terms of Reference for the assessment have been agreed with the Department of Health and an Expert Advisory Group comprising key stakeholder groups formed. Work on the HTA is expected to conclude in March 2015 with the submission of a final report to the Minister for Health for his consideration.

## **4.2.4 Summary of other activities during 2014**

### **National HTA Guidelines**

The Authority updated and added to its suite of national HTA guidelines during 2014. These guidelines promote the production of assessments that are timely, reliable, consistent and relevant to the needs of decision makers and key stakeholders.

We published updates to the existing *Guidelines for HTA* and budget impact assessment guidelines in February 2014. Updates to the existing

*Guidelines for the evaluation of the clinical effectiveness of health technologies* were published in September 2014.

We also published new guidelines for stakeholder engagement in HTA in March 2014. New guidelines on the retrieval and interpretation of economic evaluation literature were published in September 2014.

All updates to existing guidelines and all new guidelines were endorsed by the HTA Scientific Advisory Group and underwent a period of public consultation prior to their publication.

### **National Clinical Effectiveness Committee**

The Minister for Health established the National Clinical Effectiveness Committee (NCEC) in 2010 to provide a framework for national endorsement of clinical guidelines and audit to optimise patient care, within the Irish health system, both public and private.

The Authority delivered a series of economic training sessions for guideline developers as part of the NCEC training programme. It also provided direct support to the developers of the five clinical guidelines mandated by the Minister and to seven other guideline development groups. These included: Clostridium difficile infection, asthma, chronic obstructive airways disease, constipation in palliative care, pharmacological management of cancer pain and cancer (breast, prostate).

The Authority provides support to the NCEC through its membership of the Committee and the NCEC working group, and directly to clinical guideline developers seeking national endorsement for their guidelines.

### **Building capacity and capability in health technology assessment**

To support the development of national expertise in the conducting and interpretation of HTA, the Authority has continued to engage with external stakeholders and plan training and education opportunities in HTA. Training opportunities included providing internship opportunities for graduate students in related fields, contributing to external stakeholder training (patient representatives, NCEC-related, undergraduate, postgraduate and other), collaborating on projects with academic colleagues, including the National Centre for Pharmacoeconomics and National University of Ireland, Galway, and providing training and education support for members of the HTA team to build on their expertise.

We also developed new HTA guidelines on the retrieval and interpretation of economic evaluation literature. These specifically address the needs of those involved in the production and endorsement of clinical guidelines and for those not routinely engaged in the practice of HTA.



## **Stakeholder engagement**

New national guidelines on stakeholder engagement in HTA were developed and published in 2014.

The Authority engaged with a diverse range of stakeholders to inform priorities for the ongoing HTA programme of work and to facilitate and inform projects that were underway.

Each assessment was supported by a specifically convened Expert Advisory Group that comprised representation from key stakeholders including policymakers, service providers, clinicians, patient groups and national and international HTA experts.

Public consultations were undertaken for one full HTA and nine rapid HTA assessments as well as for three updates to national HTA guidelines and two new HTA guidelines.

The Directorate contributed to a number of advisory groups run by external stakeholders including the Technology Review Group of the National Cancer Control Programme, the Expert Panel on Medical Need for Medical Card Eligibility, the Expert Advisory Group on a public health treatment plan for Hepatitis C, and the HSE HTA Working Group.

The work of the Directorate was also informed during 2014 by a Scientific Advisory Group (comprising broad representation from key stakeholders in healthcare in Ireland as well as methodological experts from the field of HTA) and a Prioritisation Advisory Group (comprising representation from key decision makers in the Department of Health and the HSE).

### **Prioritisation Advisory Group to inform HTA topic referral and selection**

In 2014, a Prioritisation Policy was approved by the Board of the Authority. This policy provides a framework for informed decision-making as to which assessments the Authority should devote its resources, to maximise the input from policymakers and minimise the potential for important technologies to be missed.

Prioritisation work is informed by the Prioritisation Advisory Group, which comprises representation from key decision makers in the Department of Health and the HSE. A range of topics underwent the HTA prioritisation process in December 2014, resulting in production of a work plan up to mid 2016 for Board approval. Should new topics arise during this time period, they will be subjected to the prioritisation process and the work plan adjusted to accommodate them as necessary.

## 4.2.5 International networks

### European Network for Health Technology Assessment (EUnetHTA)

The Authority is the nominated National HTA body for the European Union funded Joint Action projects on HTA (EUnetHTA). EUnetHTA has undertaken a number of Joint Actions that aim to realise an effective and sustainable HTA collaboration that brings added value at the European, national and regional level.

The Director of HTA is the vice-Chairperson of the Plenary Assembly of EUnetHTA and is a member of the Executive Committee. During 2014, HIQA participated with other national HTA agencies in joint HTA information production and also led on the development of a EUnetHTA HTA guideline. The work of the Joint Actions is intended to foster inter-agency cooperation to improve HTA output and avoid duplication of effort. It has also informed the establishment of a permanent Europe-wide network of HTA agencies.

Currently underway is Joint Action 2, a three-year project that commenced in September 2012 and brings together 33 HTA agencies and institutional producers of HTA. The Authority is actively contributing as an associate partner to three of eight work packages.

### Health Technology Assessment Network (HTAN)

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

### Other international collaborations

The Authority continues to build and leverage off the relationships developed with other HTA agencies in order to increase its efficiency in producing HTAs of the highest calibre.

It is contributing to the Shaping European Early Dialogues (SEED) in conjunction with other health technology assessors and the Committee for Human Medicinal Products (CHMP) scientific advisory group. It is a member of both Health Technology Assessment international (HTAi) and the International Network of Agencies for Health Technology Assessment (INAHTA) and contributes to international exchange of information to enable the efficient conduct of HTA through the adaptation of HTA for local application.

During 2014, HTAs undertaken by the Authority were the topic of three papers and one letter published in international peer-reviewed journals.

#### **4.2.6 Research ethics**

Under the Health Information Bill and clinical trials legislation, the Authority will have a new function in research ethics governance, underpinned by the new EU Regulation on Clinical Trials. The Regulation is due to come into force in May 2016 and will dramatically change the way in which multi-state clinical trial applications are assessed.

During 2014, the Authority worked closely with the Department of Health on the content and timelines of the relevant legislation which will give the Authority its legal remit in these areas. A proposed model of research ethics governance was prepared and presented to the Authority's Research Ethics Advisory Group in May 2014.

