



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Annual Report **2023**

Safer Better Care



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

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Foreword from the Chairperson



Dr Pat O'Mahony
Chairperson

I am pleased to introduce HIQA's 2023 Annual Report. This report outlines HIQA's achievements as we implemented the second year of our 2022–2024 Corporate Plan.

2023 was a year in which we continued our work to regulate and monitor services, conduct health technology assessment and evidence synthesis, and further Ireland's health information landscape, while also preparing to take on a number of new functions.

Extensive work was completed during the year in collaboration with the Department of Health to prepare for a significant expansion of our functions and responsibilities. Among these is the Patient Safety (Notifiable Incidents and Open Disclosure) Act 2023. This will bring new responsibilities for HIQA, including the expansion of our remit into private hospital services, a requirement for all hospitals to report notifiable incidents to HIQA and an extended remit in relation to investigating individual adverse events in nursing homes. We also commenced planning for our new powers under the Human Tissue (Transplantation, Post-Mortem, Anatomical Examination and Public Display) Bill (2018) which will enable us to inspect hospital-based mortuary services.

Furthermore, we continued preparations for new powers in the monitoring of International Protection Accommodation Service (IPAS) centres alongside the Department of Children, Equality, Disability, Integration and Youth. This expanded remit came into effect in January 2024.

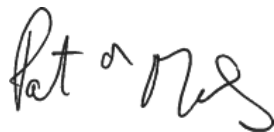
During 2023, we continued to monitor the safety and quality of health and social care services. We continued to monitor the services within our remit, conducting 2,189 inspections of health and social care services throughout the year. From our ongoing inspections and engagements, we understand the challenges our health and social care services face and we strive to support them, especially as they recover from the impact of the COVID-19 pandemic. This learning was published through a number of overview reports into the various services areas to outline our key findings and learnings, and support continued quality improvement.

Following a request by the Minister for Health, in November we published our terms of reference for an independent statutory review into governance and oversight of the use of surgical implants and implantable medical devices in Children's Health Ireland (CHI), including at CHI Temple Street, Dublin.

Throughout the year we continued to carry out work in line with our strategic objective to provide robust, high-quality evidence to inform practice and planning policy and decision-making. We took on a new area of work in providing evidence to the Department of Health and supporting both the Health Service Executive (HSE) and the National Screening Advisory Committee in their decision-making processes to inform public health and health interventions. Additionally, as the competent authority for regulating medical exposure to ionising radiation, in February 2023 we began to provide generic justification to medical exposure to ionising radiation, an important action taken in order to safeguard the use of radiation across the healthcare sector.

Another key strategic objective for HIQA is to promote a human rights-based approach. In line with this vision, in May, we launched a Learning Hub on our website which provides links to a range of resources for health and social care professionals on topics such as advocacy, promoting human rights and safeguarding. We also worked in partnership with the Department of Health and HSE to conduct a national engagement project on the opinions of the public and professionals on the digitalisation of health and social care in Ireland.

Finally, I would like to extend my sincere gratitude to all HIQA staff across the organisation and to my fellow Board members for their unwavering commitment and hard work in 2023. I look to the future with optimism as we continue to deliver on our legislative mandate while fostering positive change in Ireland's health and social care landscape.



Dr Pat O'Mahony
Chairperson

Foreword from the CEO



Angela Fitzgerald
Chief Executive Officer

Welcome to HIQA's 2023 Annual Report.

Reflecting on the past year, I am proud of the work we have progressed as we support and enable improvements in the delivery of safe, high-quality and effective care in Ireland's health and social care services.

One of our core values is collaboration and as a regulator, this includes working with policy-makers, providers, those who use our services, advocacy groups and the wider public. It is only through continuous and meaningful engagements with these key stakeholders that we can move beyond regulatory compliance and together bring about sustainable improvements in health and social care services. Such engagements also challenge us to constantly look at how we can improve our approach to regulation. Through our publications, we seek to be proportionate by focusing on areas of good practice as well opportunities for improvement. We also advocate for people using services and providers where national supports or policy changes are required.

This report gives some insights on how we reached out during 2023 to various stakeholders, including residents, patients, relatives, advocates and service providers to support improvement. We also fostered relationships with new stakeholders as we prepare to take on new functions and responsibilities for us as a regulator.

We know that being subject to a new regulatory framework can be daunting for providers so it is important that there is adequate preparation and planning. To this end, significant work was undertaken in 2023 to prepare for both the Patient Safety (Notifiable Incidents and Open Disclosure) Act 2023 and the monitoring of International Protection Accommodation Service (IPAS) centres. Our comprehensive stakeholder engagement plans include extensive engagement and collaboration with service providers to support them to prepare for the new regulatory framework and to communicate what will be expected of them.

Similarly, we worked closely with the Department of Health to share expertise and evidence to inform the Health Information Bill, and to contribute to a number of European projects in preparation for the introduction of EU legislation in this area. We continue to work collaboratively to support the national health information and digital health agenda, including through developing draft national standards on information management for health and social care.

Our work in the area of health technology assessment and evidence synthesis continues to expand. This key function informs decisions on the best use of resources to achieve the best outcomes for people who use our health service. Last year, this work included providing evidence and advice on immunisation, screening, public health and justifying medical exposure to ionising radiation. We are working closely with the Department and other key collaborators in this area to ensure maximum impact for specific patient groups and at population level.

As HIQA's remit expands rapidly there is an imperative to develop and expand our workforce. In 2023, we completed a comprehensive Workforce Plan that reflects the new functions as well as consolidates our corporate functions to enable us to take on a wider remit effectively. We continue to engage with the Department of Health on the implementation of this plan. With this expanded remit also comes the need to review, strengthen and further develop how we use information technology in the organisation. Significant development of our information systems is underway driven by a digital transformation strategy.

How our staff experience working in HIQA is really important to us. During 2023, we followed through on our commitment to staff to review the blended work model developed during the COVID-19 pandemic. This highlighted that the interim model was very successful from a staff experience perspective and in terms of delivering key organisational goals and objectives. The strong endorsement by Board, staff and management of the model and their feedback about how it can be improved have informed a future model of working. 80% of staff also responded to our biannual independent engagement survey, providing an overall very positive response as well as improvement opportunities for us. We will use these findings to support the organisation's growth, while maintaining a positive culture and overall staff experience.

Listening and responding to people using services is integral to our work in HIQA, as well as to the wider health service as it provides us with the information and evidence to support the delivery of safer, quality services for all. Together with the Department of Health and HSE, we launched the National End of Life Survey, the first national survey asking bereaved people about the care provided to their loved ones in the last months of their life. The findings will be published in 2024 and will provide valuable information on the standard of care provided at end of life. In May 2023, we also published the results of the first National Maternity Bereavement Experience Survey. During the year, we also conducted a review of the National Inpatient Experience Survey, which was first conducted in 2017, to ensure that it remains relevant at effecting change to the system going forward.

I want to thank the Department of Health, the Department of Children, Equality, Disability, Integration and Youth, other Government departments, the HSE and Tusla, as well as people using services, their families and advocates, service providers, and our many stakeholders for working with us throughout the year.

Finally, thank you to all HIQA staff, the Executive Management Team and Board members for your diligence and dedication in 2023 and for your continued dedication. I am incredibly proud of the work we have carried out together in 2023 and look forward to HIQA's future as we continue to deliver excellence and ensure quality care in Ireland's health and social care sector.



Angela Fitzgerald
Chief Executive Officer

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 2023, 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, Equality, Disability, Integration and Youth, HIQA has responsibility for:

- ▶ **Setting standards for health and social care services** — Developing person-centred standards and guidance, based on evidence and international best practice, for health and social care services in Ireland.
- ▶ **Regulating social care services** — The Chief Inspector of Social Services 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 and social care services, in conjunction with the Department of Health and the HSE.

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

Governance and management

2

2.1 Our Board

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

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

The members of the Board during 2023 included:



Dr Pat O'Mahony
Chairperson

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



Bernadette Costello

Chartered Director and Chartered Accountant. Currently member of Board and Chair of the Audit and Risk Committee of Oberstown Children Detention Campus. Board and Finance Committee of Galway and Roscommon Education and Training. Galway Harbour Audit & Risk Committee.



Dr Jim Kiely

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



Dr Paula Kilbane

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



Dr Clíodhna Foley Nolan

A consultant in Public Health Medicine. Former Director of Human Health and Nutrition at Safefood (Food Safety Promotion Board) and Specialist in Public Health Medicine in the HSE.



Tony McNamara

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



Lynsey Perdisatt

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



Prof Michael Rigby

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



Caroline Spillane

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



Martin Higgins

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



Martin O'Halloran

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



Marion Meany

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



Daniel McConnell

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

2.2 Board meetings

Under the Health Act 2007, the Board is required to meet six times annually. In total, HIQA's Board met 10 times in 2023 to progress various significant matters (see Chapter 6 for more detail on our Board's activities in 2023).

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: Operations, Information Division, Human Resources and Organisational Development, and Communications and Stakeholder Engagement. The organisation is led by the Executive Management Team, which is supported by other senior managers who are responsible for our business functions.

The membership of HIQA's Executive Management Team at 31 December 2023 comprised:



Angela Fitzgerald
Chief Executive Officer



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



Carol Grogan
Chief Inspector of Social Services



Sean Egan
Director of Healthcare Regulation



Rachel Flynn
Director of Health Information and Standards



Sean Angland
Acting Chief Operations Officer



Bala Krishnan
Chief Information Officer



Marty Whelan
Head of Communications and Stakeholder Engagement



Susan Montgomery
Head of Human Resources and Organisational Development

2.5 Corporate governance

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

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

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

In addition:

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

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

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

HIQA was recertified for the SWiFT 3000 Governance Standard from the National Standards Authority of Ireland. A detailed Annual Governance and Compliance report is included with the annual financial statements for 2023.

Strategic objectives

3

3.1 Vision, Mission and values



PROMOTING AND PROTECTING HUMAN RIGHTS

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



PUTTING PEOPLE FIRST

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



BEING FAIR, OBJECTIVE AND EQUITABLE

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



BEING OPEN AND ACCOUNTABLE

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



STRIVING FOR EXCELLENCE

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



PROMOTING QUALITY

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



WORKING COLLABORATIVELY

We will engage and work collaboratively with all our stakeholders



3.2 Strategic objectives

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



Key Strategic Objectives

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

Key Enablers



These commitments, included within the Corporate Plan, are met through objectives set out in our annual business plan, available on www.hiqa.ie.

2023 in numbers



2,189
inspections of
health and social
care services



19
health technology
assessments and
evidence synthesis
reports published



1,879
pieces of unsolicited
information received
about health and
social care services



4
public
consultations
held

3,029
participants in National
Engagement on Digital Health
and Social Care



81 parliamentary
questions
responded to



2 Oireachtas
Committees
attended



4,570

people took part in first National End of Life Survey



94,053

completions of online learning courses on national standards

➤ **15,823**
completions of infection prevention and control course

➤ **11,459**
completions of adult safeguarding course

➤ **54,479**
completions of human rights-based care course

➤ **12,292**
completions of advocacy course



102

roles recruited across HIQA



Awarded ISO 9001:2015 for Quality Management System

Key activities

4

4.1 Regulation of social services

The Chief Inspector of Social Services within HIQA is responsible under the Health Act 2007 as amended for the regulation of designated centres for adults and children with disabilities, older people and children special care units.¹ The monitoring of children's services such as child welfare and protection, children's residential services, foster care and Oberstown Children Detention Campus is also under the remit of the Chief Inspector.

To regulate and monitor social services, we:

- ▶ inspect and report on the quality and safety of the services
- ▶ meet with adults and children who live in or avail of the service to hear their experiences
- ▶ receive, analyse and risk-assess information from a range of sources to inform our regulation activity. This can include notifications from providers relating to specific events, information of concern or compliments about the service from residents, people who use services, relatives, staff, advocates or third parties submitting information.

We would like to thank people living, using or working in designated centres and services for their continued engagement with us as inspectors and for their hospitality while we are on inspection.

Each year, the Chief Inspector also receives a significant amount of information about designated centres and services. We categorise this information as:

1. solicited information: information that the registered provider and or the person in charge is required to submit as part of their statutory obligations, such as notifications or application forms or information that inspectors request from a provider. It also means information requested by us from providers to submit as part of monitoring or thematic reviews. In 2023, the Chief Inspector received 49,635 pieces of solicited information.
2. unsolicited information: information which is not requested but which is received by the Chief Inspector from people who use services or any member of the public. This could include information that indicates that a designated centre or service is not meeting regulations or standards. It can also be compliments or general comments about a centre, service or a provider. All information received is reviewed in the context of the centre that it applies to.

The following sections provides a brief overview of the regulatory activity undertaken in 2023. The Chief Inspector of Social Services will publish an overview report for each area later this year which will provide more detail on this activity.

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

4.1.1 Regulation and monitoring of children's services

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

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

In 2023, many children's services demonstrated good levels of compliance against national standards, while other services — particularly those run by the Child and Family Agency (Tusla) — had insufficient numbers of appropriately qualified, skilled and experienced staff to provide consistent and timely services to some children.

This meant that a significant number of children were waiting to access the right service at the right time and some children were placed in services that were not appropriate to their assessed needs. The Chief Inspector escalated these risks to the Chief Executive Officer of Tusla. Towards the end of 2023, an escalated provider programme was introduced to review Tusla's child protection and welfare services and foster care services, which will conclude at the end of 2024.

Children's rights was at the core of our work during the year. In particular, we focused on their rights to be listened to and to participate. During the course of our inspections in 2023, 170 children, parents, guardians, foster carers and staff provided feedback on their experience of the support they received from services. With the support of young people, their parents, Tusla statutory residential services and Oberstown Detention Campus, we completed a consultation with children who used these services. This resulted in the development and implementation of a children's summary inspection report at the end of 2023. Following inspection, the summary inspection report is shared with children to highlight our findings with them in an accessible way.

Inspections

During 2023, we carried out 48 inspections, which included:

- ▶ Nine inspections of Tusla's child protection and welfare services against the *National Child Protection and Welfare Standards (2012)*. This included:
 - four inspections of the child and family agency's child abuse substantiation procedure,
 - two inspections focusing on children at ongoing risk of significant harm who are listed on child protection notification system,
 - two inspections of Tusla's separated children seeking international protection service, and
 - one risk-based inspection.

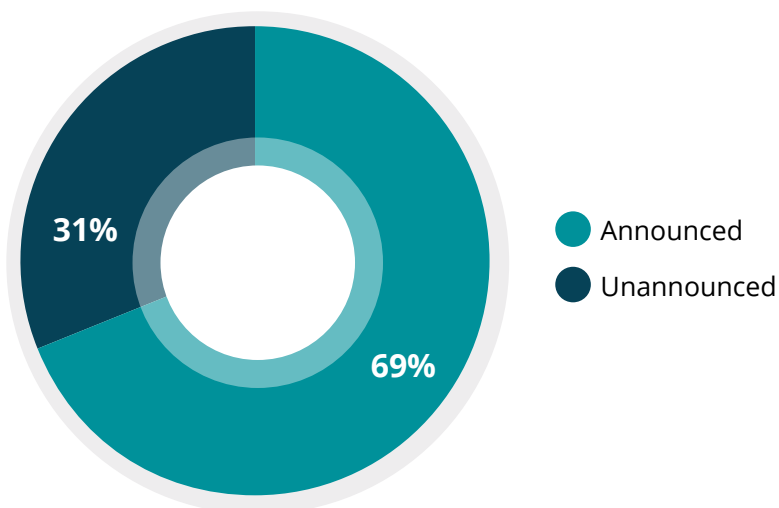
Inspection findings varied, but it was evident that staffing gaps and increasing referral rates were impacting on the timeliness and quality of service provided to some children.

- ▶ Six inspections of non-statutory foster care services focusing on the governance of the service, recruitment and retention of foster carers, the matching of children with carers, training, support and supervision provided to foster carers. The majority of providers of these services had an emphasis on quality improvement, promoted children’s rights and offered a wide range of support to their carers.
- ▶ Seven inspections of statutory foster care services including one inspection of Tusla’s children seeking international protection in terms of foster care. These inspections focused on standards relating to children’s rights, assessing children’s needs, matching carers with children and young people, and the recruitment and retention of foster carers. Resourcing foster care services was a challenge for the majority of statutory foster care services, both in terms of having sufficient social workers to complete their statutory duties and also in recruiting a sufficient range of general foster carers to ensure that suitable placements were available for children within their local areas.
- ▶ 20 inspections of statutory children’s residential centres were completed against the *National Standards for Children’s Residential Centres (2018)*. Inspections focused on children’s rights, safeguarding, management of behaviour and the governance of the centre, including quality improvement. The majority of these services illustrated good compliance with the standards. Towards the end of 2023, specific risks were identified in individual centres where improvements were required in the governance, staffing and care provided to individual children. These risks were escalated to Tusla and satisfactory responses were received.
- ▶ Five inspections of special care units were carried out, three routine monitoring inspections and two risk-based inspections. These inspections monitored ongoing compliance with the regulations.
- ▶ One annual announced inspection was carried out of Oberstown Children Detention Campus which focused on the care provided to children, safeguarding, offending behaviour, management and oversight of staff and restrictive practices.

Of the 48 inspections carried out, 33 (69%) were announced and 15 (31%) were unannounced.

Figure 1

Percentage of announced and unannounced inspections of children’s services in 2023



Receipt of information

Solicited information

During 2023, we received:

- ▶ 54 notifications of serious incidents including the deaths of children in care from Tusla. Tusla is required to notify HIQA of deaths and serious incidents involving children in care and children known to its child protection and welfare service. All information received was assessed and risk rated and used to inform our monitoring programme.
- ▶ Eight National Review Panel reports relating to serious incidents and deaths involving children in care and or children known to the child protection and welfare service.
- ▶ 28 Tusla monitoring reports.
- ▶ 153 pieces of information with regards to quality assurance in children's residential centres and designated centres for special care by way of monthly calls carried out between the case holder and the person in charge or centre manager.
- ▶ 226 notifications from special care units including; 163 monitoring notifications, 10 registration notifications and 53 others.

Unsolicited information

During 2023, we received 93 pieces of feedback, an 11% increase on 2022 figures. Of these, 44 related to child protection and welfare services, 28 related to foster care services, eight related to special care units, and 13 related to children's statutory residential services. All feedback is reviewed and risk rated and, where appropriate, used to inform the monitoring of the children's services under our remit.

4.1.2 Regulation of designated centres for people (adults and children) with disabilities

Residents' rights remained a focal point while regulating designated residential centres for people with disabilities in 2023.

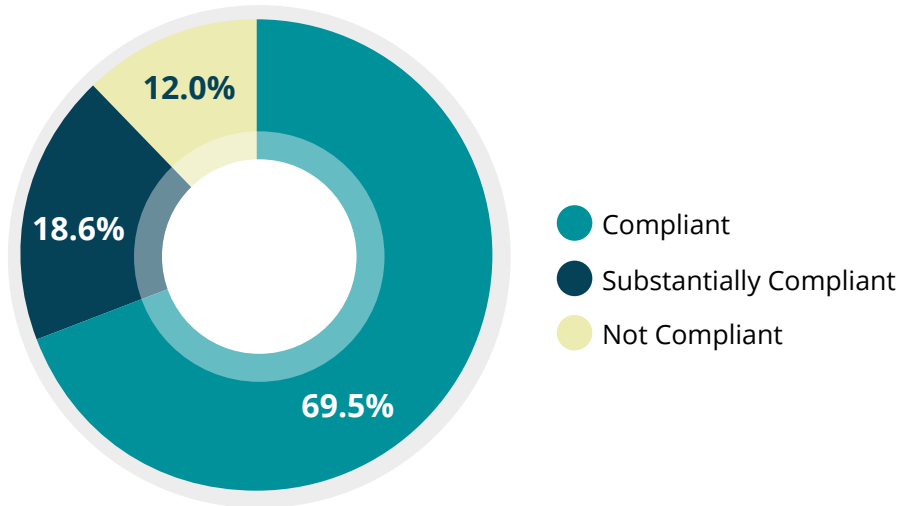
During the year, we undertook a project to highlight the benefits of providers delivering training on human rights to staff and the positive impact it had for residents. Greater awareness among staff has enabled them to better support residents to exercise their rights. To promote shared learning, examples of how staff used the training to uphold the rights of residents were included in inspection reports and will be presented in an overview report in 2024.

