Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

ANNUAL REPORT 2019

Safer Better Care

Our mission

Working to improve health and social care services for people in Ireland.

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Foreword
Prof Pat O'Mahony, Chairman

I am pleased to introduce HIQA's 2019 Annual Report. This document outlines how HIQA fulfilled the first year of its 2019–2021 Corporate Plan.

Our Corporate Plan outlines a clear and ambitious direction for the organisation over the three years, consistent with our growing remit, and Government policy, and is aligned to the objectives set out in the Department of Health's statement of strategy.

In 2019, we took strides towards meeting these aims. For example, by promoting sustainable improvements through the development of national standards and guidance. The Minister for Health approved and launched the *National Standards for Adult Safeguarding* last year, while we also published *Guidance on a Human Rights-Based Approach in Health and Social Care Services* in November. Together, these documents support services to protect people and promote their rights.

We also continued to drive quality improvement through our regulation and inspection activity. We carried out over 1,600 inspections of health and social care services last year; monitoring and regulating the quality and safety of care. We saw our remit expand with responsibility for the regulation of medical exposure to ionising radiation. During 2019, significant preparation took place to enable us to carry out this work.

2019 also saw the expansion of the National Care Experience Programme from inpatient experience in acute hospitals to include a survey of women's experiences of maternity care, with plans to survey women who gave birth in October or November 2019 in early 2020. We also progressed plans to expand the programme in 2020 to conduct surveys in other areas of care provision.

A key objective for HIQA is enabling decision-making based on evidence and research. During the year, we increased our focus on providing advice, evidence and information to ensure informed decisions are made about our health and social care sector.

In 2019, our work in assessing new health technologies has provided essential advice on investment in testing at the point of care for antibiotic prescribing, the HIV-prevention intervention PrEP, and TAVI, an alternative to surgical aortic valve replacement. Our HRB-CICER and Evidence for Policy teams continue to deliver high-quality evidence bases to inform national clinical guidelines and other key policy decisions.

We worked on improving the quality of health information and data collected and used by health and social care services. We continued to support the introduction of eHealth in Ireland through developing international reviews, recommendations to the Minister and national standards on the information requirements to rollout the projects.

While this report reflects our work in 2019, the organisational skills and knowledge of the areas we work in will be vital in meeting the challenges of 2020, both through working relationships and understanding of issues, as well as in our overall response. I would like to thank all of our staff for their commitment in 2019, and for carrying out our work in line with HIQA's missions and values. I would also like to thank the members of the Board for the advice and direction that they provided.

Prof Pat O'Mahony
Chairperson

Report
Chief Inspector of Social Services[1]

HIQA was established to drive high-quality and safe care for people using Ireland's health and social care services. We do this through the regulation of social services and inspecting and monitoring public health services and children's social services.

The regulation of designated centres is a key mechanism that aims to provide assurance to the public about the safety and quality of a service. The Chief Inspector of Social Services within HIQA regulates residential centres for older persons (also known as nursing homes), people with disabilities and special care units for children. Regulation involves registering, inspecting and monitoring, and receipt of information.

The Chief Inspector maintains a register of designated centres which have been inspected and deemed to meet the regulatory compliance required for registration. While registration ensures that designated centres provide safe services by controlling who can or who cannot operate a centre. Inspection activity is also a key component of regulation to ensure services are safe. The Chief Inspector assesses whether a provider will comply or is complying with the regulations[2] and standards,[3] prioritising the protection and safeguarding of residents to ensure that residents receive a high standard of care.

The receipt and review of information is a vital component in the regulation of services. We receive, analyse and risk assess information from a range of sources. Such information, which may be in the form of statutory notifications or unsolicited information, is used to identify potentially harmful events that have impacted on the health, safety and wellbeing of people using services.

[1] This annual report constitutes the report of the Chief Inspector of Social Services, as outlined in the Health Act 2007.

[2] Health Act 2007 (as amended)

[3] National standards as available on www.hiqa.ie.

During 2019, our inspectors carried out over 1,600 inspections and spoke to an even larger number of people who use services. Our findings show that many people are receiving a good quality service. This is reflected in the positive feedback we hear while on inspection, in our inspection reports and in the overall trend of improved compliance. However, there remains a significant number of children and adults who are not receiving a service appropriate to their needs and preferences.

Our priority is to continue to safeguard these people and drive improvements for everyone who accesses health and social services in Ireland.

Overview reports of our work during 2019 in services for children, older persons and people with disabilities, and healthcare services will be published in 2020.

Chapter 1
About HIQA

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About HIQA

1.1 Introduction

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

This Annual Report outlines the work of HIQA from 1 January to 31 December 2019, in keeping with the statutory requirements of the Health Act 2007, and includes HIQA's arrangements for implementing and maintaining adherence to the Code of Governance for public bodies. It also includes the Report of the Chief Inspector of Social Services and the Annual Governance and Compliance Report, as required by the Health Act 2007, and our annual financial statements.

1.2 Our mandate and activities

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

- **Setting standards for health and social care services** – Developing person-centred standards and guidance, based on evidence and international best practice, for health and social care services in Ireland.
- **Regulating social care services** – The Chief Inspector within HIQA is responsible for registering and inspecting residential services for older people and people with a disability, and children's special care units.
- **Regulating health services** – Regulating medical exposure to ionising radiation.
- **Monitoring services** – Monitoring the safety and quality of health services and children's social services, and investigating as necessary serious concerns about the health and welfare of people who use these services.

- **Health technology assessment** – Evaluating the clinical and cost-effectiveness of health programmes, policies, medicines, medical equipment, diagnostic and surgical techniques, health promotion and protection activities, and providing advice to enable the best use of resources and the best outcomes for people who use our health service.
- **Health information** – Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information on the delivery and performance of Ireland's health and social care services.
- **National Care Experience Programme** – Carrying out national service-user experience surveys across a range of health services, in conjunction with the Department of Health and the HSE.

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

Chapter 2

Governance and management

Chapter 2
Governance and management

2.1 Our Board

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

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

The members of the Board during 2019 included:

Prof Pat O'Mahony
Chairperson

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

Caroline Spillane

Director General of Engineers Ireland. Former CEO of the Medical Council of Ireland. Former Assistant National Director with the HSE and CEO of the Crisis Pregnancy Agency.

Lynsey Perdisatt

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

Enda Connolly

Chairman (Designate) of Beaumont Hospital. Former Chief Executive of the Health Research Board and former Executive Management Team member of IDA Ireland.

Dr Jim Kiely

Vice Chair of the Board of Tallaght University Hospital and a member of the Commencement, Transition and Integration Committee for the National Children's Hospital. Former Chief Medical Officer in the Department of Health.

Tony McNamara

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

Prof Michael Rigby

Extensive experience in health service development and delivery, and in research into health policy and management in the UK and Ireland. Member of the Roster of Experts appointed to support WHO Digital Health Technical Advisory Group.

Paula Kilbane

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

Molly Buckley

Public health nurse. Equality and disability rights activist. Former CEO of the Irish Wheelchair Association. Chairperson of Offaly Domestic Violence Support Service. Chairperson of Rights for the Elderly Voluntary Housing Association Ltd. Chairperson of Power 4Good Ireland Ltd, working with people with a disability in Zambia.

Martin Sisk

Solicitor. Director of the Irish League of Credit Unions. Chairman of the Irish Auditing and Accounting Supervisory Authority. Commissioner on the State Examinations Commission.

Stephen O'Flaherty

Qualified accountant with the Association of Chartered Certified Accountants who worked with AIB Business Banking and is now a director with BDO.

The following members stood down from the Board in 2019:

Judith Foley

Acting Chief Education Officer, Education Department of An Bord Altranais agus Cnáimhseachais na hÉireann/Nursing and Midwifery Board of Ireland.

Mary Fennessy

Social worker, formerly worked in children's health and social service in the UK and Ireland. Board member and Commissioner of the Commission to Inquire into Child Abuse. Chairperson of Mountjoy Prison Visiting Committee. Committee member of the Pharmaceutical Society of Ireland and of the Health and Social Care Professionals Council regulatory body, CORU.

Dr Deirdre Madden

Professor of Law at University College Cork. Member of the Health and Social Care Professionals Council, CORU and former member of the Medical Council of Ireland. Chaired the Commission on Patient Safety and Quality Assurance.

2.2 Board meetings

Under the Health Act 2007 the Board is required to meet six times annually. In total, HIQA's Board met 10 times during 2019 to progress various significant matters (see Chapter 5 for more detail on our Board activities in 2019).

2.3 Board committees

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

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

2.4 Executive Management Team

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

The membership of HIQA's Executive Management Team during 2019 included:

Phelim Quinn
Chief Executive

Dr Máirín Ryan
Director of Health Technology Assessment and Deputy Chief Executive

Mary Dunnion
Director of Regulation and Chief Inspector of Social Services

Rachel Flynn
Director of Health Information and Standards

Sean Angland
Acting Chief Operations Officer

2.5 Corporate governance

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

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

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

In addition:

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

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

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

HIQA holds the SWiFT 3000 Governance Standard from the National Standards Authority of Ireland.

A detailed Annual Governance and Compliance report is included with the annual financial statements for 2019.

Chapter 3

Strategic objectives

Chapter 3
Strategic objectives

3.1 Mission statement, vision and values

Mission statement

Working to improve health and social care services for people in Ireland.

Our vision

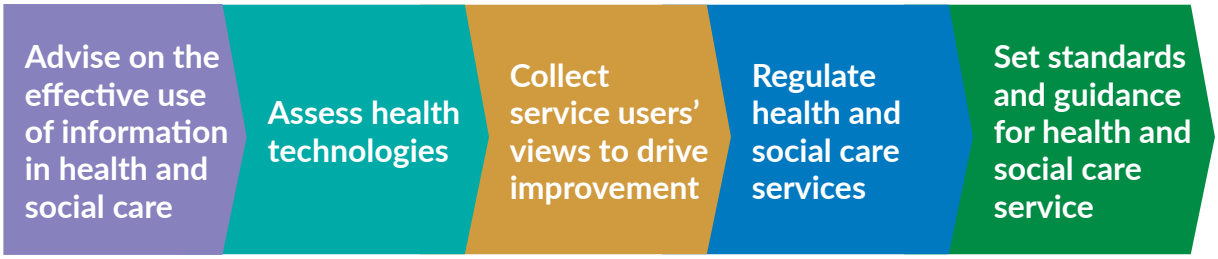
Safer Services	We work to protect and safeguard service users
Better Care	We work to improve the quality of health and social care services
Better Decisions	We provide advice, evidence and information to inform local and national decisions about services
Independent Assessment	We provide a reliable source of information for the public and our stakeholders

Our values

HIQA's values:	In practice, this means we will:
Putting people first	put the needs, voices, rights and protection of people who use health and social care services at the centre of our work.
Being fair and objective	be fair and objective in our dealings with people and organisations.
Being open and accountable	communicate the nature and outcomes of our work and accept full responsibility for our actions.
Striving for excellence	continually improve the quality of our work and use the best available evidence.
Working together	listen to and work with those funding, planning, providing and using health and social care services.

3.2 Strategic objectives

HIQA's Corporate Plan 2019–2021 sets out the framework and strategic objectives that enable us to meet existing and new obligations. This plan outlines the direction and focus of the organisation for the period, and sets out our strategic objectives, as follows:



In order to achieve our strategic objectives, we need:

These objectives, priorities and commitments, articulated within the Corporate Plan, are met through objectives set out in our annual business plan. Progress in achieving these objectives is summarised in the next chapter.

2019 IN NUMBERS

202 RESPONSES to **4 PUBLIC CONSULTATIONS**

445,000 DOWNLOADS OF DOCUMENTS FROM **WWW.HIQA.IE**

1,676 **INSPECTIONS** CARRIED OUT

24 MEETINGS WITH **RESIDENT GROUPS** OUTSIDE OF INSPECTIONS

12,343 RESPONSES TO **NATIONAL INPATIENT EXPERIENCE SURVEY**

53 HOSPITAL VISITS AS PART OF **NATIONAL CARE EXPERIENCE PROGRAMME**

1,931 **HEALTH AND SOCIAL CARE STAFF** ATTENDED **21 EVENTS**

35 CHILDREN GAVE FEEDBACK AT **#CHILDTALKS 2019**

13,034 **LINKEDIN FOLLOWERS**

11,657 **TWITTER FOLLOWERS**

Chapter 4

Key activities

Our 2019 Business Plan sets out an ambitious agenda to achieve our strategic objectives in the first year of our Corporate Plan 2019—2021. This chapter sets out how HIQA has met these objectives, while also fulfilling our vision.

4.1 Safer Services

4.1 Safer Services
Patient safety and safeguarding

Safeguarding people who may be vulnerable is a priority for HIQA. We do this by setting national standards to ensure everyone who uses services is safe and protected, and to ensure services and the staff who work in them can drive improvements. We also safeguard people by regulating nursing homes, residential services for people with disabilities, special care units and medical exposures to ionising radiation. We also monitor and inspect public healthcare services and children's services to ensure people are receiving a safe, high-quality service. This section outlines how we worked to make services safer in 2019.

National Standards for Adult Safeguarding

In September 2019, the Minister for Health approved *the National Standards for Adult Safeguarding*, jointly developed by HIQA and the Mental Health Commission. The standards recognise the right of every adult to be safe and to live a life free from harm. Any adult can go through a period of risk and need care and support. This care and support should be balanced and proportionate to manage or mitigate this risk, in order for the person to live a safe and fulfilling life. *The National Standards for Adult Safeguarding* focus attention on the area of safeguarding and provides a detailed framework to drive improvement in best practice in the area.

Having these national standards in place allows for a consistent approach to preventing and responding to harm if it does occur. The standards outline a way of working for health and social care services and support the development of a culture where safeguarding is embedded into practice rather than being viewed as a separate activity. By describing what adult safeguarding is and clearly setting out how staff can prevent and respond to harm, the standards aim to help health and social care services reduce the risk of harm; promote people's rights, health and wellbeing; and empower people to protect themselves.

The standards also support the development of integrated working in and between the range of health and social care services that people interact with, recognising that people may be at increased risk of harm when they are using multiple services or when they are moving from one service to another.

The standards aim to support people who use health and social care services to understand what safeguarding is and promote awareness of their right to be safe when they are using services. However, HIQA believes that a system-wide approach to addressing safeguarding requires policy and legislation to also be in place. We look forward to the development by the Department of Health of an overarching national adult safeguarding policy and underpinning legislation for the health sector, and the revision of the HSE's national operational adult safeguarding policy.

Regulation of social services

Regulation of designated centres encompasses registration, inspection and the receipt of information. Registration of a designated centre means that the Chief Inspector has assessed a centre as compliant with the regulations at the time of registration, therefore deeming the provider able to provide services.

The Chief Inspector maintains a register of designated centres which have been inspected and deemed to meet the regulatory compliance required for registration. While registration ensures that designated centres provide safe services by controlling who can or who cannot operate a centre, inspection activity is also a key component of regulation to ensure services are safe. The Chief Inspector assesses whether a provider will comply or is complying with the regulations and standards, prioritising the protection and safeguarding of residents ensuring that they receive a high standard of care.

The receipt and review of information is a vital component in the regulation of services. HIQA receives, analyses and risk assesses information from a range of sources. Such information, which may be in the form of statutory notifications or unsolicited information, is used to identify potentially harmful events that have impacted on the health, safety and wellbeing of people using services. In 2019, we were awarded a grant from the Health Research Board to assess this information. See Section 4.3.

Regulation of nursing homes

Registration

As of 31 December 2019, there were 585 nursing homes in Ireland, comprising 31,969 beds. This is a net increase of four nursing homes and 718 beds since 31 December 2018.

The continued growth in the nursing home sector is reflected in the differential between the number of nursing homes closing and the number of new or enlarged nursing homes. In 2019, six nursing homes (providing 146 beds) closed and were removed from the register. Five homes voluntarily ceased operating, while an application to renew registration for a sixth was refused. In contrast, additional

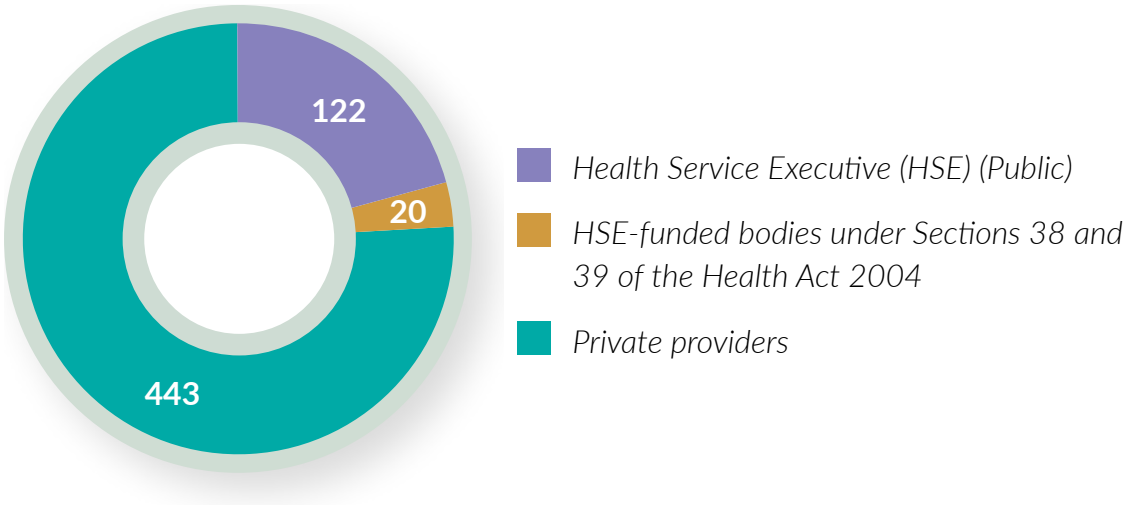
nursing home beds became available when 14 centres increased the number of beds in their existing centres and 10[4] new nursing homes were registered. These changes have provided 870 additional nursing home beds.

In addition to the above registrations, extensions and closures, 22 centres changed ownership when a new legal entity applied to become the registered provider of an existing centre. Many of these developments reflect changes in the profile of nursing home ownership with existing national registered providers exiting the market and new international providers entering.

The profile of nursing home ownership remains largely unchanged in the last 12 months with the vast majority of nursing homes owned and operated by private providers:

- Private providers were the registered owners of 76% (443) of nursing homes.
- The Health Service Executive (HSE) was the registered provider of 21% (122) of nursing homes.
- HSE-funded bodies[5] were the registered owners of 3% (20) of nursing homes.