We continued our involvement in a number of Working Groups at a European level to prepare for implementing the necessary changes to comply with the requirements of the Regulation.

In June 2014 we co-hosted a research ethics information session with the Department of Health. The session, which outlined national and EU developments in the area of ethical approval for health research, was attended by over 200 people including researchers, research ethics committee representatives, patient advocates, funding bodies and industry.

# 4.3

## Health Information Facts and Focus



### eHealth

IN 2014 WE UNDERTOOK A PROGRAMME OF WORK COMMITTED TO ADVANCING THE eHealth STRATEGY FOR IRISH HEALTHCARE

# SIX

KEY RECOMMENDATIONS WERE PUBLISHED ON NATIONAL HEALTH AND SOCIAL CARE DATA COLLECTIONS

# 108

## COLLECTIONS

OF DATA IDENTIFIED IN OUR REVISED CATALOGUE OF NATIONAL HEALTH AND SOCIAL CARE DATA IN IRELAND



WE PUBLISHED RECOMMENDATIONS ON ADOPTING

# SNOMED CT

AS A NATIONAL CLINICAL TERMINOLOGY



## 4.3 Health Information

### 4.3.1 Background

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

Information on the availability, accessibility, effectiveness and efficiency of our health services is fundamental to a reliable and safe healthcare system. Having good information and using it well are the keys to good decision-making and ultimately lead to improved services. While there are many strengths and examples of excellence within the system, the overall picture is fragmented, with a lack of standards and critical gaps.

The Authority is responsible for analysing the existing quality and coverage of health information, identifying gaps and making recommendations to fill those gaps. We set out standard definitions for information, to ensure meaningful comparability and to help avoid duplication of effort. Equally important are standards that support the ability of health information systems to communicate and facilitate efficient sharing of health information.

Ehealth is an important enabler for transforming healthcare and we are committed to delivering and enhancing the essential foundations required to enable eHealth in Ireland.

We envisage that this will be done through the development of technical and information standards. As one of the lead organisations in supporting the national vision for eHealth, we undertook a programme of work committed to advancing the eHealth strategy for Irish healthcare in 2014. E-prescribing and the implementation of the individual health identifier are further priorities within the eHealth Strategy. In recognition of this, the Authority worked towards developing standards to support their implementation during the year.



### 4.3.2 Summary of achievements in Health Information in 2014

#### Standards and guidance development – advancing the eHealth strategy

Several key building blocks must be put in place to provide the basis for building a robust eHealth infrastructure. These include a system of unique identification for individuals, organisations and health professionals and a set of eHealth interoperability standards, including communication and terminology standards based on widely available and implemented international standards.

The Authority continued to work towards advancing the Ehealth strategy in 2014

- We worked with the Department of Health on the Health Identifiers Act 2014, which provides a legislative framework for unique identifiers for individuals and healthcare providers and is a priority of the eHealth Strategy. In support of this, through an advisory group, we began the development of Information Governance and Management Standards for the Operators of the Health Identifiers Registry.
- We published recommendations on adopting Systematized Nomenclature of Medicine Clinical terms (SNOMED CT) as a national terminology standard for Ireland.
- Through our eStandards Advisory Group (eSAG), we developed standards for electronic prescribing and electronic transfer of prescriptions. The ePrescribing standards consisted of a data model for a medicinal product reference catalogue and a data set and technical specification for electronic prescriptions.

#### Information governance and management standard for the operators of the health identifiers registry

The Health Identifiers Act 2014 provides the legal basis for setting up two national registers, the National Register of Individual Health Identifiers and the National Register of Health Services Provider Identifiers. During 2014 we developed information governance and management standards which will be applicable to the operators of these registries. A draft version of these standards will be published for public consultation in 2015.

#### ePrescribing Standards.

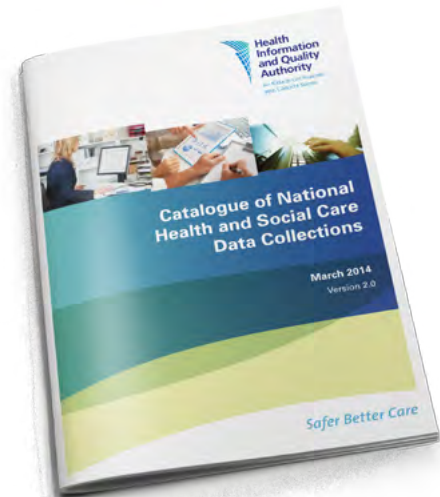
In recent years, the Authority has undertaken multiple projects in the area of ePrescribing and electronic transfer of prescriptions (ETP).

In 2014 we completed two projects related to ePrescribing – *A Data Model for a national medicinal product reference catalogue – a National Standard and ePrescription Dataset and Clinical Document Architecture Standard.*

These support the implementation of ETP and will be published in 2015.

### **Catalogue of National Health and Social Care Data Collections**

We published an updated *Catalogue of National Health and Social Care Data Collections* in 2014. This most recent catalogue identifies 108 national collections of health and social care data in Ireland. The metadata contained in this catalogue is of particular importance to the Outcomes Framework of 'Healthy Ireland', the new public health strategy being lead by the Department of Health.



### **Advice to the Minister, influencing policy and legislation**

#### **Health Information Bill**

The Authority continued to work with the Department of Health on the framing of the Health Information Bill. It is a critical piece of legislation which will establish the legal framework to enable the Authority to fulfil its statutory obligations in relation to health information and research ethics.

The Authority will have a formal role in developing standards under the forthcoming Health Information Bill on 'prescribed data matching programmes' and 'prescribed health information resources'. Our legal remit will also increase.

#### **National Health and Social Care Data Collections**

We published six key recommendations in relation to national health and social care data collections in November 2014. *Recommendations for a more integrated approach to National Health and Social Care Data Collections in Ireland* was accompanied by the publication of an international review which provided evidence to support these recommendations.

The recommendations highlighted the need for a strategic framework, including a detailed roadmap, to inform policy development and lead to greater integration of our national health and social care data collections

The implementation of these recommendations should reduce fragmentation and duplication and ensure a more consistent approach to improving the quality of data collected. Quality information will lead to improvements in the delivery of safe care, decision making, monitoring and planning. Adopting a more coordinated and strategic approach will result in better use of resources and increased efficiencies.

## Recommendation on adopting SNOMED CT

Informed by an international review of seven countries, the Authority published recommendations on adopting SNOMED CT as a national clinical terminology. This will be an essential building block for rolling out eHealth and for the introduction of electronic health records

SNOMED CT is the largest clinical terminology system and was developed to improve the quality of clinical data in patient's records with the aim of improving the quality of care received by patients. It has been adopted as a national health standard in 27 countries internationally.