We also engaged with residents and advocacy groups throughout the year. For example, we engaged with residents to review and update the resident questionnaire. Based on their feedback, we launched a revised and more accessible resident questionnaire in October 2023. In addition, we invited a group of residents and their family members to meet with inspectors so that we could hear directly from residents about their experience of moving from a congregated setting to smaller houses in the community.

In 2023, we found that most residential designated centres for people with disabilities provided either good or excellent quality of care and support. While there were non-compliances, the majority of providers demonstrated good governance and capacity to address the issues effectively. However, where this was not the case, we used our regulatory powers to require providers to make improvements.

Figure 2

Overall compliance in designated centres for people with disabilities in 2023

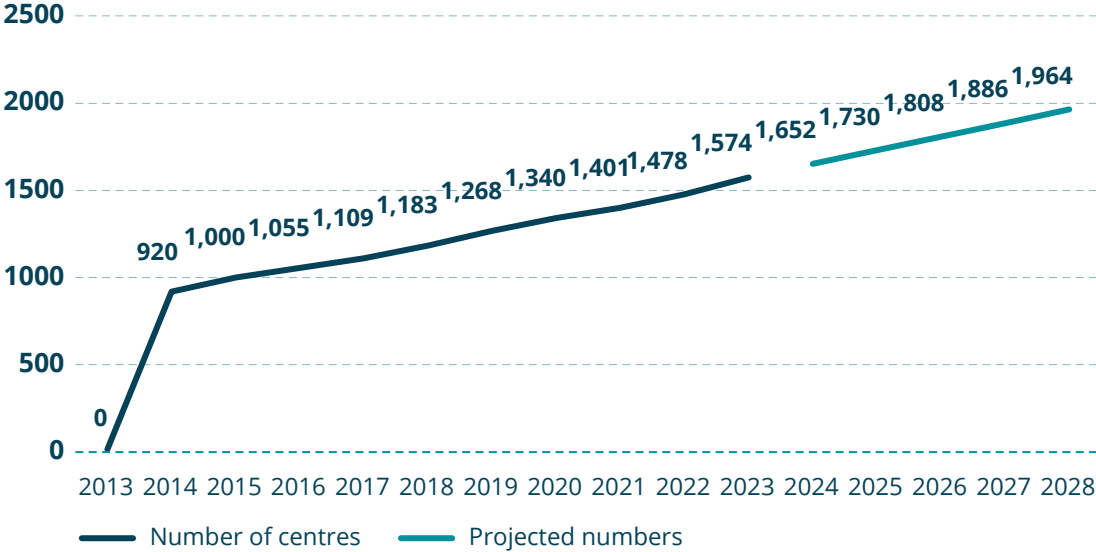


Registered designated centres

By the end of 2023, there were 1,574 designated centres for people with disabilities. This is a net increase of 96 centres compared with 2022. These centres provided 9,147 residential places which was an increase of 177 on the previous year. Of these, 1,434 centres were for adults, 106 were for children specifically and 34 were for both adults and children. The mixed centres were usually either respite centres where adults and children were accommodated at different times or centres where the residents were transitioning to adulthood and wished to remain living together.

The following graph demonstrates the ongoing increase in designated centres since commencement of regulation and the projected increase over coming years based on previous years.

Figure 3
Year-on-year trend on the number of designated centres for people with disabilities



Congregated settings

A consistent finding across our work has been that there is a higher risk to the safety and wellbeing of residents and higher levels of non-compliance in congregated settings compared with more appropriate community-based residential services.

At the end of 2023, there were 2,256 registered residential places in congregated settings compared with a total of 2,279 at the end of 2022. This was a significant slowdown in the transition of people from congregated settings, with a reduction of 23 places compared with a reduction of 140 places in 2022.

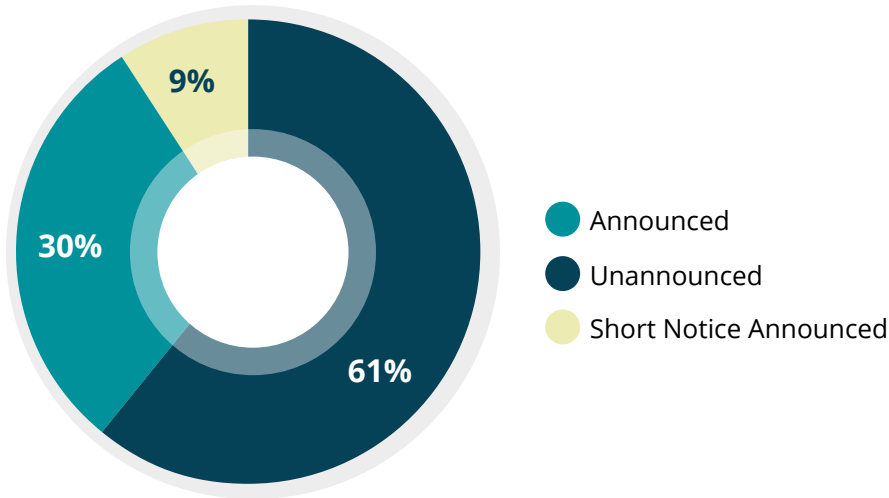
Inspection activity and regulatory response

During 2023, we completed 1,268 inspections of centres for people with disabilities, including 147 infection prevention and control focused inspections and 89 inspections focused on restrictive practice.

Of the 1,268 inspections completed, 30% were announced, 9% were short-notice announced with the remaining 61% unannounced.

Figure 4

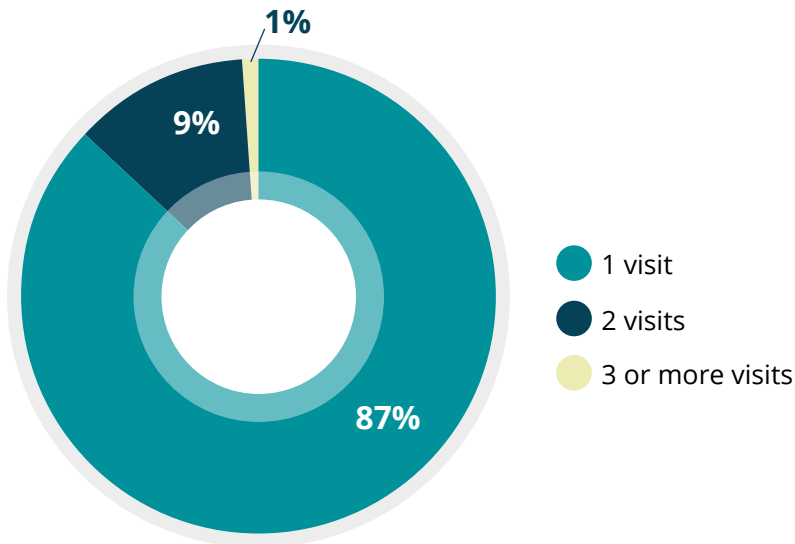
Percentage of announced and unannounced inspections of designated centres for people with disabilities carried out in 2023



The majority of centres (963) visited in 2023 had one inspection. This indicates that they had a good level of compliance and that, where there were non-compliances, the provider responded appropriately. In comparison, 136 centres required two inspections to monitor compliance, while 10 centres required three or more follow-up inspections.

Figure 5

Percentage of inspection visits per centre inspected in 2023



Receipt of information

Solicited information

During 2023, 29,419 notifications were received relating to services for people with disabilities.

Unsolicited information

During 2023, the Chief Inspector received 327 pieces of feedback relating to disability centres, a 12.4% increase on the number received in 2022.

Regulatory enforcement

In 2023, we issued 30 warning letters to providers where there was a high level of non-compliance. These letters informed providers that if they did not improve their compliance levels, consideration would be given to cancelling the registration of their centres. Subsequently, notices of proposed decision to cancel or refuse registration were issued in relation to 10 designated centres. The Health Act 2007 gives providers 28 days to make representations in response to these notices. In nine of the centres, the providers addressed the issues of concern and the cancellation or refusal of registration did not proceed. However, in one centre operated by Ability West, inspectors continued to find poor safety and quality of care for residents. In September 2023, the registration was cancelled and the HSE took over the operation of the centre in compliance with the requirements of the Act.

During the year, we identified a significant deterioration in compliance levels in centres operated by three large provider organisations, COPE Foundation in Cork, Western Care Association in Mayo and Ability West in Galway, which was impacting on the safety and the quality of life of residents in these centres. These providers had inadequate oversight of their centres, had not identified when things were going wrong and did not demonstrate a capacity to address the non-compliances identified by inspectors. There was a risk that the registration for a range of their centres would be cancelled and rather than progressing with that course of action, they were offered an opportunity to participate in a provider level regulatory escalation programme. These programmes facilitate providers to improve their governance, address the areas of concern in their centres and prevent the cancellation of their registrations, and the associated distress that cancellation causes for residents and their loved ones. Inspectors continue to monitor these centres.

4.1.3 Regulation of designated centres for older people

In 2023, inspectors of social services continued to inspect and regulate designated centres for older people, referred to as nursing homes. Inspectors focused on ensuring that residents' rights were upheld and that residents were well-cared for and supported to have the best quality of life. To ensure that the needs and the voices of residents of nursing homes were at the centre of the regulation of nursing homes, inspectors took time to speak with residents and relatives on inspection and we present a summary of their feedback in our inspection reports.

Regulatory compliance across all nursing homes improved in 2023, however in a small number of cases concerns for the care and welfare of residents required the Chief Inspector to take significant regulatory enforcement action up to and including cancelling the registration of a nursing home. In 2023, 12 designated centres for older people closed voluntarily after providing notification to the Chief Inspector of their intention to cease the business of operating a nursing home. All followed the requirements of the regulations, and managed the winding down of their nursing home over a six-month period, allowing residents and their families time to identify suitable new accommodation. The Government decision to prevent any building which was registered by the Chief Inspector as a designated centre for older people on 1 September 2022 from being considered for use as a centre to accommodate refugees for a period of 18 months following notification of closure to the Chief Inspector remains in place and is an important component of protecting the rights of residents.

In 2023, we continued to meet with stakeholders and share key learnings and discuss issues of concerns with them, including the Competition and Consumer Protection Commission and the Department of Social Protection.

Profile of centres

As of 31 December 2023, there were 553 registered designated centres for older people providing 32,214 registered beds. While the total number of nursing homes has reduced by four since the end of 2022, the number of registered beds has increased by 540.

Table 1

Number of designated centres and registered beds between 2021 and 2023

Year	Number of centres	Number of beds
2021	567	31,842
2022	557	31,674
2023	553	32,214

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

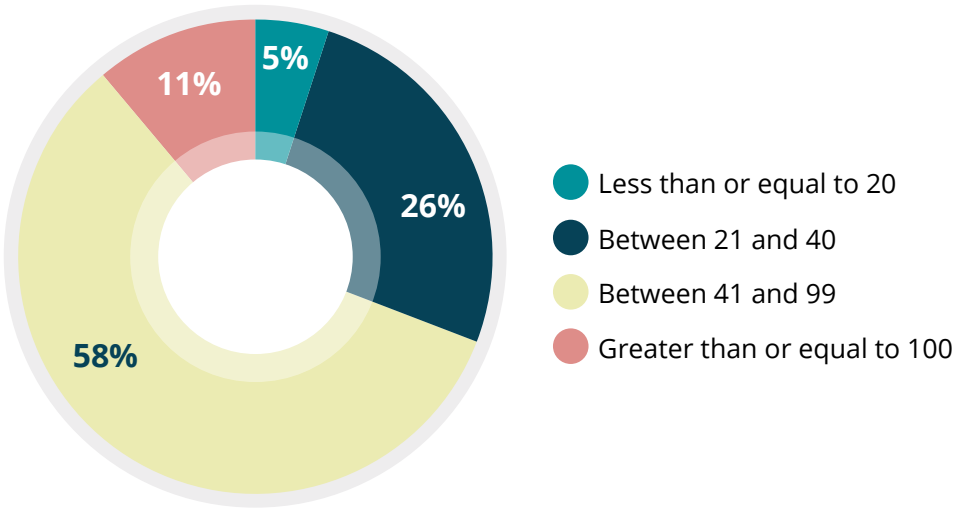
- ▶ Health Service Executive
- ▶ HSE-funded bodies under sections 38 and 39 of the Health Act 2004
- ▶ Private providers.

The vast majority (77%) of nursing homes are owned and operated by private providers.

Table 2
Profile of ownership of nursing homes as of 31 December 2023

Provider Type	Number of Centres	Number of Beds
Health Service Executive (Public)	111 ² (20%)	5,141 (16%)
HSE-funded bodies under Sections 38 and 39 of the Health Act 2004	17 (3%)	897 (3%)
Private Providers	425 (77%)	26,176 (81%)
Total	553	32,214

Figure 6
Size range of nursing homes as of 31 December 2023



Bed capacity

In 2023, 1,326 new nursing home beds became available through the registration of 10 new nursing homes and extensions in 36 existing nursing homes. New nursing homes provided 777 new beds, while extensions to existing nursing homes accounted for a further 549 beds.

2 This figure includes one designated centre which is being operated by the HSE pursuant to section 64 of the Health Act 2007, as amended. This designated centre was previously operated by a private registered provider, and its registration was cancelled pursuant to section 51 of the Health Act 2007, as amended.

3 One of the 10 new nursing homes is Ballyshannon Community Hospital, which was registered in December 2023 but did not begin accepting residents in 2023.

Table 3

Geographical location of new beds registered in 2023

Dublin	431	Louth	74	Mayo	13
Waterford	203	Galway	50	Cavan	4
Cork	136	Laois	49	Kerry	2
Donegal	104	Tipperary	33	Grand Total	1,326
Wicklow	92	Roscommon	27		
Kilkenny	90	Clare	18		

The number of registered beds also changed due to the closure of nursing homes or by a reduction in the number of beds in an existing nursing home. In 2023, bed capacity in nursing homes reduced by 755 due to the closure of a centre or a reduction in the number of beds in an existing centre. This included:

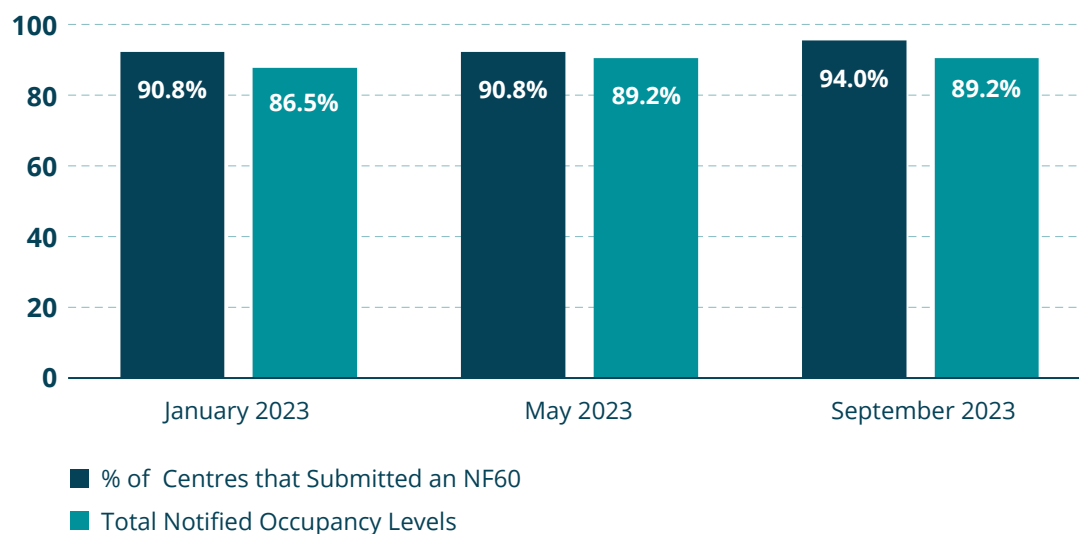
- ▶ 12 centres closed voluntarily, having notified the Chief Inspector of their intention to cease the operation of the designated centre and close the centre.
- ▶ Two centres were closed under section 51 of the Health Act 2007.
- ▶ The number of available beds reduced in 35 existing nursing homes.

Notified occupancy levels

Registered providers of nursing homes can submit a notification (NF60) to the Chief Inspector which details the number of residents living in the nursing home on 1 January, 1 May and 1 September each year. In 2023, the Chief Inspection received a notification of occupancy from over 90% of nursing homes.

Figure 7

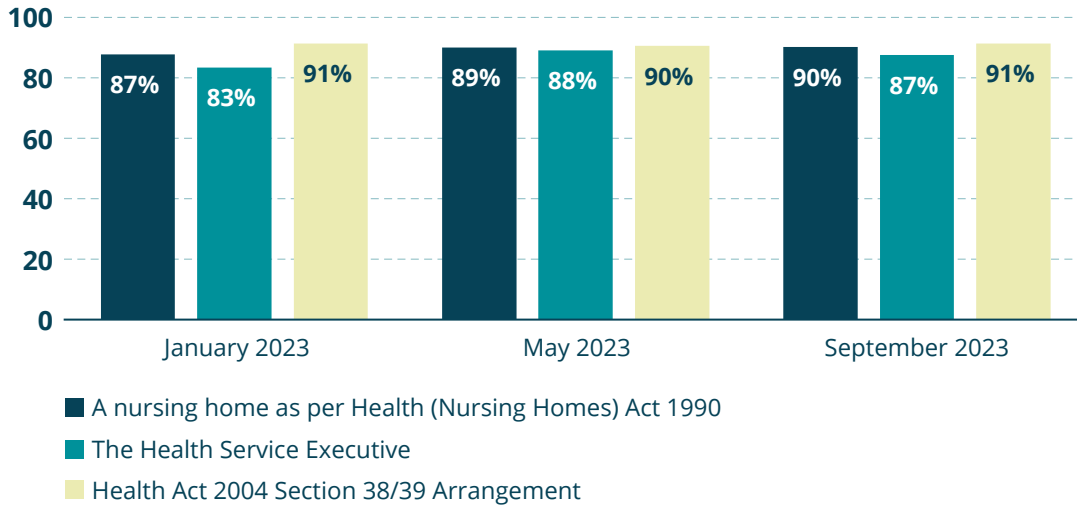
Percentage of centres that submitted an NF60 notification in 2023 and the notified occupancy levels of those centres



As with the previous year, notified occupancy levels were lowest in HSE-owned and operated nursing homes.

Figure 8

Percentage of occupied beds by provider type as per NF60 notifications received in 2023



Inspection

In 2023, we carried out 785 inspections of 557 designated centres for older people. A single inspection may be carried out by one or more inspectors over one or more days. Factors which are considered in allocating resources to inspections include available information, the size of the centre and the history of regulatory compliance in the centre. In 2023, the 785 inspections equated to 1,307 inspection days.