Figure 1: The profile of nursing home ownership at the end of 2019



At the end of 2019, there were 115 nursing homes with one or more restrictive conditions[6] attached to their registration.

[4] One of the 10 newly registered nursing homes is owned and operated by the HSE (23 beds) while the other nine (847 beds) are privately owned and operated.

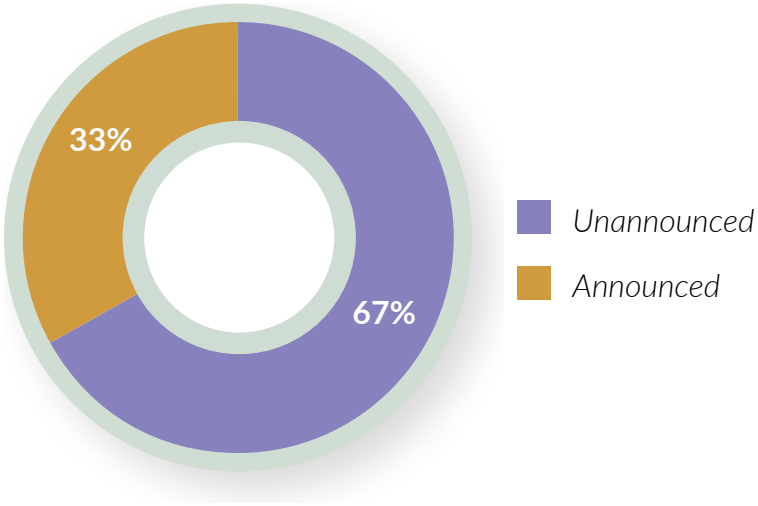
[5] Section 38 of the Health Act 2004 states that the HSE can have an arrangement with a person to provide a health or social care service on behalf of the HSE. Section 39 of the Health Act 2004 states that the HSE can provide assistance to any person or body providing a similar service to the HSE.

[6] A condition of registration sets the parameters by which a provider must operate, or restricts what services a provider can provide in a designated centre.

Inspections

In 2019, we carried out 547[7] inspections of nursing homes; 67% of these inspections were unannounced.

Figure 2: Percentage of announced and unannounced inspections of nursing homes in 2019



Inspectors of social services carried out 402 inspections of 344 nursing homes to assess whether registered providers were complying with regulations and ensuring the safety and care and welfare of residents.

Most nursing homes will be inspected at least once a year; however, concerns about the care and welfare of residents may require an increase in inspection activity in a small number of nursing homes. In 2019, nine nursing homes were inspected three or more times.

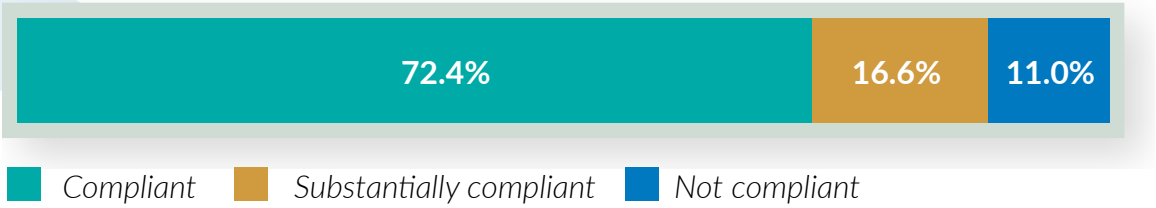
There is a high level of regulatory[8] compliance among providers of nursing homes with the majority of providers focused on ensuring that they deliver a quality and safe service which supports residents to enjoy their lives.

The findings of our inspections in 2019 demonstrate that the majority of nursing home providers maintain a high level of regulatory compliance.

[7] The total number of inspections includes regulatory compliance inspections and thematic inspections.

[8] Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015.

Figure 3: Compliance against care and welfare regulations in nursing homes in 2019



However, we have concerns about the measures some providers have in place to ensure that residents are protected from the risk of fire. One in three (33%) nursing homes were not compliant with the regulation underpinning fire safety and fire evacuation procedures. This is not acceptable.

Furthermore, providers who had not yet addressed the physical limitations of their premises continued to struggle to achieve compliance with other regulations such as those related to residents' rights, access to their possessions, the management of risk and the control of infection. We found 34% of nursing homes were non-compliant with regulation 17 (premises), indicating that a number of providers must still take action to provide premises that comply with the regulations by 31 December 2021.[9]

Receipt of information

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

During 2019, we received 14,792 notifications from nursing homes, including:

- 5,633 monitoring notifications[10]
- 2,237 registration notifications[11]
- 6,737 quarterly notifications[12]
- 185 others.

[9] In 2016, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 was amended through Statutory Instrument (SI) 293, thereby allowing registered providers until the end of 2021 to demonstrate compliance with Regulation 17 and Schedule 6 of the 2013 care and welfare regulations.

[10] Notifications in line with the care and welfare regulations.

[11] Notifications about changes to details relating to the information published on HIQA's register.

[12] Notification of any occasion where a restraint was used, any occasion of fire alarm activation, any recurring pattern of theft or burglary, any injury to a resident that did not require notification within three days or any death(s) other than those notified under care and welfare notifications.

This represents an overall increase of 2,736 notifications since 2018, with the most notable increase seen in registration notifications.

During 2019, we received unsolicited information from members of the public who had a concern or an issue with the care provided to residents living in a nursing home. We used this information to drive better care in these centres. During 2019, we received 711 pieces of unsolicited information relating to nursing homes, an 8% reduction on the number received in 2018.

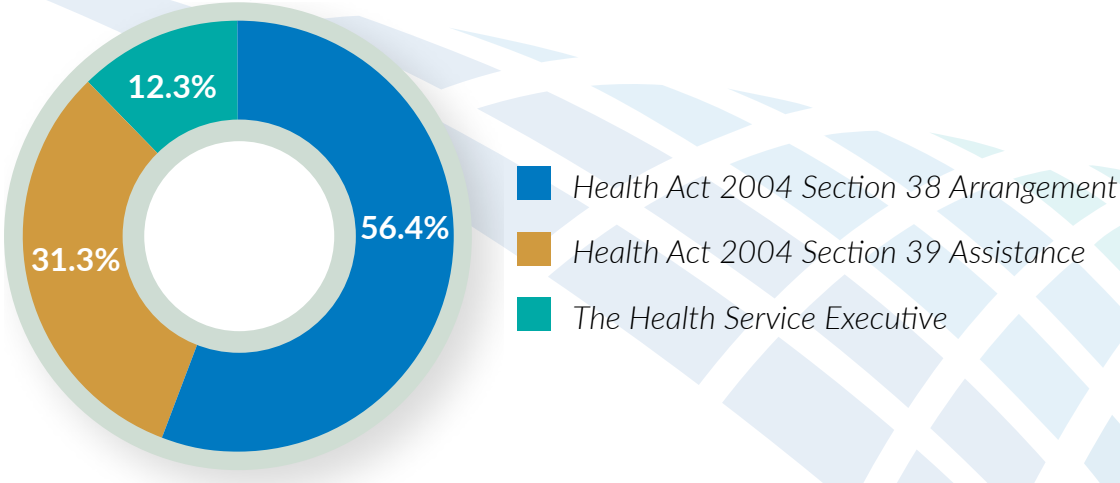
Regulation of centres for people with a disability

Registration

There continued to be a growth in the number of centres for people with a disability in 2019. By 31 December 2019, there were 1,268 such centres, a net increase of 85 centres during the year. These centres provided 9,064 residential places for people with disabilities, an increase of 170 on the number of places at the end of 2018.

Designated centres for people with disabilities are provided by a number of different bodies. The funding arrangements for these centres changed little in 2019, with the majority of centres either being directly provided by the State through the Health Service Executive (HSE) or provided by organisations funded by the HSE.

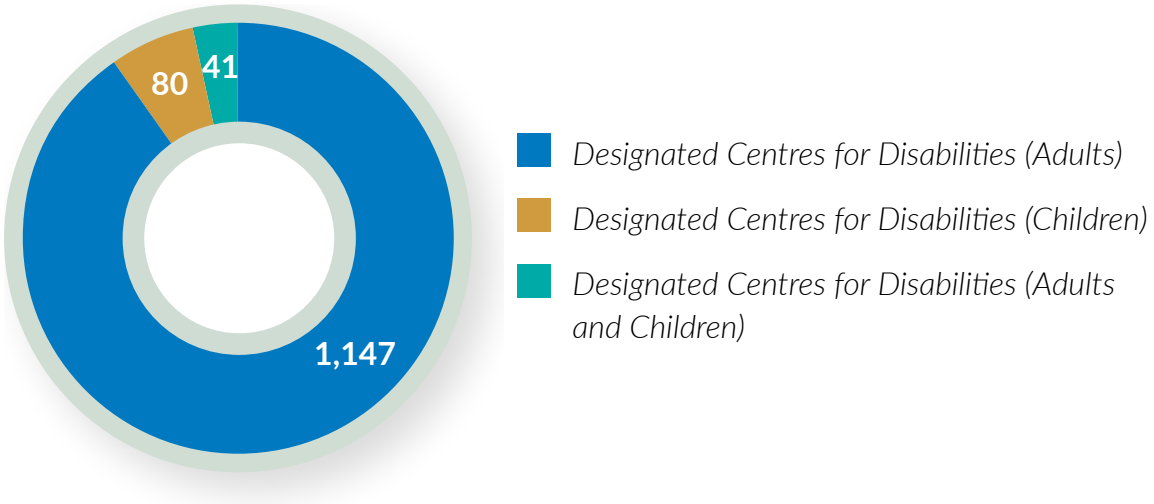
Figure 4: Number of registered designated centres for people with disabilities by provider funding type at 31 December 2019[13]



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

The HSE directly provided 1,116 (12.3%) residential places, with 5,109 places (56.4%) provided by organisations funded through Section 38, and 2,839 residential places (31.3%) provided through Section 39 assistance. The majority of residential places (8,457) were for adults with disabilities, while 347 places were specifically for children, and 260 places were for either children or adults. Most of these mixed centres were respite services which provided breaks to adults and children separately.

Figure 5: Number of registered designated centres for people with disabilities by centre type at 31 December 2019



During 2019, there was an overall increase in the number of centres, many of which were new centres for residents who were formerly accommodated in larger congregated settings or for people in the community who had an emergency requirement for residential services.

A congregated setting is defined as a residential service where 10 or more people are accommodated together.[14] There continues to be a significant number of people with disabilities living in congregated settings.

Of the 9,064 registered residential places at the end of 2019, 2,914 of these were located in congregated settings, either in campus-based settings or in standalone houses with 10 or more people.

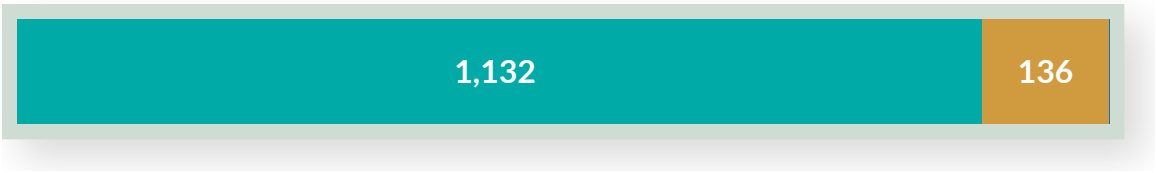
This figure of 2,914 is further broken down as follows:

- 2,368 registered places in campus-based settings
- 546 registered places in large standalone residential houses.

[14] Time to move on from congregated settings - A strategy for community inclusion. Dublin, Health Service Executive; 2011.

Another issue for consideration is the number of centres with additional, restrictive conditions of registration. Some centres were not fully compliant with the requirements of the Health Act 2007 at the time of registration. Where the provider has demonstrated that action is being taken to address the outstanding issues, the Chief Inspector may decide to register the centre with additional restrictive conditions. This means that compliance with the particular condition becomes a legal obligation under the terms of the registration for the centre. At the end of 2019, there were 136 centres with one or more restrictive conditions attached to their registration.

Figure 6: Registered designated centres for people with disabilities with or without restrictive conditions of registration



*Centres with **no restrictive conditions** attached to registration*

*Centres with **restrictive conditions** attached to registration*

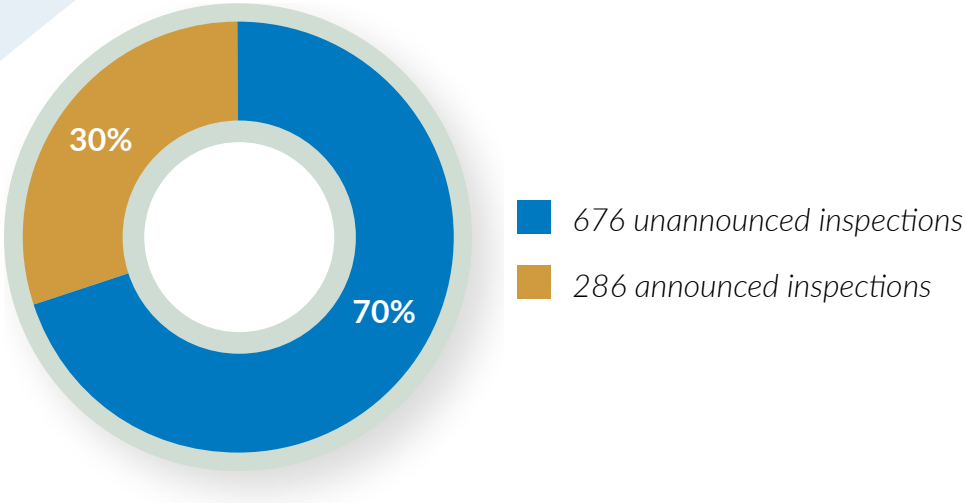
Inspections

In 2019, we carried out 1,016 inspections in 895 centres for people with disabilities to ensure that the service being provided was safe and of a good quality. In all, 88% of all designated centres for people for disabilities were visited by inspectors.

In 2019, 240 centres had inspections for the purposes of informing a registration renewal decision. We carried out 715 inspections to assess whether registered providers were complying with regulations, and in so doing ensuring the change to safety, care and welfare of residents. In addition, 54 thematic inspections were completed to drive improvement in the area of restrictive practice following a programme of engagement with providers on the subject. See section 4.2 for more information on this.

Inspections can be announced or unannounced and may take place at any time of day or night. Of the 1,016 inspections completed, 70% were unannounced while 30% were announced. For some residents, the unannounced arrival of visitors to their home can be a difficult experience. In these circumstances, inspectors may give advance notice of the inspection or modify the timings of inspections in line with residents' or providers' feedback.

Figure 7: Percentage of announced and unannounced inspections of designated centres for people with disabilities carried out in 2019

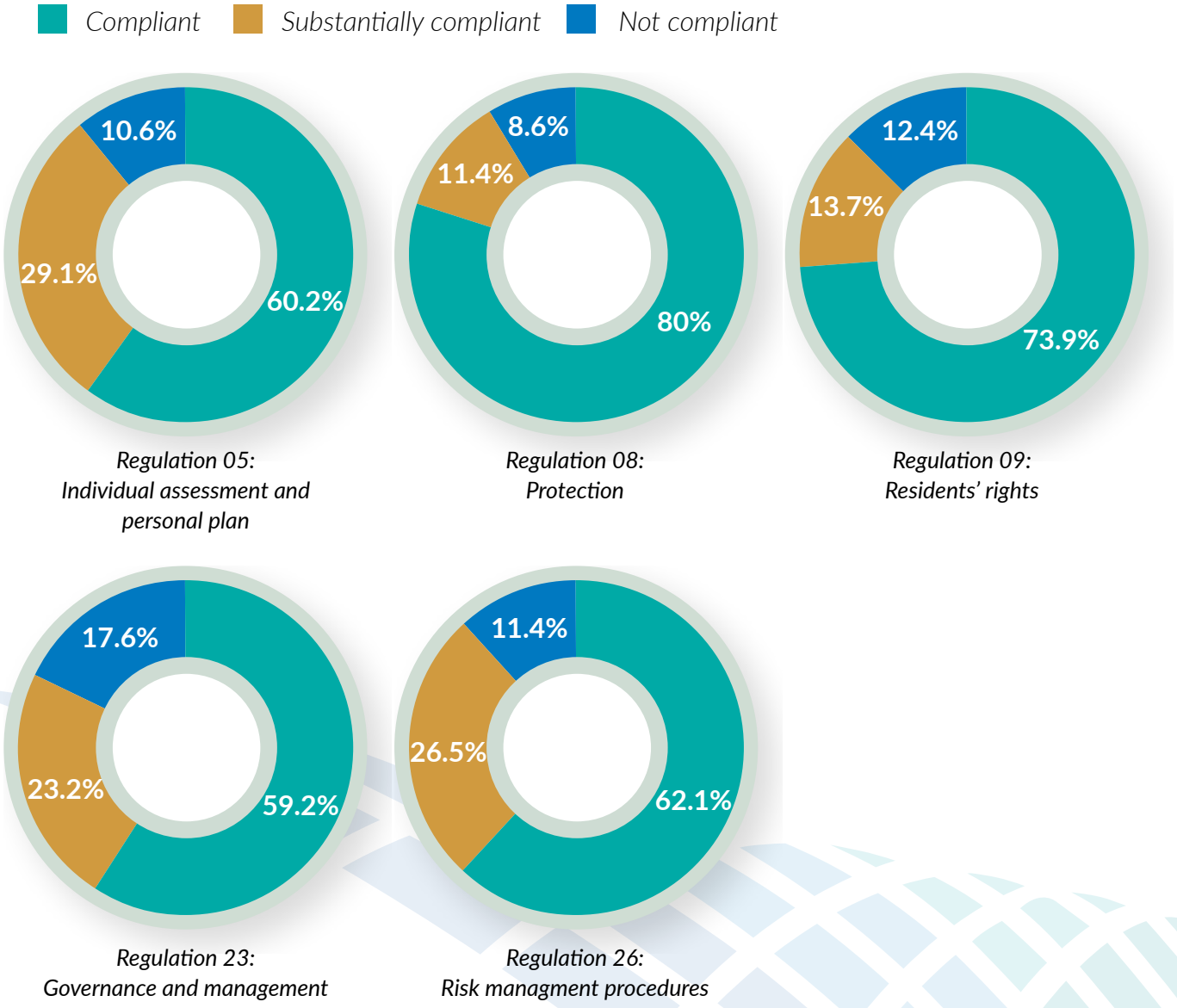


Of the 895 centres visited in 2019, 777 received one inspection. This indicates that these centres had a good level of compliance and that, where there were non-compliances, the provider responded appropriately. Approximately 13% of all centres (115 centres) required two inspections to monitor compliance during the year, while just three centres required three or more inspections.

