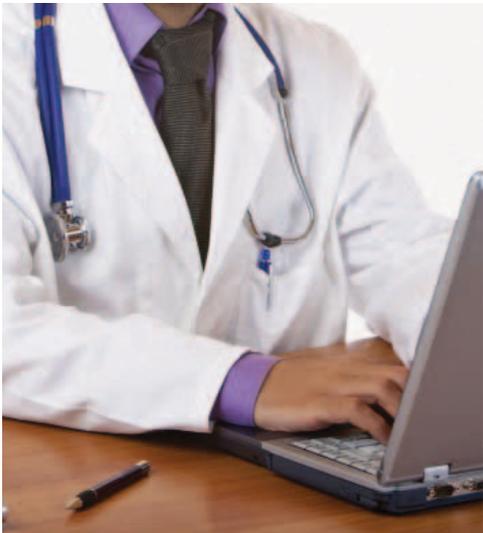
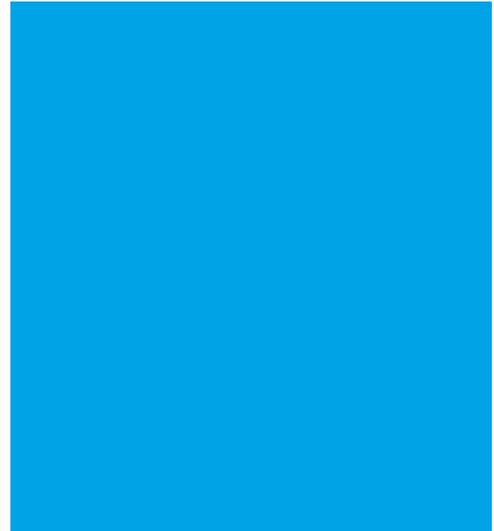
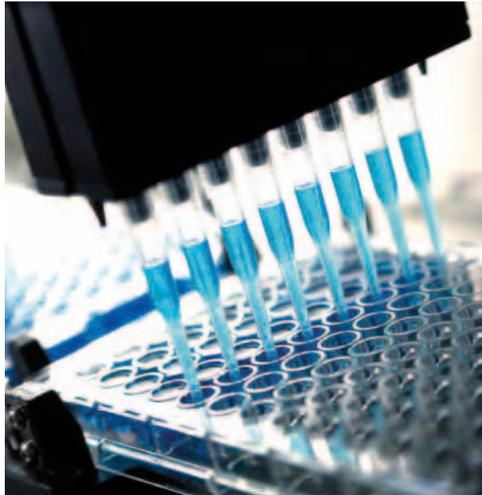
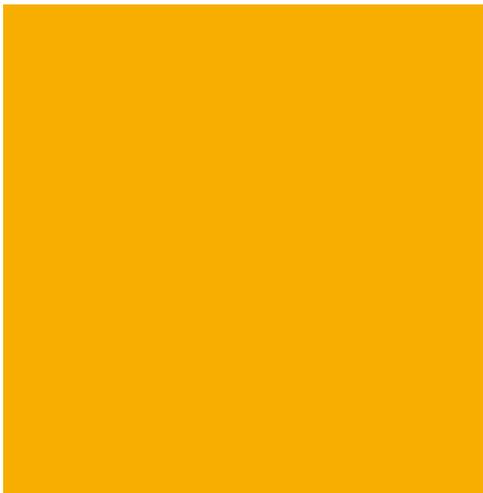


**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte



**ANNUAL  
REPORT  
2010**



Presented to the Minister  
for Health and Children in  
accordance with section 37  
of the Health Act 2007.



## Foreword by the Chairperson

During the past year, the Health Information and Quality Authority has worked to improve the quality, safety and learning in our health and social services for the benefit of patients and people using the services and also for those providing them.

One of the most significant developments for the Authority during the year was progressing *Draft Standards for Safer Better Healthcare* following an extensive public consultation process. Once mandated these Standards will be implemented nationally and the Authority will then monitor compliance with them to assess how they are being followed in practice. The Standards will challenge how services are currently provided and organised and will drive systematic changes that benefit patients.

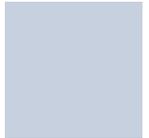
As part of our ongoing work in driving improvements, we published the National Report into the Quality and Safety of Symptomatic Breast Disease Services in Ireland and eight local hospital reports of the designated centres. Working with the National Cancer Control Programme and the local centres, this work represented a major increase in the capability and capacity of the health system to deliver safer and better care for people with symptomatic breast disease. Also in 2010, we began an investigation into the quality and safety of services at Mallow General Hospital. The Authority developed and submitted a report to the Minister for Health and Children and Health Service Executive on *Pre-hospital Emergency Care Key Performance Indicators for Emergency Response Times*. The response time indicators detail time-based response targets for patients with emergency conditions and requires service providers to begin publicly reporting their response-time performance.

The Authority continued the key work of registering and inspecting designated centres for older people. The Authority's Inspectors carried out over 800 inspections and this work is ongoing and illustrates the Authority's quality and safety remit through the regulation of services to improve care for vulnerable people.

An important and expanding aspect of our work is in the area of protecting children and in 2010 we developed *Guidance for the Health Service Executive for the Review of Serious Incidents including Deaths of Children in Care*. The Authority also produced reports into the fostering service in a number of areas in Dublin and Cork during the year and in conjunction with the Irish Association of Young People in Care (IAYPIC) the Authority undertook a report into how young people in the care system in Ireland view the Authority's inspection process.

Health Technology Assessment (HTA) has begun to inform and positively impact on national decision making in Ireland. During 2010, the Authority developed our HTA capacity and capability to utilise HTA in the best interests of patients and an efficient health system. One of the highlights of the year was our hosting of the HTAi 2010 conference. The conference brought over 1,200 delegates from 58 countries to Ireland, the largest ever gathering of any HTAi conference worldwide. This conference enabled the Authority to leverage and share international knowledge and best practice around HTA. Our HTA Directorate has also completed a HTA of prion filtration of red cell concentrates to reduce the risk of variant Creutzfeldt-Jakob disease.

It has been estimated internationally that up to 30% of a country's total health budget is spent on health information – collecting, storing, managing and searching for it. It is therefore essential that it is managed as efficiently and effectively as possible in order to ensure value for money. The provision of up-to-date health information is of the utmost importance in any healthcare system and the effective and efficient use of patient information improves the safety and quality of care for people. That is why the Authority published a series of guidance on health information during the year including, *Guidance on Privacy Impact Assessment in Health and Social Care*, a *Catalogue of National Health Information Sources in Ireland*, and *Standardising Patient Referral Information*. Adherence to these guidelines will increase the reliability and safety of electronic communication between patients and providers of services. Our Health Information Directorate has also undertaken a major public consultation on general practice patient referrals and will report and make national recommendations on the outcome later this year.



To conclude, I would like to thank the senior management, staff, and Board of the Authority who, over the past 12 months and across all areas of our work, have shown tremendous dedication and passion.

My fellow Board members and I will continue to provide our support to the Chief Executive and her team, and all of the staff of the Authority, as we continue in our mission to drive high quality and safe care for people using our health and social services.

**Pat McGrath**

Chairperson



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# 1 About the Health Information and Quality Authority



## 1.1 Introduction

This is the fourth Annual Report of the Health Information and Quality Authority and provides a timely overview of the work undertaken by the Authority during 2010 and the context in which this work was done. It also provides an insight into the impact this work has had on improving the quality and safety in Ireland's health and social services that benefits patients and people.

In the Authority we believe that we are not achieving our objectives if we are not making a positive difference to the lives of people using our health and social services.

In response to significant challenges presented due to the changes to the economy, the Authority made a decision to develop a new *Corporate Plan 2010 - 2012* one year ahead of schedule. We realised that there were opportunities emerging in the changed fiscal circumstances where we could continue to add value, deliver maximum benefit for money and improved outcomes for people using our health and social care services. To meet these opportunities, we endeavoured to work in as lean and effective a manner as possible and we worked with other agencies to reduce duplication across the system.

While we have always been aware of the need to add value through our work, this was at the forefront of our approach in developing our new Business and Corporate Plans. We consulted with a number of people and organisations and reflected on what we had learned over the previous three years to identify areas where we believed improvements were most required in the health and social care system.

In the economic climate, we are very aware that innovation and creativity are necessary to obtain maximum impact on improvements in the quality and safety of Ireland's health and social services. During 2010 we developed a range of initiatives and we applied a set of criteria to these initiatives to help us prioritise them. These included impact, improvability, implementability, alignment and use of the Authority's resources.

To derive benefit from the challenges presented, and being ever vigilant of our remit as a public body with a responsibility to demonstrate best use of public funds, we began to implement an internal organisational change programme. This ensures that our employees work in a more cross-organisational way, leveraging and optimising the use of existing skills where possible in a cost-neutral manner. This approach is enabling us to become more innovative and achieve efficiencies within the Authority. We started to strengthen our underpinning business processes and internal structures to become a more efficient organisation that drives impact and change in Ireland's health and social services and will continue this in 2011.

## 1.2 Our Mandate and Functions

The Health Information and Quality Authority is the independent Authority established to drive continuous improvement in Ireland's health and social care services.

The Authority's mandate extends across the quality and safety of the public, private (within its social care function) and voluntary sectors. Reporting directly to the Minister for Health and Children, the Health Information and Quality Authority has statutory responsibility for:

**Setting Standards for Health and Social Services** — Developing person centred standards, based on evidence and best international practice, for health and social care services in Ireland (except mental health services)

**Social Services Inspectorate** — Registration and inspection of residential homes for children, older people and people with disabilities. Inspecting children detention schools and foster care services. Monitoring day and pre-school facilities<sup>1</sup>

**Monitoring Healthcare Quality** — Monitoring standards of quality and safety in our health services and investigating as necessary serious concerns about the health and welfare of service users

**Health Technology Assessment** — Ensuring the best outcome for the service user by evaluating the clinical and economic effectiveness of drugs, equipment, diagnostic techniques and health promotion activities

**Health Information** — Advising on the collection and sharing of information across the services, evaluating information and publishing information about the delivery and performance of Ireland's health and social care services.

In undertaking our functions, the Authority is committed to working closely with a diverse group of people including those using health and social services, their carers, health and social care professionals, public, private and voluntary providers, Department of Health and Children and other key stakeholders nationally and internationally.

During 2010 the Authority continued to maintain its momentum in undertaking its core functions. In addition it became a signatory of **Patient Safety First** – an awareness-raising initiative through which healthcare organisations declare their commitment to patient safety. Through participation in this initiative, those involved aspire to play their part in improving the safety and quality of healthcare services. This commitment is intended to create momentum for positive change towards increased patient safety.

### Our Legal Mandate

The Health Information and Quality Authority (the Authority) derives its mandate from, and undertakes its functions pursuant to, the Health Act 2007 and other relevant legislation (the Child Care Act, 1991 as amended, the Children Act, 2001 as amended, Education for Persons with Special Educational Needs 2004 and the Disability Act 2005).

This Annual Report, which outlines the work of the Authority from 1 January to 31 December 2010, is presented in keeping with the statutory requirements of the Health Act 2007, and includes the Authority's arrangements for implementing and maintaining adherence to the Code of Governance for public bodies. It also includes the Annual Report of the Chief Inspector of Social Services and the Annual Governance and Compliance Report as required by the Health Act 2007.

## 1.3 Mission Statement and Core Values

The vision, mission and values of the Authority can be described as the beliefs of the organisation, which in turn inform the selection of activities and the approach we adopt to implement them. In essence, it can be described as the “personality” of the organisation.

### Our vision

Our vision is for better health and social care for all, underpinned by standards and decisions that improve the safety and quality of health and social care services.

## Our mission

The mission of the Authority is derived from the statutory functions described in the Health Act 2007 and is to:

*“Drive high quality and safe care for people using our health and social services.”*

## Our values

The Authority’s core values are stated below and illustrated in Diagram 1.

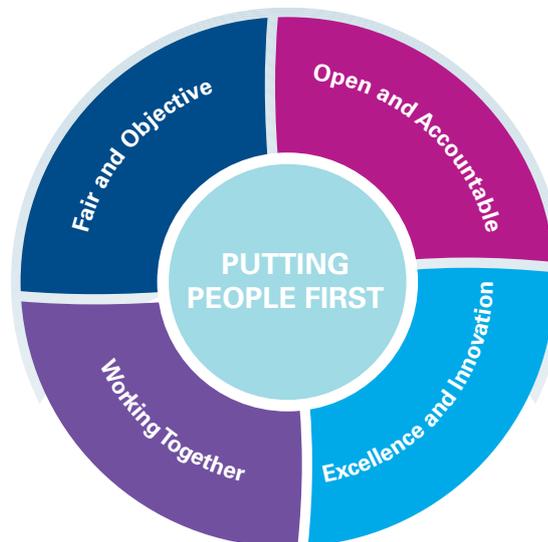


Diagram 1: Core values of the Authority

**Putting people first** – we will put the needs and the voices of service users, and those providing them, at the centre of all of our work.

**Fair and objective** – we will be fair and objective in our dealings with people and organisations, and undertake our work without fear or favour.

**Open and accountable** – we will share information about the nature and outcomes of our work, and accept full responsibility for our actions.

**Excellence and innovation** – we will strive for excellence in our work, and seek continuous improvement through self-evaluation and innovation.

**Working together** – we will engage with people providing and people using the services in developing all aspects of our work.

## 2 Governance and Management

Drive high quality and safe care for people using our health and social services

## 2.1 The Board of the Authority

The Board of the Authority was established on 15 May 2007. It is comprised of a Chairperson and 11 non-executive Directors. The Directors cover a diverse range of experiences that include representation from health and social care professionals, lay members and industry. The members of the Board are as follows:



**Pat McGrath**  
(Chairperson), Chief Executive, Project Management Group



**Dolores Quinn**  
Marketing and Communications Manager, Abbott Laboratories



**Bryan Barry**  
Assistant General Secretary, Irish Farmers' Association



**Sheila O'Connor**  
Co-ordinator, Patient Focus



**Angela Kerins**  
CEO, Rehab Group and Chairperson of the Equality Authority



**Grainne Tuke**  
Solicitor, ESB (Electricity Supply Board)



**Professor Geraldine McCarthy**  
Dean of School of Nursing and Midwifery, University College, Cork



**Philip Caffrey\***  
Former Director with United Drug PLC and former Director with Irish Aviation Authority



**Professor Damien McLoughlin\***  
Professor of Marketing, UCD Michael Smurfit Graduate School of Business



**Professor Samuel J. McConkey\***  
Head of the department of International Health and Tropical Medicine at The Royal College of Surgeons in Ireland, and a consultant in Tropical Medicine, Infectious Disease and General Medicine at both Beaumont Hospital, Dublin and Our Lady of Lourdes hospital, Drogheda



**Professor Cillian Twomey\***  
Chairperson of the Irish Hospice Foundation



**Richard Hannaford\***  
Writer and broadcaster



**Dr Michael Barry\*\***  
Medical Director of the National Pharmacoeconomic Centre and Consultant Physician, St James's Hospital, Dublin



**Dr Brian Meade\*\***  
General Practitioner, and Director of the National GPIT Training Programme



**Dan Byrne\*\***  
Chairman, Lincor Solutions Ltd



**Dr Ian Callanan\*\***  
Clinical Audit Support, St Vincent's Healthcare Group, Dublin



**David O'Hora\*\***  
Director, Southern Marketing, Advertising & Communications Agency

\* During 2010 these new Board members joined the Board of the Authority

\*\* During 2010 these Board members stood down from the Board of the Authority

The Board is the governing body of the Authority and is therefore responsible for the appropriate governance of the Authority and for ensuring that there are effective systems of internal control, statutory and operational compliance and risk management.

