

2006/2007 Annual Report
Covering the period from 1 January
2006 to 14 May 2007

This Report sets out progress of activities undertaken by the interim Health Information and Quality Authority for 2006, incorporating the period up to the 15th May 2007, in accordance with Article 10 of the Interim Health Information and Quality Authority (Establishment) Order, 2005, S.I. No 132 of 2005.

Chairperson's Foreword

2006 and the early part of 2007 was a significant time for the interim Health Information and Quality Authority (the interim Authority). Much work has taken place toward establishing the Health Information and Quality Authority.

Of particular significance, Dr Tracey Cooper, the first Chief Executive of the Authority, took up her position on the 1st August 2006.

Much of her attention, and indeed much of the focus of the Board, has been on working with the Minister for Health and Children and her Department, on the legislation to ensure that the Authority has the necessary powers to undertake its work effectively. Similarly, detailed discussions also took place in relation to the organisational structure for the Authority and were concluded prior to the establishment of the statutory Health Information and Quality Authority. This is of vital importance if the Authority is to succeed in its diverse and essential mandate.

In addition, significant engagement with key stakeholders - people providing and people receiving the services has taken place, both at a national and international level.

In December 2006, the Health Bill 2006 was published and, following the enactment of the Health Act 2007, the Authority was established on 15 May 2007 at which point the interim Health Information and Quality Authority was dissolved. I am confident that, with this legislation, the Authority will be able to work towards delivering its mandate in driving continuous improvements in the quality and safety in health and social care in Ireland.

The integration of the Irish Health Services Accreditation and the Social Services Inspectorate has also been a key activity for the interim Authority and I would like to take this opportunity to thank the Board and staff of the

Irish Health Services Accreditation Board and the staff of the Social Services Inspectorate for their openness, support and leadership during this very challenging transition period.

This Annual Report is presented as a factual account of the considerable work, activities and achievements of the interim Authority during 2006 and the early part of 2007, up to the establishment of the statutory Authority, and I would like to take this opportunity to thank a number of key people for their ongoing support throughout the year.

To the Minister, and her Department, for their time and commitment towards establishing the Authority in a strong footing.

To those in the healthcare sector, public, private and voluntary, who have given their time to meet and discuss the role of the Authority and assist us in our work, thinking and development.

And finally, a special thanks to the Board of the interim Authority for their sustained commitment and energy in advancing its work, and shaping the future of the new Authority.

Pat McGrath
Chairperson

1 Introduction

Welcome to the second Annual Report of the interim Health Information and Quality Authority (interim Authority). This Report sets out the work of the interim Authority over the period 1 January 2006 to 14 May 2007.

The interim Authority was established under a Statutory Instrument in March 2005. Its function has been to develop the organisational plans and preparations for the Health Information and Quality Authority (the Authority) – the independent Authority that will drive continuous improvements in the quality and safety of health and social care services in Ireland.

An immense amount of concentrated effort and activity has taken place since the establishment of the interim Authority, as the shape, functions and form of the Health Information and Quality Authority has changed significantly during this time.

At the outset of 2006 it was envisaged that the National Cancer Registry would be incorporated into the Authority. This did not materialise, however we look forward to continuing to work with the Registry over the coming years. The Social Services Inspectorate (SSI), together with the Irish Health Services Accreditation Board (IHSAB), transferred into the Health Information and Quality Authority on its establishment.

This Annual Report sets out the work that has been undertaken during 2006 and early 2007 and includes the:

- continuous informing of the legislation as it evolved
- developing the organisational structure
- managing and supporting the transition arrangements for the integrating organisations

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- establishing the operational infrastructure for a new, fit for purpose Authority
 - responding to key priorities
 - continuing a substantial stakeholder engagement with people using and providing services both within Ireland and internationally.

1.1 Format of Annual Report

This annual report is set out under the following headings:

Section 1	-	Introduction
Section 2	-	Summary of Progress during 2006
Section 3	-	Summary of Progress during 2007
Section 3	-	Board and Committees
Section 4	-	Governance, Finance, Expenditure and Accounts
Section 5	-	General Activities

2 Summary of Progress During 2006

During 2006 progress was made in the following areas:

2.1 Corporate Governance, Reporting and Financial Management

- In accordance with Article 20 (2) of the interim Authority's Establishment Order (S.I. 132 of 2005), and following an allocation of €3.5m from the Department of Health and Children (DoHC), a Work Plan for the interim Health Information and Quality Authority for 2006 was submitted to the Minister on 1st March 2006.
- A Bank Account with Ulster Bank was established, providing an independent finance function for the interim Authority.