This figure compares favourably with 2018 when seven centres required three or more visits. This is reflective of improving levels of compliance in the sector.

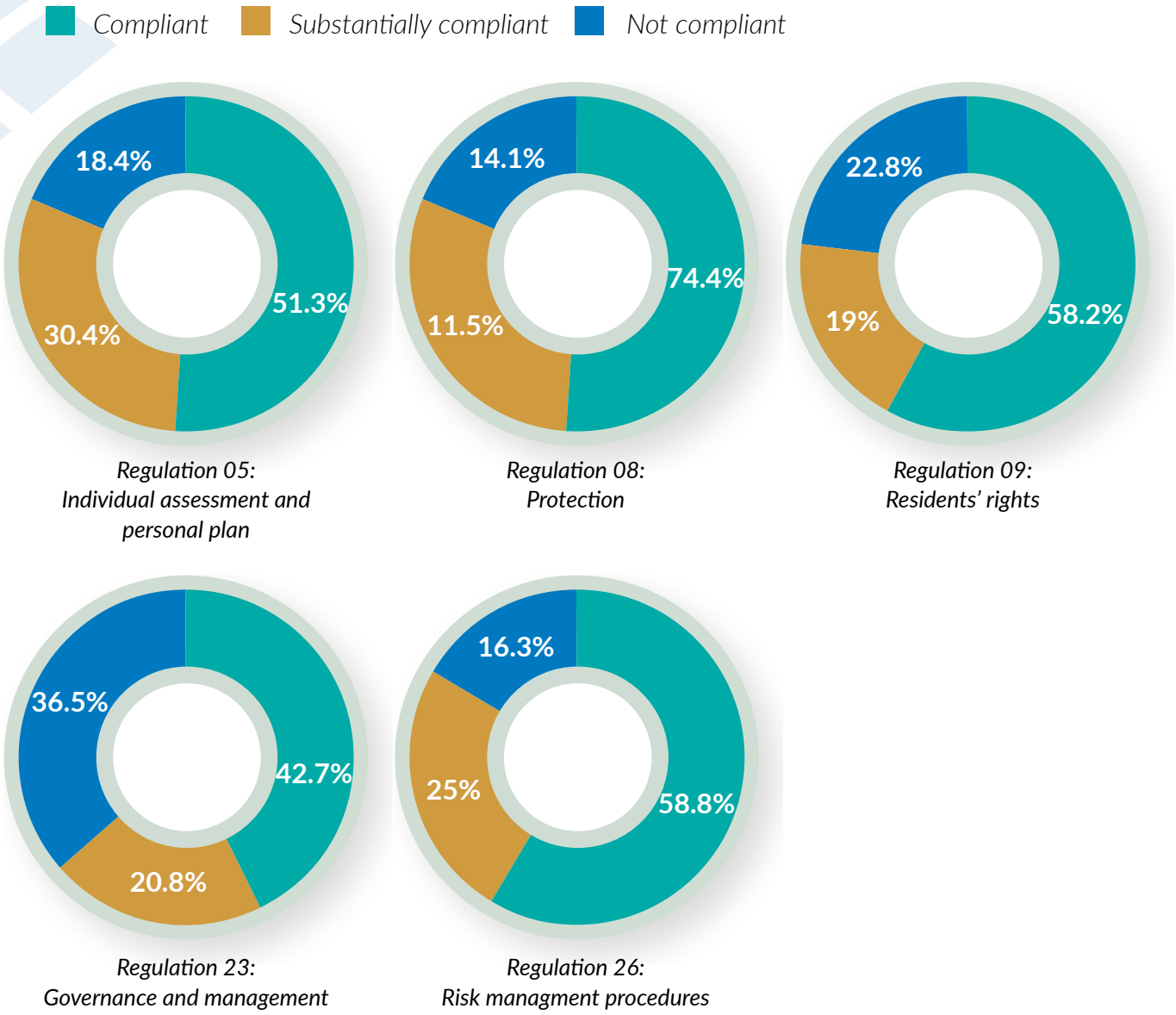
Overall, there continues to be improvement in compliance levels, particularly in relation to key regulations that impact on the safety and quality of life of residents. In 2019, HIQA published *Five Years of Regulation in Centres for People with Disabilities* which set out the changes in the quality and safety of services and the compliance levels in key regulations over the first five years of regulation. During our inspections in 2019, we found that there continued to be improvements in these key areas, with the exception of congregated settings, where we found that there were higher levels of non-compliance.

Figure 8: Compliance against key regulations in all designated centres for people with disabilities in 2019



Our inspection findings for 2019 highlight the higher level of non-compliance in key regulations that impact on the safety and quality of life for residents in congregated settings.

Figure 9: Compliance against key regulations in congregated settings in 2019



As Figure 9 shows, congregated settings had over twice the number of non-compliances in the area of governance and management than the figure for all centres (Figure 8).

HIQA has repeatedly highlighted the importance of ensuring robust governance arrangements in centres. Where providers have ensured that centres are managed by suitably qualified and experienced personnel, and where providers have good audit and oversight arrangements, there has been a positive impact on residents' quality of life and on the overall compliance levels within the centre. Our 2019

findings show that governance arrangements in over a third of congregated settings were unsatisfactory and they lagged significantly behind the national average for all centres nationally.

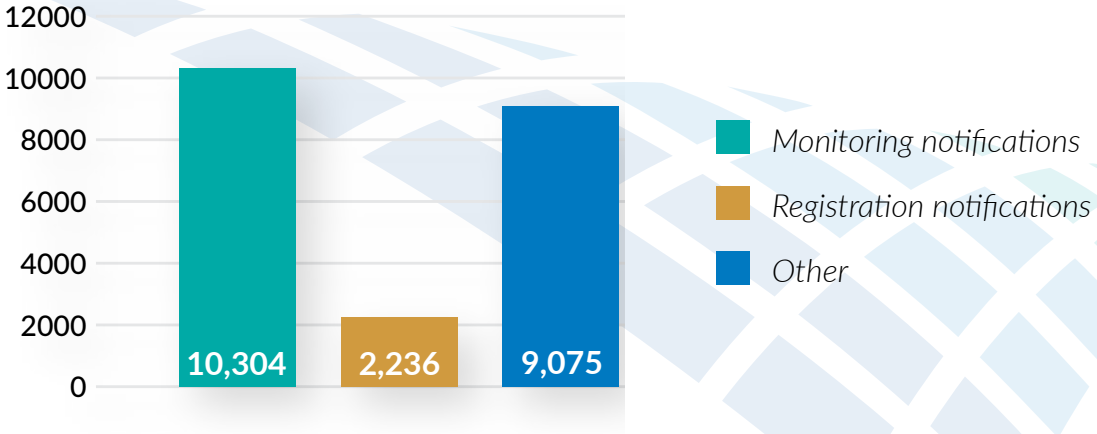
There was also a larger degree of non-compliance in critical areas, such as protecting residents from the risk of abuse, ensuring residents' rights were protected, and ensuring that residents were appropriately consulted about their services. These are important indicators of residents' wellbeing.

Receipt of information

Providers and persons in charge are required to submit notifications of specific, significant events that occur within the centre to us within three days, and about other events in a centre on a quarterly basis. Inspectors then risk assess each notification and this information is used in deciding the regulatory action to be taken in relation to that centre.

Inspectors assessed 21,615 notifications from centres for people with disabilities in 2019, compared with 18,237 such notifications in 2018. The increase in 2019 can be partially attributed to an overall increase in the number of registered centres during the year.

Figure 10: Regulatory notifications received from services for people with disabilities in 2019



We also received 240 pieces of unsolicited information relating to designated centres for people with disabilities. This is information that is shared with us by anyone who has a concern about the service being provided to people with disabilities in residential centres.

Inspectors individually review the information and use it in conjunction with other information about the centre to inform our regulatory actions up to and including inspection activity.

The concerns submitted in 2019 included those relating to admissions and contracts, response to complaints within the centre, residents' access to their local community, general welfare and development, governance and management, health and safety, risk management, healthcare, medicines management, residents' rights, premises, safeguarding and safety, social care needs and workforce.

Monitoring and regulation of children's services

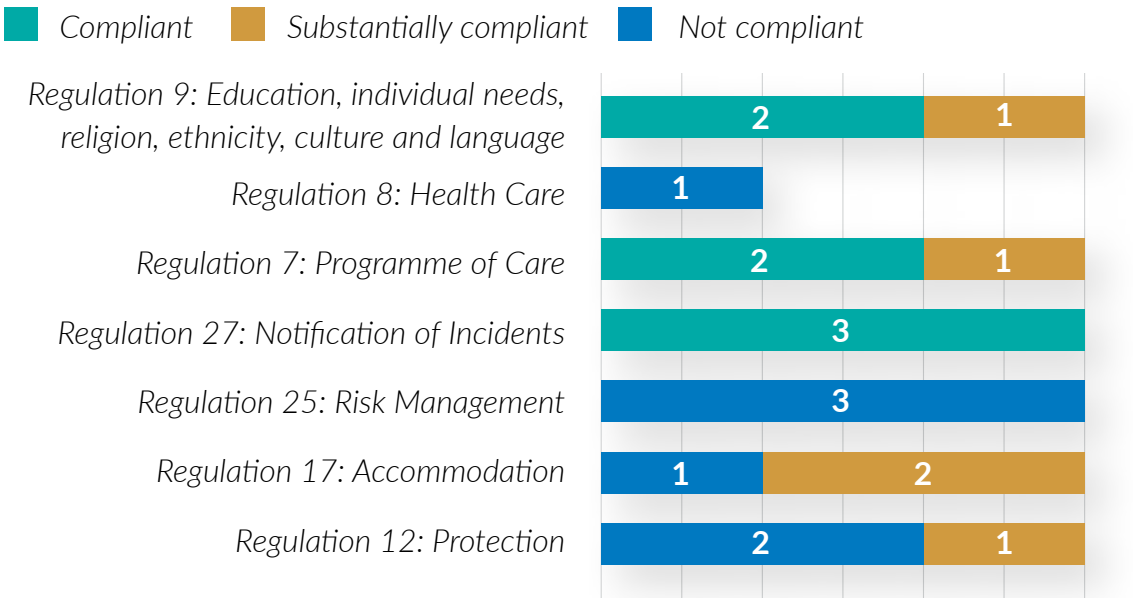
Special care units

Registration

There are three special care units in Ireland provided by Tusla. They are secure (locked) residential centres for children aged 11 to 17 years. Children are placed in special care by a court when it has been determined that they require care and protection as their behaviour places them at risk. Children placed in special care receive therapeutic and educational supports in each unit.

All three special care units are registered by HIQA until November 2021.

Figure 11: Compliance against selected regulations related to quality and safety in special care units



Within the three-year registration cycle, special care units are monitored by HIQA to ensure ongoing compliance with the regulations and to promote continual improvement.

Inspections

Inspectors carried out monitoring inspections of all three special care units, and one further risk-based inspection in 2019. The focus of the monitoring inspections was primarily on the regulations related to leadership, governance and management, as this was an area which was identified as requiring improvement in 2018. These inspections found that there were improved management structures in place and this ensured good levels of accountability. There was also a level of stability at managerial level, and improved systems in place to manage risk, with managers becoming more confident in their use.

However, improvements were required with regard to finalising national policies and procedures; the arrangements in place to monitor and report on the quality of special care; the need for a more developed and consistent approach to the management of allegations; and improvements in the effectiveness of responses to children who repeatedly absconded and were at potentially high risk when doing so. Furthermore, two special care units could not provide the number of beds for which they were registered due to staffing shortages. However, it was evident that special care units were beginning to recruit new staff.

Receipt of information

In 2019, we received the following notifications from special care units:

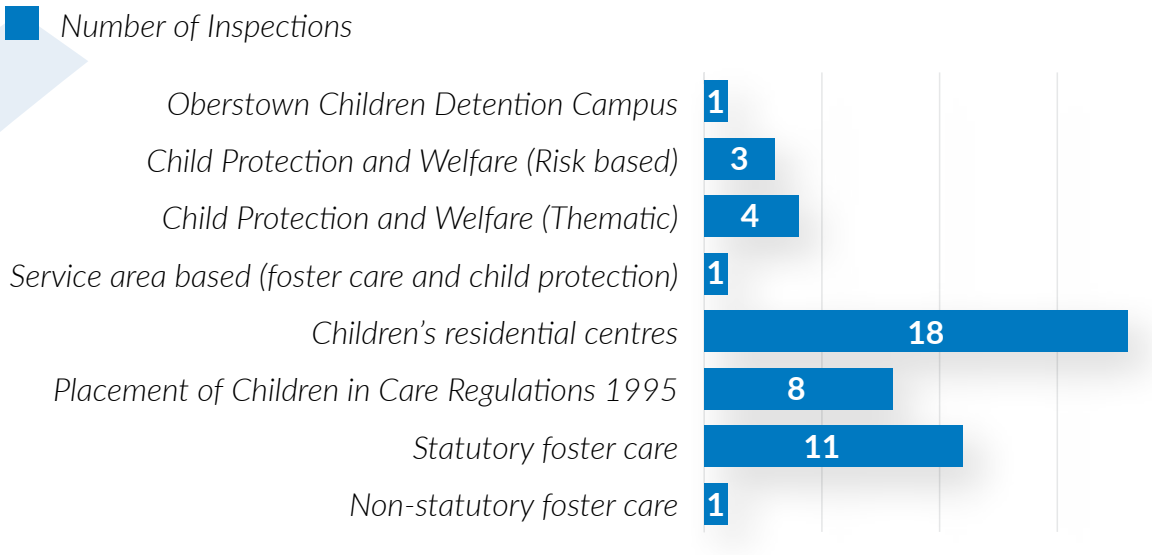
- 159 monitoring notifications
- 17 quarterly notifications
- 9 registration notifications.

Monitoring of children's social services

HIQA also monitors non-regulated children's services to ensure children are receiving a safe, high-quality service.

In 2019, we carried out 47 monitoring inspections across a range of children's services.

Figure 12: Inspections of children's services in 2019



Tusla social work services for children in residential care

In 2019, we carried out eight inspections focusing on the statutory duties of the Child and Family Agency (Tusla) social workers in monitoring placements for children in residential care, in line with the Child Care (Placement of Children in Care) Regulations, 1995. These inspections were announced and covered regulations 22 to 25, which relate to social work case records, care planning, supervision and visiting and case reviews of children placed in residential care to ensure that safe services were provided to these children.

Inspections were carried out in two service areas within each of the four Tusla regions – the West, the South, Dublin North East, and Dublin Mid-Leinster.

These inspections found that care planning was generally good for children in residential care. Care plan reviews were undertaken in a timely manner across three out of four regions. Some areas of improvement in relation to care plans and their review included the need for timely approval of care plans by the social work team leader, and consistency in the quality of information held in care plans.

Supervision and visiting of children in residential care was generally good and records of these visits were held by social workers. Children were visited within the time frames set out in the regulations, but also in response to risk or their level of need. Although the majority of children placed in residential care at the time of inspection were allocated a social worker, it was evident that there were periods of time during their placement when some children did not have a social worker.

While each child placed in residential care across the four regions had a case record, variation in quality was noted. This related to variation in adherence to time frames for updating records, or in consistently holding all information required by the regulations.

Children's residential centres

In 2019, we carried out 18 inspections of children's residential centres run by Tusla.[15] We inspected a representative sample of centres within each Tusla region for the purpose of learning and driving continual improvement at local and regional levels. Two of the centres inspected were prioritised due to poor findings in 2018, specifically, the premises from which the services were being delivered.

This was the first time the level of compliance with *National Standards for Children's Residential Centres* (2018) was assessed in these centres. In preparation for children's residential centres becoming designated (regulated) centres as defined under the Health Act 2007, our inspections focused on 12 of the 29 standards related to leadership, governance and management, and the delivery of needs-based care to children in a safe and effective way.

Overall, these inspections found that children were well cared for, and the majority experienced nurturing and safe care. Children's rights were well promoted and children who met with inspectors said they were aware of their rights and were encouraged and supported to exercise them. There was a minority of children who had complex needs which could not be met within the centres inspected and, for some, onward placements which could meet these needs were difficult to source. This meant that for some children, their experience of care was, at times, neither safe nor pleasant. In these circumstances, HIQA liaised with both centre managers and Tusla social workers and managers to ensure all necessary measures were taken to safeguard these children and those who shared placements with them.

Oberstown Children Detention Campus

The 2019 inspection of Oberstown Children Detention Campus found that young people were provided with a good standard of care, and it was evident that improvements had been made in the quality of their lives on campus. Young people told inspectors that they were treated fairly and were given opportunities to resolve issues or challenges as they arose. They played an active role in the placement planning process and were supported to develop their understanding of risk-taking behaviours. They knew how to make a complaint and told inspectors that they felt listened to when issues arose for them.

[15] The number of Tusla provided children's residential centres fluctuated between 36 and 39 in 2019.

Restrictive procedures, which involve high-risk interventions such as physical restraint or the use of single separation, are not uncommon in places of detention for young people, and their seriousness cannot be underestimated. Although reduced, the use of restrictive practices remained significant in Oberstown. However, the commitment to promote the least restrictive living environment for young people was evident in the everyday opportunities provided to them.

There was a concerted effort by Oberstown to continuously improve the quality and delivery of offending behaviour programmes to young people. There were five specific young people's programmes being delivered on campus aimed at reducing offending behaviour and ensuring young people's time spent in Oberstown was effective at achieving best outcomes for them.

Since the last inspection, there was a significant improvement in the range and frequency of evidence-based offending behaviour programmes for young people and it was encouraging to see that their engagement in these programmes was expected and promoted. All young people who spoke with inspectors were aware of the programmes available to them to help address their offending behaviour. To further this progress, improvements were required to introduce programmes which targeted young people's tendencies towards specific types of offending behaviour.

Risk-based inspections

Four risk-based inspections were carried out in children's services during 2019 to ensure children were safe. At the time of inspections, these four service areas had substantial numbers of children waiting for a service, including children classified by Tusla as being of high priority.

While there were some examples of good practice, in all four service areas the governance arrangements in place required improvement to ensure the consistent provision of a safe and timely child protection and welfare service.

Common areas that required improvement across all four service areas included:

- sharing learning throughout Tusla
- the consistent implementation of policies, procedures and standard business process
- management oversight of staff including supervision
- consistent use of caseload management systems
- the identification of risks and their management
- better developed quality assurance systems.