The Authority aims to be a flexible and efficient organisation with the highest standards of corporate governance and compliance. A number of initiatives were progressed during the year to further enhance the corporate governance systems, risk management structures, IT, human and financial resource management within the Authority.

These are reported in detail under the Chief Executive's Office report on page 79, the Corporate Services Directorate report on page 67 and in the Annual Governance and Compliance Report on page 93.

## 2.2 Board Meetings

There were 14 Board meetings during 2010. In addition, the Board held a session specifically to consider the future strategy for the Authority. (See Appendix 1 for the list of meetings and attendance.)

## 2.3 Board Sub-committees

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

- **Health and Social Care Governance Committee** which oversees the effectiveness, governance and controls around the delivery of the Authority's health and social care functions. This committee met three times during 2010
- **Audit and Corporate Governance Committee** monitors the Authority's compliance with its statutory functions and the effectiveness of the corporate governance, financial management, procurement, risk management and internal audit arrangements. This committee met four times during 2010
- **Information, Research and Technology Committee** advises the Board on key aspects of the information and health technology functions and the governance arrangements around its research projects. This committee met three times during 2010
- **Remunerations and Nominations Committee** monitors the organisational needs and managerial development of the Authority. This committee met three times in 2010.

## 2.4 Organisational Structure and Executive Management Team

The Authority has organised itself to reflect its main functions. Consequently, there are six Directorates and the Chief Executive's Office, which are led and managed by an Executive Management Team. The organisational structure can be seen in Appendix 2.

The members of the Executive Management Team are as follows:



**Dr Tracey Cooper**  
Chief Executive  
Officer



**Dr Marion Witton\***  
Chief Inspector of  
Social Services  
Inspectorate



**Prof Jane Grimson**  
Director of Health  
Information



**Dr Mairin Ryan**  
Director of Health  
Technology  
Assessment



**Jon Billings**  
Director of  
Healthcare Quality  
and Safety



**Richard O'Sullivan**  
Legal Advisor



**Sean Angland**  
Head of Corporate  
Services



**Marty Whelan**  
Head of  
Communications  
and Stakeholder  
Engagement



**Kathleen Lombard**  
Board Secretary and  
Risk Manager

\* At the end of 2010, Dr Marion Witton retired from the Authority.

The functions of the Directorates are outlined in Table 1.

**Table 1: Summary Overview of Directorate Functions**

<b>Directorate</b>	<b>Function Overview</b>
<b>Healthcare Quality and Safety (HQS)</b>	Developing person-centred standards for health and social care. Designing and implementing a monitoring programme to promote improvements in quality and safety standards in health. As deemed necessary, will undertake investigations when there are reasonable grounds to believe that there is a serious risk to the health or welfare of a person receiving services.
<b>Social Services Inspectorate (SSI)</b>	Inspecting and registering social care services, including residential services for older people, residential services for children and residential services for people with a disability. As deemed necessary, will undertake investigations when there are reasonable grounds to believe that there is a serious risk to the health or welfare of a person receiving services.
<b>Health Information (HI)</b>	Identifying and advising on health information deficiencies; establishing an information governance framework and setting standards for health information and health information systems; evaluating and providing information on the provision of health and social services.
<b>Health Technology Assessment (HTA)</b>	Making sure that resources in our health services are used in a way that ensures the best outcome for the patient or service user – specifically through the assessment (and supporting the assessment) of the clinical and cost effectiveness of health technologies.

Directorate	Function Overview
<b>Communications and Stakeholder Engagement (Comms)</b>	Managing all the Authority's communications and stakeholder engagements, with both internal and external audiences, and developing collaborative relationships across the health and social care systems.
<b>Corporate Services (CS)</b>	Ensuring that the Authority is fit for our intended purpose, through effective staff welfare, performance, management and recruitment, premises, management information systems and other key support services.
<b>Chief Executive's Office (CEO Office)</b>	Providing oversight, direction and support to enable the Authority deliver its objectives effectively and efficiently and in a well governed way.



### 3 Strategic Objectives and Achievements

Maximising the Value of  
Conference Centre, Dublin, Ireland  
2010

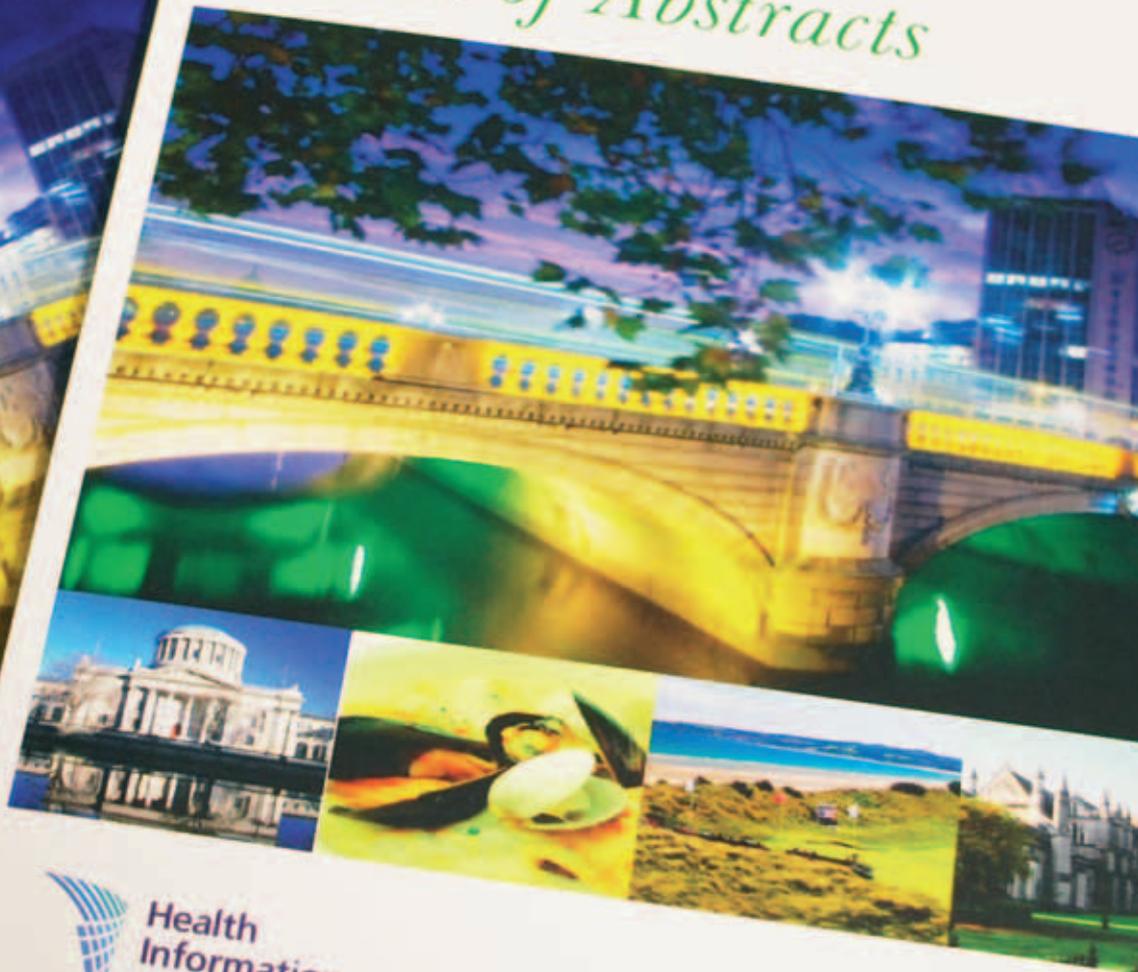
Conference



HTAI

Maximising the Value  
Conference Centre Dublin, Ireland  
6-9th June 2010

*Book of Abstracts*



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agus Cáilíocht Sláinte

[www.htai2010.org](http://www.htai2010.org)

### 3.1 Strategic Objectives

The Authority's first three-year Corporate Plan covered the period 2008 to 2010, in line with the requirements of the Health Act 2007. The Board of the Authority, in recognition of the changes in the fiscal environment, made a decision to end the Corporate Plan at December 2009 and develop a new *Corporate Plan 2010 – 2012*. This decision was made to more appropriately reflect our changed priorities, ensuring that the Authority uses the resources allocated to it in the most cost-effective and targeted way, delivering maximum impact for the benefit of the health and welfare of the public. This new plan was approved by the Minister for Health and Children and contained the key strategic objectives of the Authority over this time period and outlined how the Authority intended to use its available resources to deliver the Plan.

A Business Plan for 2010 was also developed, adopted and implemented during the year. It outlined the activities the Authority would undertake in 2010 to meet its target objectives in the revised *Corporate Plan 2010 – 2012*.

This Annual Report contains a progress report for all activities undertaken in 2010 on the implementation of the objectives outlined in the new Corporate Plan. The strategic objectives for this period are outlined in Table 2 overleaf.

Table 2: Strategic Objectives 2010 to 2012

**Strategic objectives from 2010 – 2012**

1. To develop effective regulatory systems for the quality and safety of health and social care that include national quality and safety standards, assessment and monitoring processes, measures and indicators.
2. To implement a high impact regulatory programme that includes registering services as appropriate, monitoring performance through inspection against national standards, investigating potential risks to the health and welfare of service users and reporting publicly on our findings.
3. To set standards to drive the efficient and effective use of health information and information communications technology to improve the quality and safety of health and social care.
4. To inform investment, or disinvestment, decisions that are safe, effective, maximise population health and wellbeing and achieve good value for money.
5. To promote health and social services excellence by delivering a structured programme aimed at identifying and sharing good practice, building capacity and capability through the better use of resources and facilitating focused activity in proven safety interventions.
6. To demonstrate, by 2012, that the Authority operates as an effective, efficient and well-governed organisation that positively impacts on health and social care services.

### 3.2 Summary of Key Achievements from 1 January to 31 December 2010

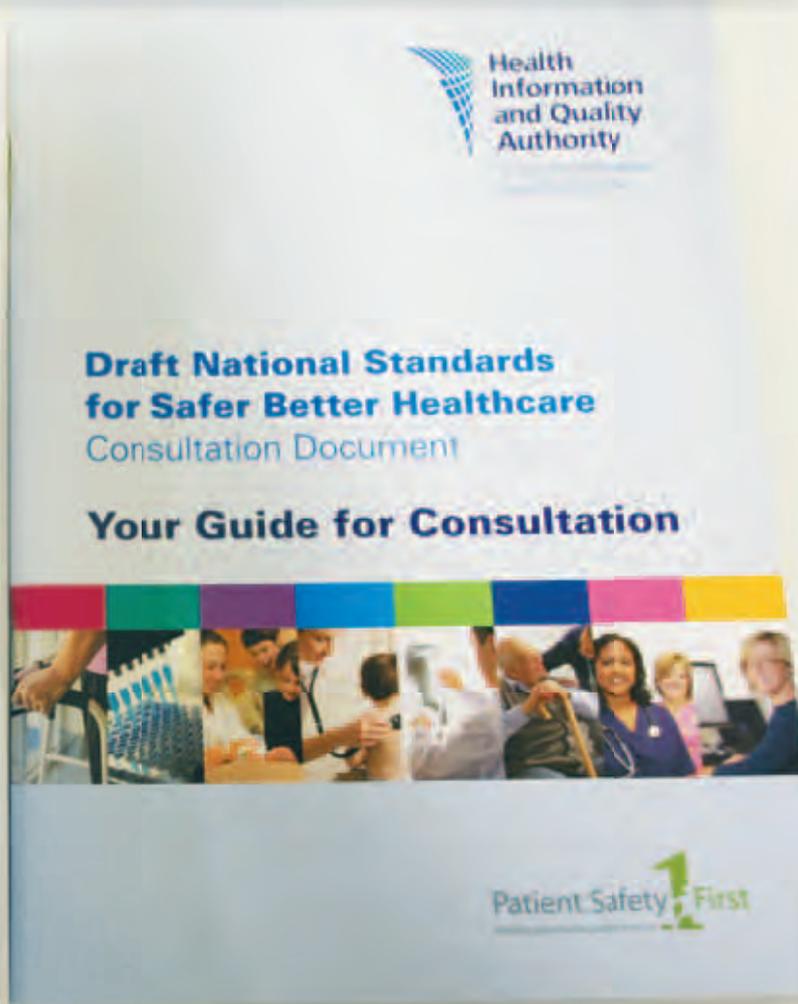
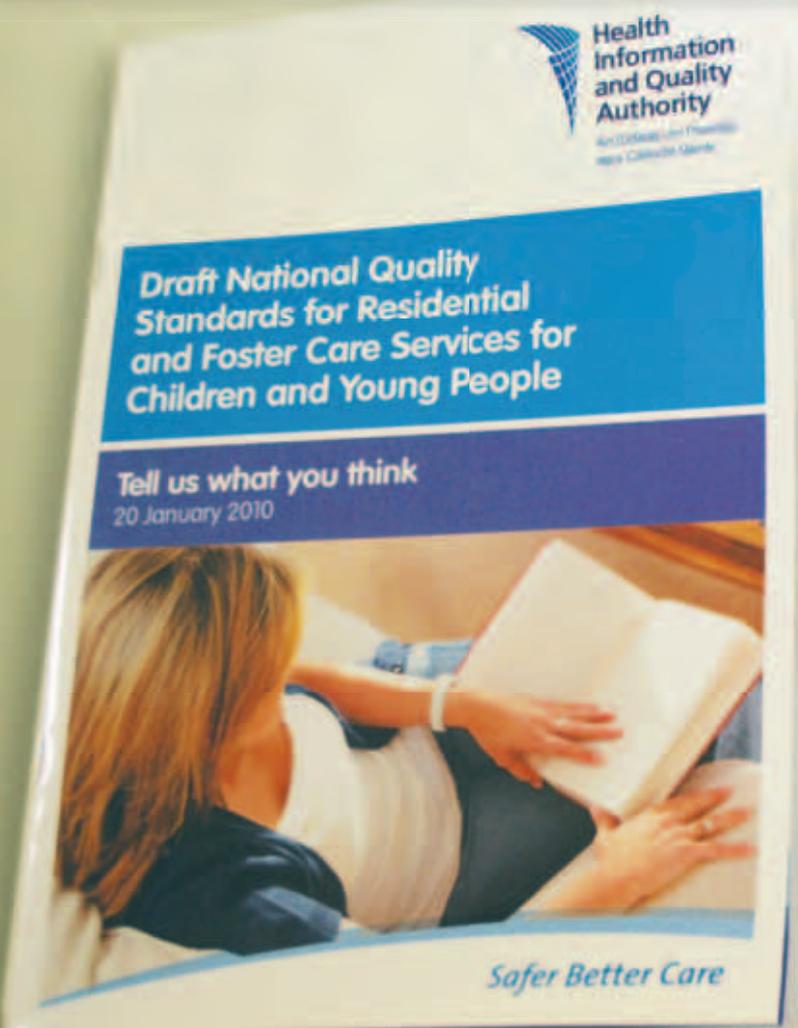
The key achievements for the year have included:

- completing a national consultation on the *Draft National Standards for Safer Better Healthcare*
- registering and inspecting residential centres, including nursing homes, and publishing the inspection reports
- commencing an investigation into the quality and safety of services and supporting arrangements provided by the Health Service Executive (HSE) at Mallow General Hospital
- publishing the *Draft Standards for the Safety and Wellbeing of Children and Young People in Residential and Foster Care Services*
- undertaking the *National Quality Review of Symptomatic Breast Disease Services in Ireland* and eight local hospital reports of the designated centres
- carrying out four significant inspections into fostering services, and publishing reports on them including in:
  - HSE Dublin North West Area
  - Dublin North Central Area
  - HSE Dublin North Area
  - HSE South Areas – North Lee, South Lee, North Cork and West Cork
- conducting the *evaluation of the use of resources in the national population-based cancer screening programme and associated services*
- completing *Guidance for the Health Service Executive for the Review of Serious Incidents including Deaths of Children in Care*
- undertaking a *Health Technology Assessment of prion filtration of red cell concentrates to reduce the risk of variant Creutzfeldt-Jakob disease transmission in Ireland*

- hosting *HTAi 2010: Maximising the value of Health Technology Assessment* - the largest conference on HTAi in the world
- producing *Children and Young People's Experiences of Health Information and Quality Authority Inspections* in conjunction with the Irish Association of Young People in Care
- delivering a number of Health Information reports including:
  - *International Review of Information Governance Structures*
  - *International Review of Privacy Impact Assessment (PIA) Practice*
  - *Guidance on Privacy Impact Assessment in Health and Social Care*
  - *Catalogue of National Health Information Sources in Ireland*
  - *Standardising Patient Referral Information: a Draft National Template for Consultation*
  - *"As-Is" Analysis of Information Governance in Health and Social care Settings in Ireland*
- developing the *Guidance on Developing Key Performance Indicators (KPIs) and Minimum Data Sets to Monitor Healthcare Quality*
- presenting to the Oireachtas Joint Committee of Health and Children in relation to the work on the Authority
- continuing with the implementation of the recruitment and operational infrastructure of the Authority, including the publication of three corporate reports: *Business Plan 2010*, *Corporate Plan 2010 – 2012* and the *Annual Report 2009*.



## 4 Activities by Directorate



## 4.1 Healthcare Quality and Safety

### Background

Under the Health Act 2007, the Authority is responsible for developing standards for quality and safety in health services, monitoring compliance with those standards and investigating as necessary serious concerns about the health and welfare of service users. The Healthcare Quality and Safety Directorate of the Authority is responsible for carrying out these functions on behalf of the public.



Director of Healthcare Quality and Safety Jon Billings presents a video on YouTube explaining the *Draft National Standards for Safer Better Healthcare*<sup>2</sup>

### 4.1.1 Summary of activities during 2010

During 2010, the work in relation to healthcare quality and safety included the following activities:

- completed a consultation on *Draft National Standards for Safer Better Healthcare*
- published reports on the review programme of the eight designated cancer centres for symptomatic breast disease with the *National Quality Assurance Standards for Symptomatic Breast Disease*

<sup>2</sup> This YouTube video can be found on: [http://www.hiqa.ie/safer\\_better\\_healthcare.asp](http://www.hiqa.ie/safer_better_healthcare.asp)

- published a follow-up report on three of the designated cancer centres for symptomatic breast disease with the *National Quality Assurance Standards for Symptomatic Breast Disease*
- monitored compliance with the *National Hygiene Services Quality Standards* in a variety of acute hospitals
- commenced an investigation into the quality and safety of services and supporting arrangements provided by the Health Service Executive at Mallow General Hospital
- submitted a report *Pre-Hospital Emergency Care Key Performance Indicators for Emergency Response Times* to the Minister for Health and Children
- responded to a range of information brought to our attention regarding the quality and safety of healthcare services
- engaged in a number of activities to promote improvements in quality and safety.

#### **4.1.2 Standards and performance indicator development**

##### **National Standards for the Prevention and Control of Healthcare Associated Infections**

Healthcare Associated Infections (HCAIs) present a continuing challenge to Irish health and social care services as they do in other countries. Preventing HCAIs is a key priority area for the Health Service Executive and the Authority.

*The National Standards for the Prevention and Control of Healthcare Associated Infections*, which were mandated by the Minister for Health and Children in 2009, represent a critical component in supporting the ongoing requirement to prevent and control Healthcare Associated Infections in Ireland.

During 2010 the Authority engaged on a regular basis with the HSE nationally regarding the HSE's progress on implementing the National Standards and developed a monitoring approach for these standards.

## National Standards for Quality and Safety in Healthcare

In line with its statutory remit to develop standards, the Authority conducted a consultation to develop the *Draft National Standards for Safer, Better Healthcare*. This followed an extensive development programme which included convening a broadly-based Expert Advisory Group. These Standards aim to enhance the quality and safety of healthcare services by describing what quality and safety across all services should be and to provide a basis for providers to assure themselves, service users and funding agencies of the quality and safety of services.



Diagram 2: Themes for Quality and Safety in the *Draft National Standards for Safer Better Healthcare*

To ensure accessibility and to give everyone the opportunity to review the draft Standards, in addition to the full-text document, the Authority created an easy-to-read version of the Standards, along with an audio version which was available as a file to download on iTunes, a video which was broadcast on YouTube and an online feedback form which was available to download from the Authority's website, [www.hiqa.ie](http://www.hiqa.ie). This consultation was also published through the Authority's Facebook and Twitter accounts.

The Authority also conducted a public poll as part of its wider consultation on the Standards, which helped to inform the development of the Standards. An extract of some of the poll results revealed that:

- 99% of people said that they wanted to be informed if something went wrong in treatment and that providers should take steps to prevent mistakes and ensure learning takes place across the system to improve healthcare quality.
- The majority of people (95%) said it was important that senior staff take responsibility for the quality and safety of services, while most (86%) said they did not feel this was at present the case.
- There was also a strong message from the public on the management of complaints within the system. 86% said that a culture of openness is essential, along with polite and approachable staff and clarity on the complaints process. Personal responsibility for wellbeing and the importance of health promotion came across strongly: 87% said it was each person's responsibility to make healthy lifestyle choices and a further 95% said they wanted information from providers on this area.
- 97% of people want care to be provided at a time and place that is as convenient as possible. When asked about travelling for high quality specialist services, most people (72%) understood and accepted the need to travel for specialist treatment.
- The poll also found that almost 90% of people want to see eco-friendly issues taken into account by healthcare providers.
- When asked about how money is spent on healthcare, 25% believed it was wisely spent in Ireland.

Following the consultation, the Authority has reviewed all 216 submissions received and these are being considered to inform the content of the Standards. Once approved by the Board of the Authority the standards will be submitted to the Minister for Health and Children and, subject to Ministerial approval, they will be rolled out nationally. The Authority plans to begin monitoring compliance with the Standards to assess how they are being followed in practice in 2011.



A DVD was developed for Draft National Standards for Safer, Better Healthcare

### Indicators for pre-emergency care

The Authority developed a report on *Pre-hospital Emergency Care Key Performance Indicators for Emergency Response Times*. This report will be published in early 2011. The approach outlines time-based response targets for patients with emergency conditions such as heart attacks. It also requires service providers to begin publicly reporting their response-time performance.

The key performance indicators (KPIs) recommended by the Authority include appropriately trained personnel attending patients with life-threatening cardiac or respiratory arrest incidents within eight minutes in 75% of all cases.

The Authority recommended to the Minister for Health and Children that these key performance indicators be introduced nationally in a phased approach. Some of these indicators were included in the Health Service Executive's 2011 Service Plan agreed with the Minister for Health and Children.

### 4.1.3 Monitoring compliance with standards

In 2010, the Authority continued to monitor compliance with the *National Hygiene Services Quality Standards*. These monitoring assessments were unannounced and focused specifically on the day-to-day delivery of hygiene services, in particular cleanliness, hand hygiene and waste and linen management practices (Service Delivery Standard 4). The full set of standards and reports on these visits can be seen on the Authority's website, [www.hiqa.ie](http://www.hiqa.ie).

### National Quality Assurance Standards for Symptomatic Breast Disease Services

The Authority launched the *National Quality Assurance Standards for Symptomatic Breast Disease Services* in May 2007 and advised all hospitals providing symptomatic breast disease services that they should be meeting these standards by the end of 2009.

Between 2007 and 2009, the Authority conducted a quality review programme that involved five phases across the two-year period, as services centralised to the eight designated centres and as the centres progressed towards full establishment. During 2009, the Authority conducted a quality review at each of the designated centres (and one satellite site).

In early 2010 the Authority published the findings of these reviews in eight specific reports for each designated centre and a national overview report, *National Quality Review of Symptomatic Breast Disease Services in Ireland*.

The national report made 18 recommendations for which the National Cancer Control Programme of the HSE was expected to oversee the development and implementation of an action plan. The Authority also made detailed recommendations in the local reports on the eight designated centres and required each centre to develop and publish robust local implementation plans for these. The Authority continues to meet with the National Cancer Control Programme and individual centres to monitor progress on the implementation of these recommendations.

In summer 2010, the Authority conducted on-site reviews and published additional reports on three of the centres where governance and information systems were reported to be at an early stage of development the previous year. These centres were:

- Mid-Western Regional Hospital Limerick
- Waterford Regional Hospital.

The Authority carried out a full review of symptomatic breast disease services in Cork University Hospital following the integration of services with South Victoria Infirmary University Hospital. The findings of this review were published in October 2010.

#### **4.1.4 Responding to information that raises concerns about the health and welfare of service users**

The Authority announced an *Investigation into the quality and safety of services and supporting arrangements provided by the Health Service Executive at Mallow General Hospital* during 2010.

This investigation was triggered following specific concerns about aspects of the system of care provided at Mallow General Hospital. It was the decision of the Board of the Authority that it was not assured that the HSE had put in place the necessary arrangements at Mallow General Hospital for the provision of a safe high quality service for acutely ill patients. The Board believed that the absence of these arrangements posed a serious risk to the health and welfare of persons receiving those services and consequently decided to instigate an investigation under Section 9(1) of the Health Act 2007.

It is the Authority's intention to publish its findings in 2011.

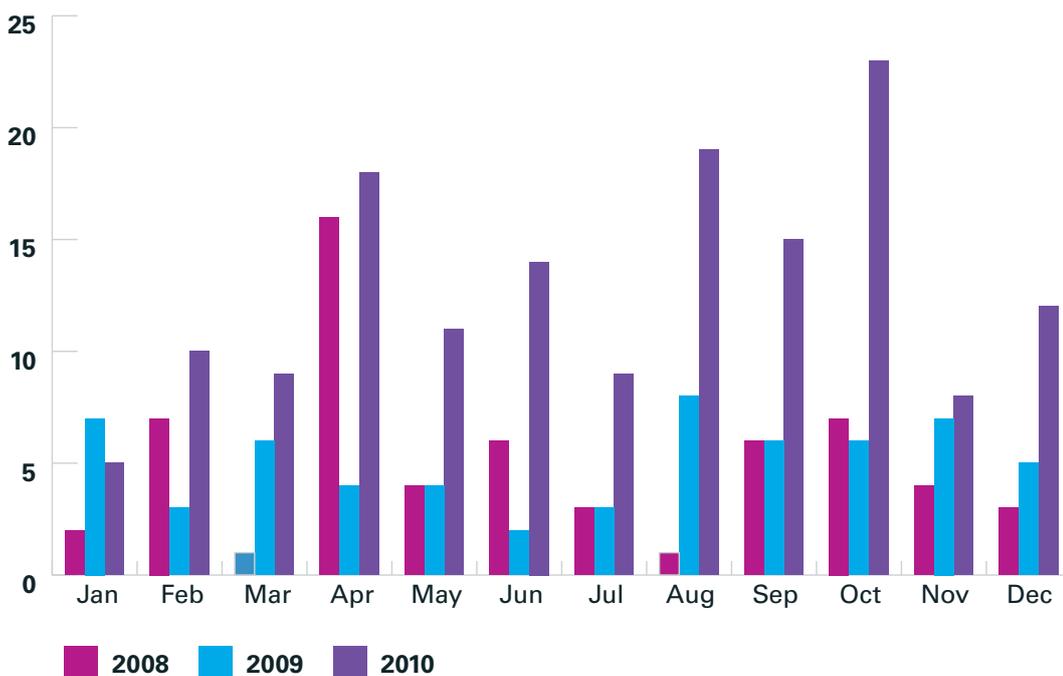
#### **People with concerns about the safety and quality**

In 2010 the Healthcare Quality and Safety Directorate received 151 pieces of information which raised concerns about the quality and safety of healthcare services provided for, or on behalf of the Health Service Executive. The Authority uses this information to drive and advocate quality and safety.

However, even though the Authority does not have the remit to investigate individual complaints, as an independent statutory body, the Authority considers all information it receives which raises concerns about the risk to the health or welfare of a person receiving healthcare services provided for or on behalf of the Health Service Executive.

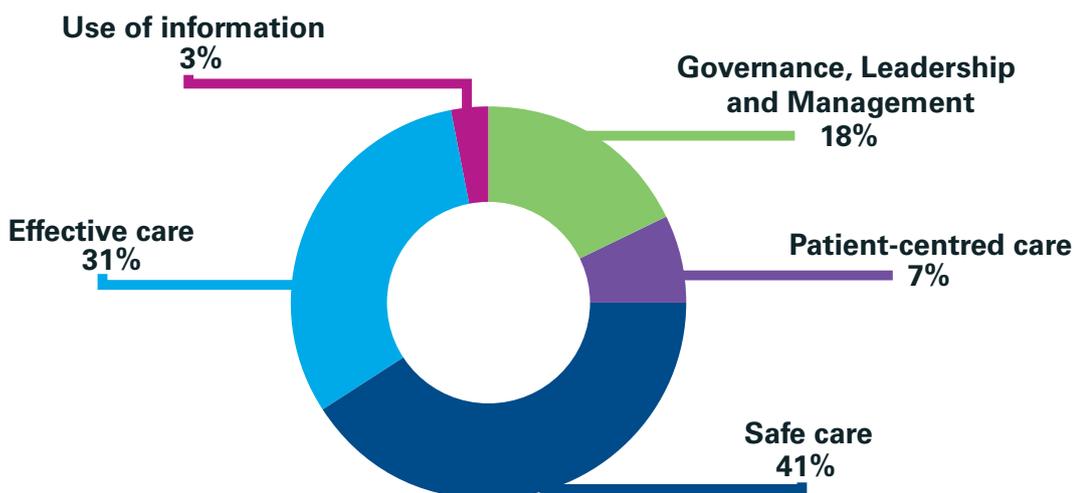
The information the Authority receives informs its development of standards, monitoring activities and other regulatory interventions. Since 2008 there has been a year on year increase in the numbers of pieces of information received by the Authority (See Figure 3).