Our recommendations include the purchasing of a SNOMED CT National licence and the resourcing and functioning of a national release centre for Ireland commencing in 2015.



## National Patient Surveillance System

During 2014, the Authority commenced a scoping exercise in relation to the establishment of a 'National Patient Safety Surveillance system'. This was a recommendation which arose from the report into perinatal deaths in Portlaoise Hospital compiled by the Chief Medical Officer of the Department of Health.

We began an international review of patient safety surveillance systems, and an 'As Is' analysis of national patient safety surveillance. This work will continue into 2015 to culminate in a set of recommendations on the coordination of patient safety intelligence in Ireland.

## Building capacity within the Authority's 'Corporate services'

### International review on the use of information

We published a review of how international regulators and quality improvement agencies use information, in April 2014. It explored how these organisations use information in their work to improve health and social care services in their jurisdictions. The review looked at how information is used by regulators and other health and social care agencies in eight different jurisdictions in New Zealand, Canada and Europe.

This international review helped to guide HIQA on the best approach to developing internal business





intelligence to ensure that our regulatory decisions are based on good quality information and evidence.

The findings from this international review were also presented at the 'European Partnership for Supervisory Organisations in health services and social care' (EPSO) conference held in Dublin in September 2014, jointly hosted by HIQA and the Mental Health Commission.

### **Information governance**

During 2014, the Authority and the Office of the Data Protection Commissioner (DPC) signed a Memorandum of Understanding (MOU) outlining how both State agencies will work together to ensure that people's health and social care personal information is protected and used appropriately. As part of the agreement, HIQA and the DPC will undertake to communicate with each other as appropriate on all matters of strategic mutual and operational interest, on both a formal basis through scheduled meetings and informally on an ad hoc basis.

In the interest of personal security and privacy, this memorandum also facilitates co-operation on concerns where one organisation believes that it falls within the remit of the other and where there are concerns in relation to the protection and appropriate use of people's personal information.

The Authority's Information Governance Steering Group was expanded in early 2014 to include representatives from all business areas, in order to share the information governance (IG) workload evenly and to embed awareness and good practice across the organisation.

The information governance programme continued during 2014 with IG training and awareness for new staff. The Authority adopted a set of fundamental information principles to govern operational practice in relation to the collection and processing of data or data sets which the Authority requests, or obtains from external data sources to support its regulatory and non-regulatory activities.

### **Business intelligence**

In 2014 the Authority published a review of a cross-section of health and social regulators internationally in relation to their use of information for the regulation of health and social care services. This review also surveyed the regulators' current strategies, administrative structures and operational practices in respect of the delivery of a business intelligence (BI) function. This review clearly identified that data and information are increasingly being used to inform, improve and streamline the work of healthcare regulators and quality improvement agencies. The majority of jurisdictions reviewed identified the need for a strong strategic direction around the use of information, and for an effectively-structured and well-resourced BI

function to exploit information to maximum regulatory effect. In 2014 the Authority commenced the development of a Business Intelligence Strategy in order to define a long-term vision for the BI function.

In addition to the development of a strategy for business intelligence, a comprehensive set of information analysis to support regulatory operations for Adult Social Care were developed by the BI team in 2014. Further development on the 'risk profile' to support continuous monitoring of designated centres was carried out in 2014. The BI team also developed reports to support finance, risk and performance reporting.

### **National and international networks**

During 2014 the Authority continued to network on an international basis on health information, this includes membership of EU 'PARENT' network (cross-border Patient Registries Initiative). This assists in the development of methodological guidelines for the establishment of comparable and interoperable patient registries and national data collections in fields of identified importance.

The Department of Health is leading on the development of an Outcomes Framework, which is a structured set of indicators and targets that are developed and managed in an agreed manner in order to support the development and monitoring of Healthy Ireland. The Authority has contributed to various stakeholder groups during 2014 and the metadata contained in the *Catalogue of National Health and Social Care Data Collections* is of particular importance to the Outcomes Framework of Healthy Ireland.

During 2014 the establishment of the National Healthcare Quality Reporting System (NHQRS) was announced by the Minister for Health as part of his commitment to the public reporting of quality indicators that reflect on the quality and safety of healthcare in Ireland.

A National Healthcare Quality Reporting System Governance Committee was established to provide oversight for the NHQRS. The Committee provides oversight and advice on the strategic direction of the NHQRS, agrees the selected indicators, including definitions and metadata for inclusion in the NHQRS, and prepares and presents an annual report to the Minister for Health.

The National Adverse Events Management System (NAEMS) Governance Group was established by the Department of Health during 2014. The role of the Information Governance Group is to ensure NAEMS has the capacity to meet the requirements for effective adverse event management. The membership of this governance committee includes representation from various stakeholders including representation from the Authority.

# 4.4

## Safety and Quality Improvement

### Facts and Focus

WE RECEIVED OVER



# 120

SUBMISSIONS DURING OUR PUBLIC CONSULTATION FOR THE REVISION OF OUR NURSING HOME STANDARDS



WE DEVELOPED NEW NATIONAL STANDARDS FOR SPECIAL CARE UNITS



WE PUBLISHED A GUIDANCE DOCUMENT FOR PROVIDERS TO SUPPORT IMPROVED MEDICATION MANAGEMENT

# 150

HEALTHCARE PROFESSIONALS ATTENDED PASQ, INTERNATIONAL PATIENT SAFETY CONFERENCE HELD BY HIQA

## 4.4 Safety and Quality Improvement

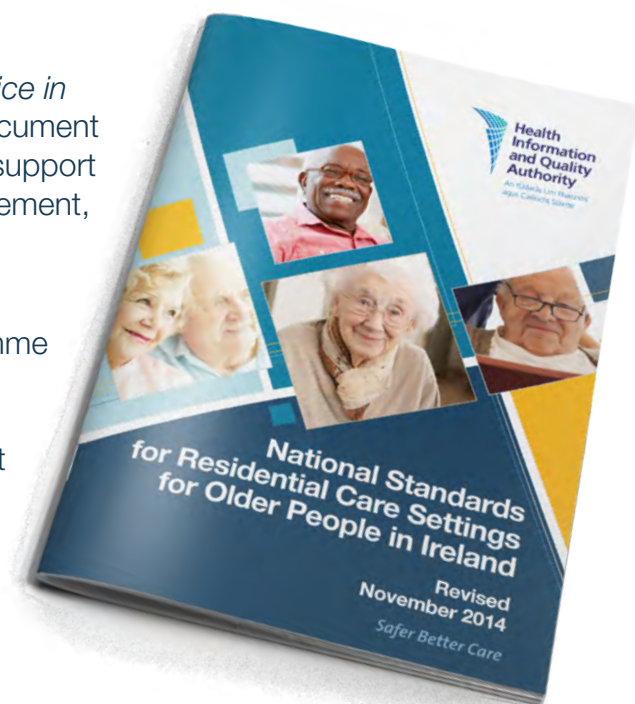
### 4.4.1 Background

The Safety and Quality Improvement Directorate completed its second full year of work in 2014. During the year, we developed standards for quality and safety and we supported and promoted a culture of patient safety and quality improvement across and within the health and social care system.