Figure 9

Announced, short-notice announced and unannounced inspections of nursing homes carried out in 2023

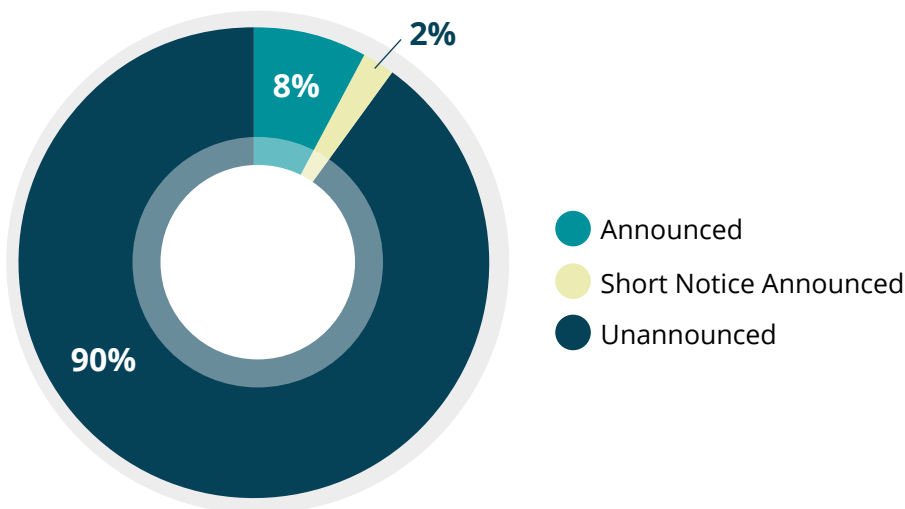


Table 4

Number of inspections per nursing home in 2023

Number of inspections in 2023	Number of centres
1 inspection	361 centres
2 inspections	176 centres
3 inspections	12 centres
4 inspections	6 centres
5 inspections	1 centre
6 inspections	1 centre

While most nursing homes received two or less inspections in 2023, a small number of nursing homes required three or more inspections reflecting concerns for the care and welfare of residents, and regulatory non-compliance.

Receipt of information

Solicited information

During 2023, we received 19,900 notifications relating to nursing homes.

Unsolicited information

During 2023, we received 1,107 pieces of feedback related to designated centres for older people, a 13% increase on the number received in the previous 12 months.

Regulatory enforcement

There was a significant increase in escalating regulatory action in 2023 due to serious concerns for the care and welfare of residents and non-compliance with the regulations.

Where there are concerns for the care and welfare of residents, conditions of registration can be varied or additional restrictive conditions may be attached to the registration of the designated centre. The Chief Inspector used these powers on 31 occasions in 2023.

Where attaching or varying a condition of registration would or did not ensure the care and welfare of residents, the Chief Inspector can make a decision to cancel the registration or refuse to renew the registration of a designated centre. During 2023:

- ▶ Two decisions to refuse to register a new intended provider and two decisions to refuse to renew registration had taken effect.
- ▶ One notice of decision to refuse to renew registration was under appeal in the District Court.
- ▶ Four notices of proposed decision to refuse to renew registration were issued with a final decision yet to be made.

In addition to the above, the Chief Inspector issued a notice of decision to cancel the registration of three designated centres for older people in 2023. This action was taken after significant engagement with the registered provider, and where the ongoing regulatory non-compliances were not appropriately addressed to ensure the safety of residents. As of 31 December 2023, two of the nursing homes had closed and a third was being operated by the HSE pursuant to section 64 of the Health Act 2007, as amended.

4.1.4 Regulatory research and quality improvement

Regulatory research positively contributes to our regulatory role by adding to the knowledge in the area of social services and helping to address an existing gap in the knowledge. Throughout 2023, we continued to contribute to regulatory research within social care with academic publications in areas such as adverse events in long-term care, mortality in residential care for people with disability and determinates of regulatory compliance.

In 2023, we also focused on continuous improvement through reviewing and updating our regulation handbook for providers, introducing a registration handbook, and reviewing and updating our guidance for the assessment of designated centres. During the year, we held a series of webinars for service providers and staff of centres, focusing on topics such as, the role and importance of the person in charge, being application ready and use of restrictive practices in centres.

The Chief Inspector also completed the first survey of providers of designated centres for older persons, people with disabilities and children to gather their feedback on the regulatory process. Providers gave positive feedback on the ways we communicate with them, particular stakeholder engagement events and webinars, while also identifying suggestions for further action. The results have been shared with providers of centres. In line with our Corporate Plan, we continue to progress the Digitally Enabled Regulator programme which aims to deliver a modern digital regulatory information system that will support the regulation and monitoring of social care and health care sectors in Ireland.

4.2 Monitoring and regulation of healthcare services

Under the Health Act 2007 (as amended), HIQA has a number of responsibilities in healthcare services. We:

- ▶ monitor the compliance of public acute hospitals and rehabilitation and community healthcare services against national standards to improve the quality of care to service users.
- ▶ conduct statutory investigations into services where there are potential serious patient safety concerns impacting on the health and welfare of patients.
- ▶ regulate medical exposure to ionising radiation.⁴

In 2023, HIQA also prepared to take on new responsibilities and extend its legal function under pending legislation which includes:

- ▶ the monitoring of private hospital services and receipt of mandatory notifications as intended under the Patient Safety (Notifiable Incidents and Open Disclosure) Act 2023
- ▶ monitoring compliance of permanent accommodation centres provided to people in the international protection process with the [*2019 National Standards for Accommodation Offered to People in the Protection Process*](#), which will come into effect in 2024
- ▶ regulating certain elements of pathology services under the Human Tissue (Transplantation, Post-Mortem, Anatomical Examination and Public Display) Bill 2022.

4.2.1 Healthcare regulatory and monitoring activities

Healthcare inspection activity

In 2023, we continued to conduct a revised monitoring programme against the *National Standards for Safer Better Healthcare* in public acute hospitals, including emergency departments and community healthcare services throughout the country.

This monitoring programme inspects against a core assessment of up to 11 national standards with a focus on four key areas of harm: infection prevention and control, medication safety, the deteriorating patient and transitions of care. Inspectors also speak with patients to learn from their lived experience of the healthcare service as part of the inspection process.

In 2023, HIQA conducted 33 inspections under this programme. These included:

- ▶ Seven inspections in clinical areas of model two hospitals which had no emergency department
- ▶ Three inspections of specialist maternity hospitals
- ▶ 10 dedicated inspections of emergency departments
- ▶ Seven inspections in the emergency departments and the wider hospital of model three and model four hospitals
- ▶ Six inspections in rehabilitation and community inpatient healthcare services.

4 Medical exposure means a radiation exposure received by patients or other individuals as part of their own medical or dental diagnosis or treatment such as X-rays, radiotherapy and so on.

Medical exposure to ionising radiation

HIQA is the competent authority in Ireland with responsibility for inspecting against and enforcing the European Union (Basic Safety Standards for Protection against Dangers Arising from Medical Exposure to Ionising Radiation) Regulations as amended in Ireland.

Currently, HIQA is responsible for regulating 1,394 medical radiological facilities in Ireland which conduct medical exposure to ionising radiation. These include a range of services from large acute hospitals which deliver multiple types of medical radiological procedures, to small dental practices.

In 2023, we conducted 55 inspections in this area. These included:

- ▶ 29 inspections of public and private hospitals
- ▶ 21 inspections of dental facilities, and
- ▶ five inspections of imaging centres.

Over the past three years, HIQA has continued to monitor dental services through the receipt and assessment of self-assessment questionnaires, conducting inspections where required. The number of questionnaires returned to HIQA increased from 299 in 2021, to 794 in 2022 and 130 were returned in 2023.

In 2023, 274 administrative notifications in relation to medical exposure to ionising radiation were received. These included changes of service details, declarations of new undertakings and requests to access HIQA's online provider portal.

We also received 143 notifications of accidental and unintended exposures to ionising radiation. These notifications and subsequent follow-up reports were assessed and used to inform the regulatory programme.

Independent statutory review of governance and oversight of processes for surgical implants in Children's Health Ireland

In November 2023, following a request by the Minister for Health, HIQA published the terms of reference for an independent statutory review of the governance and oversight of processes within Children's Health Ireland (CHI) on the use of surgical implants (implantable medical devices), including a focus on the use of non-CE spring implants during spinal surgery in CHI at Temple Street, Dublin. The review will be conducted in line with our powers under section 8(1)(c) of the Health Act 2007.

We commenced the review in November 2023, adopting a two-phased approach for reviewing compliance at CHI and CHI Temple Street against relevant *National Standards for Safer Better Healthcare*. This review will conclude with the publication of a report in 2024.

Receipt of information

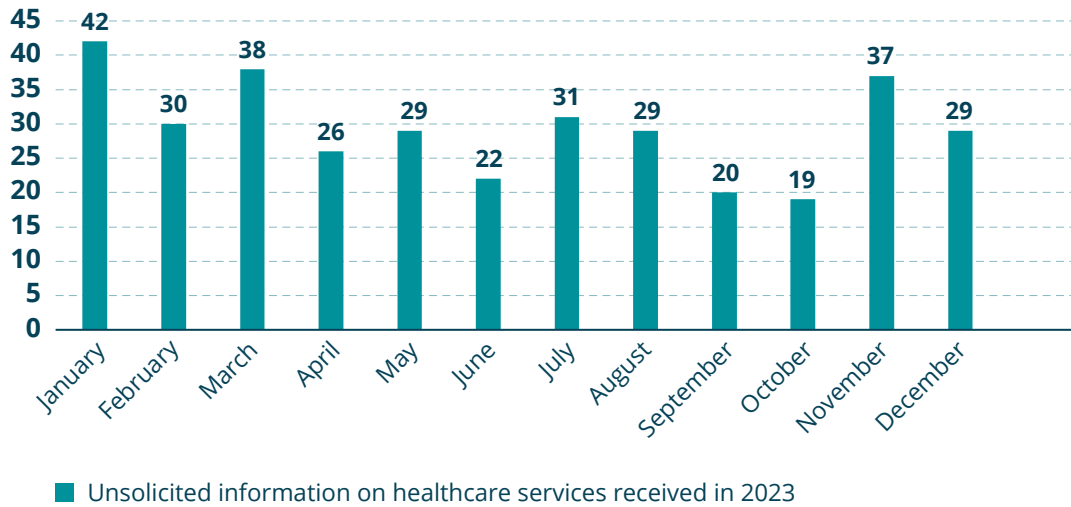
During the year, we received information that was used to further inform and support our monitoring activities of healthcare services.

Unsolicited information

In 2023, HIQA received 352 pieces of unsolicited information on healthcare services under our remit. This represents a 6% increase on the feedback received in the previous 12 months.

Figure 10

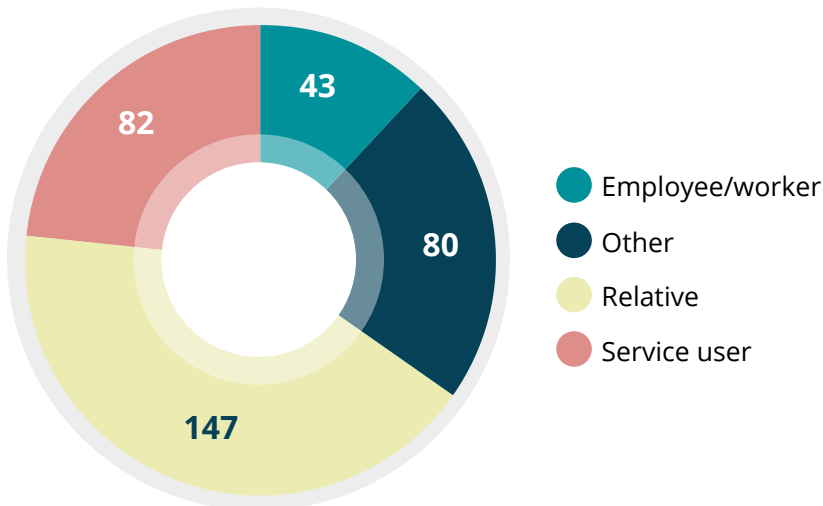
Unsolicited information on healthcare services received per month in 2023



Of the 352 pieces of feedback received, 23% was from people using services. We heard most frequently from relatives, accounting for 42% of the feedback, with 12% from employees (see Figure 11 below). A further 23% was from 'others', including members of the public, health and social care professionals and the National Confidential Recipient. Three of the pieces of information received in 2023 were complimentary pieces of feedback.

Figure 11

Category of contact person for unsolicited healthcare information received in 2023



This information is used by HIQA to assess, risk rate and allow for the appropriate follow up and to inform the monitoring of these services.

Key publications and associated findings or outputs

In 2023, we published three key healthcare regulatory publications.

Overview report of monitoring and regulation of healthcare services between 2021 and 2023

In December, we published an *Overview report of monitoring and regulation of healthcare services between 2021 and 2023*. The report provided a summary of our monitoring work in the healthcare setting over the past three years. It highlighted that many emergency departments (EDs) inspected in 2022 and 2023 were over capacity on the day of inspection, with capacity impacted by admitted patients awaiting an inpatient bed. Overcrowding in EDs compromises the dignity and respect of patients, and poses a risk to the health and safety of patients. Issues impacting patient flow included:

- ▶ increased ED attendances
- ▶ lack of community services resulting in delayed transfers of care and higher medical average length of stay
- ▶ a reduction in the necessary level of access to general practitioners (GPs) in the community
- ▶ higher presentation levels for people aged over 75 years
- ▶ lack of access to child and adolescent mental health services
- ▶ shortfalls in staffing levels.

Hospital management, with the support of hospital groups, continue to work to address risks and issues impacting patient flow in EDs. However, the report highlighted that ED overcrowding should not be considered inevitable as there were a number of exemplar sites providing a blueprint for others to emulate in addressing this key patient safety risk.

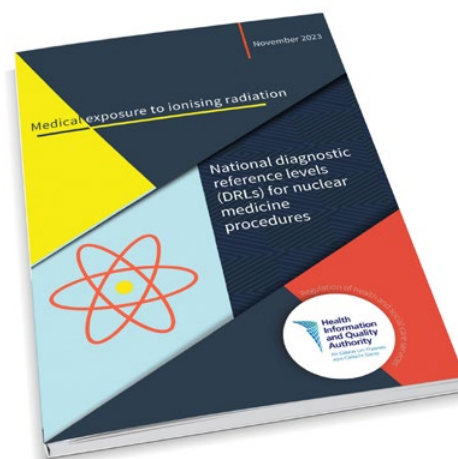
In contrast to EDs, overall compliance in wards and clinical areas in hospitals visited by inspectors in 2022-2023 was generally good. Hospitals inspected promoted a culture of kindness, consideration and respect. However, lack of en-suite facilities and patients on beds on ward corridors impacted on staff ability to meet the patient's personal needs or human rights to dignity and privacy.

HIQA found that there was encouraging progress in measures implemented within hospital services to reduce risks in relation to infection prevention and control and medication safety. However, measures to identify deteriorating patient conditions (including sepsis) and escalations were needed, and transitions of care which include internal transfers, external transfers, patient discharge, shift and inter-departmental handover, required significant improvement.



National diagnostic reference levels (DRLs) for nuclear medicine procedures

In November, we published a report on national diagnostic reference levels (DRLs) for nuclear medicine procedures. DRLs represent that typical radiation dose levels that someone undergoing treatment receive. The data is based on a survey of local facility DRLs. As part of this survey, HIQA established the national 75th percentile DRLs for nuclear medicine procedures. This will enable facilities to further optimise patient dose, acknowledging the requirement to also maintain the diagnostic quality of medical imaging procedures based on clinical judgment of the responsible practitioner. In line with this new set of national DRLs in nuclear medicine, undertakings should continue to review their local facility DRLs.



National procedures for clinical audit of radiological procedures involving medical exposure to ionising radiation

Since October 2022, HIQA has been responsible for establishing national procedures for clinical audit of radiological procedures involving medical exposure to ionising radiation. Following extensive stakeholder engagement, we commenced a public consultation on draft national procedures for clinical audit in June.

Clinical audit is an important tool that can be used to provide assurance that services are safe, reliable and of a high quality for patients and people who use the services.

Informed by engagement with stakeholders and members of the public, we published *National Procedures for Clinical Audit of Radiological Procedures* involving medical exposure to ionising radiation in November. The national procedures set out the principles and essential criteria that services must follow to ensure compliance with the requirements of the regulations.

4.2.2 Preparation for the commencement of new functions

Patient Safety (Notifiable Incidents and Open Disclosure) Act 2023

The Patient Safety (Notifiable Incidents and Open Disclosure) Act 2023 provides for the mandatory open disclosure by health services providers of certain incidents occurring in the course of healthcare to patients and their families, amongst other functions. Once commenced, there will be a mandatory requirement on health services providers to notify HIQA (or other relevant regulators) when a notifiable event listed in the Act occurs. In addition, it will extend the application of standards set by HIQA to private hospitals, and also extend our monitoring role into these services.

Over the past number of years, HIQA has been preparing for this new remit and engaging closely with the Department of Health on the progression of this legislation. We expect enactment of the legislation in 2024.

Monitoring of International Protection Accommodation Service (IPAS) centres

In 2022, HIQA began preparations to take on a new regulatory function of monitoring and inspection of permanent International Protection Accommodation Service (IPAS) centres provided by the Department of Children, Equality, Disability, Integration and Youth.

In 2023, preparations continued through the development of a new monitoring and inspection programme, informed by intensive engagement with people with experience of living in IPAS centres, providers, Government departments, state agencies and advocacy groups.

We also completed 41 on-site workshops for service providers and developed a 'resident engagement strategy', aimed at strengthening resident participation and engagement during the course of HIQA's monitoring and inspection of IPAS centres.

Following changes in legislation in December 2023, HIQA commenced its monitoring role in these services on 9 January 2024.

Human Tissue (Transplantation, Post-Mortem, Anatomical Examination and Public Display) Bill 2022

In 2023, we continued to engage with the Department of Health on the Human Tissue (Transplantation, Post-Mortem, Anatomical Examination and Public Display) Bill 2022. The Bill has a broad scope and amongst other functions:

- ▶ makes provision for the donation by living persons of their bodies after death for the purposes of anatomical examination or public display,
- ▶ provides for the establishment of a licensing system in respect of persons undertaking anatomical examinations or public display activities
- ▶ ensures that consent is a prerequisite for all procedures involving human organs, tissues and cells.

The Bill intends to give HIQA regulatory and enforcement powers in certain elements of pathology services.

4.3 Health technology assessment and evidence synthesis

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 Health Service Executive (HSE) in this regard. This is called health technology assessment (HTA), and it informs investment decisions in the wider health and social care landscape.

Our core functions in this area are to:

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

We also conduct evidence synthesis to support the development of national clinical guidelines and inform the development of health policy. We develop national HTA guidelines to inform the production of timely, consistent and reliable assessments that are relevant to the needs of the people using health and social care services. In 2023, we took on a new function to provide generic justification of new practices involving medical exposure to ionising radiation.

4.3.1 Core HTA

To ensure that our HTAs support evidence-based decisions on the efficient delivery of national health services, we have an identification, selection, scoping and prioritisation process. Scoping reports on topics were considered by our Prioritisation Advisory Group, and informed development of our work programme for the remainder of 2023 and for 2024.

HTA of repatriation of paediatric haematopoietic stem cell transplant services to Ireland

HIQA was requested by the HSE to undertake an assessment of repatriation of paediatric haematopoietic stem cell transplant (HSCT) services to Ireland. HSCT is only available to children with haematological malignancies and certain benign conditions in Ireland, while children with other conditions requiring HSCT must travel abroad to avail of this treatment.

The HTA considered the budget impact, potential organisational and resource implications, and relevant ethical and social implications associated with repatriating services for these children.