In 2019, all four service areas provided action plans to address the specific non-compliances identified by the inspections.

Monitoring and regulation of healthcare services

In the healthcare setting, our remit predominately extends to monitoring public acute hospitals against national standards. Such monitoring includes onsite inspections, and we publish the findings and recommendations from our work on www.hiqa.ie. In addition, HIQA also has a remit to conduct statutory investigations into services where serious patient safety concerns may exist. However, while HIQA may make recommendations, these are non-binding. HIQA does not have enforcement powers to support this area of our work.

Medical exposures to ionising radiation

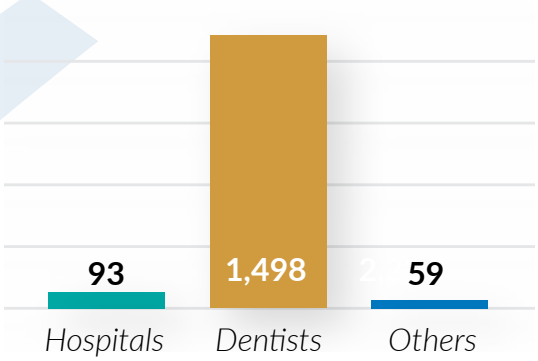
In January 2019, we began regulating medical exposures to ionising radiation when the EU Council Directive 2013/59/Euratom was transposed into Irish law, giving HIQA regulatory powers in healthcare services for the first time. HIQA is now the Competent Authority in the area of medical exposures to ionising radiation. This role requires us to regulate healthcare services across both the public and private sector and, in doing so, protect patients from risks associated with exposures to ionising radiation for medical treatment, such as in the case of X-ray or CT scans.

In 2019, we undertook preparatory work, such as recruiting an inspection team, developing ICT systems, establishing an inspection methodology and providing guidance to healthcare providers around our new role.

We have also been working collaboratively with the Environmental Protection Agency (EPA) who regulate non-patient ionising radiation exposures – and a memorandum of understanding between the two agencies was published in early 2020.

Providers of medical exposure to ionising radiation, known as undertakings, are required to register with us. During 2019, we received 1,254 notifications confirming the presence of 1,650 individual sites to be regulated as undertakings under this new legislation.

Figure 13: Ionising radiation services by service type



In late 2019, we issued a self-assessment tool to the 211 healthcare providers who provide higher levels of ionising radiation to patients as part of their treatment. We began to inspect hospitals in November 2019, with six inspections conducted by the end of the year.

As the new Competent Authority in the area of medical exposures to ionising radiation, HIQA is required to fulfil a number of roles which complement its inspection function to improve the quality and safety of services. One such role is the receipt and national oversight of notifications around serious incidents that occur related to the accidental or unintended exposures to ionising radiation. We established a system of monitoring in January 2019, with 68 such notifications received by the end of 2019.

In 2019, we also began work, with the assistance of an external advisory group, to advance the conduct of a national survey of diagnostic reference levels for certain procedures.[16] The collation, analysis and dissemination of findings from this exercise are intended to better inform providers of services in their efforts to optimise radiation exposure levels for patients, and ensure that dosing is as low as is reasonable to achieve imaging without compromising the quality. This survey, which is required of HIQA under legislation, will begin in 2020.

[16] A diagnostic reference level (DRL) is a dose level that is set for typical diagnostic and interventional radiological procedures. It is used as a tool for service providers to ensure that medical exposures are optimised and each dose received by service users is kept as low as possible.

4.2 Better Care

4.2 Better Care
Improving the quality of care

We aim to make health and social care better for the people who use and access these services. Our Corporate Plan 2019–2021 sets out a commitment to drive improvements in the quality of care provided to people who use health and social care services. We do this by:

- developing guidance and supports to improve the quality of care
- carrying out thematic inspections to drive quality improvement
- conducting the National Care Experience Programme.

Guidance on a Human Rights-based Approach in Health and Social Care Services

People should expect that their human rights will be promoted and protected at all times, including when they require the care and support of health and social care services. While HIQA's inspections have identified good practice in upholding human rights in some services, there is limited knowledge and understanding among other practitioners, and among people using services, on how human rights principles apply in health and social care.

During 2019, we published *Guidance on a Human Rights-based Approach in Health and Social Care Services* to support services and the staff who work in them to implement the principles of human rights in their day-to-day work. The guidance was developed in conjunction with Safeguarding Ireland, and was part-funded by the Irish Human Rights and Equality Commission, under the Human Rights and Equality Grant Scheme 2017.

Respect for human rights is implicit within the national standards developed by HIQA, for example *National Standards for Safer Better Healthcare* (2012), as well as standards for older persons, disability, maternity services, and adult safeguarding.

This guidance provides additional support to staff in understanding a human rights-based approach and implementing the national standards in practice.

The guidance is based on international best practice and was developed in consultation with people who work in health and social care services and the people who use these services. It outlines a practical and accessible evidence-based way of working for front-line health and social care staff. It provides a common language and framework to describe a human rights-based approach for the care and support of adults. The guidance will also help people using services to understand what they should expect from a service that is committed to respecting, protecting, and promoting their human rights.

We have also developed a number of supporting materials to aid understanding and implementation of a rights-based approach. This includes frequently asked questions about the guidance and how it can help staff in their work, a document outlining the legal framework underpinning a human rights-based approach to care and support in Ireland, and two decision-making aids to assist staff in their day-to-day practice.

Thematic inspections

During 2019, we conducted a number of thematic inspection programmes to drive quality improvements in health and social care services.

Nursing homes

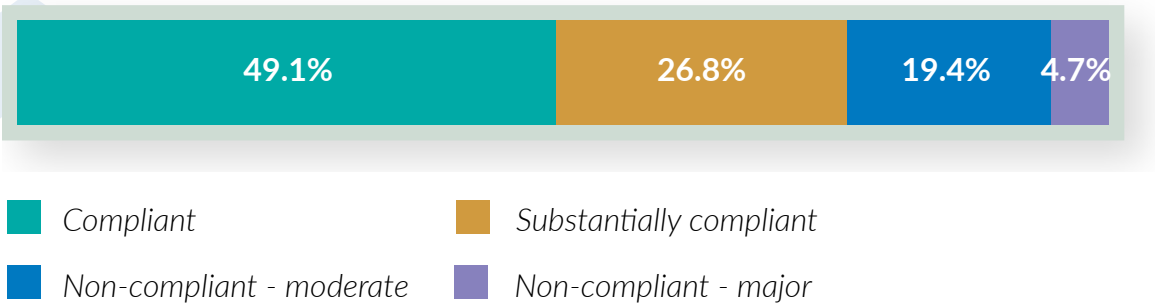
To improve the quality of care in nursing homes, during 2019 we conducted thematic inspections on:

1. dementia care
2. restrictive practices

We carried out 144 thematic inspections, 102 dementia thematic inspections and 42 restrictive practice thematic inspections.

Dementia thematic inspections focused on the care provided to residents with dementia living in a nursing home. We found that the majority of centres are providing good quality care to residents with dementia; however, efforts need to continue to ensure that services provided to this most vulnerable group of residents continue to improve.

Figure 14: Overview of compliance in 2019 dementia thematic inspections



In 2019, we commenced a programme of thematic inspections which assessed the use of physical and environmental restraint, as well as other forms of restrictive practices. This thematic programme assessed compliance against the *National Standards for Residential Care Settings for Older People in Ireland* (2016) for the purpose of driving continuous quality improvement for the benefit of those living in nursing homes.

We carried out 42 inspections of this type in nursing homes in 2019 with positive findings; 22 centres inspected were found to be compliant[17] and 20 were substantially compliant.[18] This indicates that there is a high level of awareness of the need to reduce or eliminate the use of restrictive practices. That said, some providers are still working towards balancing residents' rights to autonomy and liberty with the need to ensure the health and safety of residents. While there are circumstances where the use of restrictive practices may be unavoidable and necessary to ensure a person's safety or the safety of others, restrictive practices are an infringement of a person's fundamental rights to personal liberty and bodily integrity. Providers must ensure that there is appropriate oversight and governance of all situations where restraint is used and work to reduce or eliminate the use of such restraint.

Residential services for people with disabilities

In 2019, we developed a thematic programme of inspections to drive improvements in the use of restrictive practices in services, and promote how the *National Standards for Residential Services for Adults and Children with Disabilities* can be used to positively impact on the quality of care, and the design of and reduction in the use of restrictive practices across the sector.

[17] A finding of compliance indicated that residents enjoyed a good quality of life where the culture, ethos and delivery of care were focused on reducing or eliminating the use of restrictive practices.

[18] A finding of substantial compliance indicated that residents received a good, safe service but their quality of life would be enhanced by improvements in the management and reduction of restrictive practices.

During 2019, we completed 54 restrictive practice thematic inspections across a range of residential services for people with a disability.

In 26 centres, we found that, residents enjoyed a good quality of life where the culture, ethos and delivery of care were focused on reducing or eliminating the use of restrictive practices.

In the remaining 28 centres, inspectors found that residents received a good, safe service but their quality of life would be enhanced by improvements in the management and reduction of restrictive practices.

These inspections found that effective governance and leadership arrangements were essential in ensuring that where restrictive practices were assessed as being required, the management of them was underpinned by good human-rights principles.

In addition, many of these services had developed and implemented strategies to continually review, reduce and (where possible) eliminate the use of restrictive practices. A key factor in achieving this has been good quality staff training and education, which has directly influenced a positive staff culture towards the reduction of the use of restrictive practices.

Inspection reports are published on www.hiqa.ie to facilitate the sharing of information about good practices in the sector.

Thematic child protection and welfare programme

HIQA's child protection and welfare thematic inspection programme, developed in 2019, aims to promote and support quality improvement in the management of child protection and welfare referrals. This programme arose out of a commitment made by HIQA in its 2018 *Report of the investigation into the management of allegations of child sexual abuse against adults of concern by the Child and Family Agency (Tusla) upon the direction of the Minister for Children and Youth Affairs.*

This thematic inspection programme assesses Tusla's management of all child protection and welfare referrals and reports, incorporating screening and preliminary enquiry of referrals, safety planning and the completion of an initial assessment. Services are assessed against seven of the *National Standards for the Protection and Welfare of Children* 2012.

Following development of a literature review, establishment of an external advisory group,[19] and consultation with parents and children, HIQA published a guidance on our assessment and judgment framework for this programme.

[19] The group comprised representatives from the Child and Family Agency (Tusla), the Department of Children and Youth Affairs, Barnardos, Epic Trinity College Dublin and Director from Medway Council in the UK.

Twelve Tusla service areas completed and returned a self-assessment questionnaire to HIQA for review. These questionnaires, along with Tusla's published metrics on unallocated cases, informed the schedule of inspections. To drive quality improvement in care, we initially focused on service areas that had no or low levels of children waiting for a service.

Commencing in October 2019, we carried out four child protection and welfare thematic inspections by the end of 2019.

The five remaining service areas that are not included in the thematic programme are currently subject to service improvement plans developed by Tusla as a result of identified risk related to these service areas. Progress in regard to these improvement plans will be reviewed by HIQA in early 2020, the findings of which will be reflected in further regulatory activity as appropriate.

Statutory foster care services

In 2019, we built on our 2017-2018 focused programme of inspection of statutory foster care services to drive further improvements in care across Tusla's 17 service areas by examining:

- whether the child in foster care has an allocated social worker;
- the extent to which their needs are assessed prior to or as soon as possible after placement;
- whether the child's care is subject to a formal process of planning and review, including preparation for leaving care;
- that the child is matched with foster carers that can meet his or her needs;
- the systems in place to safeguard and protect the child.

We did this by:

- analysing data submitted by service areas and questionnaires completed by children in care and young people in aftercare;
- meeting or speaking with children and young people availing of the aftercare service;
- interviewing and meeting with the area managers, principal social workers for the children in care teams, the foster care teams and aftercare managers;
- visiting foster care households and meeting with the children residing in these homes;
- holding separate focus groups with children in care social workers and child

protection social workers, fostering social workers, team leaders for the long-term children in care team, aftercare workers and foster carers;

- reviewing the relevant sections of children's case records as they relate to the theme of the inspection;
- calling parents of children in care, foster carers and children in care.

During 2019, we completed 11 of these inspections, with the remaining six inspections due for completion in 2020. These inspections found that when children were allocated a social worker, they received a good quality service and children spoke very positively about their social worker. Some areas had significantly high numbers of children in care who were not allocated a social worker and, as a result, these unallocated children were not receiving the service they should receive, and were not being visited in line with regulations.

Assessments of children were comprehensive, and matching children to foster carers who were best placed to meet their needs was evident in the majority of areas; however, there were backlogs in completing long-term matching in several areas.

The aftercare service offered to children was good in many areas, with six of the 11 areas inspected found to be fully compliant with this standard, and one substantially compliant. There was excellent practice found in three of the 11 areas, in that they met all the requirements of the legislation, and had well-developed aftercare services.

Improvements were required with regard to care planning and review, as several areas had backlogs of child in care reviews. Service areas that had high numbers of children in care who were not allocated a social worker also had a high number of care plans that were not up to date. The quality of care plans also varied and placement plans were not routinely completed in some areas.

Following completion of these inspections in 2020, we will publish an overview report in the interest of improving the overall governance of the foster care service, to support and inform the development of common systems and consistency of practice at both local, regional and national level.

Healthcare

In the healthcare setting, HIQA has a remit to monitor public acute hospitals against nationally-mandated standards to improve the quality of care being provided. In 2019, we conducted a total of 62 inspections across a number of thematic monitoring programmes, all of which sought to ensure that hospitals were meeting national standards to address internationally recognised areas of patient safety risk. These thematic monitoring programmes included a focus on:

- maternity services in 13 maternity units or hospitals
- medicines safety in 20 hospitals, and
- infection prevention and control in 15 hospitals.

HIQA's work in the area of medication safety highlights both strong performing hospitals and those that need to do more to better protect patients from the risk of potential harm associated with medicines use. In 2019, we focused on ensuring hospitals had required measures in place to protect patients from known potential risks associated with higher risk medicines. Most hospitals had put in place measures to address these specific risk issues, but some hospitals performed less well and needed to do more.

Our inspections of infection prevention and control procedures in place in hospitals in 2019 focused on efforts to address the threat posed by the emergent multidrug resistant organism Carbapenemase Producing *Enterobacteriacea* (CPE), following the declaration of a national public health emergency by the Minister for Health. We found that hospitals had, in most cases, implemented or were close to fully implementing the required measures needed to control rates of colonisation and infection related to this multidrug resistant organism. This was an improvement on 2018, where HIQA continually needed to raise concerns with hospitals around these measures. We also looked at measures to ensure effective decontamination of reusable invasive medical devices, and found generally positive results in hospitals related to practices identified.

In 2019, we completed a monitoring programme against the *National Standards for Safer Better Maternity Services*, with a focus on obstetric emergencies. Between 2018 and 2019, we inspected all 19 maternity units and hospitals in Ireland to ensure that they had the required measures in place to detect and respond to potentially life threatening emergencies for women or babies using maternity services. Overall, findings from this inspection programme were generally positive, with most hospitals demonstrating high levels of compliance against the majority of the national standards assessed. However, we identified a number of specific areas that required improvement at individual hospital level and nationally through this programme, and made recommendations for local and national action in an overview report published in early 2020.

In 2019, we also commenced a new programme of monitoring against the *National Standards for Safer Better Healthcare* in rehabilitation and community inpatient healthcare services during 2019. This monitoring programme has placed particular focus on ensuring these services are compliant with national standards to ensure patient safety, including medicines safety and infection prevention and control.

This was the first time that HIQA had commenced inspection of these healthcare services. During the year, we carried out inspections in six rehabilitation and community inpatient healthcare services. This programme of inspection has allowed these facilities to become familiar with HIQA standards. This will be important going forward as these services, alongside their peers in acute hospitals, will fall under the monitoring and ultimately licensing regimes envisaged through planned legislation such as the Patient Safety (Notifiable Patient Safety Incidents) and Patient Safety (Licensing) Bills.

National Care Experience Programme

The National Care Experience Programme is a joint initiative by HIQA, the HSE and the Department of Health. It seeks to improve the quality of health and social care services in Ireland by asking people about their experiences of care and acting on their feedback. We do this by conducting the National Inpatient Experience Survey and the National Maternity Experience Survey. Over the next few years, the programme will expand to include three further surveys of health or social care services: the care of women who have been bereaved by stillbirth and neonatal death; older person's care and end-of-life care.

Visit www.yourexperience.ie to find out more.

The National Inpatient Experience Survey

During the month of May 2019, 26,897 people from 40 acute hospitals were invited to participate in the third National Inpatient Experience Survey. In total, 12,343 people took part in this survey, resulting in a response rate of 46%, compared to the 50% response rate achieved in 2018. The strong response rate indicates that patients in Ireland have a desire to talk about their experiences in hospital and to use their voice to improve our health service. In November 2019, we launched the full results of the survey and published a national overview report and 39 hospital reports.

During 2019, we issued an academic call for research to be undertaken on the 40,000 qualitative responses received to the 2017 and 2018 National Inpatient Experience Survey. Insight Centre for Data Analytics at National University of Ireland Galway (NUIG) were successful applicants to this, and are using machine learning to analyse the anonymised responses for key trends. The results of this analysis will be available on www.yourexperience.ie in 2020.

[20] To ensure an adequate sample size, women who give birth in smaller Irish hospitals or had a homebirth in November 2019 were also eligible to participate in the survey.

The National Maternity Experience Survey

Women aged 16 or over who gave birth in October (or November[20]) 2019 were eligible to participate in the first ever National Maternity Experience Survey. The survey asks new mothers about their recent experiences of Ireland's maternity services — from antenatal care, through labour and birth, to postnatal care. The survey results will be published in September 2020 on www.yourexperience.ie.

Survey hub

We are currently developing a National Care Experience Programme hub that will provide support, guidance, information and leadership on the appropriate collection and use of care experience data for all engagement programmes in health and social care services.

4.3 Better Decisions

4.3 Better Decisions
Providing advice, evidence and information to inform decisions

As set out in our Corporate Plan, HIQA provides advice, evidence and information to inform decision-making in health and social care services. We do this by conducting health technology assessments and by synthesising evidence to inform National Clinical Guidelines and national health policies through our HRB-CICER and Evidence Through Policy functions. We also make recommendations and set standards on the use of health information and the data that services collect. This section outlines the advice, evidence and information that we provided across these areas in 2019 to inform better decisions in the health and social care sector.