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

### 4.4.2 Summary of activities during 2014

- We advanced the development of revised *National Standards for Residential Care Settings for Older People in Ireland*. Following public consultation, the standards were approved by our Board and submitted to the Minister for Health. These will be launched in 2015.
- We advanced the development of new *National Standards for Special Care Units*. Following public consultation, the standards were approved by our Board and submitted to the Minister for Health. These will be launched in 2015.
- We began a review of the *National Quality Standards for the Prevention and Control of Healthcare Associated Infections*.
- We published *Principles of Good Practice in Medication Reconciliation* guidance document for health and social care providers to support the improvement of medication management, particularly when care is transferred between providers.
- We provided an online training programme in quality improvement to over 200 individuals from the World Health Organization (WHO) Patients for Patient Safety group, the National Ambulance Service, disability providers and the three children's hospitals in Dublin in an effort to actively support and



promote a culture of patient safety and quality improvement across the health and social care system.

- We participated in the European Union Network for Patient Safety and Quality of Care (PaSQ). We hosted a PASQ international patient safety conference in October 2014, which was attended by approximately 150 healthcare professionals.
- We responded to consultation documents received by the Authority from the Law Reform Commission, the Health and Social Care Professionals Council (CORU), Occupational Therapy Registration Board, Social Work Registration Board, Dieticians Registration Board, Dental Council, Medical Council, Dublin Regional Homeless Executive and ISQua.

#### 4.4.3 National Standards: development and review

1. We advanced the development of revised *National Standards for Residential Care Settings for Older People* during 2014. These Standards will be a revision of our *National Quality Standards for Residential Care Services for Older Persons* and are developed in response to new regulations which came into operation under the Health Act. We developed the revised standards with the assistance of an expert advisory group and they were published for public consultation. We received over 120 submissions which were reviewed carefully, feedback was considered, and the standards were amended as appropriate. The final draft Standards were approved by the Board and submitted to the Minister for Health. It is anticipated that the revised standards will be published in 2015. It is planned that a minimum of three regional information workshops will be held with service providers on the new standards once published.
2. We advanced the development of new *National Standards for Special Care Units* in 2014. These were issued for public consultation during the year, with all submissions considered and relevant amendments made. The final draft standards were approved by the Board and submitted to the Minister for Health. It is anticipated that these standards will be published in early 2015.
3. We commenced the revision of the *National Standards for the Prevention and Control of Healthcare Associated Infections*. This work will continue with further focus groups in 2015.

#### 4.4.4 National Standards: promoting understanding

We continued to support services to prepare for the implementation of national standards and promote understanding among providers.

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

#### 4.4.5 Guidance to support implementation of the National Standards

The Authority continued to develop guidance documents for designated services during 2014 to help service providers to understand and adopt the national standards. These provide a common understanding and language for service users, patients and service providers on how all of the national standards apply across all health and social care services.

During the year we published *Principles of Good Practice in Medication Reconciliation*, a guidance document for health and social care providers to support the improvement of medication management, particularly when care is transferred between providers.

The guidance helps people working in the service to understand how to achieve compliance with the national standards. In 2014 the Authority continued to work on an ongoing process of review and engagement with relevant interested parties to update this guidance and identify areas which may require more specific guidance.

#### 4.4.6 Supporting providers

During 2014 we provided support for front-line staff by running a quality improvement programme with the Institute for Healthcare Improvement (IHI). The training programme provides education in quality improvement science tools and methodologies. The IHI is a not-for-profit organisation in the USA which aims to promote healthcare improvement worldwide.

The Authority is the hub for the IHI Regional Open School in Ireland. The IHI Open School provides online courses on quality improvement science which have been designed by faculty members in the IHI.



Through the Open School, healthcare professionals from all disciplines learn quality improvement methodologies and acquire practical tools that help them to develop sustainable improvements in their services.

Over 200 people subscribed to the IHI training programme during 2014 and graduates of the course will receive certificates at a ceremony to be held in the Authority's offices in Smithfield in 2015.

The final phase of a three-part external evaluation of the quality improvement training programme was completed by a consultant from the NHS UK in December 2014 and the programme received a very positive review.

#### **4.4.7 Medication reconciliation**

We developed a national patient safety initiative in medication safety and published a *Principles of Good Practice in Medication Reconciliation* document. This document was based on learning from a pilot programme conducted with four acute hospitals and six community hospitals and nursing homes during 2013.

An evaluation of the document in December 2014 resulted in positive feedback from respondents who reported that they had changed medication management and medication reconciliation practices as a result.

#### **4.4.8 International activities**

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

In 2014 the Authority held a PASQ international patient safety conference in Dublin Castle which was attended by approximately 150 people. The aim of the meeting was to strengthen cooperation between EU member states on issues relating to the quality and safety of patient care. The conference provided the platform for Irish health and social care professionals to learn from and share experiences with European contemporaries on quality improvement initiatives that have worked in other countries.

The Authority also facilitated a number of national multi-stakeholder information meetings regarding PaSQ to explore how these stakeholders and the Authority can work together and contribute to the joint action.

#### 4.4.9 Service user involvement

The National Relatives Panel, comprising friends and relatives of people who live in designated centres, met with the Authority on a number of occasions during 2014. This group developed a REACH newsletter, which is designed to inform and empower family and friends of those in residential care centres on best practice in residential care.

During 2014, two issues of the REACH newsletter were published. The National Relatives Panel also works closely with us in providing feedback on standards and guidance and members act as advocates for relatives who live in residential care facilities.

During the year, members of the panel participated in the Authority's IHI Quality Improvement programme.