Funding for these procedures is provided through the Treatment Abroad Scheme operated by the HSE; however, the requirement for travel can place a significant financial and logistical burden on patients and their families. The long duration of treatment, ranging from two to six months, means that families of children undergoing HSCT may be separated for extended periods of time.

Our HTA found that repatriation of HSCT services for these conditions would potentially double the number of such procedures currently undertaken in Ireland. From the perspective of the HSE, the estimated five-year incremental budget impact is expected to result in cost reductions. The final [report](#) was published on 9 February 2023.

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

Following a request from the HSE National Cancer Control Programme, HIQA undertook a rapid HTA on the use of commercially available gene expression profiling (GEP) tests for the purpose of guiding adjuvant chemotherapy decisions in patients with HR+, HER2- early-stage invasive breast cancer. The rapid HTA considered the clinical pathway and the burden of disease associated with early breast cancer, the technical characteristics and clinical effectiveness of the commercially available GEP test, as well as international practice in relation to the use of these tests.



GEP tests can provide information on disease prognosis and some may also be able to identify the patients with breast cancer who are most likely to benefit from chemotherapy. HIQA found that the evidence supports the continued use of the GEP test currently reimbursed by the HSE. The [report](#) was published on 16 February 2023.

HTA of domiciliary invasive ventilation for adults with spinal cord injuries

Following a request by the HSE, we conducted an assessment on the organisational, budget impact and resource implications associated with, and the social and ethical issues arising from, the provision of care to ventilator-dependent adults with spinal cord injuries within their own home.

The assessment included a review of international practice and standards and extensive stakeholder engagement to understand the capacity constraints within the system. HIQA found that the national provision of domiciliary ventilation would benefit from a range of supportive actions.



The [report](#) was published on 6 June 2023.

HTA of the expansion of the childhood immunisation schedule to include varicella (chickenpox) vaccination

We undertook a HTA of the expansion of the childhood immunisation schedule in Ireland to include varicella vaccination following a request from the Department of Health.

There are approximately 58,000 cases of chickenpox each year in Ireland.

HIQA found that the vaccination is safe and effective in preventing chickenpox, and in particular severe disease and complications. While both one and two-dose strategies are effective in preventing severe disease, a two-dose strategy is more effective in preventing cases and outbreaks. We found that both one and two-dose vaccination strategies would be cost saving compared with no vaccination from a societal perspective.



The [report](#) was published on 13 July 2023.

Rapid health technology assessment of continuous glucose monitoring in adults with type 1 diabetes mellitus

Following a request from the HSE, HIQA undertook a rapid HTA of continuous glucose monitoring (CGM) for adults with type 1 diabetes mellitus (T1DM). The aim of this rapid HTA was to provide advice on the clinical and cost effectiveness and the budget impact of providing CGM for adults with T1DM.

The HSE has reimbursed several CGM systems, but access rules differ by system and individual's age, and access can be limited by local health area budgets. HSE expenditure on CGM has grown significantly over a short period of time. HIQA found some evidence to suggest that CGM improves glycaemic outcomes compared with self-monitoring, but that there is limited head-to-head evidence to distinguish between different types of CGM system. HIQA advised the HSE to consider the use of a single managed access programme for all CGM systems for all individuals with T1DM, regardless of age.

The [report](#) was published on 29 September 2023.

Herpes zoster (shingles) vaccination

The Department of Health requested that HIQA complete a HTA to inform a decision on the addition of shingles vaccination to the adult immunisation schedule.

Shingles affects approximately one in three people that have had chickenpox and is typically recognised by a painful blistering rash on the torso. The risk of shingles, and complications resulting from the disease, is higher in adults aged 50 and older. While vaccines against shingles are licensed and marketed in Ireland, they are not currently included in the HSE national immunisation schedule.

The HTA will consider the burden of disease, clinical effectiveness and safety, cost effectiveness and budget impact, potential organisational and resource implications, and any relevant ethical and social implications associated with adding herpes zoster vaccination to the adult immunisation schedule.

Work on this HTA commenced in May 2023. The assessment is due to be completed in 2025.

Health technology assessment of a new telephone pathway to access the Irish healthcare system

In November 2023, following request by the HSE, HIQA commenced work on a HTA of a new telephone pathway to access the Irish healthcare system for acute, but non-urgent, care needs in the pre-hospital setting.

Currently in Ireland, people can access publicly-funded healthcare by ringing out-of-hour GP services or ringing 112 or 999 to access emergency ambulance services, or present at an emergency department.

A second telephone pathway, distinct from 112 or 999 emergency services, would involve clinically-trained professionals taking calls from members of the public who believe they have an acute non-urgent care need. It has the potential to reduce burden on acute hospital emergency departments.

The HTA aims to investigate international models of implementation, including the budget impact and organisational implications of different telephone pathway models such as use of a telephone triage service. It is due to be completed in 2024.

4.3.2 Immunisation HTA

We also conduct HTAs and evidence synthesis to inform immunisation policy as prioritised by the Chief Medical Officer (CMO) of the Department of Health.

Rapid health technology assessment of the extension of the seasonal influenza vaccination programme to include those aged 50 to 64 years (general population)

In Ireland, guidance from the National Immunisation Advisory Committee (NIAC) recommends that all those aged 50 to 64 years receive an annual influenza (flu) vaccination. However, vaccination of this age group is only reimbursed for selected risk groups (for example, healthcare workers or those at increased risk of severe influenza), as part of the national influenza vaccination programme.

To inform a decision as to whether vaccination for this age group should be reimbursed for the 2023-2024 season, the CMO requested a rapid HTA on expanding the seasonal influenza vaccination programme in Ireland to include reimbursement for those aged 50 to 64 years old regardless of risk status.

This HTA was [published](#) in August 2023.



Health technology assessment of universal vaccination with an enhanced inactivated influenza vaccine in those aged 65 years and older

Due to the ongoing evolution of the flu virus strain, enhanced vaccines have been developed to increase vaccine effectiveness. These enhanced vaccines include high-dose, adjuvanted, recombinant and cell-based influenza vaccines.

Currently, only standard vaccines are reimbursed for this age group in Ireland as part of the HSE Seasonal Influenza Vaccination Programme. The CMO requested a HTA to inform a decision on whether enhanced vaccines should be included as part of the national influenza vaccination programme.

This HTA will establish the clinical effectiveness and safety, cost effectiveness, and budget impact of universal vaccination with an enhanced vaccines in those aged 65 years and older, and assess organisational, social and ethical issues associated with such a decision. The HTA will submit evidence-based advice to inform decision-making by the Minister for Health.

This HTA will be published in 2024.

Health technology assessment of immunisation of infants and adults against respiratory syncytial virus (RSV) in Ireland

Respiratory syncytial virus (RSV) is a common respiratory virus that usually causes mild, cold-like symptoms. Most people recover in a week or two, but RSV can be serious, especially for infants, young children and older adults. RSV is highly transmissible, causes annual epidemics during the autumn and winter periods and contributes considerable burden to healthcare services in Ireland.

In 2023, two new vaccines were authorised by the European Medicines Agency (EMA) to protect adults aged 60 years and older from severe RSV. One of these vaccines was also authorised for use in pregnant women to protect infants from severe disease through transplacental antibody transfer. In addition, the EMA has authorised a number of monoclonal antibodies which can be administered directly to the infant to protect against severe disease. In Ireland, one of these is currently offered to certain infant populations at high risk of serious complications of RSV.

HIQA has agreed to undertake a HTA on immunising infants and adults against RSV in Ireland in 2024.

4.3.3 Screening HTA

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

Criteria-based approach to enable selection of conditions for further assessment

Between 2021 and 2022, 35 rare conditions were proposed to the NSAC regarding their potential addition to the National Newborn Bloodspot Screening Programme. The need for a transparent process to enable the selection of these conditions for progression to in-depth assessment was identified.

At the request of the Department of Health, HIQA agreed to support this process and in 2023 developed a brief review of international best practice in this area.

Health technology assessment of the addition of screening for severe combined immunodeficiency (SCID) to the National Newborn Bloodspot Screening Programme

Severe combined immunodeficiency (SCID) is an inherited condition which results in a child having lower levels of T-cells (white blood cells involved in the immune response) than normal and being very vulnerable to infection. Screening for SCID is possible through the quantification of T-cell receptor excision circles (TRECs).

In December 2022, HIQA submitted its HTA to NSAC, and based on the evidence provided, it recommended to the Minister for Health that screening for SCID should be added to the National Newborn Bloodspot Screening Programme. The Minister for Health approved the recommendation and the HTA was published on 18 January 2023.

Health technology assessment of the addition of screening for spinal muscular atrophy (SMA) to the National Newborn Bloodspot Screening Programme

Spinal muscular atrophy (SMA) is a rare, genetic neuromuscular disorder. To inform the National Newborn Bloodspot Screening Programme, a request was submitted to HIQA in December 2022 to undertake a HTA on this topic.

Following Board approval, the HTA was presented to NSAC and discussed at its meeting in October 2023. The recommendation of NSAC, based on the evidence outlined within the HTA, resulted in a decision by the Minister for Health in November 2023 to introduce screening for SMA in Ireland.

The [HTA](#) was published on 27 November 2023.

Evidence review of universal ultrasound screening for developmental dysplasia of the hip in infants in Ireland

Developmental dysplasia of the hip (DDH) is a congenital disease in which there is abnormal development of the hip in infancy. Ultrasound screening is possible and has the potential to enable earlier identification and diagnosis, facilitating earlier and less invasive treatment than if detected later.

In 2017, recommendations were published for the implementation of a selective ultrasound screening programme for infants at risk of DDH in Ireland; however, as of November 2023, the recommendations have not been implemented as a screening programme. Instead, the recommendations are included as part of the diagnostic pathway for DDH, referred to as a targeted clinical diagnostics programme.

At the request of NSAC, HIQA undertook an evidence review of universal ultrasound screening for DDH in infants in Ireland. The evidence review found that the relative benefit of universal versus selective ultrasound screening is unclear due to a lack of high-quality comparative studies.

Screening all infants with ultrasound has the potential to lead to unnecessary treatment, with the risk of clinically significant consequences. HIQA's advice included that consideration could be given to implementing a selective ultrasound screening programme, with appropriate governance, end-to-end care, quality assurance and outcome monitoring.

This evidence review was approved by HIQA's Board and submitted to NSAC for consideration in November 2023.

Health technology assessment of population-based screening for abdominal aortic aneurysm in men

An abdominal aortic aneurysm (AAA) is a swelling (aneurysm) of the aorta – the main blood vessel that passes from the heart through the abdomen. Rupture of a large aneurysm can cause huge internal bleeding which is usually fatal. Screening aims to reduce AAA-related mortality by enabling early detection and treatment of individuals with large aneurysms at risk of rupture.

In Ireland, there is currently no screening programme for AAA. NSAC requested that HIQA undertake a HTA of screening for abdominal aortic aneurysm.

In November 2023, we commenced work on a HTA of population-based screening for AAA in men. This HTA will inform decision-making and subsequent recommendation by NSAC to the Minister for Health as to whether or not population-based screening for AAA in men should be implemented in Ireland.

Health technology assessment of extending BowelScreen to those aged 50 to 54 years

Bowel cancer screening (also known as colorectal cancer screening) aims to detect signs of bowel cancer at an early stage where there are no symptoms. BowelScreen is the national population-based cancer screening programme, offering screening to people aged 59 to 69 years every two years. There is an existing commitment to extend the programme to those aged 55 to 74 years.

Extending BowelScreen to those aged 50 to 54 years was submitted through NSAC's call for submissions. In October 2023, HIQA commenced work on a HTA which will inform decision-making and subsequent recommendation by the NSAC to the Minister for Health to decide if the age for BowelScreen should be extended.

4.3.4 HRB-CICER – National clinical guideline support

HRB-CICER aims to deliver a high-quality evidence base with regard to systematic review of clinical and cost effectiveness and budget impact analysis to support the development of evidence-based recommendations in national clinical guidelines and national clinical audits. These guidelines and audits are quality assured by the National Clinical Effectiveness Committee (NCEC) and mandated by the Minister for Health for implementation by the HSE.

National Clinical Guideline Infection Prevention and Control

Through our HRB-CICER function, we supported the development of the *National Clinical Guideline Infection Prevention and Control* by conducting a systematic review of:

- ▶ the clinical and cost effectiveness of interventions to improve adherence to hand hygiene recommendations in healthcare settings
- ▶ the clinical and cost effectiveness of the use of all single patient room accommodation in reducing the incidence of healthcare-associated infections in general acute settings, and
- ▶ budget impact analysis to estimate the costs of implementing the clinical recommendations.

The guideline was launched in May 2023.

Advances in the development of clinical practice guidance: A scoping review

In 2023, we commenced a scoping review to describe advances in the development of clinical practice guidance (CPG). The review aimed to support the NCEC in considering updates to the current NCEC Standards for Clinical Practice Guidance. The [scoping review protocol](#) was published in July 2023.

Update to the National Clinical Guideline Management of an Acute Asthma Attack in Adults (aged 16 years and older)

In 2023, we commenced work to support an update to the 2015 *National Clinical Guideline for the Management of an Acute Asthma Attack in Adults*. This included a review to determine the status of the international guidelines which informed the development of the Irish guideline.. We will continue to work with the guideline development group on this update in 2024.

National Clinical Guideline on Management of Obesity in Adults

In 2023, we supported the development of a new national clinical guideline on the management of obesity in adults and will conduct further work with the guideline development group on this in the future.

4.3.5 COVID-19 policy evidence synthesis and advice

During the COVID-19 pandemic, HIQA carried out extensive work to inform the Department of Health, National Public Health Emergency Team (NPHE) and the COVID-19 Advisory Group (CAG). In 2023, HIQA published two reports on this topic.

International review of the epidemiology of Long COVID

We undertook an international review of the epidemiology of Long COVID to inform the HSE's Long COVID model of care. Advice was provided to the HSE on the:

- ▶ epidemiology and clinical burden of Long COVID internationally, and the
- ▶ evidence of associations between risk/protective factors and development of Long COVID among those who have had a SARS-CoV-2 infection.



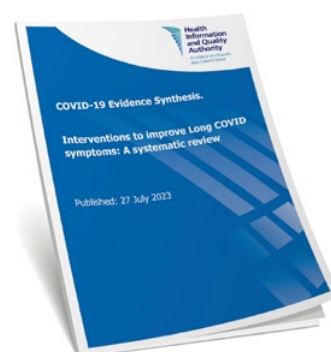
The review included 51 primary research studies examining over 1.1 million participants and four international registry documents. Prevalence rates varied considerably across studies. Self-reported prevalence estimates in the general population ranged from 15% to 53%. Much of this variation may be due to differences in reporting methods and population demographics within studies. While prevalence estimates were highest in those with a history of severe COVID-19 illness, Long COVID was reported across all populations and age groups.

The [report](#) was published on 31 May 2023.

Interventions to improve Long COVID symptoms: A systematic review

HIQA undertook an international review of interventions to improve the symptoms of Long COVID to inform the HSE's Long COVID model of care. The advice to the HSE was informed by a systematic review of randomised controlled trials conducted in people with Long COVID and discussion with HIQA's COVID-19 Expert Advisory Group.

The review identified 57 randomised controlled trials of interventions for adults with symptoms of Long COVID. A wide range of pharmaceutical and non-pharmaceutical interventions were identified, with most only examined in single studies. These studies were generally small, had short follow-up periods and typically only included people who had symptoms of Long COVID for less than one year. No definitively effective treatments were identified. There was also limited reporting on the safety of these interventions.



The [report](#) was published on 27 July 2023.

4.3.6 Public health policy evidence synthesis and advice

We conduct evidence syntheses and provide evidence-based advice to inform national strategic decision-making on public health, at the request of the Department of Health.

Analysis of public consultation surveys to inform the work of the Public Health Reform Expert Advisory Group

The Public Health Reform Expert Advisory Group sought to gain insight into the delivery of essential public health functions, both prior to and in light of the COVID-19 pandemic, and how this delivery can be improved in the future. To support this work, HIQA performed an analysis of two public consultation surveys, distributed to individuals and organisations working within public health in Ireland.

The analysis of responses identified recurring themes around: the workforce; leadership, management and governance; ICT, data collection and research; communication; and preparedness across respondents' comments.

The [report](#) was published on 7 September 2023.

Overview of multiplex antigen near-patient tests for acute respiratory infections

HIQA was requested by the Department of Health to conduct an overview of the evidence on the potential use of multiplex antigen near-patient tests to detect SARS-CoV-2 and one or both of influenza and respiratory syncytial virus (RSV) in residential and primary care settings.

The report provides:

- ▶ a description of multiplex antigen near-patient tests
- ▶ an overview of how these tests are used in residential and primary care settings in Ireland and internationally
- ▶ an overview of the effectiveness, advantages and disadvantages of using multiplex antigen near-patient tests in residential and primary care settings.

It found that since the COVID-19 pandemic, over 80 multiplex antigen near-patient tests have been developed to detect SARS-CoV-2 and one or both of influenza and or RSV. However, evidence on their effectiveness, advantages, disadvantages and feasibility in primary and residential care settings is sparse.

The [report](#) was published on 31 October 2023.



Review of national public health strategies in selected countries

At the request of the Department of Health, we conducted a review of national public health strategies in selected countries to inform the development of a national public health strategy in Ireland.

National public health strategies were identified for 11 of 15 pre-selected countries and a descriptive analysis of strategy contents, including aims, themes or priorities, implementation, and strategy development was undertaken. The review provided a description of how these countries develop national public health strategies, along with an understanding of the health issues of importance to them and how these may be improved upon.

The [report](#) was published on 24 October 2023.



An overview of national approaches to stockpiling of medical countermeasures for public health emergencies

HIQA was requested by the Department of Health to conduct a descriptive analysis of national approaches to stockpiling of medical countermeasures for public health emergencies in selected countries to inform the development of a national stockpiling strategy in Ireland.

Interviews were conducted with key representatives from five countries: France, Latvia, Lithuania, the Netherlands and Norway. Thematic analysis was conducted on interview summaries. Several themes were identified, including, scope and current stockpiling approaches and cost considerations and efficiency. These themes may represent areas for consideration when developing a national medical countermeasures stockpiling strategy in Ireland.

The [review](#) was published on 24 November 2023.



Update of the low risk drinking guidelines

In December 2023, HIQA was requested by the Department of Health to undertake work to inform the planned update of the low risk drinking guidelines.

Drinking and at-risk drinking are common among portions of the population. In the 2023 Healthy Ireland Survey 43% of men and 34% of women reported drinking weekly. Across respondents, 21% reported drinking multiple times per week, while men reported higher rates of binge drinking than women (37% vs 12%). Younger people also reported higher rates of binge drinking than older people (15-24 year olds: 36%, 75+ year olds: 7%).

HIQA's review will inform the update to the guidelines and provide information on how best to minimise the health risks associated with drinking.

4.3.7 Generic justification of ionising radiation

HIQA is responsible for the generic justification of new practices involving medical exposure to ionising radiation before they are generally adopted.

HIQA may also consider the justification of existing practices when new, important information becomes available about the effectiveness or safety of the practice or additionally, if alternative practices could replace it. HIQA is also responsible for the preparation of guidelines for the use of medical exposure to ionising radiation in asymptomatic individuals for the early detection of disease, but outside of a screening programme.

HIQA convened a medical exposure to ionising radiation Expert Advisory Group (EAG) to support this role. Members of the EAG include representatives of patient organisations, regulatory authorities and key professional bodies.