**Figure 3: Overview of information pieces received 2008-2010**



The information received by the Authority raised concerns in a number of important aspects of quality and safety (See Figure 4 overleaf).

Figure 4: Healthcare Quality and Safety Directorate information received by classification in 2010



#### 4.1.5 Promoting improvements in quality and safety

##### European Network for Patient's Safety (EUNetPaS)

In 2010, the Authority completed its role as the Irish coordinating agency and national contact point for EUNetPaS, a pan-European project to promote patient safety and identify best practice across 27 European Union (EU) Member States.

As the coordinating agency, the Authority was involved in a number of the project's programmes of work including medication safety and education and training. The Authority invited expressions of interest from Irish hospitals and other healthcare organisations who wished to share and pilot good practices to reduce medication errors. Fourteen public hospitals signed up to pilot a number of initiatives.

During 2010 the Authority was nominated as the coordinating agency for Ireland in new discussions with the European Commission regarding an EU Joint Action on patient safety and the quality of healthcare and the Authority will continue these discussions in 2011.

### **The International Society for Quality in Health Care (ISQua) Conference, 2010**

The Authority had a number of abstracts (summaries of research articles) accepted for the ISQua Conference including a paper on the assessment approach used for the *National Quality Review of Symptomatic Breast Disease Services in Ireland*.

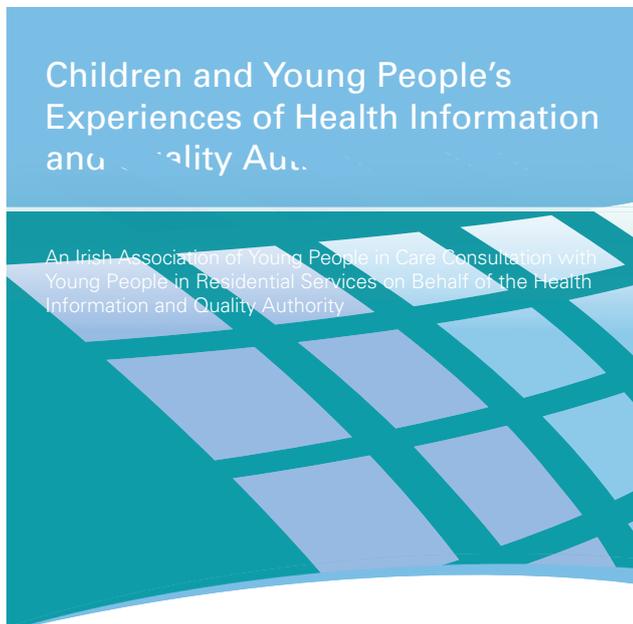
The Authority also presented two research posters at the conference:

- Why do patients take legal action: An Irish exploratory study
- Stakeholder engagement in the development of National Standards for the Prevention and Control of Healthcare Associated Infections.

## 4.2 Report of the Office of the Chief Inspector of Social Services / Social Services Inspectorate

### Background

The Authority's Social Services Inspectorate (SSI) is the independent regulator of designated centres (residential services) in Ireland, with over 25,000 residents<sup>3</sup>. The registration and inspection of certain designated centres, as prescribed under the Health Act 2007, commenced on 1 July 2009. Prior to this, only nursing homes operated by private and some voluntary providers were inspected by the Health Services Executive (HSE).



Report on *Children and Young People's Experiences of Health Information and Quality Authority Inspections*

The Authority also inspects, but does not register, statutory children's residential centres, special care units, detention schools and foster care services. Inspections are conducted against relevant standards and regulations developed by the Department of Health and Children.

<sup>3</sup> Figures correct as of July 2010.

The regulation of services is accomplished by a range of activities. These include the gathering of information, its analysis and the on-site inspection of services. Where services are subject to registration, the purpose of inspection is to gather evidence on which to make judgments on the fitness of the registered provider and to report on the quality of the services provided.

#### **4.2.1 Summary of activities during 2010**

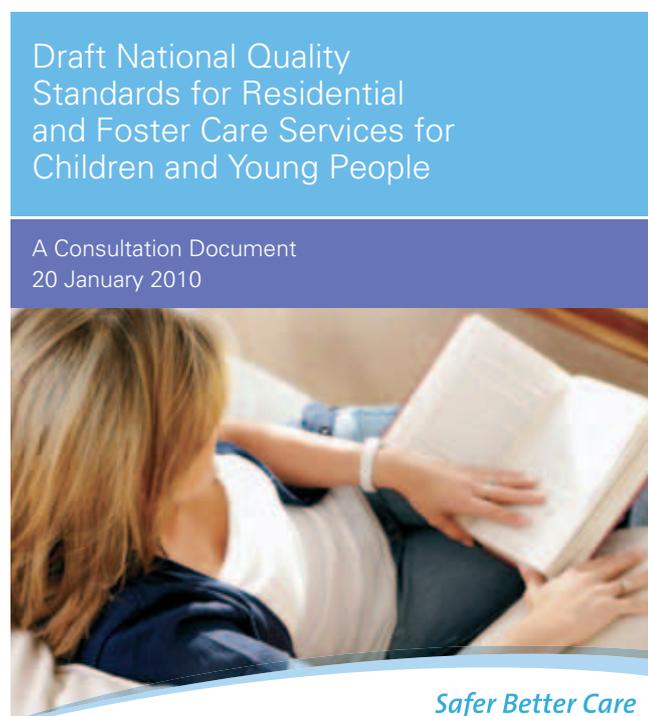
During 2010, the work in relation to the Social Services Inspectorate included the following activities:

- registering and inspecting residential centres, including nursing homes and publishing the inspection reports
- publishing four reports into fostering services, including in:
  - HSE Dublin North West Area
  - Dublin North Central Area
  - HSE Dublin North Area
  - HSE South Areas – North Lee, South Lee, North Cork and West Cork
- publishing *Guidance for the Health Service Executive for the Review of Serious Incidents including Deaths of Children in Care*
- publishing the *Draft National Quality Standards for Residential and Foster Care Services for Children and Young People*
- producing *Children and Young People's Experiences of Health Information and Quality Authority Inspections* in conjunction with the Irish Association of Young People in Care.

## 4.2.2 Development of Standards

### Draft National Quality Standards for Care Services for Children and Young People

A national public consultation was undertaken for the *Draft National Quality Standards for Residential Foster Care Services for Children and Young People* and the Standards were approved by the Board of the Authority in 2010. The services covered in the standards include residential care services for children and young people (including services for children and young people with a disability), foster care services and children's detention schools. Examples of some of the criteria and outcomes in the standards include quality of life for children and young people, children's and young people's rights, keeping children and young people safe and protected.



*Draft National Quality Standards for Residential and Foster Care Services for Children and Young People*

### 4.2.3 Registration and Inspection Activity and Reporting

#### Safeguarding Children

In 2010 the inspection of children's services continued under provisions made in the Child Care Act, 1991. The children's services focused on the inspection of residential services while continuing with the inspection of foster care services and detention schools. The key objective is to achieve improvement in the quality of care for children in care while incorporating their views in the decisions that affected their daily lives.

The inspection of the HSE's provision of foster care services in seven local health areas commenced in late 2009 and was concluded in 2010. The inspections comprised two phases; phase one inspected how the HSE managed and monitored foster care services in the area. Phase two involved a detailed review of care of a sample of children in foster care (and their carers) in the local health area.

The reports detailing the findings and recommendations were published for Dublin North, Dublin North Central and Dublin North West area and for HSE South local health areas (North Lee, South Lee, North Cork and West Cork). The follow-up inspection commenced for Dublin North West area and will conclude in 2011.

Table 3 overleaf lists the total number of inspections completed for Children's Services in 2010.

In 2010 the Authority inspected the children's special care services provided by the HSE at Coovagh House in Limerick, Gleann Alainn in Cork and Ballydowd in Dublin. The Authority identified common themes from these inspections and in December 2010 produced an *Overview Report of Special Care Services Provided by the Health Service Executive*. This Report set out national recommendations to the HSE about the provision of these services. Actions to be undertaken by the HSE in relation to these recommendations will be followed up by the Authority during 2011.

Table 3: Total number of inspections completed from 1 January 2010 to 31 December 2010 for Childrens' Services.

Type	Public Announced	Public Unannounced	TOTAL
<b>Full inspections</b>			
Children Detention Schools		3	<b>3</b>
Special Care Units	3	2	<b>5</b>
Children's Community Residential Centres	9	11	<b>20</b>
Foster Care	4		<b>4</b>
<b>Follow-up Inspections</b>			
Special Care Units	3	2	<b>5</b>
Fostering	2	1	<b>3</b>
Children's Community Residential Centres	11	25	<b>36</b>
<b>TOTAL</b>	<b>32</b>	<b>44</b>	<b>76</b>

In addition, The Authority published *The Guidance for the HSE on Review of Serious Incidents including Deaths of Children in Care* in 2010.

#### 4.2.4 Enforcement actions

The Authority had the following enforcement actions in 2010 (See Table 4):

**Table 4: The total number of enforcement actions in 2010**

<b>Enforcement Actions</b>	<b>Number</b>
<b>Refusal of Application to Register (Section 50)</b>	2
<b>Cancellation of Existing Registration (Section 51)</b>	2
<b>Application for ex parte interim order (Section 59 and Section 60): Order Made:</b>	2 (1 under appeal)
<b>Application for ex parte interim order (Section 59 and Section 60): Order Not Made:</b>	0
<b>Appeal by Provider to Circuit Court (Section 62): Appeal Successful:</b>	0
<b>Appeal by Provider to Circuit Court (Section 62): Appeal Not Successful:</b>	0
<b>Appeal by Provider to Circuit Court (Section 62): Appeal Ongoing at 31 December 2010:</b>	1

#### Safeguarding Older People

Since commencement of the function in July 2009, the Authority has, in accordance with the Health Act 2007, been operating a three-year programme of registration of designated centres. The registration schedule is based on a number of factors including the expiry date of current registration certificates, ongoing risk assessment and analysis of information and notifications relating to the designated centre. There were a total of 60 centres issued with a registration certificate from the Chief Inspector of Social Services by the end of 2010. The registration programme will accelerate during 2011 and 2012 in line with the statutory requirement to register all centres by 30 June, 2012.

In order to assess the quality and safety of services provided in these centres, and to aid ongoing risk assessment, all designated centres had received at least one inspection visit by the end of September 2010.

For the period 1 January to 31 December 2010, the Authority undertook 813 inspection visits (as illustrated in Table 5, classified by type of inspection). Table 6 lists the number of inspection visits to designated centres, classified by number of visits per centre during the same period.

The Authority's inspection reports have, in keeping with the intent of the *National Quality Standards for Residential Care Settings for Older People in Ireland*, placed a strong emphasis on outcomes for residents. Our inspections have also helped raise awareness about current practices in residential care settings for service users and commented on the standard of service that should be experienced by service users in residential care.

During inspections, inspectors speak to residents, relatives and staff in the centre, observe practice, inspect the premises and equipment, review policies and procedures and other relevant records as required. Where the inspection is an announced inspection for registration purposes, the provider is also asked to distribute questionnaires from the Authority to residents and relatives prior to the inspection. Inspections can be announced or unannounced and can take place at any time and on any day of the week.

The Authority carried out a survey on quality assurance: in total 279 quality assurance questionnaires were completed and returned by the management of each centres following each inspection. The vast majority of respondents gave positive feedback concerning the inspection process and the conduct of inspectors during inspections, indicating that the inspection process led to service improvements in the centre; and inspectors were described as professional, respectful of the privacy and dignity of residents and courteous and available to speak with staff, residents and family members.

Table 5: Total number(s) of inspections completed from 1 January 2010 to 31 December 2010 for designated centres

Type	Public Announced	Public Unannounced	Non-public Announced	Non-public Unannounced	TOTAL
Registration inspection	45		245	1	<b>291</b>
Scheduled	9	22	9	59	<b>99</b>
Monitoring		44	1	95	<b>140</b>
Triggered	0	4	3	45	<b>52</b>
Follow up	1	33	5	192	<b>231</b>
<b>TOTAL</b>	<b>55</b>	<b>103</b>	<b>263</b>	<b>392</b>	<b>813</b>

Table 6: Number of inspection visits to centres from 1 January 2010 to 31 December 2010 for designated centres

Number of visits to centres			
Visits	Number	Totals	%
<b>1 visit</b>	392	392	69%
<b>2 visits</b>	130	260	23%
<b>3 visits</b>	35	105	6%
<b>4 visits</b>	5	20	1%
<b>5 visits</b>	3	15	0.5%
<b>7 visits</b>	3	21	0.5%
<b>TOTAL</b>		<b>813</b>	<b>100%</b>

## 4.2.5 Communication

### Conference presentations

The Authority gave presentations throughout 2010 at conferences including:

- Carlow Institute of technology – Children’s Inspection Process
- Trinity College Dublin – Postgraduate lecture on child protection
- Dublin Institute of Technology – Regulatory Framework and Processes for the Registration of Designated Centres
- Nursing Homes Ireland Annual Conference and Awards Ceremony.

### Ongoing communication and consultation

The Authority is committed to maintaining a two-way flow of information with providers, residents and relatives and other key stakeholders in an effort to drive improvements in designated centres.

### Provider Panels

Providers of designated centres were invited to nominate themselves to participate in each of three regional Provider Panels hosted by the Authority. The Provider Panel meetings commenced in 2010 and take place on a quarterly basis. They are useful opportunities for providers and the Authority to exchange information and provide feedback.

### Friends and Relatives Panels

In 2010 a National Friends and Relatives Panel was established. This panel comprises of friends or relatives of people living in residential care. The Panel members meet with the Authority regularly with a view to helping promote improvements in the quality of service and quality of life of their friends and relatives living in designated centres.

The National Relatives Panel planned the development and publication of the REACH quarterly Newsletter, aimed at informing the family and friends of those living in residential care centres around Ireland. The first one is due for publication in 2011.

### External Reference Group

The external reference group acts as a forum for policy makers, regulators, advocates, service providers, professionals and other relevant parties to discuss issues on social care services in Ireland to provide input and offer feedback to the Authority on its role in driving improvements for all those in designated centres. The group met on a quarterly basis in 2010. In addition, regular meetings are also held with the main provider umbrella bodies, including Nursing Homes Ireland and the Health Service Executive.