# 4.5

## Corporate Services

### Facts and Focus

OUR OFFICES  
IN DUBLIN AND  
CORK RECEIVED A  
**HIGHLY  
COMMENDED**  
AWARD IN THE OPW  
'OPTIMISING POWER @  
WORK' PROGRAMME



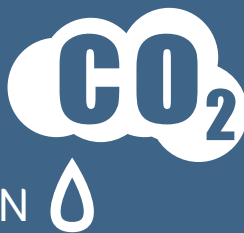
ENERGY  
CONSUMPTION  
IN 2014 WAS  
REDUCED BY



# 49%

COMPARED WITH 2010

REGULAR  
STAFF  
INFORMATION  
BULLETINS  
WERE ISSUED AND  
MONTHLY PROGRESS  
REPORTS ON ENERGY  
CONSUMPTION AND CO2  
EMISSIONS



# 33



**FREEDOM OF  
INFORMATION (FOI)**  
REQUESTS WERE RECEIVED  
DURING 2014

## 4.5 Corporate Services

### 4.5.1 Background

We ensure the effectiveness of the systems, infrastructure and processes that facilitate the efficient delivery of the Authority's services and objectives. We continued to develop and strengthen these functions in 2014.

### 4.5.2 Human resources

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

Human resources led the recruitment of 35 new positions within the Authority in 2014. It also recruited a number of agency staff to provide additional support in a temporary capacity and led induction projects for new staff.

Organisational learning and development continued across the Authority. This is an important contributor to improving organisational performance. A wide range of programmes were delivered including a leadership development programme to line managers in the organisation. The human resources team also worked with internal stakeholders to identify and deliver core learning and development programmes in strategic areas.

### 4.5.3 Financial management

The Authority managed its financial resources in line with governance requirements. Annual fees were collected on time and the use of budgeting and ongoing forecasting enabled secure management of actual expenditure against planned and available resources.

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

The Authority continued to develop its financial software that processes financial transactions and provides management information that supports decision-making.

The Authority's annual accounts for 2014 were submitted to the Comptroller and Auditor General in accordance with the timescales set out in the Health Act 2007.

### 4.5.4 Corporate Plan and Business Plan

The Authority published its Business Plan 2014 which set out the core business objectives, consistent with the Corporate Plan 2013–2015

that were to be achieved during the year. Both documents are available at [www.hiqa.ie](http://www.hiqa.ie).

#### 4.5.5 Energy consumption

The energy consumed in the Authority’s buildings is for the purposes of heating, air conditioning, hot water, lighting and usage of office equipment. In 2014, the Authority’s head office in Mahon, Cork used 19% of total energy consumption. The Dublin Regional Office in Smithfield, incorporating an increase of circa 976m<sup>2</sup> floor space previously occupied by the Director of Public Prosecutions (DPP), consumed 81% of the total energy.

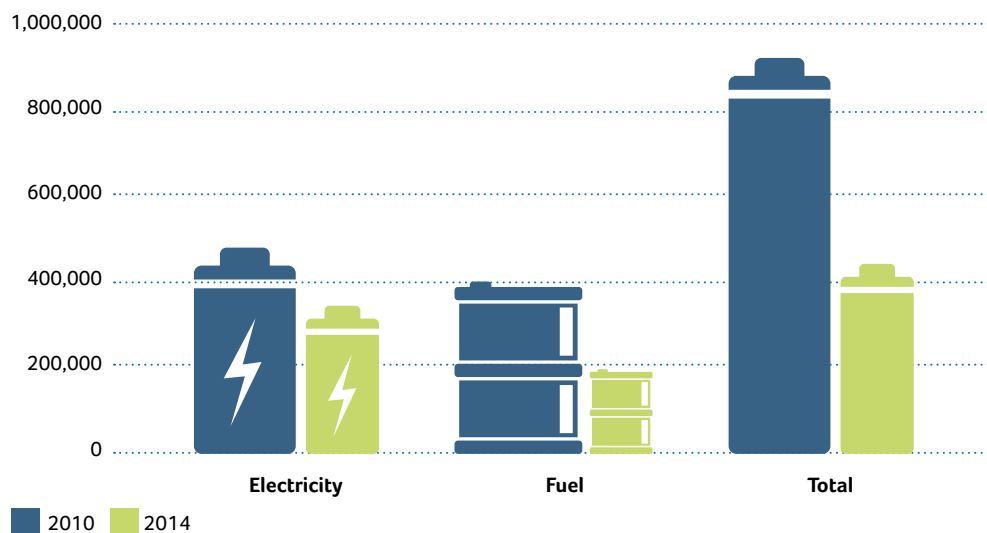
The Authority received a Highly Commended Award in the ‘OPW Optimising Power @ Work’ programme’s regional awards for both its Head Office and Dublin Regional Office in Smithfield.

In 2014, the Authority recorded an improved energy performance by reducing its energy consumption by a total of 48.9% compared with 2010 (DPP area not included).

The Authority consumed 852,726 kWh of energy, which consisted of:

- 164,806 kWh of electricity in the Authority’s Head office in Cork.
- 204,378 kWh of electricity in the Dublin Regional Office in Smithfield.
- 126,182 kWh of fossil fuels in the Dublin Regional Office in Smithfield.

**Figure 14:** Annual Energy Consumption (kWh) HIQA.



- 144,157 kWh of electricity in the DPP in Smithfield.
- 213,203 kWh of fossil fuels in the DPP in Smithfield.

Total energy consumption savings for HIQA in Mahon and Smithfield can be seen in figure 14.

The improved energy performance recorded by the Authority was due to a number of initiatives:

- Continued active participation in the OPW's 'Optimising Power @ Work' with the assistance of the Office of Public Works (OPW). This included hosting the Munster workshop and awards ceremony.
- Regular staff information bulletins were issued and monthly progress reports on energy consumption and CO<sub>2</sub> emissions.

The Authority is committed to continuing initiatives previously established under the 'Optimising Power @ Work' energy campaign.

#### 4.5.6 Information systems

In 2014 we completed the first phase of the information and communications technology (ICT) infrastructure upgrade programme. This included client upgrades along with Exchange and storage infrastructure upgrades. We developed an eStrategy for ICT to ensure alignment with the Authority's corporate strategy.

We continued the development of Prism, the Authority's information system, adding extra functionality and streamlining key areas. We began the development of a provider portal which will allow providers to interact with the Authority via the internet. A corporate reporting solution was also delivered on our Prism platform.

We continued to provide support to all users throughout 2014 ensuring that their needs were met with access to secure and reliable systems.