In February 2023, HIQA published a document providing guidance to applicants seeking generic justification and outlining how the generic justification of practices is conducted. A decision is made following consideration of the application, the evidence review, and the recommendation from the EAG in relation to the balance between the benefits and harms of the practice. In 2023, four such decisions were published.

¹⁷⁷Lu oxodotreotide for the treatment of metastatic or inoperable gastroenteropancreatic neuroendocrine tumours (GEP-NETs)

Following receipt of an application, an evidence review was conducted to support a decision in relation to the generic justification of lutetium (¹⁷⁷Lu) oxodotreotide for GEP-NETs. ¹⁷⁷Lu oxodotreotide is a peptide receptor radionuclide therapy (PRRT) marketed for the treatment of metastatic or inoperable GEP-NETs.

Until recently, patients in Ireland could only receive ¹⁷⁷Lu oxodotreotide if they travelled abroad. This was typically funded through the HSE's Treatment Abroad Scheme. However, the HSE and the National Cancer Control Programme now wish to provide this treatment in hospitals in the Republic of Ireland. This new practice was generically justified from 20 April 2023.

A slot-scanning, biplanar, digital X-ray imaging system for the evaluation and monitoring of orthopaedic conditions

Slot-scanning, biplanar, digital radiography X-ray systems may be used for the evaluation and monitoring of orthopaedic conditions. Examples of conditions which can be imaged include, scoliosis leg length discrepancies and images taken before and after an operation, for example a hip or knee replacement.

Following receipt of an application, an evidence review was conducted to support a decision in relation to the generic justification of this practice.

The use of slot-scanning, biplanar, digital radiography X-ray systems for the evaluation and monitoring of orthopaedic conditions was generically justified from 10 July 2023.

Ultra-hypofractionated adjuvant radiotherapy for breast cancer

Radiotherapy is an important part of the treatment for many people with breast cancer. Typically patients received their treatment in multiple sessions over a number of weeks (for example, 15 sessions over a three week period). A key advantage of ultra-hypofractionated radiotherapy is a reduction in the number of visits that a patient is required to make to complete their treatment course. This can be more convenient for patients as well as increasing radiation service capacity.

Following receipt of an application, an evidence review was conducted to support a decision in relation to this practice. Ultra-hypofractionated adjuvant radiotherapy for breast cancer practice was generically justified from 16 November 2023.

¹⁸F-prostate specific membrane antigen (PSMA) PET/CT for the staging of primary prostate cancer and the restaging of recurrent prostate cancer

As part of their care, patients diagnosed with prostate cancer require imaging to determine if the cancer has spread. PSMA PET/CT detects a protein called PSMA protein which is found in large amounts on the surface of most prostate cancer cells. PSMA PET/CT helps identify the presence of the disease, and aids staging and restaging of prostate cancer.

Following receipt of an application, an evidence review was conducted to support a decision in relation to the generic justification of this practice.

¹⁸F-prostate specific membrane antigen (PSMA) PET/CT for the staging of primary prostate cancer and the restaging of recurrent prostate cancer practice was generically justified from 15 December 2023.

4.3.8 Strategy, support and research

To support the work of the directorate, we also undertake research, programme management, administration, library services, corporate reporting and risk management.

In 2023, this included:

- ▶ Developing a 2023 HTA Directorate Knowledge Sharing and Impact Assessment report.
- ▶ Submitting to external research grants and overseeing administration of grants.
- ▶ Delivering the Evidence Synthesis Strategy 2020-2024.
- ▶ Coordinating student placements, fellowships and internships, including one pharmacy student placement, two Evidence Synthesis Ireland (ESI) fellowships, two MSc Health Economics internships and one ASPIRE Public Health fellowship.
- ▶ Submitting outputs to online repositories, including Lenus, Zenodo and the International Network of Agencies for HTA (INAHTA) database.
- ▶ Establishing an Open Access Funding mechanism.
- ▶ Managing contracts including the acquisition of DeepL translation software and subscriptions to bibliographic databases and Covidence.

4.4 Health information and standards

4.4.1 Health information

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

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

Working collaboratively with key stakeholders, we gather national and international evidence on best practice and develop recommendations, national standards and guidance to support decision-making for the Irish health information landscape. Our aim is to have quality data and information to support individual care, planning and management of services, policy-making and research.

Informing national health information policy

National Engagement on Digital Health and Social Care

In line with HIQA's strategic objective to provide robust, high-quality evidence to inform practice, planning, policy and decision-making, we engaged with the public and professionals on digital health and social care. A collaboration between HIQA, the Department of Health, the HSE and patient representatives, the National Engagement on Digital Health and Social Care gathered evidence on the attitudes, opinions, and comfort levels of the public and health and social care professionals around the digitisation of services.

To inform the development of the surveys for the public and professionals, two focus groups with professionals were conducted. A four-week national public telephone survey was launched in June and received feedback from 2,009 members of the public. The online professional survey ran for seven weeks from September and 1,020 health and social care professionals participated. We also held seven focus groups with members of the public to discuss the feedback in depth. The findings will be published in 2024, and aim to progress digital health and social care in Ireland.

Legislation and strategy

Throughout 2023, HIQA engaged with the Department of Health to share expertise and relevant national and international evidence to inform national legislation and strategy, specifically in relation to the Health Information Bill, Digital Health Strategic Framework, implementation of the European Health Data Space Regulation and strengthening national standards setting functions.

In partnership with the Department of Health, HIQA is jointly hosting a Health Forum Fellowship between Ireland and Scotland. An information governance expert from Digital Health and Care in Scotland will work with HIQA to explore common issues and opportunities in information governance and assurance for health and social care services. This work will support HIQA in implementing the Health Information Bill in Ireland.

Furthermore, the proposed European Health Data Space (EHDS) Regulation aims to facilitate easier access and exchange of health information across EU Member States to support healthcare delivery and for specified additional purposes, such as health research, innovation, policy-making and regulatory activities. Under the proposed regulation, all EU Member States are required to establish a Health Data Access Body to grant access to electronic health information for the agreed specified purposes. In 2023, HIQA was a successful co-applicant, alongside the Department of Health and the Health Research Board, for an EU direct grant for setting up services by Health Data Access Bodies. This work aims to ensure the health information system in Ireland is ready for the European Health Data Space and will run until 2027.

HIQA will lead on three work packages as part of this grant:

- 1) Dissemination, training and support;
- 2) National dataset catalogue for health data; and
- 3) Health data quality enhancement.

As part of the EHDS Regulation, data holders will be required to assign a data quality and utility label before submitting their data to the Health Data Access Body. This aims to provide relevant information to data users to assess if the dataset is relevant for their intended use.

HIQA, as part of a European-wide consortium (QUANTUM), received funding to develop guidance on the implementation of a developed, piloted and evaluated data quality, utility and maturity labelling mechanism. HIQA is one of 39 partners across 16 countries involved in the consortium including data holders, research and academic institutions, data access bodies, and patient and public representatives. The QUANTUM project will run until mid-2026.

Furthermore, HIQA has been nominated by the Department of Health to contribute to the second EU Joint Action Towards a European Health Data Space (TEHDAS2). The aim is to continue to prepare the ground across Member States for the implementation of common measures to enable the secondary use of health data as proposed in the EHDS Regulation. TEHDAS2 will see the development of 21 guidelines and technical specifications to support implementation in Member States. Over the three-year project, HIQA will contribute to work packages relating to collaboration and engagement, data discovery, data access, and safe and secure data processing.

Developing national standards and guidance for health information

As part of our remit to set standards in this area, in 2023, we developed Draft National Standards for Information Management in Health and Social Care. The draft standards aim to contribute to safer, better care by improving the management of health and social care information. The standards were informed by an evidence synthesis and consultation with stakeholders through an advisory group, public consultation and targeted consultation. As part of this process, we held five focus groups to discuss the content and implementation of the draft standards with 47 attendees from the health and social care workforce, national data collections and private hospitals.

We also held five individual meetings with key stakeholders to discuss specific details of the draft standards based on their particular expertise, including the Department of Health; Department of Children, Equality, Disability, Integration and Youth; Mental Health Commission; National Cancer Control Programme; and those responsible for the National Health System Performance Assessment platform. We also conducted sessions with representatives from the National Screening Service and National Office of Clinical Audit to assess the readability and interpretability of the standards.

Following Board approval, the draft standards were submitted to the Minister for Health for approval.

During 2023, we assisted the Department of Health in the planning and facilitation of a national workshop to inform policy proposals related to strengthening the national standards setting function. We worked with the Department to prepare the draft proposals, identify and engage all stakeholders, and discuss governance, standards development, stakeholder engagement, co-design, and prioritisation. Agreement was reached on a streamlined standards development process, prioritisation criteria for the development of national standards and on the establishment of an interim working group to guide further work in this area.

4.4.2 Health and social care standards

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

National standards aim to promote quality improvement and improve the experience of people using health and social care services. Underpinned by a set of key principles (see Figure 12), national standards enable a person-centred care approach and promote practice that is up to date, effective, consistent and based on the best available evidence. In line with our *Health and Social Care Standards Strategy 2022-2024*, we also develop implementation support tools, such as online learning courses and booklets, to help staff working in health and social care services to implement national standards in their setting.



Figure 12

Key principles to underpin national standards for health and social care services



Supporting the implementation of national standards for health and social care services

Learning Hub

In 2023, we launched a Learning Hub on the HIQA website. This hub provides a range of materials for front-line staff, students and academics, as well as people using services to support the implementation of national standards and the development of good practice in the care and support of children and adults using health and social care services. These include links to the national standards and online learning courses developed by HIQA as well as guides, videos and other tools to support health and social care staff.

During the year, we developed a new educational slide deck titled 'National Standards for Health and Social Care Services - An Introduction'. This slide deck can be used by third-level lecturers, educators, and those providing training for health and social care staff as a teaching resource on evidence-based national standards.

Online learning courses

HIQA has four online learning courses that aim to assist staff to understand and implement national standards. In 2023, there were 94,053 completions of the four courses. The total number of course completions since their launch is over 252,600. Table 5 includes a list of courses and completion figures.

Table 5

Online learning course completions

Online learning course	Completions in 2023	Completions since launch
Infection prevention and control	15,823	65,032 (launched in 2020)
Adult safeguarding	11,459	39,435 (launched in 2020)
Human rights-based care	54,479	135,876 (launched in 2021)
Advocacy	12,292	12,292 (launched in 2023)
Total	94,053	252,635

Fundamentals of advocacy

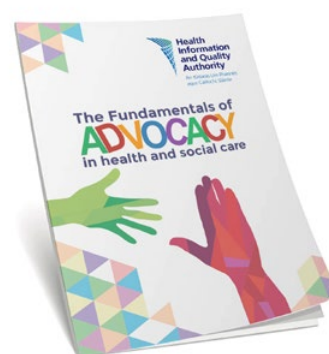
In April 2023, HIQA launched an online learning course, booklet and educational video on *The Fundamentals of Advocacy in health and social care*.

Advocacy is central to person-centred care and support, and a key element of national standards.

These advocacy resources were developed in response to recommendations made by the COVID-19 Nursing Homes Expert Panel Report and findings of the National Nursing Home Experience Survey. The advocacy resources aim to improve knowledge and understanding of advocacy among health and social care staff and ultimately, to improve access to advocacy for people using services.

The Fundamentals of Advocacy in health and social care was nominated in the category of 'Workforce Support' at the European Social Services Awards 2023 and came highly commended in the 'Crisis Management Response of the Year' category at the Irish Healthcare Awards 2023.

Following the launch of the online advocacy course, we commenced a learning impact study to assess the impact of the course on the knowledge and behaviour change of health and social care professionals which will be published in 2024.



Self-appraisal tool to prepare for and implement national standards

In 2023, we began developing a self-appraisal tool to assist services to use the national standards to engage in ongoing quality improvement, embed the standards in practice and ultimately improve the experiences and outcomes of people using services.

During the year, a cross-sectoral working group was established to collaborate on the development of the tool and ensure it is fit for purpose. Organisations represented on the working group include the HSE, Tusla, Mental Health Commission, non-statutory services, and people with experience of using health and social care services. We have undertaken international research and engaged widely with a range of key stakeholders to inform the development of the self-appraisal tool. The tool will be published in 2024.

Communication toolkit on fundamentals of good communication

Together with Tusla, we have established a cross-sectoral working group to work collaboratively to produce a communication toolkit, *'Fundamentals of good communication: How to have effective everyday conversations'*. This is being developed in response to stakeholder feedback and aims to support Tusla staff to communicate and share information effectively with children, young people, families and foster carers when they are using children's social services.

The toolkit is in a pre-implementation test phase in Tusla, and we will launch it in 2024.

Development of resources for children

Working with stakeholders, we have developed a suite of additional resources for young children to support them to understand what the Draft National Standards for Children's Social Services mean for them. Using feedback from children, parents, foster carers and our cross-sectoral working group, we developed a video animation that is narrated by children and an easy-to-read leaflet. Both of these resources will be published alongside the final standards, once approved by the Minister.

During 2023, we began developing resources for children on the Draft Overarching National Standards for the Care and Support of Children using Health and Social Care Services. These resources, including a video and a leaflet, will help explain to children what the standards mean for them in their day-to-day engagement with health and social care services. A universal design approach will be used to ensure that they are accessible to the widest range of children. The resources will be published following approval and launch of the standards.

Developing national standards

Draft National Standards for Home Support Services

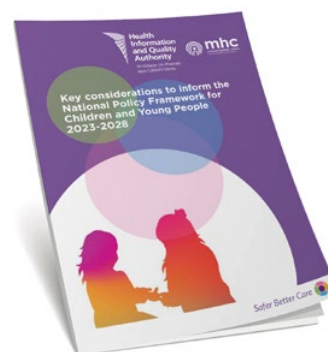
During 2023, we continued to develop Draft National Standards for Home Support Services to support safe, quality, person-centred care in the home, to complement draft home support legislation. The draft national standards will focus on a human rights-based approach to home support that facilitates autonomy and choice. They will aim to promote progressive quality improvements in home support services and will give a shared voice to the expectations of the public, people using services, service providers and staff.

In 2024, HIQA will continue to work closely with the Department of Health to support the development of the primary legislation and regulations for home support, as well as continuing to engage widely with stakeholders in the development of the national standards.

Informing national health and social care policy

Throughout 2023, we continued to engage and work closely with the Department of Health regarding policy and legislative reform in the area of home support services. The Department of Health is currently developing a statutory scheme for home support services. This scheme will be underpinned by legislation and standards and will allow for the regulation of services (public, private and not-for-profit) provided in the home, which have not previously come under the scope of statutory regulation.

In 2023, we developed *Key considerations to inform the National Policy Framework for Children and Young People 2023-2028* with the Mental Health Commission. This policy paper draws on extensive research and stakeholder engagement conducted in preparation for the development of the Draft Overarching National Standards for the Care and Support of Children using Health and Social Care Services. The paper was shared with the Department of Children, Equality, Disability, Integration and Youth to inform the development and implementation of the new national policy framework.



4.4.3 National Care Experience Programme

The [National Care Experience Programme](#) is a joint initiative between HIQA, the HSE and the Department of Health which asks people about their experiences of care and based on those findings encourage improvements in practice, policy and services. The programme was established in 2017, and runs the National Inpatient Experience Survey, the National Maternity Experience Survey, the National Maternity Bereavement Experience Survey, the National Nursing Home Experience Survey and the National End of Life Survey.



The HSE uses the findings from each of the surveys to inform their quality improvements to their service, practice and policy. The Department of Health uses the findings to inform national policy and legislation and HIQA uses the findings to inform national standards and guidance. The mission of the programme is to “Hear, understand and respond to the experience of people using Ireland’s health and social care services to drive and embed sustainable improvement in care”.

National Maternity Bereavement Experience Survey

The first National Maternity Bereavement Experience Survey took place in 2022. It asked bereaved parents, their partner or support person about their experiences of maternity bereavement care in one of Ireland’s 19 maternity units or hospitals.



A national report and three specific reports on second trimester miscarriage, stillbirth and early neonatal death were published in May 2023.

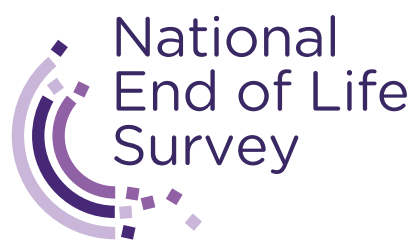
In total, 655 women and 232 partners or support persons participated in the survey. Most participants (74%) said they had a good or very good overall experience of care, while 26% rated their care as fair to poor.

Participants shared their stories of the care they received from when they first found out that their baby had died, through to the care they received while in hospital, and the follow-up care they received once they returned home.

The reports are available on www.yourexperience.ie, along with the HSE’s response to the findings.

National End of Life Survey

The first National End of Life Survey was undertaken in 2023. The survey asked bereaved relatives about the care provided to a family member or friend in the last months and days of life. The survey aimed to learn from people's experiences of end-of-life care in order to improve services provided both to people who are dying, and to their loved ones.



Approximately 9,500 bereaved relatives who registered the death of a loved one that occurred between September and December 2022 were invited to tell us about their loved one's experience of care. The survey closed in July 2023, receiving 4,570 responses. The survey closed in July 2023. The survey findings will be published in 2024.

National Inpatient Experience Survey

The National Inpatient Experience Survey is a nationwide survey asking patients about their recent experiences in hospital and aims to learn from patients' feedback in order to improve hospital care. In 2023, we carried out an indepth review of the survey model and methodology to ensure the survey remains fit for purpose, responsive to future stakeholder needs and priorities, is accessible to those in the target group and continues to optimise the use of the data generated.



We conducted an international review to explore the international context of inpatient experience surveys to understand how the existing model and methodology corresponds with best practice in survey design and implementation in other jurisdictions. We held a series of focus groups with over 60 key stakeholders within the Irish healthcare system to obtain insights about their experiences of the survey, as well as understanding what they require from the survey in the future. We also conducted a comprehensive review of the survey questionnaire and explored considerations for the inclusion of marginalised and hard to reach groups in the survey. Following this research, we developed a set of recommendations for the survey model and methodology to enhance the impact of the survey and the data generated to improve patient experience in Ireland.

The National Care Experience Programme Steering Group approved the shorter term recommendations. The longer term recommendations are under review.

Development of new surveys

Following the completion of a prioritisation process in 2019, we are beginning to develop two new surveys on experiences of cancer care and mental health services. To inform a survey of cancer care experiences, in 2023, we completed a review of national policies, strategies, standards and legislation of relevance to cancer care. This review also included an appraisal of potential data sources to facilitate identification and contact of an eligible sample. An international review was also undertaken of cancer surveys in five jurisdictions (England, Switzerland, USA, Australia and Scotland).

'Let's Talk Care Experience' Podcast

Our 'Let's Talk Care Experience' podcast discusses all aspects of people's experiences using Ireland's health and social care services. It includes contributions from experts and healthcare professionals based on the feedback to our surveys.

In 2023, we released two episodes of Let's Talk Care Experience focused on:

- ▶ Ireland's first National End of Life Survey and how the survey will contribute towards quality improvements in end-of-life care
- ▶ the importance of supporting women during their infant feeding journeys and the experiences of new mothers.

4.5 Our enabling functions

4.5.1 Human resources

In 2023, our Human Resources and Organisational Development Team delivered a number of strategic, human resources and organisational development initiatives.

We conducted a comprehensive review of the organisation's interim blended working model and developed an updated working model to support all staff. We also continued to use a comprehensive, digital wellbeing programme to aid the mental, physical and financial health of all staff. Staff can also avail of an Employee Assistance Programme.