### Newsletter for providers of designated centres

The Authority produces and sends a bi-monthly newsletter to providers of designated centres. The newsletter communicates information relating to the regulatory work of the Inspectorate, highlights any relevant changes in procedures and information on areas of good practice in social care.

### Irish Association of Young People in Care (IAYPIC)

The report *Children and Young People's Experiences of Health Information and Quality Authority Inspections* was published in 2010 in conjunction with the Irish Association of Young People in Care. The Irish Association of Young People in Care conducted consultation focus groups with young people in various residential care settings to determine their views on, and their experiences of, the inspection process conducted by the Authority.



For the report *Children and Young People's Experiences of Health Information and Quality Authority Inspections*, the consultation focus groups involved asking young people both closed questions and open questions, which were incorporated into a 'Talking Mat' (illustrated here) designed in the style of a board game.

The key findings were:

- Young people from 10 centres took part in consultation focus groups. Most of these (91%) reported having experienced announced inspections and had been informed formally through a letter from inspectors at the Authority and informally through their peers.
- Over two-thirds of the young people (68%) said they understood the reason for inspections, while 32% said they did not understand why inspections took place. Living conditions within the centre was the most common reason young people gave for inspections followed by child welfare concerns and staff practices.
- The majority of the young people (86%) reported speaking with inspectors individually, while 50% reported that they had completed a questionnaire for the inspection.

#### **4.2.6 Concerns**

Under the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations, 2009 (as amended) the registered provider is required to have a complaints process and procedure in place to deal with and investigate complaints and inform the complainant of the outcome. Whilst the Health Act 2007 does not identify an explicit role for the Authority in responding to complaints by third parties against a service provider, the Authority, as an independent regulatory organisation, carefully assesses all information it receives and identifies whether a risk to the care or welfare of residents in a designated centre may arise.

When the Authority receives information which may be of concern, the information is logged and the information is evaluated with regard to:

- the impact on the residents
- the quality of service being provided
- whether or not the concern indicates a risk to the safety of the residents
- whether the Registered Provider is in compliance with the standards and regulations.

Based on this evaluation, the Authority will then decide what action, if any, may be required in order to safeguard people living in a designated centre.

During 2010, the Authority received 468 concerns in relation to designated centres.

The top five categories of concerns received in 2010 were:

- *Protection issues (28%)*
- *Staff competency and behaviour (12%)*
- *Nursing/care staff input (12%)*
- *Staffing levels (7%)*
- *Contract/statement of terms and conditions (7%).*

The people who express concerns (concern initiator) may have direct or indirect contact with the designated centre. The concern initiator can be a person who lives in the centre (a resident), a visitor, a relative, staff member, advocate or third party who has had direct contact with a resident.

By the end of 2010, 90% of concerns regarding designated centres were closed with the remaining 10% still open.

The concerns process for children is guided by the Childcare Act 1991, *Children First: National Guidelines for the Protection and Welfare of Children* and the Standards. In 2010, 62 concerns were reported to the Authority in relation to foster care and children's residential centres. These concerns were reported to the HSE for its attention. Ten of the concerns remained open.

Currently, services for people with disabilities are not regulated or inspected by the Authority. In 2010, the Authority received 20 concerns in relation to services for people with disabilities. Nineteen of the 20 concerns received in 2010 have been satisfactorily closed. One concern remained open.

## 4.3 Health Information

### What it means for people

Having access to timely, accurate, complete, legible and relevant information is critical to all organisations and professionals involved in the provision of patient, health and social care. It is important for ensuring both the quality and safety of our services. Through the work of the Health Information Directorate we seek to improve patient safety and quality of care by developing standards in health information: standards for definitions, standards for sharing information, standards for ensuring the governance and privacy of information, and standards to optimise the use, coverage and quality of information.

### Background

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

The Authority is responsible for analysing the existing quality and coverage of health information, identifying gaps and making recommendations to fill those gaps.

Putting in place standard definitions for information to ensure meaningful comparability and avoid duplication of effort is an important part of the Directorate's work. Equally important are standards to support the interoperability of health information systems in order to facilitate efficient sharing of health information across the sector.

Central to a robust health information system is a framework for information governance which establishes how information is to be shared securely and which safeguards confidentiality.

A key element of this framework will be the proposal for the introduction of a unique patient identifier which is critical to patient safety and has important implications for the ease with which information can be shared between healthcare providers. It is an essential building block for the development of electronic health records.

### 4.3.1 Priorities



Professor Jane Grimson, Director of Health Information reading the *General Practice Messaging Standard* report

The main focus in 2010 was to continue the implementation of the programme of work relating to health information with the publication of seven reports on various aspects of the work. These reports are:

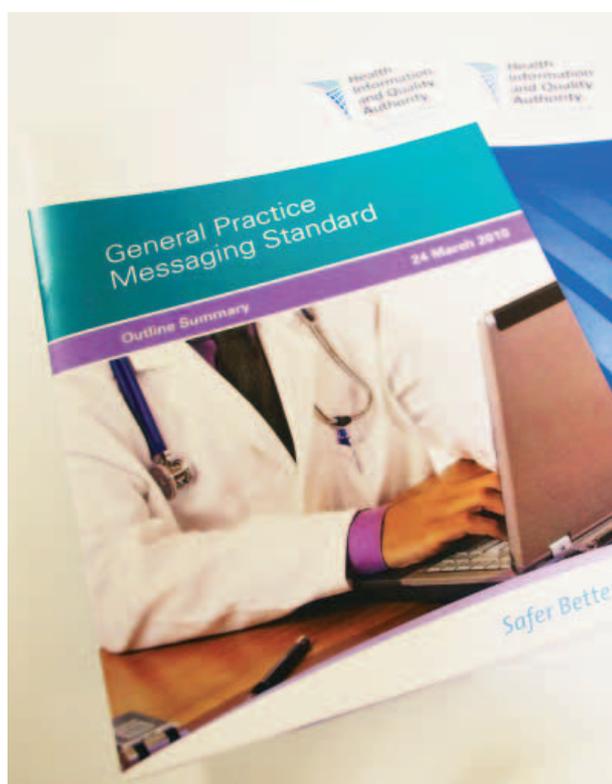
- *International Review of Information Governance Structures*
- *International Review of Privacy Impact Assessment (PIA) Practice*
- *Guidance on Privacy Impact Assessment in Health and Social Care*
- *Catalogue of National Health Information Sources in Ireland*
- *Guidance on Developing Key Performance Indicators (KPIs) and Minimum Data Sets to Monitor Healthcare Quality*
- *Standardising Patient Referral Information: a Draft National Template for Consultation*
- *"As-Is" Analysis of Information Governance in Health and Social care Settings in Ireland*

The priorities identified were based on those set out in the *Corporate Plan 2010 - 2012*, by the Board of the Authority, and on consultation with stakeholders. Some rescheduling of the work programme was required as a result of the delay in the publication of the Health Information Bill and also the addition of a major new project in relation to making recommendations aimed at improving the GP referral process.

### 4.3.2 Summary of activities during 2010

#### Information Standards

The health information standards steering committee, comprising representatives from the Authority, Health Service Executive, Department of Health and Children, National Cancer Registry Ireland, Economic and Social Research Institute, National Standards Authority of Ireland, Health Research Board and Institute for Public Health, continued to provide advice to the Directorate in respect of its work.



Following publication of the *General Practice Messaging Standard* in March 2010 which concerns the standard for electronic messaging to and from general practices, the Directorate began a process of conformance testing of messages with the standard, the results of which will be published in 2011. In addition, work on the development of a roadmap for a national electronic health record began with a view to publication in 2011.

### Unique Health Identifiers for Practitioners and Organisations

The Authority has researched national and international initiatives and best practice in the area of unique health identifiers for practitioner and organisations. The Directorate has worked with an advisory group representing key national stakeholders. It has developed recommendations in respect of unique identifiers for practitioners and organisations.

### Unique Health Identifier for individuals in Ireland

One of the major deficiencies in the national health information infrastructure is the absence of a unique health identifier for individuals. In 2010 the Directorate continued to work in this area publishing *International Review of Unique Health Identifiers for Individuals*, an international review of unique health identifiers, as well as providing detailed input in relation to governance arrangements for the Health Information Bill.

### National Health Information Strategy

The Authority continued to engage actively in the work of the Health Information Inter-Agency Group contributing to the on going implementation of those aspects of the national health information strategy implementation plan for which the Authority is responsible.

### Health Information Bill

The Health Information Bill, which is currently being developed by the Department of Health and Children, is a critical piece of legislation which will establish the legal framework to enable the Authority to fulfil its statutory obligations in relation to health information. Throughout 2010, the Authority actively contributed to the framing of the Bill.

### Health Information Governance Framework

There is an increasing awareness of the value of personal health information. However, it must be managed properly in order to protect those whose information it is, and in order to maximise the potential benefits to be obtained from the collection and utilisation of such information.

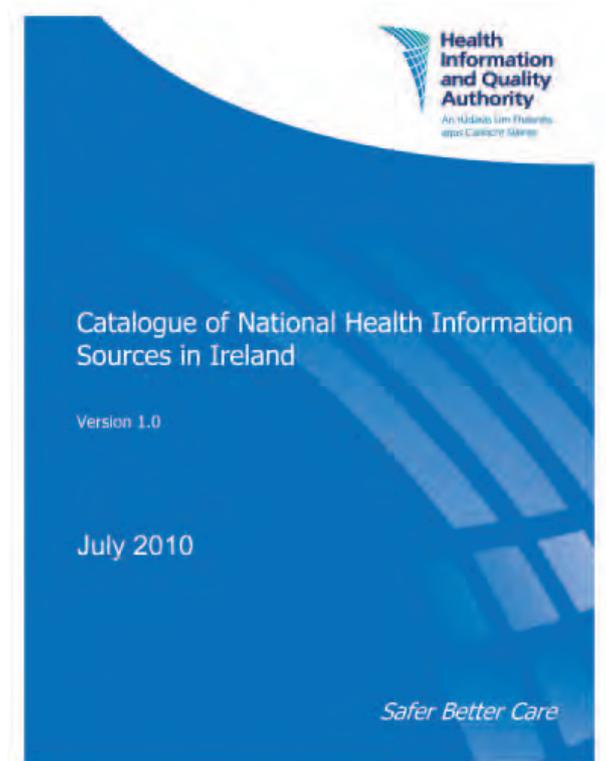
In consultation with stakeholders, the Authority is also developing further

standards for health information governance, which will be based on the forthcoming Health Information Bill. In order to advance this work in 2010, the Health Information Directorate published an *"As-Is" Analysis of Information Governance in Health and Social care Settings in Ireland* which examines the legislative provisions relating to information governance and the structures, policies and guidelines that are in place. This was followed by an *International Review of Information Governance Structures*. In addition, the Directorate published an *International Review of Privacy Impact Assessment (PIA) Practice* and subsequently detailed *Guidance on Privacy Impact Assessment in Health and Social Care*, together with a *Sample PIA Report* and a *Privacy Impact Assessment Threshold Assessment* form.

With so much information being collected, used and shared in the provision of health and social care, it is important that steps are taken to protect the privacy of each individual and ensure that sensitive personal health information is handled legally, securely, efficiently and effectively, in order to deliver the best possible care. Privacy Impact Assessments (PIAs) are a common tool used internationally to protect individuals' privacy. PIAs are used across all sectors but are particularly useful for healthcare providers in assisting to identify potential risks around the collection and use of personal health information as this information is categorised as being sensitive. The primary purpose in undertaking a PIA is to protect the rights of service users.

Work on international reviews of information governance management and of data quality has been completed and will be published in 2011.

## Standards for National Health Information Sources



*Catalogue of National Health Information Sources in Ireland*

A considerable amount of information is collected on a regular basis about our health services. This information is used for many important purposes including monitoring of performance and health outcomes, morbidity and mortality, surveillance and epidemiology, resource utilisation, reimbursement and policy making. The Authority is developing national standards to ensure the overall quality (including optimising resource utilisation) of national health information sources.

The first phase of this project, which began in 2009, involved the preparation of an inventory of national health information sources. It provides a 'one-stop shop' on national health information sources to inform and increase awareness amongst stakeholders on the existence, purpose and usefulness of health information sources. The Authority published the *Catalogue of National Health Information Sources in Ireland* in 2010. The second phase of the project for which the fieldwork has been completed, involved a more detailed analysis of a representative sample of 10 out of the total of 97 sources included in the catalogue with a view to identifying the themes and issues to be addressed in the standards.

### Performance Indicators and Minimum Data Sets

*Guidance on Developing Key Performances Indicators (KPIs) and Minimum Data Sets to Monitor Healthcare Quality* was published in 2010 and was used to inform the development of a set of pre-hospital emergency KPIs for emergency response times due to be published early in 2011.

### General Practice Referrals Review Project

The Board of the Authority requested the Health Information Directorate to undertake an additional project aimed at improving the quality and safety of the GP referral process in 2010. The Authority has conducted a detailed review of procedures and processes in both primary and secondary care in respect of the referral pathway. This work revealed serious inconsistencies and risks which a more standardised process could ameliorate.

An international review of best practice was also conducted. One deficiency which was identified early on was the lack of a standard data set for referrals from primary care to secondary care. The Authority, in collaboration with the Irish College of General Practitioners, published *Standardising Patient Referral Information: a Draft National Template for Consultation* at the end of 2010. The final data set and template will form part of the final recommendations in respect of the GP referral pathway as a whole which will be published in 2011.

## 4.4 Health Technology Assessment

### Background

The Authority has a number of statutory responsibilities including the area of health technology assessment in Ireland. It undertakes assessments that inform national policy and service decisions; it develops guidelines for the conduct and appraisal of Health Technology Assessments (HTAs) across our health system, and reviews and makes recommendations in respect of the services to ensure the best outcomes for patients having regard to the resources available to the HSE.

Supporting healthcare decision making is the cornerstone of health technology assessment. To date, three HTAs have been completed by the Authority. The first of these evaluated the cost-effectiveness of human papillomavirus (HPV) vaccination against cervical cancer and was published in February 2008. This HTA was used to inform a decision by the Minister for Health and Children to commence a national HPV vaccination programme of 12-year-old girls in 2010.

The second HTA evaluated the cost-effectiveness, health outcomes and resource requirements of various options for a population-based colorectal cancer screening programme and was published in June 2009. This HTA led to a subsequent request from the Minister for Health and Children to evaluate the resources assigned to the current population-based national cancer screening programmes. This was to identify efficiencies that may be achieved within the present models and to evaluate colonoscopy services, and associated resources, within the HSE in order to support the provision of a national colorectal cancer screening programme in Ireland. This third HTA was completed in October 2009 and played a pivotal role in supporting the Minister's decision in January 2010 to introduce a national population-based colorectal cancer screening programme from 2012.