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- Draft Audit Accounts for 2005 for the interim Authority were prepared and submitted to the Comptroller and Auditor General for the purpose of external audit.
 - An Annual Report for 2005 detailing the activities undertaken by the interim Authority was submitted to the Minister in January 2006.
 - Continued participation and input into a number of national and international Committees took place to inform the work of the interim Authority and the Authority.
 - Board approval was secured for the interim Authority's Code of Governance, including Code of Business Ethics and Code of Business Conduct, and was submitted to the Minister of Health and Children.
 - Evaluation of the Board and Committees' performances was undertaken.

2.2 Organisational Structure and Legislation

- An Comprehensive Organisational Plan for the Authority was developed and submitted to the Minister in August 2006, which included specifically reflecting the relevant functions of the IHSAB and the SSI.
- A subsequent organisational expansion plan for 2007 – 2009 was submitted to the Department of Health and Children in December 2006.
- Comprehensive and prolonged discussions commenced in relation to the organisational structure, salary scales and recruitment for the Authority.
- Detailed discussions took place with, and reflective submissions were made to, the Minister and the Department of Health and Children in relation to the Health Bill 2006, in preparation for the enactment of the Bill and establishment of the Authority.

2.3 Recruitment

- The first Chief Executive of the interim Authority, and Chief Executive Designate of the statutory Authority, was recruited, appointed and took up position on 1st August 2006.

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- An executive recruitment service was tendered for and engaged to manage and advise on the search and recruitment of the Directors of Healthcare Quality, Health Information, Health Technology Assessment, Chief Inspector of Social Services and Heads of Corporate Services and Communications and Stakeholder Engagement.
 - The Director positions and other senior management positions were scoped and job descriptions developed in 2006 and, following agreement of terms and conditions, were advertised in early 2007.
 - A number of Project Managers were seconded from the integrating organisations and the National Centre for Pharmacoeconomics, and contract staff were recruited to support and plan for the development of the functions and the operational establishment of the Authority.

2.4 Integration of the Irish Health Services Accreditation Board, the Social Services Inspectorate and the interim Health Information and Quality Authority

- Ongoing liaison with the IHSAB and the SSI, including addressing alignment of finance, information technology, work functions and human resource systems and services to steer the smooth integration of these organisations.
- Monthly Staff days were held from September 2006 to engage individuals, discuss culture and values and present an overview of the future organisation to the integrating staff.
- Initial communication issued to the staff of the integrating organisations in accordance with the transfer of undertakings legislation.
- A Transition Programme Committee was established which comprised of the leads of the integrating organisations in order to manage the integration.

2.5 Operational Structure for the (interim) Authority

- A Corporate Services Management Group and an Information Technology (IT) Management Group were established by the interim Authority, with staff from the transferring organisations and contract staff, to focus on developing plans for future needs in these areas.
- Interim Offices were secured in Little Island in Cork city.
- A tender for an immediate and short-term Information Technology infrastructure was finalised for the Cork offices, a provider selected and a solution implemented for the interim Authority.
- A Human Resources (HR) consultancy service was engaged to provide expertise around the integration of the Organisations, including industrial relation advice, the development of an HR strategy and HR policies and procedures for the Authority.
- An Estates strategy was submitted to the Department of Health and Children, outlining draft interim and longer plan accommodation needs for the Authority.
- A comprehensive search for appropriate premises in Cork city was initiated and a larger interim premises was identified and secured.

2.6 Corporate Identity and Communications

- The services of a design/branding organisation were procured which examined the future corporate brand identity for the Authority and a corporate logo was developed.
- A widespread stakeholder plan was developed and implemented. This engagement included regional meetings with health services representatives including Chief Executive's/ General Managers of hospitals. Local Health Managers and nursing representatives were also among the health professionals met with in this process. A strategy was put in place and implemented for broader communication with health professionals, professional bodies, service users and the general public. Public

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- A Public Relations company was tendered for and appointed and an intensive communications plan has been implemented and subject to ongoing refinement to focus on the main priority areas for the interim Authority as it evolved.
 - A detailed stakeholder plan was developed and implemented for the Board of the interim Authority and the Chief Executive, following appointment, and ongoing engagement tool place with relevant bodies and individuals.
 - An staff intranet was developed during 2007, revision of the website was completed and a second newsletter was published and distributed.

2.7 Supporting Research

- Research projects undertaken during 2005 – 2006 were received and, where appropriate, published by the respective organisations.
- Applications from the health care and research communities for research/development projects were submitted to the interim Authority and a number of projects were selected by international panels for funding for up to three years. These projects will provide key information and inform the future work of the Authority and the health system in Ireland.
- A tender to engage expertise was finalised, in conjunction with the Clinical Indemnity Scheme and Health Service Executive, to undertake an in-depth analysis of the data collated under the STARSweb project administered by the Clinical Indemnity Scheme. A provider was selected, a plan prepared and initial work commenced.