Health technology assessment

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

HTA of C-reactive protein point-of-care testing

We published a HTA on C-reactive protein (CRP) point-of-care-testing (POCT) to guide antimicrobial prescribing in primary care in Ireland on 23 May 2019. The HTA was submitted as advice to the Minister for Health, the Department of Health, and the Health Service Executive (HSE) to inform decision-making on the implementation of a CRP POCT programme in primary care settings in Ireland.

Following a request from the Department of Health, HIQA undertook the HTA to establish the clinical and economic impact of providing CRP POCT in primary care to inform prescribing of antibiotics for patients presenting with symptoms of acute respiratory tract infections. CRP POCT devices can be used to guide prescribing decisions by providing rapid (that is to say, during consultation) diagnostic information on the presence of viral versus bacterial infection. The device

is designed to support decision-making by identifying those patients who are most likely to benefit from an antibiotic and those who are not.

The HTA evaluated the clinical effectiveness, diagnostic test accuracy, analytical performance, cost-effectiveness, and budget impact of implementing a CRP POCT programme to guide antimicrobial prescribing in the community for acute respiratory tract infections in Ireland. The report and recommendations were published following engagement with an expert advisory group and a five-week public and targeted consultation.

The HTA advised that, given the uncertainty regarding the long-term sustainability and effectiveness of CRP POCT, a carefully-managed and monitored pilot programme or partial rollout may offer the best prospect to evaluate a CRP POCT programme and establish whether a national rollout of the technology is advisable.

HTA of a PrEP programme

Following a formal request from the HSE's Clinical Lead in Sexual Health and endorsement of the request by the Department of Health, HIQA's HTA of a pre-exposure prophylaxis (PrEP) programme for populations at substantial risk of sexual acquisition of HIV was published on 14 June 2019. The HTA was finalised following a public and targeted consultation period, and was submitted as advice to the Minister for Health, the Department of Health and the HSE.

Our HTA found PrEP to be safe and highly effective at preventing sexual acquisition of HIV infection in gay, bisexual and other men who have sex with men and in HIV-negative partners of serodifferent couples (where one partner is HIV-negative and the other is HIV-positive and not on effective antiretroviral therapy). Additionally, an economic model was developed to estimate the costs and consequences of providing a PrEP programme to individuals at substantial risk of infection. PrEP was found to be more effective and less costly than not providing PrEP.

Therefore, we advised the Minister for Health that the successful implementation of a national PrEP programme in Ireland would be safe, effective and cost-saving. Since the publication of the HTA, PrEP has been made available free-of-charge for eligible individuals enrolled in the PrEP programme.

HTA of TAVI in patients with severe symptomatic aortic stenosis

We published a HTA of transcatheter aortic valve implantation (TAVI) in patients with severe symptomatic aortic stenosis at low or intermediate risk of surgical complications on 5 December 2019. The HTA was submitted as advice to the Minister for Health, the Department of Health and the HSE to inform decision-making on the use of TAVI in these patients.

The HTA was requested by the HSE. Currently, TAVI is primarily offered as an alternative to surgical aortic valve replacement (SAVR) in patients that are otherwise inoperable or at high risk of surgical complications. We evaluated the clinical effectiveness, cost-effectiveness, and budget impact of extending TAVI to patients at lower levels of surgical risk in the Irish public healthcare system. The final report and recommendations were informed by a review of epidemiology, a systematic review of the clinical effectiveness and safety of TAVI compared with SAVR, an economic evaluation, an ethical and organisational analysis, and intensive engagement with an expert advisory group.

The HTA advised that TAVI should be made available to patients aged 70 years and over with severe symptomatic aortic stenosis at low or intermediate surgical risk in the Irish public healthcare system.

Systematic review of newer and enhanced influenza vaccines

On 12 September 2019, HIQA was awarded a contract to commence work on the efficacy, effectiveness and safety of newer and enhanced seasonal influenza vaccines for the prevention of laboratory-confirmed influenza in adults. The review was commissioned by the European Centre for Disease Prevention and Control (ECDC), an agency of the European Union, and involves close collaboration with the EU/EEA National Immunisation Technical Advisory Groups.

Seasonal influenza A and B viruses circulate and cause disease in humans every year and in temperate climates winter epidemics occur yearly. Most groups for whom the seasonal influenza vaccine is recommended may annually receive either a trivalent or quadrivalent inactivated seasonal influenza vaccine, although new and enhanced seasonal influenza vaccines are starting to be used in some national seasonal influenza immunisation programmes targeting mainly vulnerable groups, such as the elderly. There is a need to monitor performance of the newer and enhanced seasonal influenza vaccines compared to the standard seasonal influenza vaccines, to drive public health decision-making and advance new vaccination strategies.

The systematic review will conclude in early 2020 and will be submitted to a peer-reviewed journal for publication.

HTA of birth cohort testing for hepatitis C

In 2019, HIQA commenced work on a HTA of offering testing for the hepatitis C virus (HCV) to people in Ireland born between 1965 and 1985. The HTA was prioritised following publication of an Irish National Clinical Guideline for Hepatitis C Screening, quality assured by the National Clinical Effectiveness Committee, which included a conditional recommendation to offer one-off testing to people born between 1965 and 1985 (that is, birth cohort testing) subject to the outcome of a full HTA.

Birth cohort testing involves offering one-time testing for HCV to people born during a particular period of time. The birth cohort to be tested was identified based on national data, which indicated that the prevalence of hepatitis C infection in Ireland is highest amongst those born between 1965 and 1985 (72.5% of cases). Compared with risk-based testing, this type of testing avoids the need to identify specific behavioural risks as the basis for testing. Individuals identified as having chronic hepatitis C infection would be offered curative treatment thereby avoiding progression to ill health and associated healthcare costs.

The aim of the HTA is to establish the clinical and cost-effectiveness of birth cohort testing for hepatitis C in Ireland. In addition, the assessment will estimate the budget impact of introducing a birth cohort testing programme and assess the organisational and resource implications of such a service. An expert advisory group comprising representatives from key stakeholder groups has been convened and will advise us during the course of the HTA. The HTA is scheduled to be finalised in 2020 following public and targeted consultation and will be provided as advice to the Minister for Health to inform a decision on whether or not to provide birth cohort testing for hepatitis C in Ireland.

National HTA guidelines

Since 2010, HIQA has developed and published a suite of national HTA guidelines to support the production of evaluations that are timely, reliable, consistent and relevant to the needs of decision-makers and key stakeholders. With the support of the HTA Scientific Advisory Group (which includes broad representation from key stakeholders in healthcare in Ireland), this suite of guidelines is regularly updated and expanded to meet the needs of HTA activity in Ireland. During 2019, we updated two guidelines with the support of the HTA Scientific Advisory Group and substantial input from the National Centre for Pharmacoeconomics.

We updated our *Guidelines for Evaluating the Clinical Effectiveness of Health Technologies in Ireland* in 2019. A new appendix was added with an illustrative example of a network meta-analysis.

The *Guidelines for the Economic Evaluation of Health Technologies in Ireland* were also updated in 2019 to include the new test discount rate.

HRB-CICER – Clinical guideline support

In 2016, HIQA was awarded a contract for €2.25 million by the Health Research Board (HRB) to establish the HRB Collaboration in Ireland for Clinical Effectiveness Reviews (HRB-CICER). HIQA's main collaborator is the HRB Centre for Primary Care Research (HRB-CPCR) in the Royal College of Surgeons in Ireland (RCSI).

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

HIQA also provides support to the NCEC through membership of the Committee and by assisting with the prioritisation and appraisal of submitted guidelines. In 2019, HIQA provided expert input to NCEC appraisal and prioritisation teams for the following guidelines:

- Appropriate prescribing of psychotropic medication in people with dementia
- Nutrition screening and use of oral nutrition support for adults in the acute care setting
- Diagnosis and Staging of Ovarian Cancer.

National Clinical Guideline on Diagnosis and Staging of Ovarian Cancer

HRB-CICER supported the development of a National Clinical Guideline for the Diagnosis and Staging of Ovarian Cancer by undertaking a systematic review of economic literature, developing a preliminary cost analysis of the implementation of the guideline and by providing training to the research team from the National Cancer Control Programme on conducting systematic reviews of economic literature. The guideline was launched by the Minister for Health in August 2019.

Guideline development

We also provided the following to guideline development groups in 2019:

- a systematic review of three clinical effectiveness questions and one review of qualitative literature to support the development of the care of the dying adult in the last days of life guideline
- a systematic review of economic literature to support the stratification of clinical risk in pregnancy guideline
- a systematic literature review of seven economic questions to support the development of the chronic obstructive pulmonary disease in adults guideline

- a systematic review of clinical and economic literature on interventions to improve hand hygiene adherence to support the healthcare-acquired infection guideline
- a systematic review of the prevalence of intraoperative massive haemorrhage, and a systematic review of relevant clinical guidelines to support the development of the intraoperative massive haemorrhage guideline
- a systematic review of qualitative literature to support the update to the national early warning system guideline
- a budget impact analysis of the implementation of the stratification of clinical risk in pregnancy guideline
- a systematic review of clinical and economic literature on nutritional screening to support the guideline on nutrition screening and use of oral nutrition support for adults in the acute care setting.

In 2019, work began on:

- a budget impact analysis of the implementation of the updated national early warning system guideline
- a systematic review of clinical and economic literature on single patient room accommodation compared to multi-bed rooms in acute settings to support the development of healthcare-acquired infection guideline.

During 2019, we also provided training to 60 individuals involved in research in Ireland. A training session on the methodology for guidelines was provided at the National Patient Safety Office Conference. An introduction to budget impact analysis of National Clinical Guidelines was also provided. Two full days of training on the use of GRADE (Grading of Recommendations Assessment, Development and Evaluation) was provided in January and March to multiple guideline development group members.

Health Research Board Emerging Investigator Award

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

1. Optimal selection of evidence synthesis methods

2. Communication of the findings of evidence synthesis and

3. Translation of research evidence into recommendations.

Health Research Board Collaborative Doctoral Award

HIQA is a co-applicant on the Health Research Board Collaborative Doctoral Award led by Professor Susan Smith, Royal College of Surgeons in Ireland, which funds a programme entitled *Managing complex multimorbidity in primary care: a multidisciplinary doctoral training programme*. The programme includes a collaboration with HIQA to evaluate the costs of adhering to clinical guidelines falling on patients with complex multimorbidity and their carers, an area under researched to date.

HRB-CICER – Evidence for Policy

Our Evidence for Policy (EfP) Team was established in 2018 following a request from the National Patient Safety Office (NPSO) in the Department of Health. The EfP Team is responsible for the effective implementation of evidence synthesis programmes to deliver high-quality research to support the development of policy by the Department of Health and is funded through an extension of the grant agreement by the Health Research Board for HRB-CICER.

Evidence review of specialist cardiac services

The National Review of Specialist Cardiac Services is an independently chaired review of national clinical cardiac services in Ireland established by the Minister for Health. The review will recommend the optimal configuration of a national adult specialist cardiac service in Ireland, aiming to achieve optimal patient outcomes at a population level with particular emphasis on the safety, quality and sustainability of the services that patients receive. During 2019, we carried out an evidence review to inform the National Review of Specialist Cardiac Services.

The three main objectives of our evidence review were to:

1. identify and describe existing models of specialist cardiac networks focused on the urgent treatment of patients presenting with major heart attacks. Major heart attacks are caused by a blockage in the arteries supplying blood to the heart muscle. They are considered a medical emergency and are treated urgently by using either a clot-busting drug (thrombolysis) or by inserting a guide wire into the artery and opening the vessel using a balloon to allow the blood to flow to the heart muscle again. This is known as a primary percutaneous coronary intervention (PCI), and is done in a hospital that has an emergency catheterisation laboratory (cath lab).

2. identify international best practice for centres providing PCI to treat major heart attacks and to examine the evidence underpinning these criteria.

3. identify evidence on the safety and effectiveness of strategies for managing major heart attacks including primary PCI and thrombolysis approaches in centres without PCI-capability.

The National Review will be launched by the Department of Health in 2020.

The economic burden of antimicrobial resistance in the public acute care system in Ireland

Antimicrobial resistance (AMR) is defined as the ability of a micro-organism to stop an antimicrobial from working against it. AMR is a global public health concern; as standard antimicrobial treatments become ineffective, infections persist and spread, increasing morbidity and mortality. Rising rates of AMR will make it increasingly difficult and expensive to control and treat infections, and places a significant burden on society.

In 2019, we began a study to estimate the economic burden of antimicrobial resistance (AMR) in the public acute care system in Ireland. This costing study is being undertaken in fulfilment of listed activities aligned with Strategic Objective 5 of Ireland's National Action Plan on Antimicrobial Resistance (2017-2020). Economic evidence of the current cost of AMR could inform investment decisions and promote, and provide a metric against which to measure, the use of proposed evidence-based, cost-effective solutions to challenges faced as a result of AMR.

An Expert Advisory Group comprised of representative stakeholders is providing guidance and expert input to the project. The report will be provided as advice to the Minister for Health in 2020.

Health information

Health and social care are information-intensive, generating huge volumes of data every day. It is important that such information is managed in the most effective way possible in order to ensure high-quality, safe health and social care.

Health information is used to improve health and social care, to inform decision-making, monitor diseases, organise services, inform policy-making, conduct high-quality research and plan for future health and social care needs, both at national and local levels. High-quality health information is a fundamental requirement for delivering health and social care and making healthcare planning decisions.

Although there are already a number of examples of good practice in Ireland, there are also major gaps, silos of information and duplication in the country's health information landscape. Our work aims to address these challenges.

Development of recommendations on a consent model for collection, use and sharing of health and social care information in Ireland

During 2019, we began to develop recommendations on a model for the collection, use and sharing of health and social care information in Ireland.

We conducted a review to identify best practice internationally, completed a desktop review and contacted experts in several countries to gather the most up-to-date information. Key themes emerging from the international review include:

- consent
- information governance
- public trust and engagement
- engaging healthcare professionals
- legislation
- preparing for new technologies.

We continue to hold meaningful engagement with key stakeholders such as the Department of Health and the HSE in relation to this project. An advisory group of key stakeholders, such as patients, healthcare professionals and national health and social care data collections, was convened to support the development of the recommendations. The first Advisory Group meeting was held in November 2019. We will hold a public consultation on these recommendations in 2020.

National standard on information requirements for national community-based ePrescribing

Electronic prescribing can deliver significant benefits for patients, prescribers, pharmacists and others involved in the process. In particular, ePrescribing can improve patient safety, for example, by reducing errors of mistaken identity, incorrect dosage, incorrect medication and adverse drug interactions. It can also reduce the number of pharmacist interventions significantly. Moreover, ePrescribing costs less and takes less time than processing the same prescriptions manually. We published a *National standard on information requirements for national community-based ePrescribing*, which defines the information requirements required to implement community-based ePrescribing and dispensing in Ireland. It was approved by the Minister for Health in April 2019.

Development of digital learning modules on improving data quality for health and social care

High-quality data can be used to inform decision-making, identify deficiencies, prioritise initiatives, monitor diseases, organise services, support policy-making, conduct quality research, evaluate impact and plan for future health and social care needs, both at local and national level.

During 2019, we published two digital learning modules to support HIQA's *Guidance on a data quality framework for health and social care*. These modules highlight the importance of data and information quality for all health and social care professionals.

The first module — entitled 'Introduction to data quality' — is aimed at all health and social care professionals. It is a 20 minute course that introduces the learner to the concept of data and information quality, and highlights the importance of collecting and using quality data and information as part of the process of providing safe and effective health and social care. The importance of data and information quality is presented within this module from the perspective of a clinician and a patient advocate.

The second module — entitled 'Developing a data quality framework within health and social care' — is a more detailed learning tool aimed at all health and social care organisations whose remit involves the collection, processing, use or interpretation of data or information, and whose responsibility it is to ensure the quality of that data or information. This module details the steps that organisations can take to develop a data quality framework to support them in assessing and improving the quality of their data and information. The National Office of Clinical Audit (NOCA) and the Hospital In-Patient Enquiry (HIPE) team within the Healthcare Pricing Office (HPO) share their experience of implementing HIQA's data quality framework in this module.

eHealth – patient summary records

HIQA has undertaken a programme of work to plan and prepare for the introduction of a national electronic patient summary in Ireland. This includes the *National Standard on information requirements for a national electronic patient summary*, which was published in January 2019 and approved by the Minister in April 2019. This National Standard defines the information requirements for an electronic patient summary for the purpose of unscheduled care, for example, out-of-hours and emergency care. The Sláintecare implementation plan prioritises the design and rollout of a range of primary and community-based information communication technology services, including summary care records.

Following the launch of the National Standard, we began to develop recommendations on the implementation of a national electronic patient summary in Ireland. We presented findings from an international best practice review of implementing electronic patient summaries to a specially convened Advisory Group in July.

Following feedback from the first meeting of the Advisory Group, the scope of the recommendations was expanded to include:

- an 'as is' review of the Irish eHealth landscape
- and a set of materials for learning including educational materials for key terms.

The project will continue into 2020.

Furthermore, we are currently carrying out a best practice review of developments and trends in eHealth. We looked at initiatives undertaken by the World Health Organization, European Union and initiatives which have been undertaken in countries such as Denmark Scotland, England, France, Estonia and New Zealand. Finding from the review will inform our future work.

National data collections review programme

HIQA is currently undertaking a structured review programme to assess compliance with information management standards for national data collections in Ireland. The aim of this programme is to improve information management practices by assessing compliance with the standards in individual national data collections. Ultimately, the review programme was developed to drive improvements by identifying areas of good practice and areas where improvements are necessary across national data collections.

In 2019, we published information management reviews of:

- the HSE Primary Care Reimbursement Service (PCRS)
- and the HSE Computerised Infectious Disease Reporting (CIDR) system.

PCRS

The PCRS is responsible for reimbursing healthcare professionals for the free or reduced cost services they provide to the public under various national health schemes, including the General Medical Services (GMS) Scheme. Additionally, through its eligibility function, the PCRS processes all medical and GP visit card applications. The PCRS is an extremely valuable national data collection. For example, the PCRS holds the most comprehensive repository of national prescription data and the largest data source for measuring drug exposure in specific populations in Ireland.