#### 4.4.1 Summary of activities during 2010



The Authority successfully hosted the annual HTAi international meeting 'Maximising the value of HTA' in Dublin; the largest HTA conference in the world

## Captions of pictures on opposite page

- 1 Dr Máirín Ryan, Director of Health Technology Assessment, Health Information and Quality Authority, speaking at the conference.
- 2 (L-R): Prof Mark Sculpher, Professor of Health Economics, University of York, Dr Máirín Ryan, Director of Health Technology Assessment, Health Information and Quality Authority, Dr Lesley Tilson, Chief Pharmacist, National Centre for Pharmacoeconomics, and Dr Michael Barry, Medical Director of the National Centre for Pharmacoeconomics attending the conference.
- 3 Delegates mingle at the Welcome Reception of the conference in the RDS Conference Centre, Dublin.
- 4 Dr Laura Sampietro-Colom, HTAi President, speaking at the conference.
- 5 Karen Facey, Chartered Statistician, HTAi Policy Forum Past Chair, speaking at the conference.
- 6 (L-R) Dr Máirín Ryan, Director of HTA, Health Information and Quality Authority, Dr Tracey Cooper, Chief Executive Office, Health Information and Quality Authority, Prof Mike Drummond, Professor of Health Economics, University of York, Dr Lesley Tilson, Chief Pharmacist, National Centre for Pharmacoeconomics, attend the conference.

A key objective for 2010 was to recruit and appoint a multidisciplinary HTA team with the necessary skills and expertise to conduct high quality HTA. This was a priority for the Authority in order that a programme of HTAs could be undertaken in line with our statutory requirements. Six key HTA posts were appointed during 2010.

### Building capacity and capability in Health Technology Assessment

As HTA is relatively new and is an underdeveloped discipline in Ireland, it is important that national expertise in the conduct and interpretation of HTA is cultivated. In support of this, the Authority has engaged with external stakeholders to plan training and education opportunities in HTA. Initiatives include the co-funding of a three-year PhD fellowship programme at the National Centre for Pharmacoeconomics; mentoring a student in the PhD fellowship programme in Health Economics (co-funded by the Health Research Board and the National Cancer Institute in the United States); training and education support for members of the HTA team to build on their expertise; training for staff of key stakeholders; and through co-funded bursary support for patient representatives and healthcare staff at the 2010 HTAi conference hosted in Dublin.

## Stakeholder Engagement

To facilitate and inform projects that were underway and to inform priorities for the ongoing HTA programme of work, staff of the HTA Directorate engaged in extensive consultation with key stakeholders in 2010. This included meetings with policymakers, service providers, clinicians, patient groups, academics, the pharmaceutical and technology industries as well as many government agencies. The HTA Directorate continues to support the implementation of the national Health Research Action Plan through its membership of the Health Research Group (Department of Health and Children).

### 4.4.2 Health Technology Assessments Undertaken in 2010

In April 2010, the Authority agreed to undertake a HTA of prion filtration of red cell concentrates (RCC) in response to a request from the Department of Health and Children. The purpose of this HTA was to evaluate the available evidence on the risk of vCJD transmission from transfusion of RCC in Ireland, the safety and efficacy of prion-removing filters, the costs and cost-effectiveness of implementing a policy of prion filtration and to advise on other issues that may need to be considered prior to a decision regarding the adoption of such a policy.

Work on the HTA was undertaken by the HTA Directorate of the Authority supported by Dr Deirdre Madden, Faculty of Law, University College Cork, who provided the legal and ethical commentary. A multidisciplinary Expert Advisory Group, including national and international experts, was convened to advise the Authority on conduct of this assessment.

The draft report was approved by the Expert Advisory Group in November 2010 and will be submitted to the Board of the Authority for approval in January 2011.

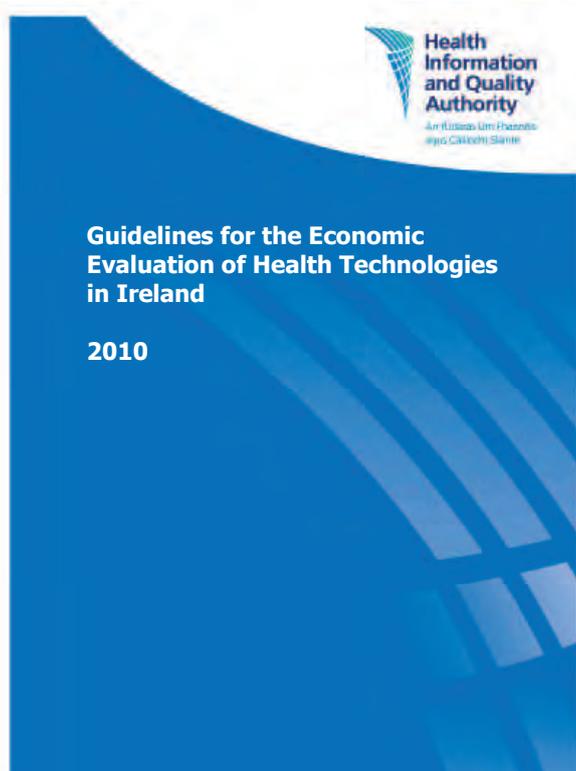
### 4.4.3 Health Technology Assessment Guidelines Developed in 2010

A significant component of the work of the Authority is the development of national HTA guidelines that provide an overview of the principles and methods used in assessing health technologies. The purpose of these guidelines is to promote the production of assessments that are timely, reliable, consistent and relevant to the needs of decision makers and key stakeholders in Ireland.

The HTA guidelines are intended to be applicable to all healthcare interventions, including pharmaceuticals, procedures, medical devices, broader public health interventions, and service delivery models. They are relevant to the assessment of both new and existing technologies.

The HTA guidelines are developed in collaboration with the HTA Scientific Advisory Group of the Authority comprising key stakeholders in healthcare in Ireland including national and international methodological experts. The HTA guidelines will comprise several sections including guidance on economic evaluation, budget impact analysis, social, ethical and organisational aspects of HTA and recommended reporting formats. Each of these sections is important. Rather than delay production of the guidelines until all sections are complete, it was considered prudent to develop the sections of the guidelines as stand-alone documents. In 2010, two of these sections were published. These are listed below.

### Guidelines for the Economic Evaluation of Health Technologies in Ireland



This document represents the first section of the HTA guidelines. They are limited to the methodological guidance on the conduct of economic assessments and replace the *Irish Healthcare Technology Assessment Guidelines, 2000*.

The purpose of these economic guidelines is to assist those conducting or using economic evaluations as part of HTA in Ireland. They are intended to inform economic evaluations conducted by, or on behalf of the Health Information and Quality Authority, the

National Centre for Pharmacoeconomics, the Department of Health and Children and the Health Service Executive (HSE), to include health technology suppliers preparing applications for reimbursement.

### Guidelines for the Budget Impact Analysis of Health Technologies in Ireland

Budget impact analysis (BIA) has been defined as a tool to predict the potential financial impact of the adoption and diffusion of a new technology into a healthcare system with finite resources. Whereas an economic analysis addresses the additional health benefit gained from investment in a technology – such as the cost per additional quality-adjusted life year (QALY) gained – BIA addresses the affordability of the technology, for example the net annual financial cost of adopting the technology for a finite number of years.

The BIA guidelines are limited to the methodological guidance on the conduct of budget impact analysis (BIA) and are intended to promote best practice in BIA. These guidelines are intended to be viewed as a complementary document to the economic guidance section of the HTA guidelines. They are intended to inform BIA conducted by, or on behalf of the Authority, the National Centre for Pharmacoeconomics, the Department of Health and Children and the Health Service Executive (HSE), to include health technology suppliers preparing applications for reimbursement.

The guidelines outline what are considered to be the optimal methods for conducting budget impact analysis in HTA in Ireland. The goal of the guidelines is to inform decision making within the publicly-funded health and social care system in Ireland, so that the resources available to the system can be used 'in the most beneficial, effective and efficient manner to improve, promote and protect the health and welfare of the public'.

#### 4.4.4 Programme Advisory Group

In 2010, the inaugural meeting of the Authority's Programme Advisory Group (PAG) was held. With broad representation from the key stakeholders in the Irish healthcare system, the PAG acts as an advisory body to the Authority. It guides and assists in the development of the Authority policies and procedures, so that the Authority can fulfil its responsibilities within a broader national framework for HTA.

Specific areas on which the PAG will advise include: the development of a framework for the referral, early assessment, prioritisation and assessment of proposed HTAs; and a programme of horizon scanning. This work will include new technology adoption and technology re-evaluation.

#### Horizon Scanning

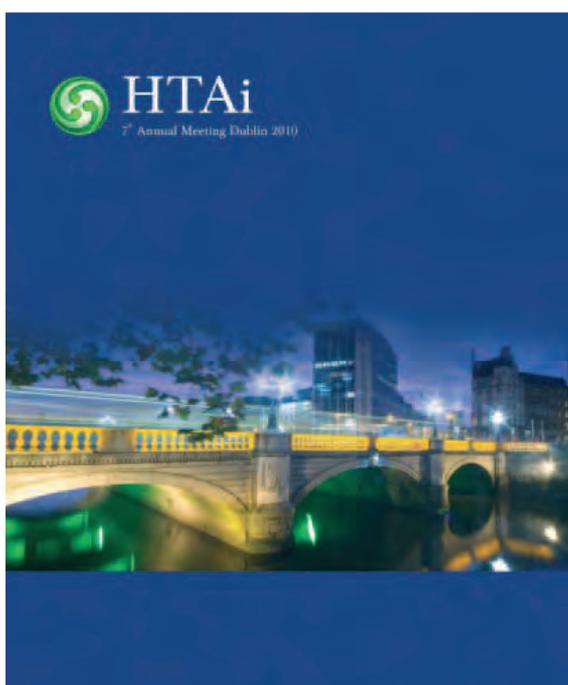
Horizon Scanning provides current information on new and emerging technologies to alert planners and policy makers of their advent and potential impact in terms of safety and cost, before they are introduced into the health system. Objectives of horizon scanning systems include: identify new technologies that potentially may have major implications for the health system; rationalise the adoption and use of new technologies; assess areas of technological change; identify under-used technologies, identify broader health problems and enable long-term planning that anticipates future needs.

At the October 2010 meeting of the Programme Advisory Group the Authority's proposed horizon scanning initiative was detailed for consideration. The results of a horizon scanning survey undertaken by the Authority entailing consultation with a broad range of stakeholders within the Irish healthcare system were presented. The group endorsed the Authority's plan to communicate horizon scanning information through the production and circulation of a bi-annual electronic newsletter to stakeholders in the Irish healthcare system.

#### 4.4.5 International networks

Health Technology Assessment international (HTAi) is the international professional organisation that focuses specifically on HTA. It embraces all those who undertake assessments and use HTA information, whether in academic institutions, healthcare facilities, industry, business, the voluntary sector or government.

#### HTAi 7<sup>th</sup> Annual Meeting, Dublin 2010: Maximising the value of HTA



[www.htai2010.org](http://www.htai2010.org)



Between 6 and 9 June 2010, the Authority successfully hosted the 7<sup>th</sup> annual HTAi international meeting *'Maximising the value of HTA'* in Dublin. This event within the HTA community attracted 1,216 delegates from 58 countries and was the largest gathering of any HTAi conference worldwide to date. This conference enabled the Authority to foster key relationships with its international counterparts and facilitated the development and exchange of HTA knowledge. It also provided

HTAi 2010 Conference Programme

fitting recognition that Ireland is a key international collaborator in healthcare research and HTA.

An objective of the Authority is to increase HTA capacity in Ireland. The conference provided significant educational and networking opportunities for the 153 Irish delegates who attended it. To support the development of HTA in Ireland, the Authority and the Department of Health and Children co-sponsored bursaries that funded attendance at the conference by 18 Irish delegates from the public health service and patient representative groups.

Dr Máirín Ryan Director of HTA at the Authority co-chaired the Local Organising Committee and also the Conference Advisory Group. In addition to the organisational logistics for the conference, members of staff helped coordinate the scientific content of the conference including reviewing abstracts, scheduling sessions and generating a conference programme and abstract book for delegates.

Conference evaluation forms confirmed very positive feedback. The majority of responses commented on the excellent scientific content and on the relevance of the conference material in the current economic climate.

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



Delegates from the European Network for Health Technology Assessment (EUnetHTA) attend a Work Package meeting of the EUnetHTA Joint Action in the Authority's Dublin Regional Office in June 2010

The Authority is the nominated national HTA body for the EUnetHTA Joint Action (JA) on HTA. The Joint Action is a contract between EUnetHTA and the European Commission which aims to realise an effective and sustainable HTA collaboration that brings added value at the European, national and regional level. The three-year project, commenced in January 2010, brings together agencies from 23 EU and one EEA/EFTA country. The Authority is an associate partner in the 2010-2012 JA and is actively involved in contributing to three of the eight work packages (WP) designed to deliver the overall objectives of the Joint Action.

During 2010, members of the Directorate contributed as investigators and reviewers to Work Package 4 (HTA Core Model on Screening Technologies) and the Authority continued its work on Work Package 5 (Relative Effectiveness Analysis of Pharmaceuticals).

In 2010 the Authority also contributed to Work Package 7 (New Technologies). An objective of this Work Package is to support collaboration on new technologies and to contribute to reducing duplication of work by exchanging information on current assessments of new health technologies. The Authority is contributing to and reviewing the web-based database that contains information on evidence generation for new technologies.

### **EuroScan – World Health Organization Global Initiative on Health Technologies**

As part of the Authority's membership of EuroScan, in 2010 the Authority agreed to contribute as external experts to an initiative with the World Health Organization (WHO). The aim was to evaluate 10 innovative medical device technologies, either commercialisable or at an earlier stage of development, that address global health concerns and that are likely to be accessible, appropriate and affordable for use in low- and middle-income countries. The quality and professionalism of these evaluations were commended by the WHO and contributed to the selection of innovative technologies that may address these global health concerns.

## 4.5 Corporate Services

### Background

The Corporate Services Directorate plays a central role in ensuring that the Authority has infrastructure, systems and processes that are fit for our intended purpose. A range of activities have been carried out during the year to develop and strengthen the infrastructure of the Authority.

#### 4.5.1 Human resources

The Authority implemented and rolled out a Performance Management Development System (PMDS) for all staff within the Authority. Focus and effort was also directed into the broader areas of employee performance and engagement with the design and delivery of a number of core programmes and activities.

Work was also carried out to manage organisational learning and development as a contributor to organisational performance. The Human Resources team worked with internal stakeholders to identify and deliver core learning and development programmes in key strategic areas such as project and process management and dignity and respect at work. Individual employees were also supported through an academic support programme.

The Authority procured and installed a new Human Resources Information System in 2010.

#### 4.5.2 Financial management

The Finance Team continued to manage the Authority's finances in a secure manner. Financial obligations were met and outstanding annual fees collected in a timely manner. The use of budgeting and mid-year forecasts enabled the tight management of actual expenditure against planned and available resources.

The Authority's internal financial controls were audited during the year by the Authority's internal audit provider, with no material concerns noted.