3 Summary of Progress during 2007

3.1 Corporate Governance, Reporting and Financial Governance

- The 2006 accounts were finalised, approved by the Board and Draft accounts submitted to the Comptroller and Auditor general.
- A date was set for audit of these accounts in June 2006.
- Board Members submitted the appropriate returns in relation to the Ethics in Public Office Acts prior to January 31st 2007.
- A tender for an internal audit and risk management service was issued with a view to having this service in place for the end of the interim and commencement of the statutory Authority.
- Evaluation of Board and Committee performances was completed.

3.2 Organisational Structure and Legislation

- Agreement was finally reached on the organisational structure for the statutory Authority.
- A Transfer Agreement was reached and signed off with IMPACT for the transfer of undertakings of the IHSAB, interim Authority and SSI.
- Considerable preparatory work in relation to payroll, new scheme of delegation and new financial controls etc had to be undertaken in readiness for the establishment of the Authority on 15 May 2007.
- Considerable work was also involved in finalising a corporate brand identity and corporate communications, whilst supporting staff through a change process, to ensure that the new identity would go live across the Authority on its establishment on 15 May 2007.

3.3 Recruitment

- Significant effort was involved in finalising job descriptions for staff who will integrate into the Authority into comparable, but new, roles within a specific Directorate within the structure and also for new staff.

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- The posts of Director of Healthcare Quality, Health Technology Assessment and Health Information were advertised in February 2007 and interviewed in April 2007. The posts of Head of Communications and Stakeholder Engagement, Head of Corporate Services and the Chief Inspector of Social Services were advertised in March 2007 and were interviewed following establishment.
 - A recruitment plan for populating new roles within the Authority is currently being finalised.

3.4 Integration of the Irish Health Services Accreditation Board, the Social Services Inspectorate and the interim Authority into the Authority

- A significant amount of time was required of the CEO in managing the transfer of undertakings.
- A Staff Forum was established with staff representatives, the interim Authority and IMPACT to manage the transfer of undertakings which progressed well and to time and the Transfer Agreement was signed off but the Staff Forum and the interim Authority prior to establishment.
- Job descriptions were developed for transferring staff and a series of discussions took place in relation to contractual issues, legacy issues related to pension schemes and salary scales/grading in the new Authority.
- A Human Resources Policies and Procedures Staff Working Group was established to consider, amend and approve the policies and procedures for the statutory Authority with over 90% harmonisation of new and existing policies and procedures for the Authority.

3.5 Operational Structure

- A tender was drafted and issued for a consultant to scope the future needs, and specification for full tender, of the Authority in relation to the

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- A tender for legal services was drafted and posted on the e-tenders website with a deadline of the 7th May 2007.
 - A capital expenditure programme for 2007 was submitted to the Department of Health and Children and approval secured for a capital grant of 2.5 million euro.
 - Freedom of Information Manuals were drafted, in readiness for the establishment of the Authority.
 - The budgetary framework, incorporating the integrating organisations, was developed.
 - A pension scheme for the Authority is being researched and developed on behalf of the Authority.
 - The HR Strategy was finalised.
 - Interim offices were secured for interim Authority staff, including seconded Project Managers from the existing organisations, located in Dublin in the Regus Offices in Harcourt Street.
 - A Premises Working Group was planned, with clear terms of reference, to examine the accommodation needs of the Authority as a totality and also develop a consistent corporate identity in the internal environment of the Authority's offices across Ireland.
 - An Estates Strategy has been drafted and is being refined to incorporate analysis of the regional bases in the West and Midlands and the now clarified bases of the Director and senior management positions which impact on the distribution of staff across the offices.

3.6 Corporate Identity and Communications

- A corporate brand identity was finalised for the establishment of the Health Information and Quality Authority.

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- Corporate communications materials and media were developed which displays the corporate identity, including stationary and website.
 - The transfer from the respective corporate branding of the integrating organisations had to be carefully managed, including website information, to ensure that the dissolution of the existing organisations branding coincided with the establishment of the Health Information and Quality Authority.

3.7 Research

- Project plans have been received for the Projects that were granted funding under the Research and development Awards and are being monitored carefully.

3.8 Update on the functions of the interim Authority

3.8.1 Older Peoples Services

A multi-representative Working Group for reviewing the draft *National Quality Standards for Residential Care for Older People* was established and has met fortnightly with a view to issuing the revised standards for public consultation during Jul 2007. It is anticipated that inspection and registration against these standards will commence later in the year or early 2008 when recruitment and training for inspectors has been completed together with the development of new Regulations.

The interim Authority, together with the Minister for Health and Children and the Health Service Executive, met with Providers of nursing homes, and representatives of residents, on 12 April 2007 at Farmleigh House for a stakeholder engagement. Approximately 120 were invited from these groups, and presentations were given by individuals on the panel followed by an open questions and answers session from the attendees.