#### 4.5.7 Health and safety

The Authority is committed to ensuring the safety, health and welfare of staff and visitors to its offices, through the implementation of appropriate policies, risk assessments and the provision of training, employee assistance and safety awareness programmes.

The Authority carried out a programme of work in its Dublin Regional Office to improve accessibility for people with disabilities.

The Authority's excellent safety record was maintained in 2014, with no serious accidents or injuries occurring at work.

The Authority had a total of two minor near misses reported by staff in the field and both incidents were reviewed.

#### **4.5.8 Freedom of Information**

The Authority received a total of 33 Freedom of Information (FOI) requests in 2014 and carried one request over from 2013. Of these 34 requests, 10 were fully granted, 14 were part-granted, eight were refused, one was transferred to another government agency, and one was carried over into 2015. The Authority had one request appealed and one request referred by the requester to the Office of the Information Commissioner for review.

The Authority was involved in five informal consultations with other agencies, in relation to FOI requests received by them, which had an impact on the work of the Authority.

All requests were responded to in accordance with the requirements of the Freedom of Information Acts, 1997 and 2003 and by the Freedom of Information Act 2014 which was introduced in October 2014. The Authority increased the number of its FOI decision makers through the provision of appropriate training.

#### **4.5.9 Data protection**

The Authority is registered as a Data Controller, in compliance with the Data Protection Act 1988 and the Data Protection (Amendment) Act 2003. A statement of information practices is published at [www.hiqa.ie](http://www.hiqa.ie). The Authority received a total of two subject access requests in 2014.

# 4.6

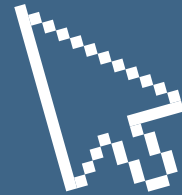
## Communications and Stakeholder Engagement Facts and Focus

35



PRESS RELEASES  
WERE ISSUED  
DURING 2014

DURING 2014  
VISITS TO THE  
AUTHORITY'S  
WEBSITE



INCREASED BY

44%



55

PARLIAMENTARY  
QUESTIONS WERE  
RESPONDED TO LAST YEAR

SUBSCRIPTIONS TO HIQA  
NEWS INCREASED BY

16%

THE LAST ISSUE WAS  
DISTRIBUTED TO

2,722

STAKEHOLDERS



## 4.6 Communications and Stakeholder Engagement

### 4.6.1 Background

The Authority communicates with the public and our wide range of stakeholders on a regular basis. It is our priority to drive high quality, safer and better health and social care services. The Communications and Stakeholder Engagement Directorate supports this aim by providing timely and accurate information. We carry out this work while maintaining an independent and impartial voice.

We published our reports and recommendations during 2014, always applying the Authority's core values of openness and transparency. We continued to work with the media and other stakeholders, to ensure information on our work is reported accurately and appropriately, and members of the public are informed and facilitated to understand our work.

### 4.6.2 Functions

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

- press and media relations
- publishing and publications management
- internal communications
- online communications
- public and parliamentary affairs
- consultation and stakeholder engagement.

### 4.6.3 Press and media relations

We continued to communicate key messages about the Authority's work during 2014. This was reported by international, national and provincial media organisations across print, broadcast and online publications. During 2014, we recorded on average of 350 print media and broadcast reports each month related to our work. We worked with the media to ensure that the Authority's message reached audiences in a timely and accurate manner.

Our interaction with the media continued to grow and we issued 35 press releases during 2014. This represented a 20% increase on press statements issued in 2013. Significant media events in 2014 included the publication of the report into pre-hospital emergency care services, the governance review of University of Limerick hospitals, our overview report

of hygiene inspections in public acute hospitals, our first annual overview report on the regulation of designated centres for older people and our health technology assessment of public access defibrillation.

In late 2014, an RTÉ Prime Time programme exposed unacceptable standards of care occurring at the Áras Attracta residential care home in Co Mayo for adults with a disability. The documentary was the basis of significant media discussion and we provided accurate information promptly in response to queries and concerns directed to the Authority. We openly communicated with the media to reassure the public of our regulatory function and promoted open and transparent discussion on our remit and the work we do.



Chief Executive Phelim Quinn is interviewed by Siobhan Bastible from TV3 News about our governance review of UL Hospitals

#### 4.6.4 Publishing and publications management

We are committed to producing information which is easy to understand. This ensures that our work is reported clearly to the public. During 2014, we developed and provided a major plain English training programme to staff, in conjunction with NALA, the National Adult Literacy Agency. Over 100 staff attended the training sessions from across the organisation.

We continue to work towards ensuring that our publications are accessible and they follow the principles of plain English, where possible. We publish our reports and publications on our website [www.hiqa.ie](http://www.hiqa.ie), where they can be easily downloaded.



In 2014, we published 46 high-level publications, which included national standards and guidance documents for health and social care services. We produced several of our publications in easy to read versions, and communicated our messages clearly by producing video and audio versions of some publications.

#### 4.6.5 Internal communications

We maintain and support internal communication across the Authority.

Regular staff meetings and our intranet were the primary sources of internal communication about the Authority's activities and staff were kept updated on all changes and developments within the organisation.

Inside Track, the internal monthly online magazine for staff, continues to be an effective and simple tool for informing colleagues about the wider work of the Authority.

#### 4.6.6 Online communications (includes website)

During 2014 we remained committed to the continued development of our website, social media channels and intranet.

Our website continues to be an important source of information for our stakeholders and staff. During the year we undertook a project to update the information and online forms available to service providers.

Work also began on planning a major redevelopment of the Authority's website in 2015.

During 2014, visits to the Authority's website increased by 44%. The four most popular sections of [www.hiqa.ie](http://www.hiqa.ie) were:

- the homepage
- our latest inspection reports section
- our A-Z of nursing home reports directory
- our disability services inspection reports.

The number of publication downloads from our website increased by 100% during 2014. The four most popular documents downloaded from our website were:

- *National Quality Standards for Residential Care Settings for Older People in Ireland*
- *National Standards for Residential Services for Children and Adults with Disabilities*

- *National Standards for Safer Better Healthcare* and
- FAQ for providers of residential services for children and adults with disabilities.

During 2014 the number of visits to our website from mobile devices, including phones and tablets, grew by 120%. The number of page views from mobile devices grew by 143%. In 2014 we further developed our social media channels, including our Facebook page, our YouTube channel and our Twitter account in order to reach a wider audience.