During the year, we recruited 102 roles in HIQA. There was also a 12 day reduction in the overall recruitment process timelines. To determine the organisation's current and future talent, skill and capability requirements, we also undertook a strategic workforce planning review. HIQA's remit continues to expand and to meet this increasing demand, we must ensure adequate staffing levels and an effective organisational structure. Resourcing options and strategies were considered and submitted to the Department of Health in July 2023. HIQA's Strategic Workforce Plan 2023-2025 incorporates all resource requirements identified to enable a successful transition to a refined future work model. In line with this, we have undertaken a comprehensive review of our organisation structure and we are working with the Department regarding its implementation on a phased basis.

In 2023, we designed and delivered 68 group development programmes to 631 participants on topics such as leadership and competency development. Additionally, we maintained the highest level of accreditation for the Excellence Through People award, Ireland's national human resource management quality standard awarded by the National Standards Authority of Ireland.

In compliance with the Gender Pay Gap Information Act 2021, HIQA published a Gender Pay Gap Report for 2023 in December, which outlines our gender pay figures.

4.5.2 Health and safety

HIQA is committed to the protection of the health and safety of everyone working for the organisation. We have developed a health and safety framework that provides for the necessary policies, standards, materials and tools that support and assist the organisation in promoting, training, managing and improving health and safety matters within facilities and operational processes.

Since implementing a blended working model, a full range of supports has been provided to staff members who work both in the office and from home.

4.5.3 Environment

HIQA is working to reduce its energy consumption and carbon dioxide (CO₂) emissions to limit the negative impact its operations have on our environment. In November 2023, we published a Decarbonisation Roadmap which sets out our overall objectives and restates our commitment to meeting or exceeding the directives set out by Government. To date, we have achieved a 15.7% reduction in electricity use compared to the baseline figures which are the average data from 2016 – 2018 as identified by the Sustainable Energy Authority of Ireland. This decrease also includes the total electricity used in two new buildings. In addition, HIQA reduced its use of natural gas in the Dublin office by 27.9%. In total, this equates to an overall reduction of 19% in CO₂ emissions over the last 12 months and a total of 23% reduction when compared to the baseline year average. HIQA is making good progress to meet its 2030 targets.

You can read our Decarbonisation Roadmap on our [website](#).

4.5.4 Communications and Stakeholder Engagement Team

In line with our Communications and Stakeholder Engagement Strategy 2022-2024, HIQA is committed to communicating and engaging with its stakeholders. We do this through public and parliamentary affairs, publication management, press and media engagement, digital media and internal communications.

In 2023, this work included:

- ▶ 31 press releases issued.
- ▶ 98 publication statements issued.
- ▶ 59 publications.
- ▶ 4 consultations held with the public.
- ▶ 6 editions of external newsletter, HIQA News, issued.
- ▶ 12 editions of staff e-zine issued.
- ▶ 396,443 page views on our website, www.hiqa.ie.
- ▶ 81 parliamentary questions responded to.
- ▶ 4,913 info@hiqa.ie queries managed.
- ▶ 15 submissions to external public consultations made.

During 2023, we prepared and supported colleagues to attend two Oireachtas committees.

Joint Oireachtas Committee on Health

In October 2023, we attended the Joint Committee on Health with our CEO Angela Fitzgerald; Máirín Ryan, Deputy CEO and Director of HTA; Carol Grogan, Chief Inspector of Social Services; Rachel Flynn, Director of Health Information and Standards; and Sean Egan, Director of Healthcare Regulation. They discussed HIQA's 2022 Annual Report and reflected on our key learnings to inform our work into the future.



Pictured above: CEO Angela Fitzgerald at the Joint Oireachtas Committee on Health

Oireachtas Committee on Disability Matters

In November 2023, we attended the Committee on Disability Matters with Carol Grogan, Chief Inspector of Social Services and Finbarr Colfer, Deputy Chief Inspector of Social Services. They discussed topics such as a rights-based care approach for children with disabilities and emergency placements for children in Ireland.



Pictured above: Finbarr Colfer and Carol Grogan at the Oireachtas Committee on Disability Matters

4.5.5 Information Division

Our Information Division carried out a number of activities in 2023 to support the organisation, including:

- ▶ strengthening remote and hybrid working collaboration technologies and additional cloud-based solutions
- ▶ providing ongoing support, enhancements and upgrades to regulatory and other business systems
- ▶ enhancing project management methodology and provision of project support
- ▶ completing the discovery and design of the regulatory transformation programme and implementing this system on cloud and digital technologies
- ▶ strengthening security measures further using an additional service for monitoring 24x7 perimeter security
- ▶ reviewing and enhancing cyber security policies and upgrading critical infrastructure systems
- ▶ upgrading HIQA's backup system and additional capabilities for cloud backups
- ▶ decommissioning older technologies and legacy collaboration systems.

Through collaboration with a multidisciplinary team, we also progressed strategic and operation projects, such as the setup of the new Galway office, system upgrades and a suite of cloud solutions.

We provide an IT and deskside support service to HIQA staff. A 2023 survey of staff feedback on this support service found that 95% of staff reported an excellent, good or satisfactory service.

In line with the needs of the digital and data transformation strategy and the expected increase of staff numbers in the future, we have prepared our security and operational road map and the infrastructure for future systems. A key requirement for HIQA is to have a fit for purpose, agile and secure information system to support existing and expanding regulatory and monitoring functions. We continue to support the organisation on the Digitally Enabled Regulator programme to ensure a coordinated approach to becoming a digitally enabled regulator.

4.5.6 Freedom of Information

HIQA received a total of 86 Freedom of Information (FOI) requests in 2023, and carried over 10 requests from 2022. Further details on these requests are provided in the table below.

Table 6

FOI requests in HIQA

2023 FOI requests	
Brought forward from 2022	10
Received in 2023	86
Total Requests Handled	96
Brought forward into 2024	7
Closed in 2023	89
2023 closure breakdown	
Granted	6
Part Granted	36
Refused	23
Transferred	0
Withdrawn	22

Three internal reviews, or appeals of internal appeals of decisions on FOI requests were received in 2023. There was one external appeal to Office of the Information Commissioner (OIC); however, this appeal was discontinued by the OIC.

4.5.7 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, people using services, carers, relatives, private and voluntary organisations, statutory agencies and the general public.

HIQA 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 2023, five complaints were received by HIQA, all of which were dealt with in accordance with our policy.

4.5.8 Quality Service Charter

HIQA has developed a Quality Service Charter and Action Plan for the purpose of providing information to people engaging with our services on the level of service they can expect from us. The Charter sets out our commitment to engaging with our stakeholders in line with the principles of quality customer service. We have published progress on implementing our action plan in 2023 on www.hiqa.ie.

4.5.9 Protected Disclosures

As per section 22 of the Protected Disclosures Act 2014, HIQA has published an annual report outlining the number of protected disclosures received in 2023 and the action taken.

No internal protected disclosures were received in 2023.

4.5.10 Quality management system

In December 2023, HIQA was certified for the ISO 9001: 2015 Quality Management Standard. The International Standards Organization (ISO) 9001 is a globally recognised standard for quality management which supports organisations to continuously improve performance and demonstrate commitment to quality.

The ISO 9001: 2015 Quality Management Standard provides a strong framework for our management systems and enables robust internal control management. It also supports us to focus on consistent and effective management of quality and risk in the organisation. Going forward we will continue to build and improve on our business processes and practices.

4.5.11 Financial management

Throughout 2023, HIQA continued to manage its financial resources in line with good practice and all relevant governance requirements. The use of planning and ongoing financial management enabled HIQA to use its resources efficiently and effectively.

HIQA's annual accounts for 2023 were submitted to the Comptroller and Auditor General in accordance with the timelines set out in the Health Act 2007.

4.5.12 Official Languages Acts

HIQA continues to work towards fulfilling its obligations under the Official Languages Act 2003 and (Amendment) Act 2021. In 2023, we continued this through a number of actions including the appointment of a senior manager for responsibility to oversee performance of HIQA's obligations under the Act, and procuring translation services for the organisation.

HIQA submitted its 2023 report on minimum advertising requirements to An Coimisinéir Teanga in line with the legislative timelines.

Stakeholder engagement

5

We value the impact that engaging with our stakeholders has on our work. These include policy-makers, planners and providers of services, as well as people using services, advocacy groups and the wider public. We engage with these stakeholders in a number of ways, as outlined in this report, through meetings, international networks and public consultations.

This section sets out a sample of how we engaged with our external stakeholders in 2023.

Throughout the year, HIQA contributed to a number of national and international networks, groups and workshops including:

TEHDAS II: EU Joint Action 'Towards the European Health Data Space

HIQA has been appointed by the Department of Health to act as a key stakeholder in the Joint Action project TEHDAS II where over 30 European countries are taking part to support the implementation of the European Health Data Space Regulation.

QUANTUM: Developing a Data Quality and Utility Label for HealthData @ European Union

QUANTUM is a European-wide consortium (QUANTUM) that received EU Horizon funding to develop guidance on the implementation of a developed, piloted and evaluated data quality, utility and maturity labelling mechanism. HIQA is one of 39 partners across 16 countries involved in the consortium including data holders, research and academic institutions, data access bodies, and patient and public representatives.

Data Governance Unit - Data Sharing and Transparency Committee (DSTC)

The DSTC is one of four committees tasked with developing materials to support compliance with the Data Sharing and Governance Act 2019. HIQA sits on the DSTC to assist with the development of a Data Sharing Ethics Framework. The committee met six times in 2023.

Expert Review Body on Nursing and Midwifery – Implementation Action Group

HIQA sits on an Expert Review Body (ERB) on Nursing and Midwifery Implementation Action Group tasked with proposing, developing and delivering practical measures to support the implementation of specific recommendations on digital health set out in the ERB report. The group will help support the implementation of the digital roadmap for nursing and midwifery (2019-2024) and the development of national minimum dataset for nursing and midwifery core documentation. The group met eight times in 2023.

HSE National Health and Social Care Data Dictionary Governance Group

HIQA is a member of this group to provide advice in relation to the strategic direction and governance of this project.

National Standards Authority of Ireland Health Informatics Consultative Committee TC 21 (NSAI HISC)

The NSAI HISC committee participates in the work of International Standards Organization (ISO) TC 215 Health Informatics committee and European Committee for Standardization (CEN) TC 251) Health Informatics Committee. Health Informatics standards under development by CEN and ISO are discussed and formal responses are agreed. In addition, the committee regularly provides responses to consultation on health information standards in Ireland.

HSE SNOMED CT Governance Group

HIQA chairs this group, which provides advice in relation to the strategic direction and governance of the SNOMED Ireland National Release Centre.

European 1+ Million Genomes Initiative

HIQA participates in the European 1+ Million Genome Initiative through the Department of Health's National Mirror Group and two EU working groups: Data and Metadata Standards and Quality Standards. 1+ Million Genomes aims to enable secure access to genomics and corresponding clinical data across Europe for better research, personalised healthcare, and health policy.

HSE National Medicinal Product File Project Board

HIQA is an observer on this project board, which provides advice on the development and implementation of the national medicinal product file that will provide the medications listings for the national electronic prescribing solution.

HSE National ePrescribing Project Board

HIQA is an observer on this project board, which provides advice on the development and implementation of the national electronic prescribing solution.

HSE Dataset Specification Management Process Board

HIQA is an observer on this project board, which provides advice on the development and specification of datasets for HSE projects and programmes.

COST2CARE Research Project Stakeholder Advisory Group

HIQA is a member of the Stakeholder Advisory Group supporting Dublin City University with a four-year project entitled COST2CARE: Addressing the economic and human cost of hospital acquired and nurse-sensitive adverse events in older patients through optimal use of routine discharge data and measurement of missed nursing care.

United Nations Economic Commission for Europe (UNECE) Policy Brief

HIQA contributed to the United Nations Economic Commission for Europe *Policy Brief on Ageing* No. 28 which focuses on the issues facing older persons in vulnerable situations. We presented on our *National Standards for Adult Safeguarding* and how they link to national policy at the launch of this brief in June 2023, along with international colleagues from Holland, England and Moldova.

INAHTA Annual Congress Planning Committee

The Director of HTA participated in three meetings of the INAHTA Annual Congress Planning Committee in 2023.

IPSOR HTA Council and Planning Committee

The Director of HTA participated in one meeting of the IPSOR HTA Council and three meetings of the IPSOR HTA Payer Summit Planning Committee. She also co-chaired the IPSOR Europe HTA Roundtable in Copenhagen in November 2023.

EU Heads of HTA Agencies Group

The Director of HTA participated in three meetings of the EU Heads of HTA Agencies Group in 2023.

Celtic HTA Agencies Strategic Alliance

The Director of HTA met with her counterparts of Health Technology Wales and the Scottish Health Technologies Group on three occasions to discuss HTA activities in accordance with our memorandum of understanding.

'Developments in Patient Experience Surveys' workshop at the European Public Health Conference

In partnership with the HSE, Department of Health and academic collaborators, HIQA facilitated a workshop entitled 'Developments in Patient Experience Surveys' at the 16th European Public Health Conference in Dublin. The workshop covered multiple topics, including international trends and practices in inpatient experience surveys, how to communicate sensitively with bereaved survey participants, generating actionable evidence from free-text survey feedback, integrating patient experience responses with other key metrics to understand and improve care quality and patient safety, and how patient experience data can inform policy and practice.

European Institute of Innovation and Technology (EIT) Health

HIQA participated in a roundtable discussion led by EIT Health titled 'Vision and preparedness: What is the potential for the European Health Data Space and how prepared is Ireland to realise the benefits?'

HIQA further contributed to a EIT-led report published on 'Implementing the European Health Data Space in Ireland' which outlines a new framework intending to make it easier for different groups to access and use information about the health of citizens across the EU and presents a series of recommendations to implement the framework.

Steering Group on Quality and Safety of medical applications of ionising radiation (SGQS)

The SGQS provides a common European platform to support the implementation and integration of European requirements for radiation protection and other quality and safety standards into EU countries' health systems. It develops high-quality evidence, clinical guidelines and practical tools, and supports their implementation in clinical practice across Europe. In November 2023, Agnella Craig, Regional Manager, Medical Exposure to Ionising Radiation represented HIQA at the European Commission's DG for Energy at the 5th plenary meeting of the SGQS in Luxembourg.



Pictured above: Agnella Craig, HIQA's Regional Manager for Medical Exposure to Ionising Radiation, with Filip Maksan, Georgi Simeonov and Michael Huebel

GINAHTA Steering Committee

HIQA was invited and has joined the GINAHTA Steering Committee, which explores common methods and facilitates collaboration and sharing of products between the HTA (represented by INAHTA) and the guideline communities (represented by G-I-N).

Evidence Synthesis Ireland

The Director of HTA participated in the International Advisory Board for Evidence Syntheses Ireland (ESI). ESI, which includes Cochrane Ireland, is an all-Ireland initiative funded by the Health Research Board and the Health and Social Care, Research and Development (HSC R&D) Division of the Public Health Agency in Northern Ireland. ESI aims to build evidence synthesis knowledge, awareness and capacity among the public, healthcare institutions and policy-makers, clinicians, and researchers on the island of Ireland.

HSE National Cancer Control Programme Technology Review Committee

In 2023, HIQA was represented at eight out of nine meetings of the HSE National Cancer Control Programme Technology Review Committee.

Rare Diseases Committees and Task Groups

HIQA was represented at the HSE Rare Diseases Medicinal Products Technology Review Committee and has continued representation at the UK National Screening Committee Blood Spot Task Group.

Coordination Group and Joint Clinical Assessment and Methodology Subgroups to guide implementation of the HTA Regulation

HIQA represents Ireland on the Coordination Group and its Joint Clinical Assessment and Methodology Subgroups to guide implementation of the HTA Regulation which is expected to apply in January 2025. Five meetings of the Coordination Group were attended by HIQA in 2023. There were six Joint Clinical Assessment Subgroup meetings in 2023 and two meetings of the Methodology Subgroup.

Building capacity and knowledge for the implementation of the EU Health Technology Assessment Regulation (HTAR)

HIQA engaged with European HTA colleagues on the European Commission (EC) tender on 'Building capacity and knowledge for the implementation of the EU Health Technology Assessment Regulation (HTAR)'. The Director of HTA represents Ireland on the EC HTA Committee which oversees development of the implementing acts for HTA regulation.

HERCA Working Group on Medical Applications, at the Norwegian Radiation and Nuclear Safety Authority

In September 2023, HIQA attended Heads of European Radiological Protection Competent Authorities' (HERCA) Working Group on Medical Applications, at the Norwegian Radiation and Nuclear Safety Authority in Oslo, Norway.



Pictured above: (HERCA) Working Group on Medical Applications in Oslo

Events and conferences

During 2023, HIQA employees presented the organisation's work at a number of conferences and events, including:

- ▶ 16th European Public Health Conference
- ▶ 23rd International Conference on Integrated Care (ICIC)
- ▶ 2nd All-Ireland Conference on Integrated Care
- ▶ 6th UK and Ireland Implementation Science Research Conference
- ▶ 70th Irish Gerontological Society Annual Scientific Meeting
- ▶ 9th Annual SPHeRE Network Conference
- ▶ A Time for Action: Driving Quality Improvement in Patient Care
- ▶ Cork University Business School Postgraduate Research Symposium
- ▶ Department of Health, Conference Evidence for Reform: Where Research Meets Policy
- ▶ European Association for Health Information and Libraries Conference, Norway
- ▶ European Implementation Collaborative Conference
- ▶ European MedTech Forum
- ▶ European Social Services Conference
- ▶ Future Health Summit
- ▶ Future of Patient Registries Conference
- ▶ Guideline International Network (GiN) Conference, Glasgow
- ▶ Health Research Board and the National Office for Research Ethics Committees National Conference on Research Ethics
- ▶ Health Science Libraries Group Annual Conference
- ▶ Health Systems Conference: Trust and Transformation
- ▶ Health Technology Assessment international (HTAi) Conference, Australia
- ▶ HealthTech 2023 Conference
- ▶ Hospice Friendly Hospitals Maternity and Perinatal Network
- ▶ HSE Activity Based Funding Conference
- ▶ HSE Better Together for Digital Healthcare Conference
- ▶ HSE Data Collaborathon
- ▶ HSE Patient and Public Partnership Conference

- ▶ Inclusion Health Forum (&PPI Ignite)

- ▶ Infectious Diseases Society of Ireland 14th Annual Scientific Meeting

- ▶ International Advisory Board for Evidence Synthesis Ireland

- ▶ Irish Platform for Patient Organisations, Science & Industry (IPPOSI) Conference

- ▶ Irish Society of Clinical Microbiologists Conference

- ▶ ISPOR Europe 2023 Conference, Copenhagen

- ▶ National Digital Health Conference 2023

- ▶ National Patient Safety Office Annual Conference

- ▶ NHS Bereavement Conference 2023

- ▶ North West Hospice Explorations National Palliative Care Conference

- ▶ Nursing Home Ireland Conference

- ▶ Pobal National Conference and the launch of the Pobal HP Deprivation Index

- ▶ RCSI Equity and Inclusion in Cancer Care, inequalities in patient experience webinar

- ▶ Research on Cancer Screening in Ireland Conference, Health Behaviour Change Research Group (University of Galway)

- ▶ Social Care Ireland Annual Conference

- ▶ UCC College of Medicine and Health Future Research Conference

- ▶ UCC Safe Patient Care Conference

- ▶ UCD School of Medicine Roundtable Discussion on Human Rights and Medical Law

- ▶ UCC Safe Patient Care Conference 2023

Academic collaborations

During 2023, HIQA presented the organisation's work to undergraduate and postgraduate students on a number of courses such as:

- ▶ BA (Hons) Social Care TUDublin

- ▶ BSc Physiotherapy, Trinity College Dublin

- ▶ Masters in Public Health, University College Cork

- ▶ MSc in Healthcare Infection, Trinity College Dublin

- ▶ MSc in Healthcare Management, Royal College of Surgeons Ireland

- ▶ MSc in Health Services Management, Trinity College Dublin

- ▶ MSc Nursing (Promoting Quality and Safety in Healthcare), University of Limerick

- ▶ SPHeRE PhD programme, Trinity College Dublin

A number of HIQA staff contributed to academic publications in 2023. Please see Appendix 2 for further information.