3.8.2 Disability Services

Considerable discussions have taken place with a diverse variety of key stakeholders – those representing people using the service, their carers and those providing services. A Working Group will be established to revise the National Disability Standards very shortly in a similar approach to the revision of the Residential Care Standards for Older People.

Stakeholder days on 7 and 8 February in Athlone for the development of the standards for the Independent Assessment of Need, as defined under the Disability Act and the Education for Persons with Special Education Needs (EPSEN) Act, took place. Anne Geraghty, Board member of the interim Authority, presented on behalf of the interim Authority with a number of SSI and IHSAB staff present to assist in the facilitation of the days.

The interim Authority was represented on the cross-agency working group to develop the standards.

3.8.3 Social Services Inspectorate – methodology

Considerable work has been done with the SSI and project managers seconded from the SSI, in developing the methodology, job descriptions, training requirements for the significantly expanded SSI. This has involved engagement both nationally and internationally with a strong relationship developed with similar organisations in the UK and also Australia.

3.8.4 Health Technology Assessment (HTA)

Ongoing meetings have taken place with the Chief Executive, and also the Project Manager for HTA, with national and international HTA individuals and organisations in order to inform our development of and planning for the methodology of the HTA function. Discussions took place in relation to the

'Health Technology Assessment international' conference bid for 2009 with the assistance of Michael Barry, Mike Drummond and Mark Sculpher from the United Kingdom.

3.8.5 Healthcare Quality

A project manager for the Healthcare Quality function was seconded from IHSAB. The Project Manager has been scoping the approaches in other countries for:

- Setting standards
- Monitoring against the standards
- Mandatory quality assurance and voluntary accreditation

The Chief Executive, and other members of the interim Authority, have attended a number of key meetings in relation to international experiences for monitoring healthcare, for example the "Five Nations" Regulators meetings, meeting with the Health Foundation and Northern European Healthcare Quality organisations.

3.8.6 Patient Safety

The Chief Executive is a member of the Commission for Patient Safety and Quality Assurance in Healthcare which was established by the Minister in early 2007. The Commission's role is to, inter alia, develop proposals for greater accountability within the health system for performance in relation to patient safety.

The interim Authority was approached by the World Alliance for Patient Safety, part of the World Health Organisation (WHO), to collaborate on an international first project in relation to developing international consensus guidance for what to do to support patients, their families and clinicians when things go wrong. This will be done in collaboration with staff and stakeholders

from across Ireland and internationally and will be launched at an International Patient Safety conference, hosted by the Authority and the WHO on 6 September 2007. The planning for this was initiated in early 2007.

3.8.7 Health Information

Health Information is a key function for the Authority and impacts on all aspects of health and social care delivery and, indeed, every function within the Authority.

The interim Authority undertook a considerable stakeholder engagement with key individuals and organisations across the system. It has also commissioned a research project that is looking at the information standards required for the inter-operability of systems as the information and communications technology systems become increasingly more refined across the health system.

3.8.8 Whistle Blowing / Protective Disclosure

The protective disclosure function within the legislation provides for a requirement on the employer to have a whistle blowing procedure that protects the individual when identifying issues. It enables any member of staff in the health and social care system to inform to the list of named regulatory bodies when they have significant concerns. This is a fundamental component to a high reliability healthcare system and should support and enable 'doing the right thing' when things go wrong.

Resource implications for this function for the Authority are being examined and will be submitted to the Minister and Department of Health and Children as additional requirements for the Authority.

3.8.9 Value for Money

The value for money philosophy for the Authority has begun to be scoped by the interim Authority with meetings with a variety of stakeholders across the system. The Chief Executive has attended the high level Value for Money meeting with the Department of Health and Children and Health Service Executive with the view to inform and clarify the Authority's role as it evolves.

4 Meeting and Collaboration with National and International Bodies

The interim Authority is represented on the following Committees.

- *Five Nations Health Quality Authorities Group* works towards a programme of joint co-operation and working in the future between the health quality authorities in Ireland, England, Wales, Scotland and Northern Ireland.
- Dr. Brian Meade represents the interim Authority on the *National Standards Consultative Committee for Health Informatics*, under the National Standards Authority of Ireland Act, 1997. This committee will contribute to the development of European and international standards for patient and hospital information systems and provide advice on national standards in this area.
- The National Board of Health of Denmark has taken an initiative in co-ordinating a *European Health Technology Assessment Network*, of which the interim Authority is an associate partner. Dr. Mairin Ryan, Chief Pharmacist at the National Centre for Pharmacoeconomics is the interim Authority's representative on this network. The objective is the development of the operational, sustainable European Health Technology Assessment Network to inform HTA policy and decision making in the EU and member states. The interim Authority hosted a workshop in April 2007 for the European Network and has also bid for the hosting of the

