

CEO Assurance Statement (Executive management)

1. Functions and activities for which I am responsible:

The administration, management and general controlling of the business of HIQA as set out in section 22 of the Health Act, as amended¹.

2. Key controls for managing these functions

2.1 Management structure

A sound management structure is in place which is kept under review to ensure it aligns with an expanding and diversifying organisation. The management system includes:

- A Scheme of delegation
This scheme details delegations from the Board to the CEO and from the CEO to further management levels
- A scheme of determination
This scheme details the functions of the Chief Inspector which are delegated and discharged in line with the provisions of the Health Act.
- Performance management and development system (PMDS)
All members of the Executive management undergo regular performance reviews which applies to all staff within HIQA.

2.2 Control environment

There are systems, procedures and practices in place to carry out both **HIQA's** external facing functions and its support functions.

A corporate performance report is brought to each Board meeting along with finance and human capital report. More detailed performance reports are provided to relevant Board committees. Items not addressed in the corporate performance report are brought to the **Board's attention through the CEO and Chief Inspector's reports tabled and discussed at each meeting.**

Functions of chief executive officer.

22.— (1) The chief executive officer shall—

- (a) carry on, and manage and control generally, the administration and business of the Authority,
- (b) perform such other functions as may be assigned to that officer by or under this Act or another enactment or as may be delegated to him or her by the Board, and
- (c) supply the Board with information (including financial information) relating to the performance of the chief executive officer's functions as the Board may require.

(2) The chief executive officer is responsible to the Board for the performance of the chief executive officer's functions and the implementation of the Board's policies.

(3) If the chief executive officer is absent or the position of chief executive officer is vacant, the functions of the chief executive officer under this section may be performed by an employee of the Authority designated by the Authority.

As part of the assurances provided, each member of Executive management team and those staff who lead Units provide specific reports to the relevant oversight committee of the Board as follows:

- Regulation Committee received assurances from the Director of Healthcare and the Chief Inspector (9 November 2021) on the functions carried out in those directorates
- Standards Information Research and Technology Committee (SIRT) received assurances Health Information and Standards Development and Health Technology Assessment (17 November 2021) on HTA and HIS functions
- ROC (received) assurances from the Information Division, Communications and Stakeholder Engagement, Operations and Quality and Risk (25 November 2021).

In addition, Directorates have completed an assurance mapping exercise as part of this **year's assurance statements. Assurance mapping is a technique which enables to visual** representation of assurance activities as they apply to a set of risks or compliance requirements. An assurance map relation to the corporate risks is attached at [Appendix 2](#).

The Directorate assurance statements are attached at [Appendix 3](#).

2.3 Governance arrangements

Governance arrangements are compliant with the Code of Practice for the Governance of State Bodies, which is evidenced by the NSAI governance assessment of 2020.

2.4 Quality, risk and compliance

A quality risk and compliance unit (ORC) has been established, which has established an integrated approach to important areas of corporate control arrangements including **HIQA's** document management system (Precision), risk management, statutory compliance requirements, quality improvement and audit activity. A separate report on **risk and quality activities is appended for the committee's consideration** (Appendix 1)

There is a legal department with responsibility for management of legal advices and a Data **Protection Officer who manages HIQA's** data protection activities.

3. Control issues or failures

Risk and internal controls are a standing item on EMT meeting agendas and on the agendas of the Executive **members'** team meetings. Issues related to risks and internal control are reported to the EMT in line with the risk management procedure and a log of these are recorded, together with associated actions.

A Regulatory Risk management structure is in place to ensure that health and social care **services' regulatory risks are appropriately identified and escalated.**

There were no significant issues relating to internal controls.

4. Improvement areas 2022 (Business plan)

Through risk management and monitoring of controls, the following areas have been identified for improvement in 2021:

- Implement the findings from the ISO gap analysis
- Establish a quality improvement forum
- Complete the organisational restructure
- Progress implementation of the DDTS
- Implement Finance modernisation project
- **Progress HIQA's new model of working**
- Procure a vendor management system to facilitate greater ease of third party management
- Procure a learning management system to facilitate greater ease of staff training
- Continue implementation of the Quality and Risk Strategy
- Develop research and evidence strategy and central research unit

This statement allows me to provide reasonable, but not absolute assurance to the Board that there are appropriate and effective controls in place within my area of responsibility.