We made eight recommendations to improve information management practices in PCRS. Our review identified a number of areas of good practice in relation to information management. However, key areas for improvement were also identified in relation to the need for a more strategic focus on information management across the entire organisation and, in particular, better use and dissemination of the rich data and information that the PCRS holds. This review also found that while there are clear governance arrangements in place at an operational level in relation to information management within the PCRS, there is a less structured approach in place in terms of how information management is strategically discussed, planned and managed across the organisation. Specific roles and responsibilities around aspects of information management lacked clarity, including the implementation of audit recommendations or how data generated by the PCRS is used effectively to improve the service.

CIDR

CIDR is Ireland's national system for surveillance of notifiable infectious diseases. There are 260 CIDR users in clinical laboratories, departments of public health and the Health Protection Surveillance Centre (HPSC) who rely on CIDR to notify cases of 78 different infectious diseases. Public health departments use CIDR to monitor individual cases of infectious disease and to record data including the associated pathogen, the clinical symptoms, treatment and outcome. They also monitor for outbreaks or unusual clusters of disease in order to be able to take appropriate measures to prevent further spread of the disease. The HPSC, as the managing organisation for the CIDR system, monitor the national incidence of infectious disease and advise the health service, the government and the public on the appropriate measures to take to protect against emerging threats.

HIQA's review highlighted good practice in relation to information security and information governance. However, we made eight recommendations to improve data collection, including the need for the current governance arrangements to be enhanced and the requirement for an overarching strategy for information management across the public health service. The timing of this review of CIDR was particularly opportune as it coincided with the plans for a major restructuring of public health services in Ireland.

eHealth services review programme

In 2019, HIQA commenced a review programme to assess national eHealth services against national standards.

The programme will assess compliance of eHealth services within the HSE against the *National Standards for Safer Better Services*. The review programme aims to

drive quality improvements by identifying areas of good practice and areas where improvements are necessary across eHealth services, ultimately contributing to the delivery of safe and reliable patient care.

A significant amount of patient information is shared electronically in Ireland using such eHealth services—including electronic referrals, electronic transmission of laboratory results and radiology reports and electronic discharge summaries.

An eHealth service is defined as the technology, people and processes which facilitate the sharing of electronic patient information between health and social care services across organisations and or care settings. The review programme is assessing compliance with the national standards under the themes of person-centred care, leadership, governance and management, use of information, information governance and workforce.

To date, we have developed a robust methodology to enable HIQA to conduct reviews. The methodology includes a framework that promotes consistent evidence-based assessment and judgment through the use of standardised processes. HIQA has completed a privacy impact assessment, and also developed a prioritisation process of eHealth services. HIQA plans to engage with and assist service providers to drive improvements in this area and a guidance document which outlines the main stages involved in a review is available on www.hiqa.ie

The National Electronic Referrals Service was prioritised for the first review as over 30% of all general practitioner (GP) referrals to hospital outpatient departments are sent electronically. The review will be published in 2020.

Regulation Handbook

In 2019, we published a Regulation Handbook for registered providers and staff working in designated centres. The handbook provides an overview of how we regulate to safeguard vulnerable people living in residential care. It explains the legislation behind our regulatory powers and outlines our registration, inspection and enforcement processes. It also helps providers of designated centres to better understand their role and responsibility. The handbook has been sent to every designated centre across the country, and we hope it empowers providers to safeguard vulnerable people using services and improve all aspects of their quality of life.

LENS project

In 2019, HIQA was successfully awarded €250,000 in funding from the Health Research Board under the Secondary Data Analysis Project Grant.

In collaboration with the Dutch Health & Youth Care Inspectorate, we applied to undertake an indepth analysis of statutory notifications received from social care services in Ireland.

HIQA receives over 15,000 notifications from social care services annually, providing a rich source of data about the quality and safety of these services. Commencing in 2020, this research will help us make better decisions on regulated services by:

- providing an overview of notifications at a national level
- identifying targets for quality and safety improvement initiatives
- facilitating wider use and analyses of notification data
- sharing good practice when dealing with adverse events
- creating reporting and risk-rating notification efficiencies
- informing notification prioritisation in practice and policy

4.4 Independent Assessment

4.4 Independent Assessment
Providing a reliable source of information to the public

HIQA is committed to providing a reliable source of information to the public. We publish all our findings, reports and recommendations in a timely way. We also aim to build on public trust by engaging with people with experience of using health and social care services, the general public, and the staff who work in or manage services. We do this through holding public consultations and focus groups, forming advisory groups, and meeting people with experience of care. This is essential to informing our work. Public input and feedback is essential in ensuring that our work is informed by first hand experience of working in and accessing services, as well as the best available national and international evidence and literature.

We also attend conferences and events to share our work with interested partner bodies and stakeholders, and take part in consultations run by other bodies.

Public consultations

To inform the development of our work in 2019, we held the following four public consultations:

- Scoping Consultation to inform the development of Draft National Standards for Children's Social Services
- Draft Guidance on a Human Rights-Based Approach to Care and Support in Health and Social Care Settings
- Draft HTA of a PrEP programme
- Draft HTA of C-reactive protein point-of-care testing to guide antibiotic prescribing.

We invited the public, people with experience of using services, their families, staff who work in services, advocates, researchers and policy-makers to give us feedback on our work in these areas. From the four consultations held in 2019, we received responses from 202 individuals or groups.

Engagement with residents in social care services

A key aspect of every inspection is inspectors meeting and spending time with

residents, while respecting everyone's individual preferences, rights and needs.

Over the course of 2019, we met with a large number of residents who live in designated centres, and children who access social services throughout Ireland. Our inspectors spent time listening to and observing life for residents and children.

The majority of residents and children told inspectors that they were happy in their home and that they felt safe.

Services for people with disabilities

In designated centres for people with disabilities, residents told us that they knew how to raise a complaint or concern, and they felt they could easily speak to any member of staff if necessary. However, some residents expressed concerns about the follow up to complaints they had made.

Most residents told inspectors that they felt they had choice and control over their daily activities and were supported by staff according to their needs and wishes. However, inspectors found that residents living in congregated settings did not have the same choice as people living in the community and often their day primarily focused on campus-based activities. In many cases, these activities were further limited by a lack of staff available to support residents.

Residents enjoyed telling and showing inspectors how they liked to spend their time and of the activities or persons that were particularly important to them. They often told inspectors about the support they received from staff, how they liked the staff who worked with them and were familiar to them. Residents spoke about being comfortable speaking to staff about anything that was effecting them. Some residents thought that things could be better if there was more staff in the centres.

Many residents living in the community said that they had developed independent living skills or were being supported to engage in tasks such as cooking, cleaning and laundry tasks. This is in contrast to those living in congregated settings, where inspectors found that many residents were not involved or supported to participate in their daily living routines.

Residents in a number of congregated settings expressed their concern about the delay to transition to community-based services. Some residents told inspectors that they had stopped engaging in advocacy meetings as progress was not being made.

We also recognise the importance of meeting with people with disabilities outside of the inspection process to listen to their views about the work of inspectors.

In 2019, inspectors were invited to attend 18 resident meetings across the country. Inspectors attended the meetings as guests and were welcomed by their hosts. Inspectors listened to what residents had to say about their experiences of inspections. Residents also told inspectors abouts aspects of their service which

were most important to them and what they believed inspectors should be looking at when they visit centres.

We have reviewed the information that residents gave us and will send a summary of the information provided back to each resident group. We have also committed to developing our own plan based on what residents told us to inform the way that inspectors carry out their inspection activity.

Given the success of the engagement in 2019, and following requests from other resident groups, we intend to repeat this programme again in 2020.

Nursing homes

In 2019, we held five regional sessions, offering nursing home residents, their relatives and friends, and the general public, the chance to meet the inspectors responsible for the inspection of nursing homes and to talk about their experiences of nursing home care. Over 100 residents and relatives attended these sessions, providing us with valuable insights into their lives and what is important to them.

Children

In 2019, we worked closely with Hub na nÓg, within the Department of Children and Youth Affairs, to develop a training programme utilising the Lundy Model for inspectors on the voice of the child – focusing on Article 12 of the United Nations Convention on the Rights of the Child (UNCRC).

Inspectors subsequently utilised the Lundy Model of Participation and the tools and participative methodologies during inspections to capture the voice of the children that they meet with during foster care, children's residential centres, and Oberstown Children Detention Campus inspections.

Engagement with health and social care professionals

Nursing homes

We held a series of regional meetings with registered providers of nursing homes during 2019.

Over 500 providers and persons in charge of nursing homes attended five regional sessions. These sessions provided an opportunity for us to share information on the thematic inspections and for staff from nine nursing homes to present examples of good practice in the delivery of nursing home care.

Other stakeholders that we engaged with during 2019 included:

- Sage
- Nursing Homes Ireland

- Irish Congress of General Practitioners
- Irish Guide Dogs for the Blind Association
- National Treatment Purchase Fund.

Disability services

We held four roadshows, attended by over 500 providers and managers from centres for people with disabilities in 2019. At these events, we spoke about how regulation can be used to improve the rights and dignity of residents living in designated centres, and how good governance arrangements leads to improvements in the rights and choices for residents.

In addition, we held three provider representative forum meetings during 2019 with representation at these meetings including the National Federation of Voluntary Bodies, the Disability Federation of Ireland, Not for Profit Business Association and the HSE in their capacity as a direct service provider. This meeting has provided a valuable opportunity for the exchange of information between the regulator and the national provider representatives.

Healthcare

During 2019, HIQA completed an extensive programme of stakeholder engagement to support commencement of regulation in ionising radiation. These key stakeholders included the Department of Health, the HSE, private hospitals and the Irish Dental Association.

We also held eight engagement sessions for 450 undertakings throughout the country in June 2019. We maintained regular liaison and collaborative working with the Environmental Protection Agency (EPA), who regulate non-patient ionising radiation exposures.

During 2019, HIQA also undertook a number of specific stakeholder engagement exercises to help to both support the development of our work and assist providers in meeting the national standards. These exercises included:

- ongoing engagement with HIQA's maternity services advisory group to support this programme of monitoring.
- external engagement with key national bodies to conclude the maternity services review, including the HSE National Women and Infants Programme, Senior HSE management, and the Director General of the HSE.
- continued attendance in observance at the RCSI/RCPI Healthcare Associated Infection and Antimicrobial Resistance Clinical Advisory Group.
- two stakeholder engagement sessions with providers of rehabilitation and community inpatient healthcare services (one in Cork and one in Dublin).

Oireachtas

On 13 February 2019, HIQA addressed the Joint Committee on Children and Youth Affairs in relation to recruitment and retention of Tusla staff. In its opening statement, HIQA reiterated findings of multiple inspection reports, including the findings of its investigation into Tusla's management of child sexual abuse referrals against adults of concern that Tusla had been unable to recruit a sufficient number of social workers with the right skill-mix to carry out its work programme.

While HIQA acknowledged that Tusla was indeed experiencing a shortage of qualified social workers, the 2018 investigation identified that there was no comprehensive, strategic approach to workforce planning in place, informed by the reality of the current employment market, and there was little evidence to show that a review of current processes and requirements, and or consideration of upskilling other social care disciplines had happened or was formally underway.

We highlighted the need for Tusla to take a strategic approach to workforce planning, as it could not continue to rely on recurring staff shortages as the default reason for failing to deliver efficient and safe services to children and families.

Health technology assessment

National and international networks

In 2019, we signed a memorandum of understanding (MoU) between national health technology assessment (HTA) bodies in Scotland, Wales and Ireland.

The MoU established a collaborative approach to the identification and assessment of new health technologies between HIQA, the HSE, Health Technology Wales and the Scottish Health Technology Group.

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

HIQA has been nominated by the Department of Health to represent Ireland in the European Network for Health Technology Assessment (EUnetHTA) since 2008. EUnetHTA is a collaboration of over 80 HTA organisations from all 28 EU member states, Norway and Switzerland. It aims to bring about effective and sustainable HTA collaboration that creates added value at European, national and regional levels. A series of Joint Actions have been undertaken to foster interagency cooperation, improve HTA output and avoid duplication of effort. This work has also informed the establishment of a permanent Europe-wide network of HTA agencies.

HIQA is an active participant in four of the work packages included in EUnetHTA's third Joint Action 2016-2021. HIQA's Director of HTA and Deputy Chief Executive,

Dr Máirín Ryan is an elected member of the EUnetHTA Executive Board.

During 2019, we worked with EUnetHTA on a number of projects, including:

- activity centre lead and lead author on a rapid relative effectiveness assessment (REA) of C-reactive protein point-of-care testing to guide antibiotic prescribing for respiratory tract infections in primary care settings.
- a EUnetHTA taskforce workshop on HTA and Medical Devices.
- text and review support for the guidance document '*Practical considerations when critically assessing economic evaluations*'.
- lead author on an update of methodological guideline *Comparators & Comparisons: Direct and indirect comparisons*.
- lead author on a standardised operating procedure for data analysis [in the context of relative effectiveness assessment].

We also contribute to a number of advisory groups and networks run by external stakeholders. These include the Technology Review Group of the National Cancer Control Programme, the Rare Diseases Technology Review Committee, the HSE HTA Expert Group, the SPHeRE Steering Group, HSE Community Health Schemes (Medicines) Open Data Project Governance Committee, the Department of Health Implementation Oversight Group for the development of a new model for the delivery of public health medicine in Ireland and the Medicinal Cannabis Expert Reference Group.

Evidence Synthesis Ireland

The HTA Directorate collaborates on the Evidence Synthesis Ireland initiative led by Professor Declan Devane, NUIG, which aims to strengthen Ireland's capabilities in evidence synthesis to promote evidence-informed health decision-making. Evidence Synthesis Ireland is funded by the HRB and the Public Health Agency, Northern Ireland. HIQA is one of its four placement sites for successful applicants to undertake training in systematic review and other evidence synthesis skills. In 2019, an ESI fellow worked with the HRB-CICER team on a systematic review to inform the care of the dying adult in the last days of life guideline.

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

IPPOSI programme

HIQA provided support for the 2019 IPPOSI Patient Education Programme. The health technology assessment module of the programme is jointly delivered by members of the National Centre for Pharmacoeconomics and HIQA. The programme is attended by patients and patient advocates and is designed to enable and

empower them to work effectively with Irish and EU-level agencies and authorities.

National Inpatient Experience Survey Conference

We held the first National Inpatient Experience Survey Conference in March 2019. The theme of the conference, "Knowing what matters to you and doing something about it", focused on quality improvement initiatives being implemented in hospitals around the country.

The conference highlighted the findings from the 2017 and 2018 surveys and showcased how healthcare professionals, stakeholders and patients can work together to improve experiences for all in our hospitals. The conference was attended by over 300 health professionals.

Conferences

During 2019, our staff attended a number of national and international conferences to present on HIQA's research and work. These events allowed us to share our research, learnings and findings with other health researchers, health professionals and service users. Examples include:

- The future of safe prescribing; a conference of the British Pharmacological Society and Royal College of Physicians in Ireland.
- 2019 National Health Outcomes Conference, Dublin.
- 2019 ISPOR Student Chapter, Dublin.
- 2019 Irish Postgraduate and Early Career Economists Conference, Galway.
- 2019 Health Technology Assessment International Annual Meeting, Cologne.
- 2019 SPHeRE Peer Learning Event, Trinity College Dublin.
- 2019 National Patient Safety Office 4th Annual Conference, Dublin.
- 2019 ISPOR 22nd Annual European Congress, Copenhagen.
- 2019 Guidelines International Network (GIN) Annual Meeting, Adelaide.
- 2019 Health Informatics Society of Ireland Conference, Dublin.
- 2019 National Patient Safety Office Conference, Dublin.
- 2019 National Conference for Immunisation Administrators, Dublin.
- 2019 Council of Clinical Information Officers (CCIO) annual conference, Ireland.
- 2019 The International Society for Quality in Health Care (ISQUA), South Africa.

Karla Charles and Terry Dignam from EPIC; Minister for Children and Youth Affairs, Katherine Zappone TD; and HIQA Inspector Jane McCarroll and Standards Development Lead Deirdre Connolly.

Launch of National Standards for Adult Safeguarding, John Farrelly, CEO of the Mental Health Commission (MHC); Rosemary Smyth, MHC Director Standards and Quality Assurance; Minister for Health Simon Harris TD; Phelim Quinn, CEO of HIQA; and Rachel Flynn, HIQA Director of Health Information and Standards.

HIQA's team at an information session for providers of disability services in September 2019.

At SPHeRE Conference 2019, are Dr Conor Foley, Dr Barbara Foley, Aoife Healy, Linda Weir and Dr Laura Behan.

HIQA's National Care Experience Programme Team at the launch of the inpatient survey results: Cassidy Diramio, Tina Boland, Catriona Keane, Conor Foley, Daniela Rohde, Trudi Mason and Tracy O'Carroll.

Cormac Farrell and Zoë Forde with their 'highly commended' best use of plain English awards from the National Adult Literacy Agency.

Karen Jordan presenting at the 2019 Annual HTAi Meeting.

HIQA CEO Phelim Quinn; patient representative Phyllis McNamara; HIQA's Director of Health Information and Standards Rachel Flynn; and HSE CEO Paul Reid launching the results of the National Inpatient Experience Survey.

At the European Commission/European Centre for Disease Prevention and Control One Health antimicrobial resistance event in October are: HIQA Director of Regulation, Mary Dunnion; Minister for Health, Simon Harris TD; and HIQA Healthcare Inspector Kathryn Hanly.

Speakers at the National Patient Experience Survey Conference 2019, from left to right: Dr Johnny Walker, Consultant Interventional Radiologist; Rachel Flynn, HIQA Director of Health Information and Standards; Phelim Quinn, HIQA CEO; patient representatives Brian and Valerie Cox; Dr Conor Foley, HIQA Senior Analyst; Tracy O'Carroll, HIQA's National Care Experience Programme Manager.

The Ombudsman, Peter Tyndall, and HIQA CEO, Phelim Quinn, signing a memorandum of understanding

Launch of a new guideline from the National Clinical Effectiveness Committee (NCEC) aimed at improving the staging and diagnosis of er by the Minister for Health, Simon Harris TD.

memorandum of understanding with Health Technology Wales, the Scottish Health Technology Group and the HSE to establish a collaborative approach to the identification and assessment of new health technologies.

Sonia McCague, HIQA Inspector; Teresa Moran, resident at St Gabriel's Nursing Home, who told nursing home providers about how she participates in life in her nursing home; and Cathy Glennon activity staff member in St Gabriel's Nursing Home.