2009 annual HTAI conference (Health Technology Assessment International)

- The interim Authority has participated in a *Standards Inter-Departmental Forum* hosted by the National Standards Authority of Ireland which inputs into national, European and international standards and monitors proposed changes on the New/Global Approach (EU Directives) and the implications for national obligations in Conformity Assessment, Market Surveillance and Notified Bodies.
- The interim Authority is represented on a *Value for Money Review Group Steering Committee for the Health Services* which aims to analyse Exchequer Spending in a systematic way, providing the basis for better decision making on public spending.
- The interim Authority is also represented on a *Standing Committee on Health Statistics*, established by the Central Statistics Office and the DoHC. The Committee will be a Forum for discussion and cooperation with a view to providing strategic direction for the improved collection, dissemination, analysis and application of health statistics.
- The interim Authority was represented at the Committee for the System of Health Accounts in conjunction with the Departments of Finance, Health and Children, Central Statistics Office, Health Research Board and Health Service Executive
- The interim Authority is represented on a Collaborative Quality and Risk Forum with other key stakeholders, including the HSE, the Mental Health Commission and the Clinical Indemnity Scheme.
- Many other fora at which the interim Authority has provided representation.

5 Board and Committees

5.1 Board Meetings

In accordance with Establishment Order S.I. 132 of 2005, the Board of the interim Authority met nine times (seven were formal and two were informal meetings) during 2006 and 4 times during 2007. The meetings were primarily to implement the functions as set out in that Order, i.e:

- to prepare and submit to the Minister for his or her approval a plan or plans, for the establishment of the Authority, which shall provide for:
 - (a) a high level organisational design of the Authority, including the definition of the top-level management team and a detailed analysis of the financial and staffing requirements for the Authority;
 - (b) the integration of the functions of the National Cancer Registry and the Irish Health Services Accreditation Board within the functions of the Authority;
 - (c) the establishment of appropriate structures and procedures to ensure the proper governance and accountability for the Authority;
 - (d) the establishment of procedures to develop a service plan for the Authority, in accordance with any directions which may be issued by the Minister.

In addition, it was outlined in the Establishment Order that:

- the Interim Authority may carry out, or arrange to have carried out on its behalf, projects for the purpose of evaluating standards and quality, to identify best practice in:
 - (a) the provision of health services;
 - (b) the collection and use of health information; and
 - (c) the assessment of health technology.

These functions have provided the objectives for all the deliberations of the Board of the interim Authority and, where appropriate¹, been implemented.

It was further outlined in the Establishment Order that the functions the Interim Authority shall take account of the relevant considerations and recommendations in the following reports:

- (a) Quality and Fairness: A Health Strategy for You; published by the Government Stationary Office, 2001.
- (b) Audit of Structure and Functions in the Health System; published by the Government Stationary Office, 2003.
- (c) The Commission on Financial Management and Control Systems in the Health Service; published by the Government Stationary Office, 2003, and
- (d) The Health Information – A National Strategy; published by the Government Stationary Office, 2004

These reports have guided the strategic work of the Board and the operational work of the interim Authority.

5.2 Committees of the Board

In accordance with Article 14 of S.I. 132, four committees were established in order to advance the work and fulfil the functions and obligations of the interim Authority through the most efficient and effective means and structures. These committees are:

- Organisational Design and Recruitment Committee
- Audit and Governance Committee
- Communication and Consultation Committee

¹ The Decision was taken by the Department of Health and Children to omit the National Cancer Registry from the scope of the Health Bill 2006 and to include the Social Services Inspectorate.

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- Projects Committee

In addition to formal meetings, several informal meetings of all of the committees or members of the committees, via teleconference and face to face meetings, have taken place to progress the work of the committees and the Board.

Evaluations of the Board's and Committees' performances were undertaken and overall, demonstrated a very committed performance by all Board Members.

6. Governance, Finance, Expenditure and Accounts

6.1 Governance and Accountability

An Annual Report for 2005 was submitted to the Minister in January 2006 and published on the interim Authority's website, www.hiqa.ie

A work plan detailing the activities for the interim Authority for 2006 was submitted to the Minister on 1st March 2006.

In accordance with Article 18 and the requirements of the Code of Practice for the Governance of State Bodies, Board Members were regularly informed of their obligations under the Ethics in Public Offices Acts (Prescribed Public Bodies, Designated Directorships of Public Bodies and Designated Positions in Public Bodies) Regulations 2005 (S.I. No. 672 of 2005) and requested to disclose any interests in relation to themselves or any family member that could materially influence the performance of their functions as a member of the Board.