Our interactions and connections on social media work to build a community interested in the work of the Authority and seek input from stakeholders. Our followers on social media networks increased considerably in 2014. HIQA's number of followers on Twitter grew by 73% and our Facebook page increased its number of followers by 45%. Our number of connections on LinkedIn increased by 64%.

The number of views on our YouTube channel increased by 30%. An estimated 21,293 minutes of the Authority's videos on YouTube were watched in 2014, which is a 40% increase on the previous year. We also uploaded some audio versions of our publications to SoundCloud; listeners to the Authority's content increased by 100% on this platform.

Our short messaging service (SMS) continued to notify our 461 subscribers of updates on the Authority's work. The number of SMS subscribers increased by 21% in 2014.

#### 4.6.7 Public and parliamentary affairs

The Authority is accountable to the Government and the Houses of the Oireachtas. We are proactive and responsive in providing accurate information. Our policy is to answer all political queries on time.

We communicate directly with government departments, the Joint Oireachtas Committee on Health and Children, and with relevant spokespersons.

Our work gave context to a significant body of Oireachtas debate in 2014, and the Authority was referenced 457 times in parliamentary debates. We provided the Office of An Taoiseach and the Office of the Minister for Health with briefing materials for use in Oireachtas debates for headline items. Some of these included the Authority's work in monitoring and improving the quality and safety of residential care for people with disabilities, the Authority's ongoing investigation into Midlands Regional Hospital, Portlaoise, and the Authority's 2014 review of pre-hospital emergency care services.

The Authority received and responded to 55 parliamentary questions last year. This is an increase of 44% on the 38 parliamentary questions which HIQA answered in 2013. Parliamentary questions serve an important purpose in ensuring that HIQA's work is accountable, understood, and accurately and fairly reported. Parliamentary questions answered by HIQA related to Corporate Services (46%), Regulation (40%), Health Technology Assessment (4%), Chief Executive's Office (4%), Communications and Stakeholder Engagement (4%) and Safety and Quality Improvement (2%). All questions were responded to on time. In 2014 we also responded to four formal information requests from the Department of An Taoiseach and the Department of Health.

HIQA's December 2014 review of pre-hospital emergency care services was the subject of significant Oireachtas debate last year. On 2 December our Chief Executive, Phelim Quinn and our Acting Head of Regulation



Mary Dunnion presented the review to the Joint Oireachtas Committee on Health and Children. The findings of the review and its terms of reference were also discussed extensively in the Dáil and in the Seanad. Phelim Quinn also addressed the Joint Oireachtas Committee on Health and Children in June 2014 on HIQA's annual overview report on the regulation of designated centres for older people.

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

#### 4.6.8 Consultation and stakeholder engagement

We continued to liaise with stakeholders, including the general public, service users, service providers and advocacy groups. Our priority is to be responsive to the needs of those who use and provide health and social care services.

Engaging the public in consultations was an important part of our work in 2014; we launched several public consultations before finalising a number of our health technology assessment (HTA) recommendations. Among these were our HTA on public access defibrillation and procedure referral thresholds. We also contributed to a number of consultations organised by other organisations and public bodies.

In 2014 we developed our engagement with stakeholders by issuing four editions of our quarterly e-zine *HIQA News*, which keeps our stakeholders regularly informed about what is happening, both within the Authority and in international health and social care disciplines. Subscriptions to *HIQA News* increased by 16% in 2014. The last issue of 2014 was electronically distributed to 2,722 stakeholders. There was a 4% increase in the number of readers using smart phones or tablets to access *HIQA News*.

## 4.7 Chief Executive's Office

### 4.7.1 Background

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

### 4.7.2 Board and Board committees

2014 was a busy year for the Board and its committees. Additional focus was given by the Board to organisational and governance matters as there were a number of changes at senior management level, necessitating the appointment of a new Chief Executive Officer, as well as a strategy to manage other senior vacancies in the Authority. This culminated in the appointment of a new Chief Executive Officer, Phelim Quinn, on 1 December 2014.

There were also changes to the Board; three Board members resigned in February 2014 and three new Board members were appointed in March/April 2014.

### 4.7.3 Board and Committee meetings

The Board held 14 meetings during 2014. Six meetings were statutorily required and eight additional meetings covered specific items.

#### Board committees

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



**Health and Social Care Governance Committee** which oversees the effectiveness, governance and controls around the delivery of the Authority's health and social care functions. This committee met four times in 2014.



**Audit and Corporate Governance Committee** monitors the Authority's compliance with its statutory functions and the effectiveness of the corporate governance, financial management, procurement, risk management and internal audit arrangements. This committee met five times during 2014.



**Information, Research and Technology Committee** advises the Board on important aspects of the information and health technology functions and the governance arrangements around its research projects. This committee met two times during 2014.



**Remunerations and Nominations Committee** monitors the organisational needs and managerial development of the Authority. This committee met six times in 2014. This committee oversaw, on behalf of the Board, the process for the appointment of the CEO.

#### 4.7.4 Code of Governance

A revised Code of Governance and Code of Business Conduct were approved by the Minister for Health in October 2014. Included in this Annual Report is a report on the Authority's arrangements for implementing and maintaining adherence to its Code of Governance (Appendix 2).

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

To deliver on this responsibility, the Board has established a process where the Executive management provides an annual assurance statement to the Board which sets out the controls covering the totality of the Authority's functions.

The committees of the Board are instrumental in this process as they provide scrutiny of controls for the various areas. This covers each of the Authority's statutory functions and related operations. It also covers corporate support activities. Financial controls are subject to internal audit and external audit on an annual basis and are reported to the Board. Risk management is a regular agenda item at Directorate, Executive, Board and Committee meetings.

Following review by the committees, a compiled assurance report from the Executive Management is provided to the Board. This assurance process is completed prior to the Board signing off on the 2014 Annual Report and the 2014 annual accounts and statements and addresses requirements of Section 10.1 of the Code of Practice for the Governance of State Bodies.

Assurances are also derived from other sources including:

- Internal audit work.
- Audit by Comptroller and Auditor General.
- Regular corporate performance reports including corporate risks.
- Chief Executive and Executive Directors reporting to the Board.
- Board Committee reports to the Board.

#### **4.7.5 Code of Business Conduct**

Procedures are in place to ensure that the Authority is:

- Compliant with the Ethics in Public Office legislation.
- Managing occasions where conflicts of interest may arise.
- Ensuring that Board members understand their responsibilities and confirm in writing that understanding.