Generating actionable insights from free-text care experience survey data using qualitative and computational text analytics methods

In 2023, HIQA continued working with researchers and academics at Maynooth University on a Health Research Board-funded secondary analysis project titled 'Generating actionable insights from the analysis of free-text comments from the National Care Experience Programme using qualitative and computational text analytics methods'. This project involves a detailed analysis of over 70,000 free-text comments received in response to our surveys, as well as the development of a tool that will facilitate more efficient and standardised analysis of qualitative data received in future surveys. The project is led by Professor Adegboyega Ojo at Maynooth University, with support from co-applicants from the National Care Experience Programme, Dr Conor Foley and Dr Daniela Rohde. Multiple engagement events were held with relevant stakeholders last year to explore preliminary analyses and shape potential project outputs.

Enhancing the Participation of and Data about Marginalised Communities

HIQA was a successful co-applicant with the University of Galway on the Health Research Board's Applied Partnership Awards grant scheme. This project is entitled "No data about us without us: Co-designing the Integration of Health Inequalities into the National Inpatient Experience Survey to Enhance the Participation of and Data about Marginalised Communities". The project is led by Dr Chris Noone at University of Galway, with support from co-applicants Dr Lisa Ann Kennedy and Dr Daniela Rohde from the National Care Experience Programme.

Health Research Board Emerging Investigator Award

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

Health Research Board Collaborative Doctoral Award

HIQA was a co-applicant on the Health Research Board Collaborative Doctoral Award led by Professor Susan Smith, RCSI and Trinity College, Dublin, which funded a programme entitled, 'Managing complex multimorbidity in primary care: a multidisciplinary doctoral training programme.'

The programme, which concluded in 2023, included a collaboration with HIQA to evaluate the burden healthcare places on people with two or more long-term health conditions, also referred to as multimorbidity. The research assessed the financial impact for community-dwelling adults with multimorbidity and evaluated how people with multimorbidity prioritise healthcare when faced with affordability challenges. The research is intended to inform potential future policy decisions on healthcare entitlements.

Health Research Board Applied Partnership Award

Six members of the HTA Directorate were co-applicants on a Health Research Board Applied Partnership Award led by Dr Barbara Clyne, based in Royal College of Surgeons Ireland. The project 'Rapid Health Technology Assessments (rHTA) in Ireland: when do we need them?' is a collaboration between RCSI researchers and HIQA as the knowledge users, with the overall aim of elaborating the definition and role of rapid HTAs in the context of informing national level policy, health service decisions and international practice. This project commenced in December 2023.

Health Research Board Postdoctoral Fellowships – Applying Research into Policy and Practice Award

HIQA is a collaborator on the Health Research Board Postdoctoral Fellowship Award entitled, 'Optimising the dissemination of health research in Ireland', which is led by Dr Melissa Sharp based in RCSI. This project aims to explore the dissemination of health research in Ireland, and how we can maximise communication between researchers, communication specialists, and the media. The project commenced in December 2023.

Evidence Synthesis Ireland (ESI) Study within a Review (SWAR) Award

Andrew Dullea, our Health Services Researcher, was awarded an ESI SWAR grant alongside other HTA colleagues as co-applicants. The SWAR project, 'Investigation into the sensitivity and completeness of search strategies built using a text-mining word frequency tool (PubReMiner) compared to current best practice search strategy building', will benefit those operating in resource limited environments and contribute to the development of comprehensive evidence synthesis capacity. The project commenced in September 2023.

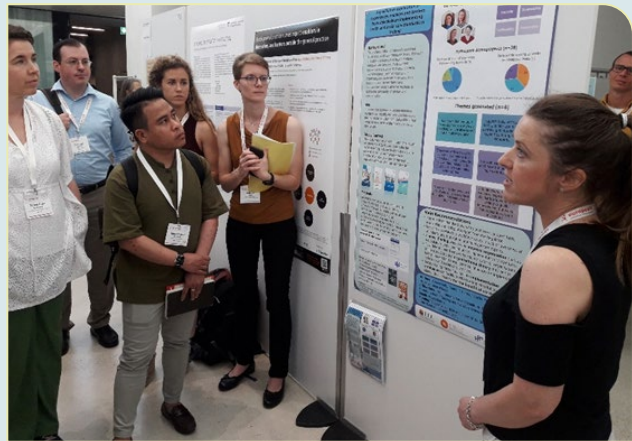
Strengthening academic collaborations

HIQA sponsored a four-year PhD studentship, which was completed in 2023, to undertake research on the factors influencing uptake and implementation of national standards, to inform the work of HIQA's national standards for health and social care function. This was conducted in collaboration with UCC and the SPHeRE (Structured Population and Health-services Research Education) Programme. This research identified the key enablers and barriers that reflect real-world experiences implementing health and social care standards into practice. The findings will inform strategies that HIQA can develop to assist implementation of national standards within health and social care, to improve patient experiences and outcomes.

Through our academic partnerships, we continue to position HIQA as thought leaders and key influencers in the area of health and social care. Working collaboratively with the academic sector, we engage early in the careers of future health and social care professionals, demonstrating HIQA's commitment to quality. Building on the collaboration with University College Cork (UCC), HIQA's Head of Standards has been appointed as Adjunct Clinical Senior Lecturer with the School of Nursing and Midwifery.



Cathy Duggan and Deirdre Connolly at the 'Social Care Practice and Relationships - Critical Reflections on Relationship-based Practice' Social Care Ireland Annual Conference in Carlow, March 2023



Yvonne Kelly, PhD student in our Health Information and Standards Directorate, presenting her research on enablers and barriers to implementing national standards at the European Implementation Collaborative Conference 2023



Dr Kevin O'Carroll, Health Information Manager Standards and Technology (middle), taking part in a panel discussion at the SmartHealth Summit



Health Information Quality Manager, Dr Barbara Foley, with members from the EIT roundtable discussion on the European Health Data Space in Ireland



Tracy O'Carroll, Head of the National Care Experience Programme, at the National Patient Safety Office Annual Conference



Donnacha O Ceallaigh, Project Lead, presented on the National End of Life Survey at the Scottish Partnership for Palliative Care's Annual Conference



Marie Higgins, Technical Standards Programme Lead, presenting a poster on the National Engagement on Digital Health and Social Care to Colm Henry, Chief Clinical Officer at the HSE, the National Patient Safety Office Annual Conference



Linda Weir, Standards Manager, contributing to a panel discussion on Promoting Person-centred Care at the European Social Services conference



Kirsten O'Brien, Inspector of medical exposures to ionising radiation, attended a workshop on the results of the EU-JUST-CT project to the European Union Member States



Members of HIQA's medical exposures to ionising radiation inspection and generic justification teams with the International Atomic Energy Agency (IAEA) Fellows Ali Halac, Gamze Aydogan and medical physics expert Michael Rowan in August



Dr Máirín Ryan, Deputy CEO and Director of HTA attends the Department of Health Conference Evidence for Reform: Where research meets policy alongside HSE CEO Bernard Gloster and Department of Health Secretary General Robert Watt, February 2023



Members of our Health Technology Assessment Directorate at the Guideline International Network conference in Glasgow, Scotland in September 2023



CEO Angela Fitzgerald alongside members of our Health Technology Assessment Directorate at SPHeRE Conference, March 2023



Inspector Marie Byrne meeting with Theresa Reilly, a resident in a centre for people with disabilities, who gave feedback on a new resident survey, October 2023



HIQA staff at one of our roadshow events for providers and persons in charge of designated centres for older people



Angela Fitzgerald, CEO, HIQA and David O'Flynn, Registrar of the Dental Council signing the MoU between HIQA and the Dental Council



Safeguarding Ireland Chairperson Patricia Rickard-Clarke and Board member Phelim Quinn mark Adult Safeguarding Day with HIQA's Chief Inspector of Social Services, Carol Grogan

Annual financial statements

6

HIQA Board membership

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

General information

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T12 Y2XT

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3 Harbourmaster Place, IFSC
Dublin 1
D01 K8KI

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

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

Statement on Internal Control

1. Scope of responsibility

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

2. Purpose of the system of internal control

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

The system of internal control, which accords with guidance issued by the Department of Public Expenditure, National Development Plan Delivery and Reform, has been in place in HIQA for the year ended 31 December 2023 and up to the date of approval of the financial statements.

3. Capacity to Handle Risk

HIQA has an Audit, Risk and Governance Committee comprising of four Board members and one external member with financial expertise. The Committee met eight times during 2023.

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

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

4. Risk and control framework

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

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

Statement on Internal Control (continued)

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 and
- ▶ there are systems in place to safeguard assets.

HIQA is currently operating a blended working model with a combination of office based and home based days. To facilitate flexible working practices. HIQA has established systems and controls appropriate to dispersed and remote working. Potential security and control threats arising from these arrangements are monitored and addressed on an ongoing basis.

5. Ongoing monitoring and review

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

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

6. Procurement

I confirm that HIQA has procedures in place to ensure compliance with current procurement rules and guidelines and during 2023, complied with these procedures.

Statement on Internal Control (continued)

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 2023.

8. Internal control issues

No weakness in internal control was identified in relation to 2023 that requires disclosure in the financial statements.

On behalf of the Board,



Pat O'Mahony
Chairperson

Date: 18 April 2024

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.

An external evaluation of the performance of the Board and its committees was carried out during the year and the results presented at a meeting of the Board in November 2023. The report concluded that the requirements of the Code of Practice for the Governance of State Bodies (2016) were being met.

2. Board responsibilities

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

- ▶ declaration of interests,
- ▶ health and safety
- ▶ reports from committees,
- ▶ financial reports and management accounts,
- ▶ performance reports, and
- ▶ reserved matters as they 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, National Development Plan Delivery and Reform, all proper and usual books or other records of 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 business plan and budget. Evaluation of HIQA's performance against the annual business plan and budget is carried out on an ongoing basis.

The Board is also responsible for safeguarding its assets and taking reasonable steps for the prevention and detection of fraud and other irregularities. The Board considers that the financial statements of HIQA give a true and fair view of the financial performance and the financial position of HIQA at 31 December 2023.

3. Board structure

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

Name	Role	Tenure commenced	Tenure expires
Pat O'Mahony	Chairperson of the Board	3/10/2018 Reappointed 3/10/2023	2/10/2026
Paula Kilbane	Board Member	29/07/2015 Reappointed 30/9/2020	29/9/2025
James Kiely	Board Member	26/2/2018 Reappointed 25/2/2023	25/2/2026
Caroline Spillane	Board Member	26/2/2018 Reappointed 25/2/2023	25/2/2026
Lynsey Perdisatt	Board Member	02/09/2019	01/09/2024
Tony McNamara	Board Member	02/09/2019	Resigned 31/01/2023
Michael Rigby	Board Member	02/09/2019	01/09/2024
Bernadette Costello	Board Member	28/02/2020	27/02/2025
Martin Higgins	Board Member	01/06/2021 Reappointed 25/02/2023	25/02/2026
Martin O Halloran	Board Member	01/06/2021	31/05/2026
Daniel McConnell	Board Member	01/06/2021	31/05/2026
Marion Meany	Board Member	01/06/2021	31/05/2026
Clíodhna Foley-Nolan	Board Member	3/10/2023	1/09/2024

Governance Statement and Board Members' Report (continued)

4. Committees of the Board

The Board has established four committees, as follows:

(a) Audit Risk and Governance Committee:

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

(b) Resource Oversight Committee:

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

(c) Regulation Committee:

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

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

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

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

A schedule of attendance at Board and Committee meetings in 2023 is set out below, including the fees and vouched expenses paid to each member:

Governance Statement and Board Members' Report (continued)

(a) Current Board Members

	Statutory Board meeting	Extra Board meetings	Audit, Risk and Governance Committee	Regulation Committee	Standards, Information Research and Technology Committee	Resource Oversight Committee	Fees	Vouched expenses
Number of meetings	6	4	8	5	6	5		-
Pat O'Mahony	6 of 6	4 of 4	N/A	N/A	N/A	5 of 5	€11,970	€282
James Kiely	5 of 6	4 of 4	N/A	5 of 5	5 of 6	3 of 5	€7,695	-
Caroline Spillane	5 of 6	3 of 4	6 of 8	N/A	N/A	N/A	€7,695	-
Paula Kilbane	6 of 6	3 of 4	N/A	N/A	5 of 6	N/A	€7,695	€58
Michael Rigby	6 of 6	2 of 4	N/A	3 of 5	5 of 6	N/A	€7,695	-
Tony McNamara	N/A	N/A	1 of 1	N/A	N/A	N/A	€641	€459
Lynsey Perdisatt	6 of 6	3 of 4	N/A	N/A	N/A	5 of 5	€7,695	-
Bernadette Costello	5 of 6	4 of 4	8 of 8	N/A	N/A	5 of 5	€7,695	€340
Martin Higgins	5 of 6	4 of 4	7 of 8	N/A	N/A	3 of 5	€7,695	€696
Martin O Halloran	5 of 6	4 of 4	N/A	5 of 5	5 of 6	N/A	€7,695	-
Danny McConnell	5 of 6	3 of 4	N/A	N/A	N/A	5 of 5	€7,695	€110
Marion Meany*	6 of 6	3 of 4	1 of 1	4 of 4	5 of 5	N/A	€7,695	-
Clíodhna Foley Nolan**	1 of 1	N/A	N/A	1 of 1	1 of 1	N/A	€1,924	-
Total							€91,485	€1,945

* Transferred from Standards, Information, Research and Technology Committee on 27 September 2023 and became a member of the Audit Risk and Governance Committee (ARGC).

** New Board Member was appointed to the Regulation Committee and the Standards, Information Research and Technology Committee for a period of three years commencing on 31 October 2023.

Fees were paid to Board members at the rates sanctioned and approved by the Minister for Public Expenditure, National Development Plan Delivery and Reform.

Governance Statement and Board Members' Report (continued)

(b) External Audit, Risk and Governance Committee Members

Bernice Gaffney attended eight Audit, Risk and Governance Committee meetings in 2023. Fees of €1,710 were paid to her in 2023. No expenses were paid to her in the year.

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

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

6.1 Employee Short Term Benefits

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

6.2 Consultancy Costs

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

	2023	2022
	€	€
Consultancy		
Legal advice	108,658	43,569
Human resources	-	18,159
Governance and strategy	523,469	239,224
Digital and data transformation	928,000	971,015
Total consultancy	1,560,127	1,271,967

	2023	2022
	€	€
Consultancy costs charged to capital account*	835,862	907,470
Consultancy costs charged to the Income and Expenditure and Retained Revenue Reserves**	724,265	364,497
Total	1,560,127	1,271,967

*Included in Statement of Capital Income and Expenditure

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

Governance Statement and Board Members' Report (continued)

6.3 Legal Costs and Settlements

	2023	2022
	€	€
Legal fees – legal proceedings	12,261	89,573
Total	12,261	89,573

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

6.4 Travel and Subsistence Expenditure

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

6.5 Hospitality

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

	2023	2022
	€	€
Board and Staff Hospitality	891	3,735
Total	891	3,735

7. Statement of compliance


The Board has adopted the Code of Practice for the Governance of State Bodies 2016 and put procedures in place to ensure compliance with the Code. HIQA had an audit in 2022 of its compliance with the Code of Practice for the Governance of State Bodies for 2022, which identified no gaps in compliance but highlighted some minor actions to further improve our controls.

On behalf of the Board,

Signed: 

Pat O'Mahony
Chairperson

Date: 17 April 2024

Signed: 

Lynsey Perdisatt
Board Member

Date: 17 April 2024

Comptroller and Auditor General Report

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

Qualified opinion on financial statements

I have audited the financial statements of the Health Information and Quality Authority for the year ended 31 December 2023 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 2023 and of its income and expenditure for 2023 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 2023 has not been quantified.

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

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

Comptroller and Auditor General Report (continued)

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

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

I have nothing to report in that regard.



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

26 April 2024

Comptroller and Auditor General Report (continued)

Responsibilities of Board members

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

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

Responsibilities of the Comptroller and Auditor General

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

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

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

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

Comptroller and Auditor General Report (continued)

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

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

I report by exception if, in my opinion,

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

Comptroller and Auditor General Report (continued)

Information other than the financial statements

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

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

Reporting on other matters

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

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

Statement of Income and Expenditure and Retained Revenue Reserves

For the year ended 31 December 2023


	Notes	2023 €	2022 €
Income			
Department of Health (Vote 38, E1)		23,969,000	21,369,000
Annual and registration fees	2	7,358,961	7,035,183
Other income	3	7,164,496	6,288,816
		38,492,457	34,692,999
Expenditure			
Staff costs	4	28,920,437	26,311,498
Travel and subsistence	8	899,670	733,336
Professional fees	9	1,605,987	706,719
Publication expenses		153,285	124,498
Support costs	10	4,027,550	3,863,871
Establishment expenses	11	2,703,319	2,715,657
		38,310,248	34,455,579
Surplus/(Deficit) for the year		182,209	237,420
Surplus as at 1 January		2,287,538	2,050,118
Surplus at 31 December		2,469,747	2,287,538

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

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

On behalf of the Health Information and Quality Authority,

Signed:



Pat O'Mahony
Chairperson

Date: 17 April 2024

Signed:



Angela Fitzgerald
Chief Executive

Date: 17 April 2024

Statement of Capital Income and Expenditure

For the year ended 31 December 2023

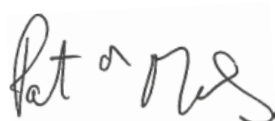
	Notes	2023 €	2022 €
Income			
Department of Health (Vote 38, L)	15	4,776,698	3,646,238
Amortisation of Capital Fund Account	15,18	1,010,536	1,061,106
		5,787,234	4,707,344
Expenditure			
Leased Buildings	12	598,564	754,858
Fixtures and fittings	12	252,174	106,416
Computer equipment	12,18	743,535	1,209,332
Software hosted on the Cloud	15,18	2,346,563	668,162
Non capital expenditure	15	835,862	907,470
Depreciation	12	1,010,536	1,061,106
		5,787,234	4,707,344
Surplus/(Deficit) for the Year		-	-
Opening (deficit)/surplus		-	-
Surplus/(Deficit) for 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 19 form part of these financial statements.