The interim Authority developed and formally approved its Codes of Practice for the Governance of State Bodies, including the Code of Practice, Code of Business Conduct and Code of Business Ethics. This was submitted to the Minister for Health and Children during in April 2006 and a revised version was submitted in November 2006.

In conducting its work, the interim Authority has made every effort to comply with relevant public service legislation and procedural requirements (both national and European Union where appropriate), including public procurement guidelines.

6.2 Financial Controls

An external accountancy service provided to the interim Authority includes:

- managing and maintaining an accounting system based on best practice and generally accepted accounting principles, including compliance with Government Policy and Statutory Regulation,
- arranging banking facilities, through Ulster Bank with effect from 1 January 2006,
- preparing accounts for audit for the Comptroller and Auditor General,
- managing payroll systems,
- processing invoices/payments,
- advising on proper financial governance and best internal control practices, and
- advising on taxation matters.

Early in 2006, a system for the financial accounting and management of all moneys expended by the interim Authority was established in line with the associated budgets of expenditure outlined in the interim Authority's 2006 Work Plan. A summary of financial expenditure was notified to the Board, at each Board meeting on the advice of the Audit and Governance Committee

and Draft Audit Accounts were submitted to the Comptroller and Auditor General for audit in March 2006.

6.3 Travel, Subsistence and Remuneration

In accordance with Article 13, Board Members are aware of, and expenses are calculated on, the subsistence allowances that apply and which are in line with current public sector rates approved by the Minister of Health and Children, with the consent of the Minister for Finance.

In addition, rationale for the remuneration of Board Members was submitted to the Minister for Health and Children, on the basis of the executive work undertaken and the specific skills and expertise being brought to the Board.

6.4 Expenditure

The interim Authority kept accurate accounts of all moneys expended by it during 2006 and has prepared annual financial statements until the year ending 31 December 2006, in accordance with accounting standards specified by the Minister. The annual financial statement has also been submitted to the Comptroller and Auditor General for audit. A finance summary is attached at Appendix 1.

7. Conclusion

The task of the interim Authority to make the plans and preparations for the substantive Authority involved wide ranging and complex activities and a vast amount of work has been input by many individuals to drive the establishment of the Authority.

Crosschecking the interim Authority's achievements against what it was established to do provides a concrete basis for the new Authority as it commences its work:

- The function of the interim Authority to develop a high level organisational design for the Authority, including the definition of the top-level management team and a detailed analysis of the financial and staffing requirements for the Authority has been achieved in a very conscientious and considered manner.
- The integration of the functions of the Irish Health Services Accreditation Board, the interim Authority and the Social Services Inspectorate has been achieved in a respectful and ordered manner.
- The establishment of appropriate structures and procedures to ensure the proper governance and accountability for the Authority has been achieved while building in the necessary reviews and cautions to continuously monitor and keep abreast of best practice in this area.
- And the ground has been laid in terms of the establishment of procedures to develop a service plan for the Authority, in accordance with any directions which may be issued by the Minister.

In addition, it was outlined in the interim Authority's Establishment Order that:

the Interim Authority may carry out, or arrange to have carried out on its behalf, projects for the purpose of evaluating standards and quality, to identify best practice in:

- (a) the provision of health services;
- (b) the collection and use of health information; and
- (c) the assessment of health technology.

Several projects which were initiated in 2005 have been completed and several more were commissioned during 2006 which are now being progressed and which will provide valuable baseline information for the Authority around its functions.

In summary, the interim Authority has achieved its objectives in preparing a secure foundation upon which the new Authority can build and commence the the substantive work of driving improvements across the health system.

However, as it becomes established, the statutory Authority will need to continue the work and develop concrete and methodical systems to undertaking its work. But, it can only succeed by engaging and involving people across the country as it rolls out its functions. The interim Authority has begun that commitment and has every confidence that the statutory Authority will continue to do so in the future.

Appendix 1

Interim Health Information & Quality Authority

Balance Sheet as at	2006	2007
	31-Dec	15-May
	€	€
Fixed Assets		
Fixtures & Fittings at cost	16,182	74,918
Depreciation	<u>(1,273)</u>	<u>(2,928)</u>
	14,909	71,990
Current Assets		
Bank Current Account	393,763	196,620
Prepayments	<u>24,477</u>	<u>37,450</u>
	418,240	234,070
Current Liabilities		
Bank overdraft	0	0
Trade creditors & other creditors	<u>412,979</u>	<u>379,975</u>
	412,979	379,975
Net Current Liabilities	<u>5,261</u>	<u>(145,904)</u>
Net Assets	20,169	(73,914)
Represented by		
Surplus/(Deficit) on Income & Expenditure Opening Balance	0	(200,447)
Surplus/(Deficit) on Income & Expenditure for period	<u>20,169</u>	<u>126,532</u>
Surplus/(Deficit) on Income & Expenditure Closing Balance	<u>20,169</u>	<u>(73,914)</u>
Difference	<u>0</u>	<u>(0)</u>