Chapter 5

Annual financial statements

Chapter 5
Annual Financial Statements
For the year ended 31 December 2019

Index

General information

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Ulster Bank
95 Main Street
Midleton
Co Cork
P25 RW67

Auditors

Comptroller and Auditor General
3A Mayor Street Upper
Dublin 1
D01 PF72

Solicitors

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

Chairperson's Report
For the year ended 31 December 2019

This report addresses the requirements in the Code of Practice for the Governance of State Bodies (2016) set out in the Business and Financial Reporting Requirements, Section 1.9 which outlines the items for inclusion in the Chairperson's Comprehensive Report to the Minister for Health.

- A statement on internal control is included in this report.
- I confirm that there were no commercially significant developments affecting HIQA during the year, including the establishment of subsidiaries or joint ventures and share acquisitions.
- There are no undisclosed off-balance sheet financial transactions.
- I affirm that all appropriate procedures for financial reporting, internal audit, procurement, travel and asset disposals are in place.
- I affirm that Codes of Business Conduct for Directors and Employees have been put in place and are adhered to.
- I affirm that Government policy on the pay of the Chief Executive and all other HIQA employees is being complied with.
- I affirm that Government guidelines on the payment of Directors' fees, as conveyed by the Department of Health, are being complied with. A schedule of fees and expenses is included in the Governance Statement and Board Members Report.
- There are no significant post-balance sheet events to report.
- I confirm that the Public Spending Code, suitably modified for the circumstances of HIQA, is being complied with.
- There are procedures in place for the making of protected disclosure in accordance with the Protected Disclosures Act 2014. A report on protected disclosures is included in the annual report.
- I confirm that Government travel policy requirements are being complied with in all respects.
- I confirm that HIQA has complied with its obligations under taxation law.

Chairperson's Report

For the year ended 31 December 2019

- No legal action was taken by HIQA against a state agency in 2019 or and no state agency took action against HIQA in 2019.
- I confirm that the Code of Practice for the Governance of State Bodies (2016) has been adopted and I consider that HIQA can demonstrate full compliance with the Code.

Pat O'Mahony, Chairperson

Date: 22 April 2020

Statement on Internal Control

1. Scope of responsibility

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

2. Purpose of the system of internal control

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

The system of internal control, which accords with guidance issued by the Department of Public Expenditure and Reform, has been in place in HIQA for the year ended 31 December 2019 and up to the date of approval of the financial statements.

3. Capacity to Handle Risk

HIQA has an Audit, Risk and Governance Committee comprising four Board members and one external member. The Committee met six times during 2019.

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

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

4. Risk and control framework

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

Statement on Internal Control *(continued)*

A risk register is in place which identifies the key risks facing HIQA. Risks have been identified, evaluated and graded according to their significance, and are regularly reviewed and considered by the Audit, Risk and Governance Committee. These assessments are used to plan and allocate resources to ensure risks are managed to an acceptable level.

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

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

5. Ongoing monitoring and review

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

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

Statement on Internal Control *(continued)*

6. Procurement

I confirm that HIQA has procedures in place to ensure compliance with current procurement rules and guidelines and during 2019 HIQA complied with those procedures.

7. Review of effectiveness

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

I confirm that the Board conducted an annual review of the effectiveness of the internal controls for 2019.

6. Internal control issues

No weakness in internal control were identified in relation to 2019 that require disclosure in the financial statements.

On behalf of the Board,

Pat O'Mahony, Chairperson

Date: 22 April 2020

Governance Statement and Board Members' Report

1. Governance

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

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

2. Board responsibilities

The work and responsibilities of the Board are set out in HIQA's Code of Governance which also contains the matters specifically reserved for Board decision. Standing items considered by the Board include:

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

Section 35 of the Health Act 2007 requires the Board of HIQA to keep, in such form as may be approved by the Minister for Health with consent of the Minister for Public Expenditure and Reform, all proper and usual accounts of money received and expended by it.

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

- select suitable accounting policies and apply them consistently,
- make judgments and estimates that are reasonable and prudent,
- prepare the financial statements on a going concern basis unless it is inappropriate to presume that it will continue in operation, and

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

- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements.

The Board is responsible for keeping adequate accounting records which disclose, with reasonable accuracy at any time, its financial position and enables it to ensure that the financial statements comply with Section 35 of the Health Act 2007. The Board is responsible for approving the annual plan and budget. Monitoring of HIQA's performance against the annual plan and budget is carried out on an ongoing basis.

The Board is also responsible for safeguarding its assets and taking reasonable steps for the prevention and detection of fraud and other irregularities. The Board considers that the financial statements of HIQA give a true and fair view of the financial performance and the financial position of HIQA at 31 December 2019.

3. Board structure

The Board consists of a Chairperson and 11 ordinary members, all of whom are appointed by the Minister for Health.

Name	Role	Tenure commenced	Tenure expires
Pat O'Mahony	Chairperson of the Board	03/10/2018	02/10/2023
Molly Buckley	Board Member	29/07/2015	28/07/2020
Paula Kilbane	Board Member	29/07/2015	28/07/2020
Stephen O'Flaherty	Board Member	29/07/2015	28/07/2020
Martin Sisk	Board Member	29/07/2015	28/07/2020
James Kiely	Board Member	26/02/2018	25/02/2023
Caroline Spillane	Board Member	26/02/2018	25/02/2023
Enda Connolly	Board Member	26/02/2018	25/02/2023
Lynsey Perdisatt	Board Member	02/09/2019	01/09/2024
Tony McNamara	Board Member	02/09/2019	01/09/2024
Bernadette Costello	Board Member	28/02/2020	27/02/2025

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

Former Board members

Name	Role	Tenure commenced	Tenure expires
Mary Fennessy	Board Member	07/04/2014	06/04/2019
Judith Foley	Board Member	07/04/2014	06/04/2019
Deirdre Madden	Board Member	26/02/2018	23/01/2019*

* Voluntary resignation by board member

The tenure of two board members, Mary Fennessy and Judith Foley expired on 6 April 2019. Three new board members, Lynsey Perdisatt, Tony McNamara and Michael Rigby were appointed by the Minister for Health on 2 September 2019.

HIQA holds the SWiFT 3000 Governance certification from the National Standards Authority Ireland. The SWiFT 3000 certification is the National Standards Authority of Ireland (NSAI) standard for the assessment of corporate governance. The objective of the assessment is to assess an organisation's corporate governance frameworks and specifically the level of compliance against relevant codes of practice, including the code of Practice for the Governance of State Bodies 2016 and emerging best practice.

An external evaluation of Board performance was carried out in 2019.

4. Committees of the Board

The Board has established four committees, as follows:

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

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

b) **Resource Oversight Committee:** monitors the resource requirements of HIQA to ensure that they are aligned with HIQA's corporate strategy including oversight of resource related risks. In addition, it oversees organisational needs and managerial performance.

c) **Regulation Committee:** oversees the governance arrangements, including compliance and controls with regard to HIQA's regulatory and monitoring functions.

d) **Standards, Information, Research and Technology Committee:** oversees the governance arrangements, including compliance and controls, for the functions of standards development, health information and health technology assessment functions.

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

A schedule of attendance at Board and Committee meetings in 2019 is set out below, including the fees and vouched expenses paid to each member:

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

a) Current Board Members

	Statutory Board meeting	Extra Board meetings	Audit, Risk and Governance Committee	Regulation Committee	Standards, Information Research and Technology Committee	Resource Oversight	Fees	Vouched Expenses
Number of Meetings	6	4	6	4	3	3		
Pat O'Mahony	6 of 6	4 of 4	-	-	-	3 of 3	€11,955	€441
Enda Connolly	5 of 6	2 of 4	4 of 6	-	1 of 3	-	€7,695	-
James Kiely	5 of 6	3 of 4	5 of 6	-	3 of 3	3 of 3	€7,695	€389
Caroline Spillane	6 of 6	4 of 4	6 of 6	2 of 4	-	-	€7,695	€260
Stephen O'Flaherty	5 of 6	3 of 4	6 of 6	-	-	3 of 3	€7,695	€469
Paula Kilbane	6 of 6	4 of 4	-	4 of 4	-	-	€7,695	€326
Martin Sisk	5 of 6	3 of 4	-	-	3 of 3	2 of 3	€7,695	€667
Molly Buckley	4 of 6	3 of 4	-	4 of 4	-	-	€7,695	€267
Michael Rigby*	2 of 2	0 of 1	-	1 of 2	1 of 1	-	€2,565	€42
Tony McNamara*	2 of 2	0 of 1	-	2 of 2	0 of 1	-	€2,565	€530
Lynsey Perdisatt*	2 of 2	1 of 1	-	-	-	1 of 1	-	€104
Total							**€70,950**	**€3,495**

* Joined in September 2019

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

b) Former Board Members

	Statutory Board meeting	Extra Board meetings	Audit, Risk and Governance Committee	Regulation Committee	Standards, Information Research and Technology Committee	Resource Oversight	Fees	Vouched Expenses
Number of Meetings	6	4	6	4	3	3		
Judith Foley*	0 of 2	0 of 1	-	-	1 of 1		-	-
Mary Fennessy*	1 of 2	1 of 1	-	1 of 1	-		€2,072	€105
Deirdre Madden**	0 of 1	-	-	-	-		-	-
Total							**€2,072**	**€105**

* tenure expired April 2019

**resigned January 2019

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

Fees are not paid to Board members employed in the public service, under the 'One Salary One Person Principle' directive, issued by the Department of Public Expenditure and Reform. As a result, three of HIQA's Board members, during the year were not in receipt of fees (Lynsey Perdisatt, Judith Foley, and Deirdre Madden).

In addition to vouched expenses paid directly to Board members, a further €2,197 was paid by HIQA for hotel accommodation. In these instances no subsistence was claimed by the Board member.

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

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

The Board is responsible for ensuring that HIQA has complied with the requirements of the Code of Practice for the Governance of State Bodies (2016).

7. Statement of compliance

The Board has adopted the Code of Practice for the Governance of State Bodies (2016). The Board believes that HIQA is compliant with the code.

On behalf of the Board,

Signed: 

Pat O'Mahony
Chairperson

Date: 22 April 2020

Signed: 

Caroline Spillane
Board member

Date: 22 April 2020

Comptroller and Auditor General Report

Report for presentation to the Houses of the Oireachtas

Health Information and Quality Authority

Qualified opinion on the financial statements

I have audited the financial statements of the Health Information and Quality Authority for the year ended 31 December 2019 as required under the provisions of section 35 of the Health Act 2007. The financial statements have been prepared in accordance with Financial Reporting Standard (FRS) 102 — The Financial Reporting Standard applicable in the UK and the Republic of Ireland and comprise

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

In my opinion, except for the non-compliance with the requirements of FRS 102 in relation to retirement benefit entitlements referred to below, the financial statements give a true and fair view of the assets, liabilities and financial position of the Health Information and Quality Authority at 31 December 2019 and of its income and expenditure for 2019 in accordance with FRS 102.

Basis for qualified opinion on financial statements

In compliance with the directions of the Minister for Health, the Health Information and Quality Authority accounts for the costs of retirement benefit entitlements only as they become payable. This does not comply with FRS 102 which requires that the financial statements recognise the full cost of retirement benefit entitlements earned in the period and the accrued liability at the reporting date. The effect of the non-compliance on the Health Information and Quality Authority's financial statements for 2019 has not been quantified.

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

Comptroller and Auditor General Report
(continued)

Quality Authority and have fulfilled my other ethical responsibilities in accordance with the standards.

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

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

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

I have nothing to report in that regard.

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

24 April 2020

Comptroller and Auditor General Report
(continued)

Responsibilities of Board members

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

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

Responsibilities of the Comptroller and Auditor General

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

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

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

- I identify and assess the risks of material misstatement of the financial statements whether due to fraud or error; design and perform audit procedures responsive to those risks; and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not

Comptroller and Auditor General Report
(continued)

detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

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

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

Information other than the financial statements

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

In connection with my audit of the financial statements, I am required under the ISAs to read the other information presented and, in doing so, consider whether the other information is materially inconsistent with the financial statements or with

Comptroller and Auditor General Report
(continued)

knowledge obtained during the audit, or if it otherwise appears to be materially misstated. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

Reporting on other matters

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

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

I also report by exception if, in my opinion,

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

Statement of Income and Expenditure and Retained Revenue Reserves

For the year ended 31 December 2019

	Notes	2019 €	2018 Restated €
Income			
Department of Health (Vote 38, E1)		15,700,000	13,200,000
Annual and registration fees	2	7,202,745	7,210,829
Other income	3	1,450,150	1,270,653
		24,352,895	**21,681,482**
Expenditure			
Staff costs	4	18,394,752	15,943,111
Travel and subsistence	9	864,461	808,053
Professional fees	10	823,182	659,904
Publication expenses		99,580	101,803
Support costs	11	2,390,704	2,048,608
Establishment expenses	12	1,965,164	1,850,073
		24,537,843	**21,411,552**
(Deficit)/surplus for the year		(184,948)	269,930
Surplus as at 1 January	18(a)	1,316,701	1,046,771
Surplus at 31 December		**1,131,753**	**1,316,701**

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

The Statement of Cash Flows and Notes 1 to 21 form part of these financial statements.

On behalf of the Health Information and Quality Authority,

Signed: _____ Signed: _____

Pat O'Mahony, Chairperson

Date: 22 April 2020

Phelim Quinn, Chief Executive

Date: 22 April 2020

Statement of Capital Income and Expenditure
For the year ended 31 December 2019

	Notes	2019 €	2018 Restated €
Income			
Department of Health (Vote 38, L)		1,490,595	693,113
Amortisation of Capital Fund Account		1,006,855	758,284
		2,497,450	**1,451,397**
Expenditure			
Fixtures and fittings	13	15,128	71,433
Computer equipment	13, 18(c)	1,395,717	621,460
Non capital intangible expenditure		79,750	-
Depreciation	13	1,006,855	758,504
		2,497,450	**1,451,397**
Surplus /(Deficit) for the Year			
Opening (deficit)/surplus		-	-
Surplus /(Deficit) for the Year		**–**	**–**

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

The Statement of Cash Flows and Notes 1 to 21 form part of these financial statements.

On behalf of the Health Information and Quality Authority,

Signed: _____ Signed: _____

Pat O'Mahony, Chairperson

Date: 22 April 2020

Phelim Quinn, Chief Executive

Date: 22 April 2020

Statement of Financial Position
For the year ended 31 December 2019

	Notes	2019 €	2018 Restated €
Fixed Assets			
Tangible Assets	13, 18(c)	2,567,845	2,163,855
Current Assets			
Receivables	14, 18(b)	1,405,944	1,369,111
Cash and cash equivalents		1,215,308	1,540,854
		2,621,252	2,909,965
Less Current Liabilities			
Payables falling due within one year	15	(1,489,499)	(1,593,264)
Net Current Assets		**1,131,753**	**1,316,701**
Total Assets less Current Liabilities		**2,497,450**	**1,451,397**
Capital and Reserves			
Revenue Reserves	18(a)	1,131,753	1,316,701
Capital Account	16, 18(d)	2,567,845	2,163,855
		3,699,598	**3,480,556**

The Statement of Cash Flows and Notes 1 to 21 form part of these financial statements.

On behalf of the Health Information and Quality Authority,

Signed: _____ Signed: _____

Pat O'Mahony, Chairperson

Date: 22 April 2020

Phelim Quinn, Chief Executive

Date: 22 April 2020

Statement of Cash Flows
For the year ended 31 December 2019

Reconciliation of Operating Deficit to Net Funds Inflow from Operating Activities

	Notes	2019	2018 Restated
		€	€
Operating Surplus		(184,948)	269,930
(Increase)/Decrease in receivables		(36,833)	(597,830)
Increase /(Decrease) in payables and accruals		(103,765)	67,049
Interest received		(99)	(80)
Net Cash Flow from Operating Activities		**(325,645)**	**(260,931)**
Cash Flows from Investing Activities			
Purchase of fixed assets		1,410,845	692,893
Non capital expenditure		79,750	-
Capital grants received		(1,490,595)	(692,893)
Net Cash Flows from Investing Activities		**-**	**-**
Cash Flows from Financing Activities			
Interest received		99	80
Net Cash Flows from Financing Activities		**99**	**80**
Net (Decrease)/Increase in Cash and Cash Equivalents		**(325,546)**	**(260,851)**
Cash and cash equivalents at 1 January		1,540,854	1,801,705
Cash and Cash Equivalents at 31 December		**1,215,308**	**1,540,854**

On behalf of the Health Information and Quality Authority,

Signed: _____

Pat O'Mahony, Chairperson
Date: 22 April 2020

Signed: _____

Phelim Quinn, Chief Executive
Date: 22 April 2020

Notes to the Financial Statements
For the year ended 31 December 2019

1. Accounting Policies

1. (a) General Information

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

(b) Statement of Compliance

The financial statements of HIQA for the year ended 31 December 2019 have been prepared in accordance with FRS102 (the financial reporting standard applicable in the UK and Ireland), as modified by the directions of the Minister for Health in relation to superannuation. In compliance with the directions of the Minister for Health, HIQA accounts for the costs of superannuation entitlements only as they become payable (see (l) and (m)). This basis of accounting does not comply with FRS102, which requires such costs to be recognised in the year in which entitlement is earned.

(c) Basis of Preparation

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

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

(d) Income

(i) Oireachtas grants

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

Notes to the Financial Statements
For the year ended 31 December 2019

(ii) Annual fee income

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

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

(iii) Application to register or vary fees

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

(iv) Other grants

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

(e) Employee – short term benefits

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

(f) Receivables

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

Notes to the Financial Statements
For the year ended 31 December 2019

for doubtful debts are recognised in the Statement of Income and Expenditure and Retained Revenue Reserves.

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

(g) Operating lease

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

(h) Capital funding

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

(i) Property, plant and equipment and depreciation

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

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

Notes to the Financial Statements
For the year ended 31 December 2019

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

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

Residual value represents the estimated amount which would currently be obtained from disposal of an asset, after deducting the estimated costs of disposal, if the asset were already of an age and in the condition expected at the end of its useful life.

If there is objective evidence of impairment of the value of an asset, an impairment loss is recognised in the Statement of Income and Expenditure and Retained Revenue Reserves.