On behalf of the Health Information and Quality Authority,

Signed:



Pat O'Mahony
Chairperson

Date: 17 April 2024

Signed:



Angela Fitzgerald
Chief Executive

Date: 17 April 2024

Statement of Financial Position

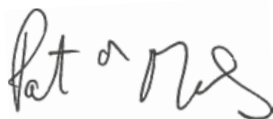
As at 31 December 2023

	Notes	2023 €	2022 €
Fixed Assets			
Tangible Assets	12,18	3,623,618	3,039,881
Current Assets			
Receivables	13	1,906,557	2,460,571
Cash and cash equivalents		3,714,017	2,673,713
		<u>5,620,574</u>	<u>5,134,284</u>
Less Current Liabilities			
Payables falling due within one year	14	<u>(3,150,827)</u>	<u>(2,846,746)</u>
Net Current Assets		2,469,747	2,287,538
Total Assets less Current Liabilities	18	<u>6,093,365</u>	<u>5,327,419</u>
Capital and Reserves			
Revenue Reserves		2,469,747	2,287,538
Capital Account	15,18	3,623,618	3,039,881
		<u>6,093,365</u>	<u>5,327,419</u>

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

On behalf of the Health Information and Quality Authority,

Signed:



Pat O'Mahony
Chairperson

Date: 17 April 2024

Signed:



Angela Fitzgerald
Chief Executive

Date: 17 April 2024

Statement of Cash Flows

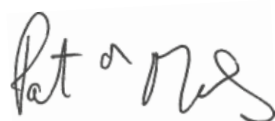
For the year ended 31 December 2023

Reconciliation of Operating Surplus to Net Funds Inflow from Operating Activities

	2023	2022
	€	€
Operating Surplus	182,209	237,420
Decrease / (Increase) in receivables	554,014	(1,266,373)
Increase in payables and accruals	304,081	473,987
Interest received	(51,487)	(59)
Net Cash Flow from Operating Activities	988,817	(555,025)
Cash Flows from Investing Activities		
Purchase of fixed assets	18 1,594,273	2,114,844
Software hosted on the Cloud	18 2,346,563	668,162
Non capital expenditure	835,862	907,470
Capital grants received	(4,776,698)	(3,690,476)
Net Cash Flows from Investing Activities	-	-
Cash Flows from Financing Activities		
Interest received	51,487	59
Net Cash Flows from Financing Activities	51,487	59
Net (Decrease) / Increase in Cash and Cash Equivalents	1,040,304	(554,966)
Cash and cash equivalents at 1 January	2,673,713	3,228,679
Cash and Cash Equivalents at 31 December	3,714,017	2,673,713

On behalf of the Health Information and Quality Authority,

Signed:



Pat O'Mahony
Chairperson

Date: 17 April 2024

Signed:



Angela Fitzgerald
Chief Executive

Date: 17 April 2024

Notes to the Financial Statements

For the year ended 31 December 2023

1. Accounting Policies

1. (a) General Information

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

1. (b) Statement of Compliance

The financial statements of HIQA for the year ended 31 December 2023 have been prepared in accordance with FRS102 (the financial reporting standard applicable in the UK and Ireland), as modified by the directions of the Minister for Health in relation to superannuation. In compliance with the directions of the Minister for Health, HIQA accounts for the costs of superannuation entitlements only as they become payable (see (k) and (l)). This basis of accounting does not comply with FRS102, which requires such costs to be recognised in the year in which entitlement is earned.

1. (c) Basis of Preparation

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

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

1. (d) Income

(i) Oireachtas grants

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

(ii) Annual fee income

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

Notes to the Financial Statements

For the year ended 31 December 2023

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

(iii) Application to register or vary fees

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

(iv) Other grants

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

1. (e) Employee - short-term benefits

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

1. (f) Receivables

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

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

1. (g) Operating lease

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

Notes to the Financial Statements

For the year ended 31 December 2023

1. (h) Capital funding

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

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

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

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

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

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

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

1. (j) Intangible Assets

Intangible assets comprise software acquired by HIQA. The external costs of software licences and development are capitalised where it can be separately identified as software for use by HIQA, where it can be run on HIQA's own or a third party's infrastructure and where it is expected to convey business benefits for a number of future years. Research costs are expensed as incurred.

Notes to the Financial Statements

For the year ended 31 December 2023

Expenditure incurred on software (hosting contracts) that HIQA has the rights to access on the supplier's computer infrastructure, including configuration and customisation costs, are expensed as incurred. Where such expenditure is funded from the capital funding it is charged to the Capital Income and Expenditure Account.

1. (k) Superannuation

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

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

1. (l) Single public service pension scheme

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

1. (m) Critical accounting judgments and estimates

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

Depreciation and residual values

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

Notes to the Financial Statements

For the year ended 31 December 2023

2. Annual and Registration Fee Income

	2023	2022
	€	€
Annual fees	6,835,783	6,622,633
Registration fees	523,178	412,550
	7,358,961	7,035,183

3. Other Income

	2023	2022
	€	€
Department of Health:		
- Nursing Home Expert Panel Grant	4,177,553	4,026,788
- National Screening Advisory Committee	501,192	323,521
- Evidence for Policy	-	55,000
- Immunisation Programme	202,590	-
Department of Children Equality Disability Integration and Youth:		
- International Protection Accommodation Services (IPAS) Monitoring Grant	1,132,549	390,585
Superannuation contributions	533,591	529,834
EU and other grants	-	3,603
Mental Health Commission	1,815	75,990
Health Research Board grants	435,048	380,516
Health Service Executive - National Care Experience Program	128,013	502,580
Interest received	51,487	59
Miscellaneous income	658	340
Total	7,164,496	6,288,816

Notes to the Financial Statements

For the year ended 31 December 2023

4. Staff Costs

	2023	2022
	€	€
Wages and salaries	23,858,974	21,856,520
Pensions	1,273,557	1,264,587
Agency staff	1,236,416	843,090
Board members' fees	91,485	96,615
Employers' pay related social insurance	2,460,005	2,250,686
Total	28,920,437	26,311,498

Additional superannuation contributions of €840,891 (2022, €656,469) were deducted from staff salaries and remitted to the Department of Health.

Superannuation contributions of €728,244 (2022 €542,224) were deducted from staff members of the Single Public Service Pension Scheme salaries and remitted to the Department of Public Expenditure, National Development Plan Delivery and Reform.

5. Remuneration

5. (a) Aggregate Employee Benefits

	2023	2022
	€	€
Employee short-term benefits	23,858,974	21,856,520
Outstanding annual leave entitlement	235,902	224,925
Employer's contribution to social welfare	2,460,005	2,250,686
	26,554,881	24,332,131

The total number of staff employed, whole time equivalents, at year end was 364 (2022 336)

Notes to the Financial Statements

For the year ended 31 December 2023

5. Remuneration (continued)

5. (b) Short-term Benefits

	2023	2022
	€	€
Basic pay	23,858,974	21,856,520
	<u>23,858,974</u>	<u>21,856,520</u>

5. (c) Key Management Personnel

Key management personnel consists of the Chief Executive and the eight members of the Executive Management Team. The total value of employee benefits for key management personnel is set out.

	2023	2022
	€	€
Chief Executive Officer (note 1)	176,435	131,294
Other Key Management Personnel	1,113,352	1,065,922
	<u>1,289,787</u>	<u>1,197,216</u>

Note 1

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

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

HIQA's key management personnel were reimbursed €55,731 (2022 €36,596) for travel, subsistence and other expenses incurred while carrying out their duties.

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

Notes to the Financial Statements

For the year ended 31 December 2023

6. Employee Short-Term Benefits

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

Employee benefits	2023 Number	2022 Number
€60,001 - €70,000	57	74
€70,001 - €80,000	86	68
€80,001 - €90,000	31	25
€90,001 - €100,000	21	13
€100,001 - €110,000	6	8
€110,001 - €120,000	7	4
€120,001 - €130,000	2	0
€130,001 - €140,000	0	1
€140,001 - €150,000	0	1
€150,001 - €160,000	0	3
€160,001 - €170,000	4	0
€170,001 - €180,000	1	0

Total employer pension contributions paid during the year was nil (2022 nil).

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

7. Average Headcount

	2023	2022
Chief Inspector of Social Services	173	173
Healthcare Regulation	37	26
Health Technology Assessment	32	27
Health Information and Standards	40	39
Support staff	69	68
	351	333

As at 31 December, HIQA employed 364 whole time equivalent staff (2022 336)

Notes to the Financial Statements

For the year ended 31 December 2023

8. Travel and Subsistence

	2023	2022
	€	€
Domestic		
Board	6,648	2,716
Employees	848,284	707,757
International		
Employees	42,707	22,280
External professional services*	2,031	583
	<u>899,670</u>	<u>733,336</u>

Board travel and subsistence includes €1,945 paid directly to Board members (2022 €1,221). The balance of €4,703 (2022 €1,495) relates to expenditure paid by HIQA on behalf of the Board members in relation to hotel accommodation. Where hotel accommodation was provided by HIQA, no subsistence was claimed by the Board member.

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

Notes to the Financial Statements

For the year ended 31 December 2023

9. Professional Fees

	2023	2022
	€	€
Legal advice	120,919	133,142
ICT professional services and consultancy	772,399	123,917
Strategic Human Resource Development	272,449	208,757
Financial Management Development	3,136	26,912
Standards Development and Health Technology assessments	65,743	41,337
Governance	191,548	32,076
Strategic Review of Survey Programmes	46,881	-
Human Rights within Inspection Methodology	-	12,177
Market Oversight Research	-	2,370
Architecture Fees	32,203	-
Data Protection Services	238	33,090
Pension support services	76,776	80,131
Procurement services	820	520
Strategy	23,520	6,000
Other	(645)	6,290
Total professional services	1,605,987	706,719

Notes to the Financial Statements

For the year ended 31 December 2023

10. Support costs

	2023	2022
	€	€
Recruitment	230,122	212,667
Staff training and development	479,198	390,030
Advisory membership and subscriptions	297,563	102,774
Telephone	196,764	195,779
IT support and supplies	2,246,349	2,680,535
Cloud Services	381,916	104,372
Internal audit	47,700	40,532
External audit	19,000	19,000
Postage and stationery	113,141	96,867
Media monitoring	10,505	11,199
Couriers	2,115	1,536
Prompt payment interest and charges	1,666	4,432
Bank charges	1,511	4,148
Total	4,027,550	3,863,871

Notes to the Financial Statements

For the year ended 31 December 2023

11. Establishment Expenses

	2023	2022
	€	€
Rent	1,616,655	1,408,200
Building leases-rent free reserves	(1,331)	234,398
Building service charge	282,990	307,442
Insurance	17,039	16,374
Repairs and maintenance	152,166	164,970
Meeting room hire	15,120	28,835
Stakeholder events and catering	52,100	36,794
Light and heat	199,253	213,158
Cleaning and refuse	144,653	123,442
Security	174,529	171,151
Record retention and storage	3,892	2,565
Health and safety	46,253	8,328
Total	2,703,319	2,715,657

Notes to the Financial Statements

For the year ended 31 December 2023

12. Fixed assets

	Leasehold interest	Fixtures and fittings	Computer software and equipment	Total
	€	€	€	€
Cost or valuation				
Balance at 1 January 2023				
- restated Note 18	2,822,222	868,540	7,539,259	11,230,021
Additions	598,564	252,174	743,535	1,594,273
Disposals	(36,721)	-	(376,343)	(413,064)
Cost or valuation at 31 December 2023	<u>3,384,065</u>	<u>1,120,714</u>	<u>7,906,451</u>	<u>12,411,230</u>
Accumulated depreciation				
Balance at 1 January 2023				
- restated Note 18	1,440,180	736,364	6,013,596	8,190,140
Depreciation charge for the period	150,662	74,505	785,369	1,010,536
Accumulated depreciation on disposal	(36,721)	-	(376,343)	(413,064)
Accumulated depreciation at 31 December 2023	<u>1,554,121</u>	<u>810,869</u>	<u>6,422,622</u>	<u>8,787,612</u>
Net book value at 31 December 2023	<u>1,829,944</u>	<u>309,845</u>	<u>1,483,829</u>	<u>3,623,618</u>
Net book value at 31 December 2022 - restated Note 18	<u>1,382,042</u>	<u>132,176</u>	<u>1,525,663</u>	<u>3,039,881</u>

Notes to the Financial Statements

For the year ended 31 December 2023

13. Receivables

	2023	2022
	€	€
Annual fee receivables	11,590	5,490
Prepayments	1,283,903	1,054,292
Department of Children Equality Disability Integration and Youth	-	393,234
Health Service Executive	-	453,830
Department of Health – Capital Grants receivable	227,457	295,173
Project Debtors	299,133	205,358
Payroll Receivables	48,539	41,419
Other Receivables	35,935	11,775
	<u>1,906,557</u>	<u>2,460,571</u>

14. Payables (amounts falling due within one year)

	2023	2022
	€	€
Payables	385,618	250,499
Prepaid income	12,493	72,405
Prepaid project income	405,537	134,158
Trade accruals	996,176	983,207
Payroll deductions	824,245	889,365
Holiday pay accrual	235,902	224,925
Building Leases-rent free reserves	290,856	292,187
	<u>3,150,827</u>	<u>2,846,746</u>

Notes to the Financial Statements

For the year ended 31 December 2023

15. Capital Account

		2023	2022
		€	€
Opening balance at 1 January		<u>3,039,881</u>	<u>2,030,381</u>
Movement for period			
Expenditure from capital and ICT programme grant		4,776,698	3,646,238
Software hosted on the Cloud	18	(2,346,563)	(668,162)
Non capital expenditure (Note 1)		(835,862)	(907,470)
Disposals		(413,064)	-
Amount amortised in line with depreciation for the period	18	(1,010,536)	(1,061,106)
Accumulated depreciation on disposals		<u>413,064</u>	<u>-</u>
Balance at 31 December		<u>3,623,618</u>	<u>3,039,881</u>

Note 1

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

16. Capital Commitments

		2023	2022
		€	€
Contracted for		<u>1,946,168</u>	<u>1,684,720</u>
		<u>1,946,168</u>	<u>1,684,720</u>

Notes to the Financial Statements

For the year ended 31 December 2023

17. Leasehold Commitments

As at 31 December 2023, HIQA had the following future minimum lease payments under non-cancellable operating leases for each of the following periods:

	2023	2022
Within one year	€415,924	€415,924
Between two to five years	€1,663,694	€1,663,694
After five years	€4,262,745	€4,678,668

Details of all office locations occupied by HIQA during the year are set out below:

Location	Leaseholder	Expiry Date	Annual Rent
Dublin - Smithfield	Office of Public Works	2028	€1,177,571
Cork – Mahon Building 1000	Office of Public Works	2028	€388,941 – payable by OPW and not recharged to HIQA
Cork – Mahon Building 1000	HIQA	2041 (Break clause in 2028)	€201,354
Galway –Headford Road*	Office of Public Works	2026 (HIQA handed building back to OPW in December 2023)	€20,151
Galway – Forster Street	HIQA	2036	€214,570

Notes to the Financial Statements

For the year ended 31 December 2023

18. Prior Year Adjustment

In light of developments in approaches to accounting for Intangible Assets relating to ICT software hosting contracts HIQA has decided that previously capitalised amounts should now be classified as service contracts and accounted for accordingly. This change in accounting policy has no impact on the previously reported outturn for 2022 or on the retained revenue reserves as at 31 December 2022. The expenditure on software hosted on the cloud is now classified separately on the statement of capital income and expenditure.

As the accounting policy requires such items to be expensed and not capitalised, the adjustment has resulted in a reduction to the net book value of computer software assets at 1 January 2022 of €930,325 and a reduction of €1,036,748 at the year end. There are corresponding adjustments to the capital account. Depreciation and matching amortisation per the statement of capital income and expenditure for 2022 have been reduced by €561,739.

19. Board Members' Interests

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

20. Approval of financial statements

These financial statements were approved by the Board on 17 April 2024.

Appendices

7

Appendix 1: Public Sector Equality and Human Rights Duty

The Irish Human Rights and Equality Commission Act 2014 places an obligation on all public bodies to protect human rights, promote equality and eliminate discrimination. HIQA is committed to promoting and protecting human rights, and takes a human rights-based approach to the work it conducts.

HIQA undertook an assessment of equality and human rights issues relevant to the organisation and set out actions to address these in HIQA's Corporate Plan 2022-2024. Two of the six key strategic objectives outlined in this document focus on human rights and equality issues, including the strategic objectives to:

- ▶ promote and protect equality and human rights of people using health and social care services;
- ▶ use our experience to be a trusted voice on quality, safety and human rights in health and social care services.

In order to meet these objectives, HIQA carried out extensive work in 2023, as outlined below:

	Action	Status
1.	Update inspection and monitoring methodology, including guidance to incorporate HIQA's <i>Guidance on a Human Rights-based Approach in Health and Social Care Services</i> .	Completed
2.	Conduct a review of the impact of human rights training delivered to inspectorate staff on how the rights of service users are explored on inspection and reflected in our inspection reports.	Completed
3.	Publish two research papers which describe the type and incidence of restrictive practice use in nursing homes and disability services	Completed
4.	Using a children's rights-based approach and working in collaboration with service providers, develop tools to support the implementation of the <i>National Standards for Children's Social Services</i> .	Completed
5.	Deliver a programme of engagement with residents and children of social care services and report on this engagement in our inspection and overview reports.	Completed
6.	Develop an assessment-judgment framework International Protection Accommodation Service (IPAS) from a rights-based perspective, which incorporates the right to a voice for people living in accommodation centres.	Completed

7.	Using our experience, support the Department of Health to deliver on interim regulatory reform of the Health Act 2007 (as amended) and regulations, including continuing to work as part of the Bilateral Regulatory Reform Group on planned legislative reforms as it relates to Chief Inspector's remit in the monitoring of services for older persons in nursing homes.	Completed
7.	In collaboration with the Department of Health, conduct research and stakeholder consultation to inform national standards for homecare and support to align with government legislation, which will be underpinned by the principles of human rights, safety, accountability and responsiveness.	Ongoing
8.	Underpinned by principles of human rights, develop educational resources on advocacy to assist in the implementation of national standards.	Completed
9.	Engage with key stakeholders to advance the recommendations set out in The Need to Reform Ireland National Health Information System and inform national health information policy.	Completed
10.	Complete the development of Overarching National Standards for the Care and Support of Children using Health and Social Care Services and submit for ministerial approval.	Completed
11.	Publish Guidance on a <i>Human Rights-based Approach in Health and Social Care Services</i> , available on www.hiqa.ie .	Completed
12.	Consider equality, diversity and inclusion appropriately and systematically in all Health Technology Assessments (HTAs). Ethical analysis to be considered in every project and included in publications, where appropriate.	Completed
13.	Develop a Sustainability Action Roadmap setting out how sustainability will be incorporated in the work of HIQA and how it will deliver on its energy efficiency and greenhouse gas emissions reduction targets.	Ongoing
14.	Implement the HIQA Future of Work Blended Working Model.	Completed
15.	Update <i>Customer Service Action Plan for 2023</i> .	Completed
16.	Host a series of internal talks and events supporting diversity, inclusion and human rights, as part of the Diversity and Inclusion Working Group activities.	Completed

Appendix 2: Academic publications

- ▶ Cardwell K, Clyne B, Broderick N, Tyner B, Masukume G, Larkin L, et al. *Lessons learnt from the COVID-19 pandemic in selected countries to inform strengthening of public health systems: a qualitative study*. Public Health. 2023;225:343-52.
- ▶ Cardwell K, Quigley J, Clyne B, Tyner B, Carrigan M, Smith SM, et al. *Systematic review finds processes used internationally, to update clinical guidelines, lack consistency and detail*. Evidence & Policy. 2023;19(4):572-90.
- ▶ Chong MC, Sharp MK, Smith SM, O'Neill M, Ryan M, Lynch R, et al. *Strong recommendations from low certainty evidence: a cross-sectional analysis of a suite of national guidelines*. BMC Medical Research Methodology. 2023;23(1):68.
- ▶ Clyne B, Hynes L, Kirwan C, McGeehan M, Byrne P, Killilea M, et al. *Perspectives on the production, and use, of rapid evidence in decision making during the COVID-19 pandemic: a qualitative study*. BMJ Evidence-Based Medicine. 2023;28(1):48-57.
- ▶ Connolly D, Keane, A. Standards, regulation and quality improvement in health and social care services. In Lalor, K, Share, P & Brown, T. Social Care Work: An introduction for students in Ireland. Dublin. Institute of Public Administration, 2023. pp. 43-57.
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