Interim Health Information & Quality Authority	2006	2007
	Year	Total
Income & Expenditure	Ended	Income / Exp
	31/12/06	1/1/07-15/5/07
	€	€
Income		
Oireachtas Grant	1,388,954	1,163,000
Misc		8,678
	1,388,954	1,171,678
Expenditure		
Salary CEO	46,987	43,281
Pension provision	4,400	4,400
Uplift salaries	23,286	12,331
PAYE/PRSI	53,103	44,124
Recruitment	193,104	370,090
Reseach Grants	184,801	61,374
Consultancy Fees	203,234	41,497
Website & Newsletter Costs	38,235	12,661
Public Relations Fees	99,891	65,346
Travel , Subsistence & Overtime	77,066	99,696
CEO Relocation Expenses	16,782	4,500
Room Hire & Conference Facilities	34,668	29,514
Salary Recoupment	149,928	20,170
Training & Development	7,641	0
Accountancy	94,078	36,845
Rent Payable	10,000	168,364
Subscriptions	2,825	1,417
Printing, Postage & Stationery	13,011	26,017
Telephone	7,422	11,592
Insurance	1,051	357
Legal & Professional Fees	0	1,528
Contract Staff	63,865	173,609
Sundry co cc	13,431	35,394
Depreciation on Fixtures, Fittings & Equipment	850	1,655
Total Expenditure	1,339,656	1,265,761
Variance: (Over)/Under Spent	49,299	(94,083)

Appendix 2

Summary of Projects funded under the Research & Development Function in 2006

1. A User Configurable National Electronic Health Record: Technological Assessment of the EHRcom Standard for Ireland

One of the key problems in health informatics is the inability to share patient records between enterprises. The Electronic Healthcare Record (EHR) is a digital equivalent of a patient's chart and allows information to be accessed from one place no matter where that information is physically held. EHR's may vary in complexity from supporting basic administrative functions, to the inclusion of images and video. The objective of this project is to evaluate the emerging EU standard for EHR communication in order to progress towards a national EHR communications infrastructure. The focus of the work will be on assessing technology that will enable Irish health professionals, patients, and others involved in the delivery and use of the health services to take a leading and active role in building the EHR development and selection in Ireland, which will be achieved by assessing at a national level, the emerging international consensus on EHR user requirements, EHR security, EHR architectures and technologies.

The comparison with other standards in Europe and elsewhere will raise awareness of the dependencies on underlying technology such as an agreed national person identifier system, agreed clinical terminologies and data sets, and scaleable and secure information transfer. In addition, domain experts in areas of laboratory medicine, nursing and disease surveillance will form the initial starting point for a user-led object oriented approach to the development of a prototype EHR communication system.

This research contributes to the interim Authority's central goal to provide quality health information that meets nationally agreed standards for decision-making, planning and delivery of services. The outcomes of the electronic health record communication that will support a National EHR infrastructure for Ireland. The benefits of a such an infrastructure to patients will be to safeguard privacy and confidentiality whilst promoting the optimal use of high quality information. Furthermore, it will lead to health information systems that are efficient and effective

2. Developing the optimal strategy and tools for creating and implementing a colorectal cancer screening program: A program to assess and to develop capacity and capability in a national treatment centre

According to the National Cancer Registry, colorectal cancer (bowel) is one of the most common cancers diagnosed in Ireland. Each year approximately 1,800 men and women are diagnosed and each year 930 people die from this disease. International and national policy makers accept that population screening for bowel cancer can reduce mortality rates through early detection/treatment. This is achieved through a non-invasive FOB (Faecal Occult Blood) test. This simple test detects the presence of blood or other tumour biomarkers present in faeces. Any positive test is followed up through a colonoscopy which visualises the colon and takes samples of polyps or other tissue. These can be tested for cancerous changes. Survival rates with cancers detected early (in stage 1 or 2) do very well compared with cancers detected in later stages (3 or 4).

Study group population size:

20,000 individuals over age 50 in great SW Dublin area.

This study aims to:

Determine the uptake rate for FOBT tests in an urban male and female population aged 50-70 years.

Determine the factors that contribute to high uptake or poor uptake in FOBT testing as a service. This should inform government/HSE policy and assist with the decision making in the implementation of national services.

Determine which of two FOBT tests, tested in a randomised blind trial, is the optimal screening tool. One is a traditional guaiac based kit which has a variable sensitivity rate while the other is an Elisa (Enzyme Linked Immuno Sorbent Assay) test. This will assist in policy making on population uptake, primary care knowledge and management of the optimal FOBT test for large population screening.