(j) Superannuation

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

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

(k) Single public service pension scheme

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

Notes to the Financial Statements
For the year ended 31 December 2019

(l) Critical accounting judgments and estimates

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

Depreciation and residual values

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

2. Annual and Registration Fee Income

	2019 €	2018 €
Annual fees	6,871,145	6,822,423
Registration fees	331,600	388,406
	7,202,745	**7,210,829**

3. Income

Superannuation contributions	460,821	440,958
EU and other grants	39,625	36,611
Mental Health Commission	20,933	99,625
Irish Human Rights and Equality Commission	16,000	24,273
European Centre for Disease Prevention and Control	29,883	-
HRB grant for Collaboration in Ireland for Clinical Effectiveness Reviews	532,729	369,266

Notes to the Financial Statements
For the year ended 31 December 2019

National Care Experience Programme	350,000	300,000
Interest received	99	80
Miscellaneous income	60	(160)
Total	**1,450,150**	**1,270,653**

4. Staff Costs

Wages and salaries	14,777,057	12,526,070
Pensions	723,279	425,797
Agency staff	1,368,745	1,733,720
Board members' fees	73,022	86,423
Employers' pay related social insurance	1,452,649	1,171,101
Total	**18,394,752**	**15,943,111**

Additional superannuation contributions of €585,672 (2018, €643,509) were made from staff salaries and remitted to the Department of Health.

5. Remuneration

a) Aggregate Employee Benefits

	2019	2018
	€	€
Employee short-term benefits	14,777,057	12,526,070
Outstanding annual leave entitlement	126,742	108,265
Employer's contribution to social welfare	1,452,649	1,171,101
	16,356,448	**13,805,436**

The total number of staff employed, whole time equivalents, at year end was 252 (2018, 231).

(b) Short-term Benefits

Basic pay	14,477,057	12,526,070
	14,477,057	**12,526,070**

Notes to the Financial Statements
For the year ended 31 December 2019

c) Key Management Personnel

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

	2019	2018
	€	€
Chief Executive Officer	157,031	151,500
Other Key Management Personnel	492,849	473,457
	649,880	**624,957**

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

HIQA's key management personnel were reimbursed €38,185 (2018, €25,912) for travel, subsistence and other expenses incurred while carrying out their duties.

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

6. Employee Short-Term Benefits

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

Employee benefits)	2019	2018
	Number	Number
€ 60,001 - € 70,000	65	56
€ 70,001 - € 80,000	28	26
€ 80,001 - € 90,000	14	14
€ 90,001 - €100,000	8	4
€100,001 - €110,000	2	4
€110,001 - €120,000	1	0

Notes to the Financial Statements
For the year ended 31 December 2019

	2019 Number	2018 Number
€120,001 - €130,000	0	1
€130,001 - €140,000	2	0
€140,001 - €150,000	0	1
€150,001 - €160,000	1	1

Total employer pension contributions paid during the year was nil (2018, nil).

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

7. Hospitality Expenditure

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

	2019 €	2018 €
External Hospitality (Note 1)	0	2,296
Board and Staff Hospitality	1,144	924
Total	**1,144**	**3,220**

Note 1 Included in 2018 External Hospitality is an amount for €1,808, which was incurred for hosting a dinner, the cost of which was refunded in full from a grant from the European Network for Health Technology Assessment.

8. Average Headcount

	2019	2018
Regulation	169	151
Health Technology Assessment	15	12
Health Information and Standards	25	18
Support staff	45	36
	254	**217**

As at 31 December, HIQA employed 252 whole time equivalent staff (2018, 231).

Notes to the Financial Statements
For the year ended 31 December 2019

9. Travel and Subsistence

	2019	2018
Domestic		
Board	5,797	7,243
Employees	809,728	768,906
International		
Employees	38,254	25,872
External professional services*	10,682	6,032
	864,461	**808,053**

Board travel and subsistence includes €3,600 paid directly to Board members (2018, €4,603). The balance of €2,197 (2018, €2,640) relates to expenditure paid by HIQA on behalf of the Board members in relation to hotel accommodation. Where hotel accommodation was provided by HIQA, no subsistence was claimed by the Board member.

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

10. Professional Fees

Consultancy costs include the cost of external advice to management and exclude outsourced 'business-as-usual' functions.

Consultancy	**2019 €**	**2018 €**
Human resources	33,302	11,255
Governance and strategy	44,814	84,874
Digital and data transformation strategy	160,607	-
Total consultancy	**864,461**	**808,053**

Notes to the Financial Statements
For the year ended 31 December 2019

Other professional services	2019	2018
Legal advice	49,977	63,929
ICT professional services	196,842	53,666
Statutory investigations and reviews	-	4,920
Standards development and health technology assessments	27,522	40,633
Organisational development	119,950	123,344
Human resources and payroll implementation	(5,982)	42,397
Staff survey	17,158	-
Facilitation and coaching services	21,632	11,181
External accreditations	3,229	-
Pension support services	7,893	8,610
Procurement services	8,358	7,528
Website review	13,776	-
Board risk and governance workshop	7,457	-
Other	2,156	6,798
Total consultancy	**469,968**	**363,006**
Legal Costs		
Legal fees – legal proceedings (Note 1)	114,491	200,769
Total	**864,461**	**808,053**
Total professional fees	**823,182**	**659,904**

Note 1 The table provides details of expenditure in the reporting period in relation to a range of legal proceedings. This does not include expenditure incurred in relation to general legal advice received by HIQA which is disclosed in other professional services above.

Notes to the Financial Statements
For the year ended 31 December 2019

Included in legal proceedings are costs related to a Judicial Review, for which party to party costs were awarded to HIQA against the applicant. HIQA will seek to have these costs assessed and approved by the Taxing Master, so that the costs can be recovered.

All consultancy costs incurred were charged to the Statement of Income and Expenditure and Retained Revenue Reserves.

11. Support costs

	2019 €	2018 €
Recruitment	157,654	197,656
Staff training and development	251,743	184,878
Membership and subscriptions	185,911	63,312
Telephone	132,886	113,559
IT support and supplies (Note 18(a))	1,475,054	1,291,665
Internal audit and accountancy	56,725	84,041
External audit	13,000	13,000
Postage and stationery	96,731	87,985
Media monitoring	11,002	8,795
Couriers	7,618	1,696
Prompt payment interest and charges	1,197	580
Bank charges	1,183	1,441
Total	**2,390,704**	**2,048,608**

Notes to the Financial Statements
For the year ended 31 December 2019

12. Establishment Expenses

	2019 €	2018 €
Rent	1,215,415	1,196,763
Building service charge	187,311	105,100
Insurance	6,165	6,496
Repairs and maintenance	60,036	72,879
Meeting room hire	17,594	8,991
Stakeholder events and catering	45,734	49,139
Light and heat	129,409	122,806
Cleaning and refuse	127,230	133,094
Security	160,490	130,470
Record retention and storage	3,306	3,778
Health and safety	12,474	20,557
Total	**1,965,164**	**1,850,073**

Notes to the Financial Statements
For the year ended 31 December 2019

13. Fixed assets

	Leasehold interest	Fixtures and fittings	Computer software & equipment	Total
	€	€	€	€
Cost of valuation				
Balance at 1 January 2019 (Note 18(c))	2,067,364	714,689	3,822,806	6,604,859
Additions	-	15,128	1,395,717	1,410,845
Disposals	-	-	(113,767)	(113,767)
Cost or valuation at 31 December 2019	2,067,364	729,817	5,104,756	7,901,937
Accumulated depreciation				
Balance at 1 January 2019 (Note 18(c))	1,000,690	638,305	2,802,009	4,441,004
Depreciation charge for the period	109,126	18,712	879,017	1,006,855
Accumulated depreciation on disposal	-	-	(113,767)	(113,767)
Accumulated depreciation at 31 December 2019	1,109,816	657,017	3,567,259	5,334,092
Net book value at 31 December 2019	**957,548**	**72,800**	**1,537,497**	**2,567,845**
Restated Net book value at 31 December 2018 (Note 18(c))	**1,066,674**	**76,384**	**1,020,797**	**2,163,855**

Notes to the Financial Statements
For the year ended 31 December 2019

14. Receivables

	2019 €	2018 €
Annual fee receivables	305	1,405
Prepayments	727,376	537,215
Health Service Executive – National Patient Experience Survey	-	300,000
Department of Health – Capital Grants receivable Note 18(b)	387,905	287,288
Project Debtors	233,753	112,915
Payroll Receivables	25,140	74,137
Other Receivables	31,465	56,151
Total	**1,405,944**	**1,369,111**

15. Payables (amounts falling due within one year)

	2019 €	2018 €
Payables	59,006	92,189
Prepaid income	62,786	50,097
Prepaid project income	3,764	17,714
Trade accruals	763,432	897,296
Payroll deductions	473,769	427,703
Holiday pay accrual	126,742	108,265
Total	**1,489,499**	**1,593,264**

Notes to the Financial Statements
For the year ended 31 December 2019

16. Capital Account

	2019 €	2018 Restated €
Opening balance at 1 January (Note 18 (d))	2,163,855	2,229,246
Movement for period		
Expenditure from capital Grant	1,410,845	692,893
Disposals	(113,767)	(118,683)
Amount amortised in line with depreciation for the period	(1,006,855)	(758,284)
Accumulated depreciation on disposals	113,767	118,683
Balance at 31 December	**2,567,845**	**2,163,855**

17. Capital Commitments

	2019 €	2018 €
Contracted for	349,170	134,950
	349,170	**134,950**

18. Prior Year Adjustments

Following a review, expenditure on computer software recognised in the Income and Expenditure Statement in 2017 and 2018 is being reclassified as capital expenditure. The expenditure was approved for capital funding by the Department of Health. The assets are now included on the Statement of Financial Position and the 2018 financial statements figures have been restated to reflect the reclassification. The impact of this on previously reported results and balances is as follows.

- Expenditure charged to the Income & Expenditure account in 2017 and 2018 is being reclassified as capital resulting in increases of €89,110 in the 2018 reported surplus and €204,173 in retained revenue reserves at 31 December 2018.

Notes to the Financial Statements
For the year ended 31 December 2019

- This expenditure now charged to the Capital Income & Expenditure account is matched by equivalent funding from the Department of Health so there is a nil impact of the Capital Income & Expenditure surplus.
- Fixed assets at 31 December 2018 increase by €85,012 being the net book value of the assets capitalised and are matched by an equivalent adjustment to the Capital Account reserve.
- Receivables at 31 December 2018 increases by €204,173 representing the funding due from the Department of Health which was subsequently received in August 2019.

a) Restatement of Income and Expenditure Surplus and Retained Reserves

	2018 As Previously Reported	Adjustment	Restated 2018
2018 Surplus	180,820	89,110	269,930
Retained Surplus at 1 January 2018	931,708	115,063	1,046,771
Retained Surplus at 31 December 2018	**1,112,528**	**204,173**	**1,316,701**

b) Capital Grant Receivable

	2018 As Previously Reported	Adjustment	Restated 2018
Grants Receivable	83,115	204,173	287,288

Notes to the Financial Statements
For the year ended 31 December 2019

c) Restatement of Computer Software and Equipment

	2018 As Previously Reported	Adjustment	Restated 2018
Cost			
Balance as at 1 January 2018	3,204,966	115,063	3,320,029
Additions	532,350	89,110	621,460
Disposals	(118,683)	-	(118,683)
Cost as at 31 December 2018	**3,618,633**	**204,173**	**3,822,806**
Accumulated Depreciation			
Balance as at 1 January 2018	2,278,667	29,831	2,308,498
Depreciation charge for period	522,864	89,330	612,194
Accumulated Depreciation on Disposals	(118,683)	-	(118,683)
Accumulated Depreciation as at 31 December 2018	**2,682,848**	**119,161**	**2,802,009**
Net Book Value at 31 December 2018	**935,785**	**85,012**	**1,020,797**
Net Book Value at 1 January 2018	**926,299**	**85,232**	**1,011,531**

Notes to the Financial Statements
For the year ended 31 December 2019

d) Restatement of Capital Account

Computer Software & Equipment

	2018 As Previously Reported	Adjustment	Restated 2018
Balance as at 1 January 2018	2,144,014	85,232	2,229,246
Expenditure from Capital Grant	603,783	89,110	692,893
Amount amortised in line with depreciation for the period	(668,954)	(89,330)	(758,284)
Balance as at 31 December 2018	**2,078,843**	**85,012**	**2,163,855**

19. Leasehold Commitments

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

The lease in respect of City Gate, Mahon, Cork was entered into in 2008 for a term of 20 years and one month. The annual rent payable is €370,420. As a result of agreements entered into as part of the decentralisation programme, this rent is paid by The Office of Public Works and is not recouped from HIQA.

The lease in relation to Smithfield in Dublin was entered into 2008 for a 20-year term. The annual rent payable is €1,177,560.

The lease in relation to Headford Road in Galway was entered into on 1 February 2016 for a 10-year term. The annual rent payable is €13,750.

20. Board Members' Interests

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

21. Approval of financial statements

These financial statements were approved by the Board on 22 April 2020.

Appendices

Appendix 1
Annual protected disclosures report

This is the Health Information and Quality Authority's annual protected disclosures report, as required under the Protected Disclosures Act 2014.

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

In 2019, 210 items of concern in relation to health and social care services that HIQA monitors were categorised as having been received from an employee of a service provider. In accordance with our policy, HIQA treats these items of concern as potential protected disclosures. This information was logged and risk-assessed and in each case used to inform the most appropriate intervention by HIQA as a regulator of health and social care services and in compliance with its duties under the Protected Disclosures Act 2014. One disclosure, as defined by the Protected Disclosures Act 2014, was made by a member of staff during 2019. The matter was investigated in accordance with HIQA's policy.

Appendix 2

Declaration on public service innovation in Ireland

In order to better serve our people, the Irish Public Service needs to be highly innovative. Innovation does more than simply drive economic growth. It has the potential to solve some of the most pressing challenges that Ireland faces now and in the future.

HIQA declares to take the following actions to build a culture of innovation in our Public Service. We will:

Further endorse innovation as the responsibility of every public servant;

Enable, support, inform and equip our public servants to innovate in their roles;

Cultivate new partnerships and involve views in problem solving and designing and delivering our public services;

Generate multiple options for existing and potential problems through exploration experimentation, iteration and testing;

Provide insights into our experiences, best practices and lessons learned with other public servants in Ireland and abroad;

Share knowledge and data with citizens in an open and transparent way.

Innovation, experimentation and openness require constant effort and a certain degree of risk.

As public servants, we must be ambitious, agile and collaborative to achieve meaningful and durable results. In doing so we should be open to progressive thinking in order to create a new and better future for all inhabitants of the State.

To solve difficult problems, we must rely on the diversity, ingenuity and creativity of the public and our fellow public servants. We must also be open to blue sky thinking in order to create a new and better future for our people. In times of considerable change and uncertainty, our greatest risk is refusing to take chances and try new things. We need a culture of innovation.

Innovation is now the benchmark in most scientific, business and social sectors. Embracing and enabling innovation is equally important in delivering public services and building inclusive, sustainable communities.

Organisation: HIQA

Our Public Service 2020

Appendix 3
Service Charter

HIQA has developed a Service Charter for the purpose of providing information to people engaging with our services on the level of service they can expect from us. The Charter sets out our commitment to engaging with our stakeholders in line with the principles of quality customer service for customers and clients of the public service. We also developed a 2019-2021 action plan, which includes specific and measurable targets aimed at developing and improving aspects of our interactions with those who engage with us for whatever purpose.

We have published progress on implementing our Service Charter action plan in 2019 on www.hiqa.ie.

Appendix 4
Freedom of Information report

HIQA received a total of 68 Freedom of Information (FOI) requests in 2019 and nine were carried over from 2018. Of this total of 77 requests, 20 were granted, 30 were part-granted, eight were refused, nine were handled outside of the FOI process or withdrawn, eight were transferred to another government agency and two were carried over into 2020.

All requests were responded to in accordance with the requirements of the Freedom of Information Act 2014. HIQA carried out refresher training for a number of decision-makers during 2019, while a number of new decision-makers were appointed and also received training.

Appendix 5
Environment and energy consumption

Environment

Over the past 12 months, HIQA has continued to work towards and has exceeded the targets set by Government to reduce our energy consumption by 33% by 2020. In conjunction with the Sustainable Energy Authority of Ireland (SEAI) and the Office of Public Works (OPW), HIQA has achieved a total energy saving of 34.9% on our baseline year 2010. This achievement reflects HIQA's commitment to reduce its carbon footprint and help to develop a more sustainable work environment for both colleagues and the community at large. We will continue to work with the SEAI and the OPW towards the new targets set by Government of a 50% energy reduction and 30% carbon reduction by 2030.

HIQA Smithfield

Description	Electricity	Gas	Total
Benchmark Year (2010)	513,114	608,769	1,121,883
2019	343,937	370,590	714,527
% Difference	**-33.0%**	**-39.1%**	**-36.3%**

HIQA Cork

Description	Electricity	Gas	Total
Benchmark Year (2010)	215,128	0	215,128
2019	155,859	0	155,859
% Difference	**-27.6%**	**0.0%**	**-27.6%**

Cork + Smithfield total benchmark year vs total last 12 months to December 19 No HDDCs used

Description	Electricity	Gas	Total
Benchmark Year	728,242	608,769	1,337,011
Previous 12 Months	499,796	370,590	870,386
% Difference	**-31.4%**	**-39.1%**	**-34.9%**

Health and Safety

HIQA acknowledges its obligations to provide a safe working environment for all its employees. To achieve this we developed and maintain a robust safety management system which is used to identify and mitigate risks to all employees and any other person affected by our activities. The Safety Team, which consists of our Health and Safety Manager, safety committee, safety representatives, fire wardens and first aiders have worked over the last 12 months to ensure that all activities are conducted in a safe manner. HIQA recorded eight accidents during 2019, none of which were reportable under the criteria set out in the Safety Health and Welfare at Work Act 2005. Through our ongoing safety training programme, we will continue to work towards achieving an accident free working environment.

Appendix 6
Complaints management

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

During 2019, three complaints were received by HIQA, all of which were dealt with in accordance with the policy and the agreed timelines.

Appendix 7

Irish Human Rights and Equality Commission Act 2014

The Irish Human Rights and Equality Commission Act 2014 Section 42 places an obligation on all public bodies to uphold the public sector duty in terms of human rights and equality. This means that HIQA must have regard to eliminating discrimination, promoting equality of opportunity and treatment of its staff and the persons it provides services to, and protecting their human rights.

To do this, HIQA must identify the human rights most pertinent to it, identify its current policies and procedures and draw up a plan to address any gaps in its approach to human rights and equality. HIQA must also report on its achievements and progress in relation to this.

HIQA is compliant with its public sector duty under the Act. However, the organisation wishes to develop its human rights approach further. During 2020, HIQA will carry out an assessment of a number of its key functions across the organisation and make recommendations. It will report on its progress and achievements in fulfilling its public sector duty in its next annual report.

Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Published by the Health Information and Quality Authority.

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