#### **4.7.6 Performance monitoring and risk management**

Progress against the Corporate Plan and Business plan 2014 was provided at each Board meeting, together with a review of the corporate risk register. This ensures that the Authority maintains its strategic focus and monitors the status of the Authority's objectives and corporate risks throughout the year.



## CHAPTER 5: FINANCIAL INFORMATION

### 5.1 Financial statements

The summarised financial information that is set out in this report does not constitute the Health Information and Quality Authority's accounts for the period ended 31 December 2014 as required by Section 35 (4) of the Health Act 2007.

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

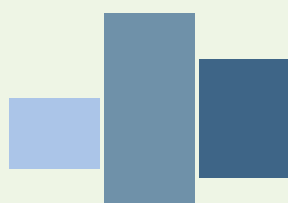
#### **Summarised Income and Expenditure Account for the Authority Year ended 31 December 2014:**

<b>Income</b>	<b>€'000</b>
Department of Health and Children	9,400
Annual Fees and Registration Fees	6,907
Other Income	540
<b>Total Income</b>	<b>16,847</b>



<b>Expenditure</b>	<b>€'000</b>
Professional Fees	433
Staff Costs	12,764
Travel and subsistence	673
Dissemination	31
Support and Establishment	2,980
<b>Total Expenditure</b>	<b>16,881</b>
Excess of Expenditure over Income	(34)
Opening Reserves	742
<b>Closing Reserves</b>	<b>708</b>

For further information, the full accounts for the period ended 31 December 2014 and the Comptroller and Auditor General's certificate for the accounts may be consulted. Once available, copies of the accounts can be obtained from [www.hiqa.ie](http://www.hiqa.ie).



## CHAPTER 6: APPENDICES

### Appendix 1: Board activity and attendance in 2014

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

#### Attendance of the six regular and statutorily required Board meetings in 2014.

Regular Board meetings 2013	8 Jan 2014 12 BM	5 March 2014 9 BM	14 May 2014 12 BM	2 July 2014 12 BM	17 Sept 2014 12 BM	19 Nov 2014 12 BM	Individual attendance record for regular Board meetings
Brian McEnery	Yes	Yes	Yes	Yes	Yes	Yes	6 / 6
Grainne Tuke	Yes	Yes	Yes	Yes	Yes	Yes	6 / 6
Philip Caffrey	Yes	Yes	Yes	Yes	No	No	4 / 6
Sam McConkey	Yes	Yes	Yes	Yes	Yes	Yes	6 / 6
Cillian Twomey	Yes	Yes	Yes	Yes	Yes	Yes	6 / 6
David Molony	Yes	Yes	Yes	Yes	Yes	No	5 / 6
Sheila O'Malley	Yes	Yes	Yes	No	Yes	Yes	5 / 6
Una Geary	Yes	Yes	Yes	Yes	Yes	Yes	6 / 6
Anne Carrigy	Yes	Yes	No	Yes	Yes	Yes	5 / 6
Mo Flynn	Yes	N/A*	N/A*	N/A*	N/A*	N/A*	1 / 1
Linda O'Shea Farren	Yes	N/A*	N/A*	N/A*	N/A*	N/A*	1 / 1
Darragh O'Loughlin	Yes	N/A*	N/A*	N/A*	N/A*	N/A*	1 / 1
Bairbre O'Neill	N/A**	N/A**	Yes	Yes	No	Yes	3 / 4
Mary Fennessy	N/A**	N/A**	Yes	No	Yes	No	2 / 4
Judith Foley	N/A**	N/A**	Yes	No	Yes	No	2 / 4
Total attendance per Board meeting	12 / 12	9 / 9	11 / 12	9 / 12	10 / 12	8 / 12	

\* resigned in February 2014, \*\* joined Board end of March/April 2014

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

**Attendance of the eight extraordinary Board meetings in 2014.**

Regular Board meetings 2013	7 Jan 2014 12 BM	4 March 2014 9 BM	18 March 2014 9 BM	1 May 2014 12 BM	17 June 2014 12 BM	26 Aug 2014 12 BM	21 Oct 2014 12 BM	26 Nov 2014 12 BM	Individual attendance record for regular Board meetings
Brian McEnergy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	8 / 8
Grainne Tuke	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	8 / 8
Philip Caffrey	Yes	Yes	Yes	No	Yes	No	No	No	4 / 8
Sam McConkey	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	8 / 8
Cillian Twomey	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	7 / 8
David Molony	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	7 / 8
Sheila O'Malley	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	8 / 8
Una Geary	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	7 / 8
Anne Carrigy	Yes	Yes	No	Yes	Yes	Yes	Yes	No	6 / 8
Mo Flynn	Yes	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	1 / 1
Linda O'Shea Farren	No	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	0 / 1
Darragh O'Loughlin	Yes	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	1 / 1
Bairbre O'Neill	N/A**	N/A**	N/A**	Yes	Yes	No	Yes	Yes	4 / 5
Mary Fennessy	N/A**	N/A**	N/A**	No	Yes	Yes	Yes	Yes	4 / 5
Judith Foley	N/A**	N/A**	N/A**	No	No	No	No	No	0 / 5
Total attendance per Board meeting	11 / 12	8 / 9	8 / 9	9 / 12	11 / 12	8 / 12	10 / 12	8 / 12	

\* resigned in February 2014, \*\* joined Board in end of March/April 2014

## Appendix 2: Annual Governance and Compliance report

### 1. Introduction

The Board of the Authority is responsible for the Authority's system of internal control and for reviewing annually the effectiveness of the internal controls, including financial, operational, compliance controls and risk management<sup>2</sup>.

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

### 2. Governance and compliance

To address its responsibilities in this regard, the Board of the Authority has established an approach whereby members of the Executive Management each provide a signed assurance statement to the Committees of the Board in relation to the effectiveness of the internal controls within their areas of responsibility.

Following this review by the Committees of the Board, a compiled report is provided to the Board of the Authority. The statements cover the statutory functions of the Authority including health information, health technology assessment, standards development and regulation. The statements set out the activities underpinning each function and the controls for each of these activities.

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

The Authority has also established a strong set of corporate policies and procedures in the areas of finance, human resources and information management to ensure that these activities are implemented within an effective system of internal controls. The assurance statements for these activities are provided by

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

- Corporate Services, including financial management, human resource management, the management of information and communications technology and compliance with other public sector legislation including Freedom of Information, health and safety and recruitment practices.
- CEO's office, including corporate planning and reporting, ethics in public office, board and committee governance and risk management.
- Communications and Stakeholder Engagement including arrangements for stakeholder engagement and public affairs

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







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