The timeframe of the study will be 3 years and should contribute to the health technology assessment role of the Interim Authority and assist the rolling out of a national screening program with sufficiently high enough compliance to ensure effective cancer detection rates. The results will also contribute to the accreditation of the AMNCH laboratory facilities as a national centre for FOB and other biomarker testing.

3. Developing Quality Indicators for Use in General Practise in Ireland

Background

There is an increased focus on quality and professional accountability and on the central role of general practice/primary care in the Irish health system. In spite of the work of the Irish College of General Practitioners (producing guidelines, supporting continuing medical education and promoting audit) there is little in the way of formal quality improvement initiatives or tools for use in quality improvement in general practice. Quality indicators are specific and measurable elements of practice that can be used to assess the quality of care.

Aims

To develop indicators that cover all the domains of general practice (clinical conditions, the patient's experience of care, and management of the practice) that can be used by general practitioners to help them assess their own practice.

Objectives and Methods

The indicators will be developed using the best available evidence and where evidence is lacking by using an expert group to generate consensus. The methodology used to develop the indicators has been in use in the US for the past 25 years and has also been used in the UK to develop indicators for primary care.

Expected Outcomes

A range of indicators that reflect the holistic nature of general practice. The ICGP will actively promote and support their use through their small group continuing medical education network (95% of general practitioners are members of the ICGP). It is hoped that this will embed a culture of quality improvement in Irish general practice.

4. Morbidity and Epidemiology in General Practice in Ireland

The general practitioner is often the first point of contact an individual has with the health care system in Ireland, however little detail is known about who attends, the reason for attendance and the treatment path followed. As such, general practice is a rich but largely untapped source of information about the health of our population.

The overall objective of this work is to provide a mechanism to collect data regarding illness among people attending their GP and to describe such factors as the consultation process, diagnostic and therapeutic outcomes and the natural history of primary care illness.

This will be done by establishing a secure, protected computerised system to extract the necessary data from general practice in a manner which protects patient identity and confidentiality.

This project will provide data in Ireland, which is already available elsewhere, on general practice attendances and will in the longer terms assist in establishing how best to promote health and manage illness in general practice.

Appendix 3

Summary of Projects funded under Research & Development Function in 2005

Project	Rationale	Submitted by
Development of a Patient Involvement Programme	<p>In 1978 the WHO Declaration of Alma-Ata set out a vision for primary health care, which stated unequivocally that 'people have the right and duty to participate individually and collectively in the planning and implementation of their health care'. There is increasing evidence that patient participation in the provision of health care leads to better health outcomes and better quality of care. This evidence is a central pillar to the National Health Strategy, Quality & Fairness. Action points 48-52 have their primary objective defined as "The patient is at the centre in the delivery of care". In particular Action Point 50 aims to ensure "Individuals and families will be supported and encouraged to be involved in the management of their own health care."</p> <p>Research has shown that this objective has not been met. A Patient Involvement Programme for the Health Information and Quality Authority will provide it with a framework, and practical methodologies, to develop working partnerships with patients/clients, increasing communication and involvement, which will ultimately lead to better health outcomes and better quality of care of the Health Information and Quality Authority's work.</p>	Irish Society for Quality and Safety in Healthcare (ISQSH)

Informing Patients	<p>The Right to Information under EU legislation restricts the availability of medical information to the general public. EU law provides that the advertising of prescription drugs is generally prohibited. Practical steps should be taken to increase the availability to the public of unbiased, evidence-based health care information.</p>	Irish Patients Association
Report on Organisational Structures & Business Processes	<p>Against this background, the interim Authority is researching an appropriate framework and guidelines to ensure that information for the public on health matters is accurate, current and complete. Report on the Organisational Structures and Operating Procedures of international organisations, similar to the proposed Health Information and Quality Authority, in the UK, Australia, New Zealand, Canada and other European countries and recommending an appropriate organisation design model and business processes for the Health Information and Quality Authority.</p>	<p>Organisation Design and Recruitment Committee. Deloitte are undertaking this project on interim Health Information and Quality Authority's behalf.</p>
Review of the Quality & Regulatory Bodies	<p>There are many quality and regulatory bodies operating in Ireland at present. These authorities have, in the vast majority of cases, been established as a result of a significant or potential failing in the health service. Accumulatively these authorities have been seen to have a negative effect due to an overlapping of evaluation leading to "paralysis by analysis". In order to provide a synergistic approach to the provision of quality and safety regulation it is necessary to examine what exists, how they operate, and overlaps or gaps that exists between them. Once that knowledge is available it is then possible to co-ordinate the activities of such regulatory bodies, providing great support to the health service providers and ultimately a more effective, better regulated, delivery of care to the patient.</p>	