The Authority carried out initial work on the identification of a long-term optimum financial system for the Authority, which will contribute towards the Authority's 2011 objective of purchasing and implementation of an enhanced financial system.

The Authority's annual accounts for 2010 were submitted to the Comptroller and Auditor General in accordance with the timescales set out in the Health Act 2007. (See Chapter 5.)

### **4.5.3 Corporate Plan and Business Plan**

Early in 2010, the Authority published a new *Corporate Plan 2010 – 2012*. The Authority published a *Business Plan 2010* which outlined the core business objectives, consistent with the *Corporate Plan 2010 – 2012*, to be achieved during the year. Progress against these plans is set out in this Report. Both documents are available on the Authority's website, [www.hiqa.ie](http://www.hiqa.ie).

### **4.5.4 Facilities management**

The Authority's head office is in Mahon in Cork and its Dublin Regional Office is in Smithfield. It also has a number of home-based inspection staff. The facilities management system in place covers security, hygiene, procurement, maintenance and repairs, along with the management of resources and service providers. This also covers sourcing and managing the booking of external meeting room facilities, provided by other public sector agencies, around the country for staff.

The Authority's facilities were selected in late 2010 to participate in phase two of the 'Optimising Power at Work' campaign put in place by the Office of Public Works (OPW). The aim of the initiative is to achieve a reduction of 20% in total annual carbon dioxide emissions in buildings in use by Government departments and agencies. The OPW is providing the Authority with expert advice on energy saving and also providing monitoring equipment for electricity meters to manage consumption better.

The energy consumed in the Authority's buildings is for heating, air conditioning, hot water, lighting and usage of office equipment. The energy used by the Authority's head office represents 22% of our consumption and 78% of our consumption in our Dublin Regional Office. In 2010 the Authority consumed 973 MWh of energy; this consisted of 214 MWh of electricity in the Authority's Head office and 327 MWh of electricity and 432 MWh of fossil fuels in the Dublin Regional Office.

Energy-saving measures undertaken during 2010 included installation of timers on all boilers and hot water facilities and on vending machines in the Authority's offices; installation of a Building Management System in the Authority's Head Office with remote access facility from the Dublin Regional Office and adjustment of the timings of air conditioning units and boilers in the Authority's offices.

In 2011, the Authority intends to further reduce its energy performance by undertaking the following initiatives: the roll out of an 'Optimising Power @ Work' staff awareness campaign with the assistance of the Office of Public Works, activation of energy-saving devices such as adjusting the 'run on time' of the office lights followings activation in areas of low occupation and trialling software to shutdown the PC network to conserve energy.

#### **4.5.5 Information systems**

The Authority finalised an Information and Communications Technology (ICT) strategy during the year. This Strategy is underpinned by four key principles of information:

- information is a valuable resource and will be owned by the Authority
- information will be efficiently and effectively managed to avoid duplication and facilitate appropriate access both internally and externally
- information will be managed safely and securely in accordance with best practice standards
- information will have an identified source and custodian.

In implementing this strategy, the ICT team delivered a range of projects in 2010. The projects have provided greater security, capacity and reliability of ICT Systems. Among the more significant projects were:

- implementation of a virtualised infrastructure allowing application level disaster recovery for our main systems
- using SharePoint 2010 as its document management tool which has been successfully piloted with a number of groups and projects
- improving infrastructure through upgrading of firewalls, enhancing the backup solution, implementing port protection on all devices being connected to the Authority's network and implementing a more scalable mail archiving solution.

Approval was obtained to proceed with the implementation of an Authority-wide Information Management System (IMS). This system will form the hub of the Authority's information management strategy. During the year a tender process was completed, all the hardware and software was purchased and the infrastructure implemented. The next phase of the project is due to commence in 2011 after the initial business processes have been defined.

#### **4.5.6 Health and safety**

The Authority is committed to complying fully with the requirements of the Safety, Health and Welfare at Work Act 2005 and the Safety, Health and Welfare at Work Act (General Applications) Regulations 2007. This is achieved through its adherence to the developed health and safety policies and procedures and through the provision of appropriate training, safety awareness programmes and the provision of personal protective equipment where required.

A safety statement has been prepared and is kept under continuing review. The Authority has in place a Health and Safety Committee which met regularly during the year.

#### 4.5.7 Freedom of Information

The Authority is subject to the provisions of the Freedom of Information (FOI) Acts. These Acts established three new statutory rights:

- a legal right for each person to access information held by public bodies
- a legal right for each person to have official information held by a public body relating to him/herself amended where it is incomplete, incorrect or misleading
- a legal right to obtain reasons for decisions affecting oneself taken by a public body.

## Freedom of Information

All requests were responded to appropriately and were managed in accordance with the Freedom of Information Acts, 1997 and 2003 by the FOI Officer and FOI Decision Makers. The Authority increased the number of its FOI Decision Makers through the provision of appropriate training.

During the year, the Authority received a total of 35 Freedom of Information (FOI) requests. Of these 35 requests, eight were granted, 15 were part-granted, 10 were refused, one was withdrawn and one request decision is pending.

In addition, of the 35 FOI requests that the Authority received, it handled four internal reviews of decisions. Of the four internal reviews, three of the initial decisions were affirmed by the Authority. In addition, the Authority conducted a total of 18 informal consultations with other agencies in relation to FOI requests received in 2010.

The Authority was involved in seven informal consultations with other agencies in relation to FOI requests received by them which had an impact on the work of the Authority. The Office of the Information Commissioner carried out three reviews of the Authority's decisions of which two were upheld.

The Authority has put in place procedures, with both the Department of Health and Children and the Health Service Executive, to handle FOI requests. This ensures that requests that involve the Authority and these other bodies are handled expediently and are in compliance with the legislation.

#### **4.5.8 Data Protection**

The Authority is registered as a Data Controller in compliance with the Data Protection Act 1988 and the Data Protection (Amendment) Act 2003. Data Protection concerns the protection of the privacy rights of individuals in relation to the Authority's processing of their personal information.

The Authority continued its awareness campaign on Data Protection matters through the provision of appropriate training.

The Authority received no access request in 2010 under the Acts.

## 4.6 Communications and Stakeholder Engagement



The Authority produced a number reports during 2010

Through the work of our Communications and Stakeholder Engagement team, the Authority maintains a positive and regular media presence, working with the media to ensure that the work of the Authority is appropriately and accurately reported, providing members of the public with up-to-date information on our work and the impact it will have on high quality safer and better services for them. Our approach to communications reflects the Authority's core values of being fair, open and transparent.

### Background

The Directorate has responsibility for the coordination of all Authority communications, both internal and external. The primary focus of the Directorate is to ensure that all communication from the Authority is coordinated, consistent, effective and public-friendly to enable the delivery of the core objectives of the Authority.

Through the proactive management of communication with all stakeholders, the Communications and Stakeholder Engagement Directorate has, in 2010, sought to further increase a clear awareness of the Authority's role and function among the general public.

To meet the Authority's communications needs, the Directorate operates eight core functions:

- press and media relations
- stakeholder engagement
- public and parliamentary affairs
- multimedia strategy
- website
- internal communications
- publishing and publications management
- event management

The Directorate is responsive to the communications and stakeholder engagement needs of each of the other Directorates within the Authority and provides a comprehensive communications service to enable and support the drive to create and maintain sustainable improvements in the quality and safety of health and social care services in Ireland.

#### **4.6.1 Summary of activities during 2010**

Establishing and maintaining a positive independent voice through constant promotion of the work of the Authority is one of the main aims of the Authority's Communications Strategy, devised in 2008. The media is a key communication channel through which the Authority can engage directly with its stakeholders.

## Press and media relations



Jon Billings, Director of Healthcare Quality and Safety, attending a press conference in the Authority

In 2010 the Authority's communications function took a proactive, open and transparent approach with the media through the regular issuing of press releases and statements, the publication of reports, and by responding to all queries received. It held regular press briefings, updating the media on the work of the Authority and conducted media communications campaigns, which included meetings with journalists, press conferences and interviews.

All our media activity collectively promotes the work of the Authority by detailing the benefits to the public of the work we do and reiterating the role and remit of the Authority. The aim of the Authority's press and media relations is to generate balanced and fair media coverage promoting our key messages on the role, remit and functions of the Authority.

## Stakeholder engagement

Undertaking inclusive consultation, across all relevant stakeholder groups to ensure we remain responsive to the needs of those who use and provide health and social care services, is one of the Authority's core objectives.

In 2010, the Directorate coordinated five consultations. These included the public consultation on the *Draft National Standards for Safer Better Healthcare* and on *Draft National Quality Standards For Residential and Foster Care Services for Children and Young People*; targeted consultations on *Standardising Patient Referral Information: a Draft National Template for Consultation*; and on *Guidelines for the Budget Impact Analysis of Health Technologies in Ireland* and *Guidelines for the Economic Evaluation of Health Technologies in Ireland*.

We also participated in the Irish Hospice Foundation's consultation on end-of-life care and provided information and inputs to a number of other external projects directly relevant to our health and social care mandate.

We published, in conjunction with the Health and Social Care Regulatory Forum, the *Framework for Public and Service User Involvement in Health and Social Care Regulation in Ireland*

We ran a public, nationally representative survey on attitudes towards the quality and safety of healthcare in Ireland.

## Public and Parliamentary Affairs

Through its public and parliamentary affairs function the Authority ensures that it remains accountable to Government and the Houses of the Oireachtas, ensuring that accurate and up-to-date information is provided in a timely manner. In 2010 the Authority responded to a total of 53 parliamentary queries. In addition, the Authority also presented to the Oireachtas Joint Committee on Health and Children.

## Multimedia strategy



In 2010 significant progress was made on developing and integrating a multimedia strategy for all media relations, reflecting best practice in this area. The Authority ran its first fully integrated multimedia campaign on the *Draft Safer Better Healthcare Standards*. The Authority set up its own Facebook page and Twitter page to communicate through these channels on the Authority's work. It replied directly to questions asked by members of the public. The Directorate continued to build the Authority's presence on these social media sites. By the end of 2010 the Directorate recorded 188 Facebook fans and 115 followers on Twitter.

We also utilised YouTube and iTunes for the first time during 2010. We produced a Podcast and audio book to support the launch of the consultation on the *Draft National Standards for Safer Better Healthcare*. The project resulted in 900 YouTube video plays and 88 MP3 downloads from our website.

## Website

In 2010 the Directorate continued a significant project on the redesign of the Authority's website to increase accessibility and reflect the commencement of new functions for the Authority. This work will continue through 2011 and represents a substantial development towards making all information originating from the Authority publicly accessible. The new Authority website will integrate with its own social media tools more effectively to ensure that all information is accessible to the public.

At the end of 2010, the Directorate recorded a significant increase in traffic to the Authority's website: an increase of 60% of the number of visits to the website on the previous year; an increase of 75% in page views and an increase of 70% in unique visitors. This confirmed that the website has increasingly become a regular source of information about the work of the Authority for both members of the public and journalists.

### Internal Communications

The Directorate continued to implement its internal communications plan; it produced a monthly staff *Inside Track* Ezine, the staff online magazine of the Authority. It also ran quarterly *Lunch and Learn* sessions which gave staff an opportunity to learn about initiatives. The Directorate facilitated a quarterly Journal Club which encourages and harnesses cross-directorate sharing of expertise and knowledge and gives staff an opportunity to review and appraise health and social care journal articles for key learnings that apply to the Authority.

### Publishing and Publication Management

Significant progress was made throughout the year on further developing and rolling-out, across the organisation, best practice policies on report writing and publications management. Significant work was completed in 2010 on the publication of the Authority's reports.

### Event Management

The Directorate, in conjunction with the Health Technology Assessment Directorate and international partners, worked collaboratively on the international conference, *HTAi 2010: Maximising the value of Health Technology Assessment*. The Directorate supported the pre-planning and event management and it managed the onsite press desk for the duration of the conference.

## 4.7 CEO Office

### Background

The CEO's office provides oversight, direction and support to enable the Authority to deliver its objectives within a governance framework.

This includes providing effective support for the Board and the Committees of the Board and ensuring that the Authority meets its statutory requirements.

### 4.7.1 Board and Sub-committee activity

Key areas of work during 2010 involved supporting the Board and Board sub-committees, including overseeing the renewal process for the Board. Five new Board members were appointed on 15 May 2010, replacing members whose tenure on the Board had come to end. A programme of induction was delivered to ensure that the new Board members were familiar with their duties and responsibilities and with the work of the Authority.

Each year the Board reviews its performance and recommendations are implemented as a result to address any areas requiring improvement or development. Committees also review their performance annually, as well as their terms of reference and membership to ensure they reflect the governance needs of the Authority.

During 2010 the:

- Board met 14 times
- Health and Social Care Governance Committee met three times
- Audit and Corporate Governance Committee met four times
- Information Research and Technologies Committee met three times
- Remunerations and Nominations Committee met three times.

#### 4.7.2 Code of Governance

The Authority reviewed its Code of Governance Manual during 2010 to reflect the revised Code of Practice for the Governance of State Bodies and submitted the revised manual to the Minister. As part of the revised manual the Authority developed a number of additional Board procedures to strengthen governance systems around the Board of the Authority. In addition, a corporate governance handbook has been developed for staff covering key aspects of corporate management and business conduct so that there is a well developed understanding amongst staff of their responsibilities to adhering to the Code of Governance.

As part of the Authority's Annual Report, a report on the Authority's arrangements for implementing and maintaining adherence to its Code of Governance is required. The Board of the Authority is responsible for the Authority's system of internal control and for reviewing annually the effectiveness of the internal controls, including financial, operational, compliance controls and risk management<sup>4</sup>.

As part of this report, a statement on the effectiveness of the body's systems of internal control is included. These assurances are derived from various sources including:

- internal audit work
- Comptroller and Auditor General audit
- CEO and Executive Directors reporting to the Board
- Board Committee structure
- risk management
- ongoing dialogue with and challenge to the Executive Management.

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<sup>4</sup> *Department of Finance. Code of Practice for the Governance of State bodies. Section 10.1*

The Authority established a formal process during 2010 to ensure comprehensive assurance to support this statement. The process provides for the Committees to review, on behalf of the Board of the Authority, in accordance with Section 10.1 of the Code of Practice for the Governance of State Bodies, the effectiveness of the Authority's system of internal controls.

At the committees, assurance is provided from Executive Management that the functions of the Authority are being implemented in accordance with the Health Act 2007 and relevant public sector legislation and guidance.

The four committees are:

<b>Committees</b>	
<b>Audit and Corporate Governance Committee</b>	<p>a report on compliance with/deviance from public sector statutory obligations</p> <p>a statement on internal financial control and procurement and</p> <p>a statement on risk management</p>
<b>Information, Research and Technology Committee</b>	<p>a statement on the operational controls (policies and procedures) for implementing the health information and health technology activities and confirmation that the functions are being undertaken in accordance with the statutory parameters</p>
<b>Health and Social Care Governance Committee</b>	<p>a statement on the operational controls (policies and procedures) for implementing the healthcare quality and SSI activities and confirmation that the functions are being undertaken in accordance with the statutory parameters</p>
<b>Remunerations and Nominations Committee</b>	<p>a report on the performance reviews of the executive management team</p>

Following review by the Committees, a compiled report is presented annually to the Board, prior to the Board signing off on the annual report and the annual accounts and statements required of the Board. The complete Governance report is in Appendix 3.