Phelim Quinn
CEO

Appendix 1:

Report from the Quality and Risk management function – November 2021

1. Developments over the last year (2021)

A number of developments are relevant to the consideration of the effectiveness of the risk management function. These are set out below:

1.1 Quality and Risk strategy

Year 2 of the Quality and Risk management strategy was progressed during 2021.

The quality and risk management strategy focusses on integrating both functions in recognition of the concept of **"Quality manages Risk"** and includes the following developments:

- A Quality Risk and Compliance Unit has been established with responsibility for delivering the strategy and a cross organisational implementation group has been formed
- The acting Quality and Risk Manager has responsibility for liaising with Directorates and teams to promote greater understanding and consistency of the risk management framework
- Quality Improvement training has been provided to a number of staff across the organisation as part of the focus on improving aspects of work and related controls. In parallel, a quality improvement community will be established to sustain momentum and knowledge sharing
- Quarterly periodic reviews of our controlled documents were formalised this year which is reported to the EMT
- A Quality and Risk Newsletter for staff is published each quarter highlighting and sharing quality improvement initiatives
- A new Quality Service Charter and Action plan for 2022 – 2024 is currently being developed
- **A "snap audit" programme was delivered during 2021 which assists business** areas in identifying areas of non-compliance with business processes such as
 - Registration conditions - registration conditions **were** attached to DCOP, DCD and SCU designated centers to ensure that case holders are using the standard text for restrictive conditions as listed in the Process Detail Document (PDD). The audit also reviewed how many conditions did not follow the standard text in the PDD.
 - Notification of accidental or unintended exposure to ionizing radiation significant events.

1.2 Vision performance and Risk system

The implementation of a new Corporate Performance and Risk reporting **system "Vision"** which is a significant improvement on the previous system. It facilitates better

management of risk by providing greater clarity and focus on core elements of risk. For example,

- Clear representation of Inherent, residual and target risk
- The role of effective controls and actions in reducing risk
- **The facility to focus on developing maturity of the “first line of defence”**
- The facility to assign ownership of each element of the risk
- **The facility to “break down” risk into cause, event and consequence, thereby enabling better articulation of risk**
- and the ability to generate multiple and tailored reports, including summary reports, detailed reports and assurance reports.

To enhance the risk management framework, two additional modules have been developed. This includes a module for monitoring audit recommendations which was **launched in September and a module to monitor HIQA’s compliance with statutory requirements** (due to launch in November).

1.3 ISO Gap Analysis

A Gap analysis of ISO quality requirements has been undertaken to assess the extent to which HIQA’s current approach to quality and risk management complies with the requirements of ISO 9001:2015. While there is no requirement for public service bodies to comply with ISO there are a number of reasons that HIQA has taken this approach including:

- Standardisation of approach across all business areas in the organisation
- Senior management commitment to ensuring good quality processes
- Consistent application of business processes
- External audit = external verification and challenge
- Contribution towards governance
- Ability to demonstrate publicly that quality matters and external certification has been achieved
- **‘Practice what we preach’.**

Actions arising from the gap analysis will be implemented during 2022 with the support of senior management and all business areas.

1.4 Risk Oversight

Risk and Internal controls are a standing item at EMT, Directorate and team meetings which means that there is a proactive and open approach to discussing and resolving matters as they arise. It places a clear focus on improvement measures.

During 2021, Board Committees reviewed risks relevant to the respective committee’s terms of reference (both corporate and directorate), with particular focus given to ICT strategy, finance and human resources.

The Board held a risk session last December which reflected on the most relevant risks to HIQA. A further session will be planned in the near future.

2. View of Chief Risk Officer

The development of the quality risk and compliance unit has been a concrete development in building on the risk management framework. The staff member who has been allocated to the Unit has made a significant difference in supporting Directorates in establishing good risk management and improvement practices.

The introduction of Vision has also been a significant step forward in providing an integrated risk management system which enables better focus on constituent elements of the process.

In summary, risk management is strong at a corporate level. An internal review was carried out by the Quality Risk and Compliance Unit during 2020 which identified areas that have good risk management practices and those areas that require further attention. We will be focussing on these areas in the coming months.

Kathleen Lombard
November 2021

Appendix 2 – statements from EMT and Heads of function

Chief Inspector of Social Services² – Annual Assurance 2021

1. Functions and activities for which I am responsible

- Regulation – Registering and inspecting designated centres.
- **Monitoring Children’s Services – Monitoring and inspecting children’s social** services.
- Monitoring the safety and quality of social care services and investigating as necessary serious concerns about those using these services.
- Ensuring the implementation within my Directorate/Division of relevant corporate policies, procedures and initiatives.

2. Key controls for managing these functions

I confirm that there is an appropriate system of internal control for the governance and management of functions which aligns with the legal framework of the Chief Inspector and includes the following:

- a strong management structure with a clear accountability structure detailed in the scheme of determination and line management arrangements
- a comprehensive a set of policies and procedures for the governance and management of the functions including the Authority Monitoring Approach, the Regulatory Risk Register Committee, Regulation control break register, with escalation to EMT where appropriate
- structured quarterly meetings with the Department of Health, the Department of Children, Equality, Disability, Integration and Youth, TUSLA and the HSE
- a comprehensive regulatory induction programme, a learning programme and a continuous improvement programme
- audit oversight team to monitor and review all audit actions
- regular review of goals and risk in Decision Time at management meetings
- Operation forum which supports a consistent implementation of AMA through the assessment of issues in the area of (1) regulatory methodology/process (2) IT system/Prism (3) training/skills,

Risk and internal controls are a standing agenda item in our management team meetings and within the individual pillars. Issues related to risks and internal control are reported to the EMT in line with the risk management procedure.

As part of our focus on improving our operations where opportunities are identified we

- carry out Level 1 audits carried out by staff within the RPDU and RBS. These level 1 audits are a method of checking our compliance with agreed processes with a view to driving improvement.
- Review Submissions on inspection findings to identify areas for improvement
- Have Feedback pathways for services users and providers
- Have formal Escalation processes, Registration timelines, Inspection report times lines and Operation forum improvements

² As of 30 September 2021, the Regulation Directorate separated into the Chief Inspector and Healthcare. This assurance report relates to the Chief Inspector’s function only.

3. Improvements actions – 2022 (Business plan)

Through our risk management and monitoring, we have identified the following areas for enhancement and/or improvement in 2022

- continue to improve inspection report writing
- Continue to engage on proposed amendment to Health Act 2007 as amended and regulations for older persons
- increase the number of induction programmes from four to five
- prepare for new functions

4. Assurance

There were no significant internal controls **issues within the Chief Inspector's during 2021.**

This statement allows me to provide reasonable, but not absolute assurance to the Committee/Board that there are appropriate and effective controls in place within my area of responsibility.

Carol Grogan
Chief Inspector

5. Functions and activities for which I am responsible

- Monitoring the safety and quality of healthcare services and investigating as necessary serious concerns about the health/welfare of those using these services.
- Regulating against the European Union (Basic Safety Standards for protection against dangers arising from Medical Exposure to Ionising Radiation) regulations
- Ensuring the implementation within my Directorate/Division of relevant corporate policies, procedures and initiatives.

6. Key controls for managing these functions

I confirm that there is an appropriate system of internal control for the governance and management of healthcare functions which includes the following:

- a strong management structure with clear accountability and line management arrangements
- a comprehensive set of policies and procedures for the governance and management of the functions
- an induction programme, a learning programme and a continuous improvement programme

Risk and internal controls are a standing agenda item in our management team meetings. Issues related to risks and internal control are reported to the EMT in line with the risk management procedure.

7. Improvements actions – 2022 (Business plan)

Through our risk management and monitoring, we have identified the following areas for enhancement and/or improvement in 2022:

- The ongoing development to its implementation of a revised monitoring approach against the *National Standards for Safer Better Healthcare*, following the development of a new comprehensive assessment and **judgment framework, and a new "Core Assessment" against selected standards. This will allow the healthcare function** inspection approach to be more agile, risk based and adaptable to the likely demands of the upcoming Patient Safety Bills – with the new approach implemented in advance of their commencement.
- Implementation of corporate development and organizational restructure programmes as they pertain to the Directorate.
- Prepare for commencement of new monitoring function of reception and integration centres.

8. Assurance

There were no significant internal control issues within the Healthcare Directorate during 2021. This statement allows me to provide reasonable, but not absolute assurance to the Committee/Board that there are appropriate and effective controls in place within my area of responsibility.