In addition to this approach, financial controls are presented to the Board of the Authority twice annually and risk management is a regular agenda item at Directorate, Executive, Board and Committee meetings.

Apropos of standard statements of assurance, it is unlikely that absolute assurances can truly be provided as there is always room for improvement. However, areas where development and improvement are required are highlighted and remedied by the Executive Management team during the subsequent year.

#### **4.7.3 Code of Business Conduct**

The Code of Business Conduct for the Authority was also revised as part of the Corporate Governance Manual. Procedures are in place to ensure that the Authority is:

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

#### **4.7.4 Legal function**

In 2010, the Authority established an internal legal function which is currently staffed with one qualified solicitor. The internal legal function has:

- provided legal advice to staff members of the Authority in circumstances where legal advice would otherwise have been sought from external legal advisers
- acted as a single point of contact for all requests for legal advice in order to assess such requests and reduce costs
- liaised with external legal advisers to review the service offered and ensure timely advice and value for money
- drafted a comprehensive tender for external specific legal services.

- led the application by the Chief Inspector of Social Services to the District Court for an urgent ex parte interim order to cancel the registration of a designated centre
- worked on the comprehensive review of the application of conditions on registration of designated centres
- worked on the comprehensive review of the process for registration of designated centres.

#### **4.7.5 Performance Assessment Framework and Risk Management**

Over the last two years, a Performance Assessment Framework has been established to track the progress of the Authority against its strategic and business objectives and the associated risks. This ensures that the Authority maintains its focus on its objectives and monitors the status of these throughout the year.

The Authority's risk management system was subject to an internal audit during 2010. Recommendations from this audit are being implemented which is strengthening the existing risk management process.



## 5 Financial Information



## 5.1 Financial Statements

The summarised financial information set out in this report does not constitute the Authority's accounts for the period ended 31 December 2010 as required by Section 35 (4) of the Health Act 2007.

### Summarised Income and Expenditure Account for the Authority Year ended 31 December 2010:

<b>Income</b>	<b>€'000</b>
Department of Health and Children	9,500
Annual Fees and Registration Fees	5,019
HTAi 2010 Conference Income	1,063
Other Income	509
<b>Total Income</b>	<b>16,091</b>
<b>Expenditure</b>	
Investigations and Professional Fees	482
Staff Costs	11,757
Travel and subsistence	526
Research and dissemination	287
HTAi 2010 Conference Cost	916
Support and Establishment	2,351
<b>Total Expenditure</b>	<b>16,319</b>
Excess of Income over Expenditure	(228)
Opening Reserves	1,011
<b>Closing Reserves</b>	<b>783</b>

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

### Summarised Capital Account for the Authority Year ended 31 December 2010:

<b>Income</b>	<b>€'000</b>
Department of Health and Children	345
<b>Expenditure</b>	
Capital Expenditure	345
Surplus / (Deficit) for Period	–
Opening Reserves	–
Transfer from Revenue Reserves	–
Closing Reserves	–

For further information, the full accounts for the period ended 31 December 2010, and the Comptroller and Auditor General's certificate for the accounts, should be consulted once available. When these are ready, copies of these accounts can be obtained from the Authority's Head Office in Cork.



## 6 Appendices



## Appendix 1: Board Activity and Attendance

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

### Attendance of the six regular and statutorily required Board meetings in 2010

Regular Board dates 2010	20 Jan	24 March	26/27 May**	7 July	22 Sept	17 Nov	Attendance for regular Board Meeting
Pat Mc Grath	Yes	Yes	Yes	Yes	Yes	Yes*	6 out of 6
Brian Barry	Yes	Yes	Yes	No	Yes	Yes	5 out of 6
Angela Kerins	Yes	Yes	Yes	Yes	Yes	No	5 out of 6
Geraldine McCarthy	Yes	Yes	Yes	Yes	Yes	Yes	6 out of 6
Sheila O'Connor	Yes	Yes	Yes	Yes	Yes	Yes	6 out of 6
Dolores Quinn	Yes	Yes	Yes	Yes	Yes	Yes	6 out of 6
Grainne Tuke	Yes	Yes	Yes	Yes	Yes	Yes	6 out of 6
Philip Caffrey	Joined Board in May 2010		Yes	Yes	Yes	Yes	4 out of 4
Richard Hannaford	Joined Board in May 2010		No	Yes	Yes	Yes	3 out of 4
Sam McConkey	Joined Board in May 2010		No	Yes	Yes	Yes	3 out of 4
Damien McLoughlin	Joined Board in May 2010		Yes	No	No	Yes	2 out of 4
Cillian Twomey	Joined Board in May 2010		Yes	Yes	Yes	Yes	4 out of 4
David O'Hora	Yes	Yes	Left Board in May 2010				2 out of 2
Michael Barry	Yes	No	Left Board in May 2010				1 out of 2
Ian Callanan	Yes	Yes	Left Board in May 2010				2 out of 2
Brian Meade	Yes	No	Left Board in May 2010				1 out of 2
Dan Byrne	Yes	No	Left Board in May 2010				1 out of 2
<b>Total attendance</b>	12	9	11	9	11	11	

\* *part-time*

\*\* *26 and 27 May are one Board meeting*

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

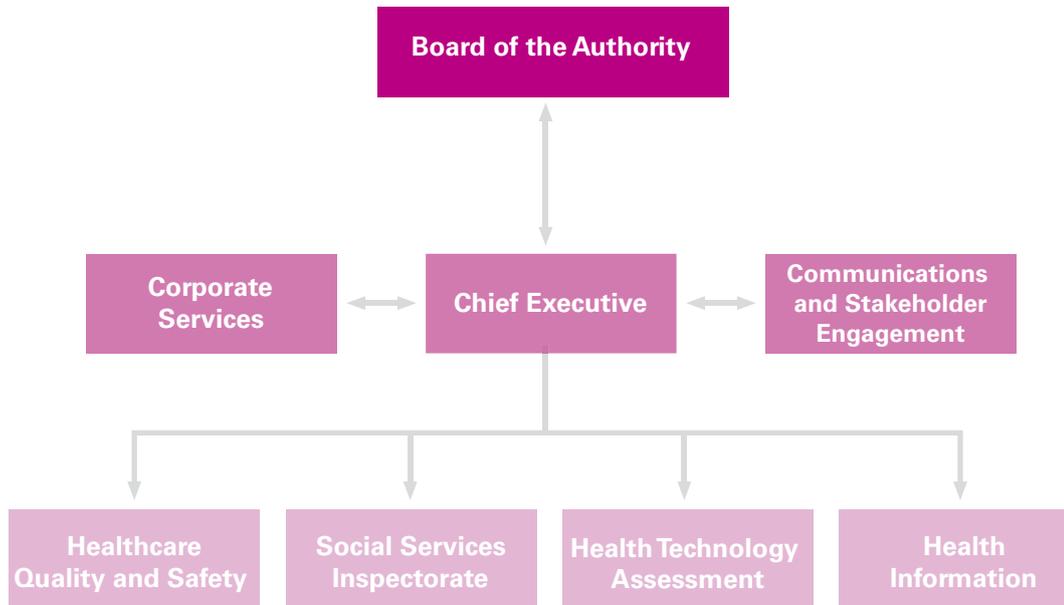
### Attendance of the eight extraordinary Board meetings in 2010

Regular Board dates 2010	22 Feb	8 March	15 March	18 March	28 April	19 May	4 Aug	7 Dec**	Attendance for regular Board Meeting
Pat Mc Grath	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	7 out of 8
Brian Barry	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	8 out of 8
Angela Kerins	No	Yes	Yes	Yes	Yes	No	Yes	No	5 out of 8
Geraldine McCarthy	No	Yes	Yes	Yes	Yes	Yes	No	No	5 out of 8
Sheila O'Connor	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	7 out of 8
Dolores Quinn	Yes	Yes	Yes	Yes	No	Yes	Yes	No	6 out of 8
Grainne Tuke	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	8 out of 8
Philip Caffrey	Joined Board in May 2010					Yes	No	Yes	2 out of 3
Richard Hannaford	Joined Board in May 2010					Yes	Yes	Yes	3 out of 3
Sam McConkey	Joined Board in May 2010					Yes	Yes	Yes	3 out of 3
Damien McLoughlin	Joined Board in May 2010					Yes	Yes	No	2 out of 3
Cillian Twomey	Joined Board in May 2010					No	(COI) <sup>1</sup>	Yes	1 out of 3
David O'Hora	Yes	No	Yes	Yes	Yes	Left Board in May 2010			4 out of 5
Michael Barry	(COI) <sup>1</sup>	Yes	Yes	No	No	Left Board in May 2010			2 out of 5
Ian Callanan	(COI) <sup>1</sup>	Yes	No	Yes	Yes	Left Board in May 2010			3 out of 5
Brian Meade	Yes	Yes	Yes	Yes	Yes	Left Board in May 2010			5 out of 5
Dan Byrne	No	Yes	Yes	Yes	Yes	Left Board in May 2010			4 out of 5
<b>Total attendance</b>	6	11	11	11	10	10	9	7	

\*\* Snow/Ice

1 Where a matter is under discussion which could involve a potential conflict of interest (COI), the procedure of the Board is that a Board member should absent him/herself from the discussion.

## Appendix 2: Organisational Structure



## Appendix 3: Annual Governance and Compliance report for the Health Information and Quality Authority

### 1. Introduction

The Board of the Authority is responsible for the Authority's system of internal control and for reviewing annually the effectiveness of the internal controls, including financial, operational, compliance controls and risk management.<sup>5</sup>

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

### 2. Governance and Compliance

To address its responsibilities in this regard, the Board of the Authority has established an approach whereby each Director/Head in the Authority provides an annual assurance statement to the Committees of the Board in relation to the effectiveness of the internal controls within their area of responsibility.

Following this review by the Committees of the Board, a report is provided to the Board of the Authority outlining the individual assurance statements. The statements cover the main functions of the Authority including: health information, health technology assessment, healthcare quality and safety and the social services inspectorate.

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

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

### **3. Statutory compliance with legislation governing public sector**

#### **3.1 Recruitment**

The Authority has policies and procedures for recruitment based on the relevant Codes of Practice of the Commission for Public Service Appointments (CPSA). An audit in 2009 reported compliance with the recruitment principles of the Commission.

#### **3.2 Disability Act 2005**

The Disability Act 2005 places obligations on public sector employers in relation to the employment of people with disabilities. The Authority has been fully compliant with these provisions.

#### **3.3 Equality Legislation**

The Authority has a number of policies and procedures in place to facilitate compliance with the provisions of the Employment Equality Acts, 1998-2004.

#### **3.4 Freedom of Information**

The Authority has a policy and procedure for handling requests for information under the Freedom of Information Acts 1997 and 2003.

#### **3.5 Health and Safety**

The Authority has appointed a Health and Safety Officer and adopted a Health and Safety Statement. A Health and Safety Committee oversees the implementation of health and safety policy within the Authority.

#### **3.6 Data Protection**

The Authority is registered as a Data Controller in compliance with the Data Protection Acts. The Authority has appointed a Data Protection Officer whose role is to primarily assist the Authority and its staff in complying with data protection compliance.

#### **3.7 Public Procurement**

The Authority has a policy and procedures in place to ensure compliance in this area and a process in place that aims to achieve value for money in all purchasing activity and that all relevant regulations are adhered to by staff involved in purchasing goods and services.

### **3.8 Prompt Payments of Accounts**

The Prompt Payment of Accounts Act 1997 and its subsequent amendments require public bodies to pay for the supply of goods or services by the 'prescribed payment date'. The Authority is fully committed to prompt payment of its suppliers. It is satisfied that in the vast majority of cases that payment is made by the prescribed payment date. A planned upgrade of financial systems will enhance assurance in this area.

### **3.9 Ethics in Public Office**

A process is in place for ensuring that Board members and relevant staff members make the appropriate declarations annually in compliance with this statutory obligation.

### **3.10 Governance**

The Authority has developed a Code of Governance Manual and a Code of Business Conduct in accordance with the Guidelines contained in the Code of Governance for State Bodies. A Corporate Governance annual checklist was recently developed by the Department of Health and Children and completed by the Authority. The Authority is in compliance with this checklist.

### **3.11 Risk Management**

The Authority's risk management policy has recently been reviewed. A plan for improving the existing risk management process is being implemented. Risks are brought to the Board and the Committees at regular intervals. The Authority is compliant with the requirements contained in the Code of Practice for State bodies.

### **3.12 Internal Audit**

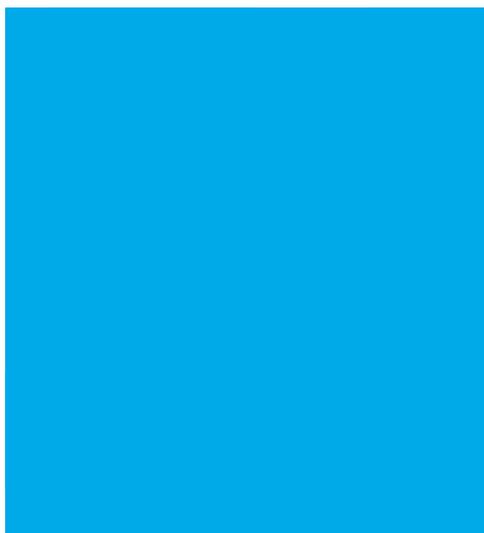
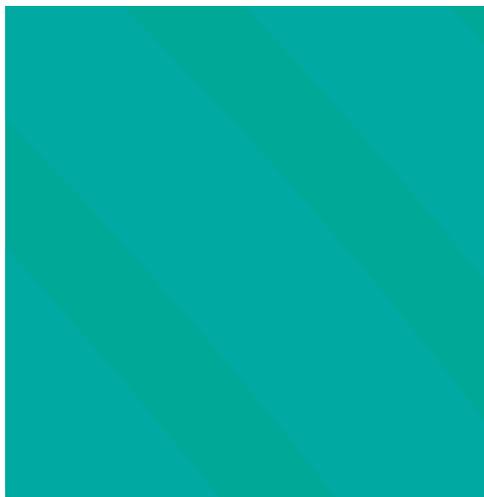
The Authority has established an internal audit function which reviews key areas such as financial controls, procurement processes, risk management and other operational procedures within the Authority. The Audit and Corporate Governance Committee oversees this function.

### **3.13 Corporate Management and Reporting**

The Authority is in compliance with the statutory timeframes for developing the Corporate and Business Plans and there is a process for guiding the development of these documents. There is a reporting framework for monitoring progress on the Corporate Plan and for regular reporting against the objectives and indicators set out in the Business Plan.







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**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cálíocht Sláinte