Sean Egan
Director of Healthcare Regulation

Director of Health Information and Standards: Annual assurance statement – November 2021

1. Functions and activities for which I am responsible

- a. Setting National Standards and guidance for health and social care and for Health Information
- b. Evaluating information and making recommendations about deficiencies in health information to the Minister for Health
- c. Reviewing compliance against health information standards
- d. National Care Experience Programme
- e. Procurement in the HIS Directorate
- f. Ensuring the implementation within my Directorate/Division of relevant corporate policies, procedures and initiatives.

2. Key controls for managing these functions

I confirm that I have an appropriate system of internal control for the governance and management of the functions for which I have responsibility.

Risk and internal controls are a standing item on our management and team meeting agendas. Issues related to risks and internal control are reported to the EMT in line with the risk management procedure.

To provide assurance to the committee, I have completed an assurance map which enables a visual representation of assurance activities as they apply to the risks relating to the functions for which I am responsible.

3. Control issues

There were no significant internal controls issues within my Division during 2021.

Through risk management and monitoring of controls, the following areas have been identified for improvement in 2022:

1. Review and Update the Quality Assurance Framework (review and update every 2 years)
2. Develop and implement a process for revising existing National Standards

4. Assurance

This statement allows me to provide reasonable, but not absolute assurance to the Board that there are appropriate and effective controls in place within my area of responsibility.

Rachel Flynn
Director of Health Information

Director of Health Technology Assessment (November 2021)

1. Functions and activities for which I am responsible
 - Health Technology Assessment
 - Clinical Guideline support (HRB-CICER)
 - Evidence for Policy
 - Generic justification of medical ionising radiation
 - Evidence based advice to support national public health response to COVID-19
 - Evidence based advice and health technology assessment to support the work of the National Screening Advisory Committee (NSAC)
 - Ensuring the implementation within my Directorate/Division of relevant corporate policies, procedures and initiatives
2. Key controls for managing these functions

I confirm that I have an appropriate system of internal control for the governance and management of the functions for which I have responsibility.

Risk and internal controls are a standing item on our management and team meeting agendas. Issues related to risks and internal control are reported to the EMT in line with the risk management procedure.

To provide assurance to the committee, I have completed an assurance map which enables a visual representation of assurance activities as they apply to the risks relating to the functions for which I am responsible.

3. Control issues

There were no significant internal controls issues within my Division during 2021.

Through risk management and monitoring of controls, the following areas have been identified for improvement in 2022:

- Revision of the HTA topic identification and prioritisation process
- Training for external stakeholders on the identification and prioritisation of HTA topics
- Implementation of the revised Health Technology Assessment Directorate Quality Assessment Framework, updated in Q4 2021
- Snap audit of implementation of the revised Health Technology Assessment Directorate Quality Assessment Framework

4. Assurance

This statement allows me to provide reasonable, but not absolute assurance to the Board that there are appropriate and effective controls in place within my area of responsibility.

Mairin Ryan
Director of HTA, Deputy CEO

1. Functions and activities for which I am responsible

Internal and external communications in line with corporate and business objectives, including stakeholder engagement, public affairs, media relations, publications, and complaints management.

Ensuring the implementation within my Directorate of relevant corporate policies, procedures and initiatives.

2. Key controls for managing these functions

I confirm that there is an appropriate system of internal control, including a set of policies and procedures for the governance and management of the functions for which I have responsibility.

Risk and internal controls are a standing agenda item in my management and team meetings. Issues relating to risks and internal controls are reported to the EMT in line with the risk management procedure.

Currently, there are no active risks relating to the functions for which I am responsible.

3. Improvements actions for 2022 (Business plan)

Through our risk management and monitoring our controls, we have identified the following areas for improvement in 2022:

- Implement any audit recommendations relevant to my area
- Control weaknesses/gaps or policies and SOPs out of date
- Develop communications and stakeholder engagement strategy 2022-2024

4. Assurance

There were no significant issues relating to internal controls within my Division during 2021. This statement allows me to provide reasonable, but not absolute assurance to the Board that there are appropriate and effective controls in place within my area of responsibility.

Marty Whelan

Head of Communications and Stakeholder engagement

CIO and Ops to follow separately