



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte



Annual Report **2011**





Presented to the Minister for Health in accordance with Section  
37 of the Health Act, 2007.

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## Foreword by the Chairperson

The Health Information and Quality Authority continued to focus on our mission to drive high quality and safe care for people using our health and social care services in 2011. As the independent health and social care regulator, we are more conscious than ever that the wellbeing of some of the most vulnerable people in the community depends on our capacity to set appropriate and high standards and to follow through on their delivery.

We continued our work to safeguard older people; by the end of 2011, the Authority had issued 317 designated centres for older people with a registration certificate. The Authority is on target to achieve the requirement of having every designated centre, operating on or before 30 June 2009, to be either registered or a decision made to refuse and cancel its existing registration, by 30 June 2012.

During 2011, our inspectors carried out 769 inspection visits to designated centres for older people to assess whether the level of service met the needs of the residents. Six centres were closed as a result of enforcement action taken by the Authority. They were closed because inspectors had reasonable grounds to believe that there were serious risks to the health and welfare of residents, or there was a substantial and significant breach of the Regulations as a result of a provider failing in its duty to safeguard residents.

We furthered our work in safeguarding and protecting vulnerable children, by preparing for our regulatory role in child protection and welfare services. We began drafting National Standards for the Protection and Welfare of Children. Improving the lives of children in fostering services is a priority for the Authority; in 2011 we undertook a report assessing the Health Service Executive's performance in implementing the Authority's recommendations for the foster care service nationwide. Improving the lives of the most vulnerable children in the country is another priority for the Authority and during the year we also published the *National Overview Follow-Up inspection report of Special Care Services provided by the Health Service Executive*, which reported on follow-up inspections of special care units for vulnerable children.

A significant development during the year was the finalisation of the *National Standards for Safer Better Healthcare*, following a public consultation and subsequent review of over 200 submissions which informed the standards. Once mandated by the Minister for Health in 2012, they will provide a roadmap to improve the quality, safety and reliability of healthcare. These Standards will provide the basis of a new monitoring and licensing healthcare system and will be applied as enforceable requirements to a wider range of healthcare providers, including private and independent healthcare providers in the future.

In line with our remit on driving safe, high quality outcomes for patients, we addressed a gap in the monitoring information available in pre-hospital emergency care by recommending the introduction of Key Performance Indicators for emergency response times for pre-hospital emergency care.

On foot of the Authority's inquiry into events that culminated in the failed transportation for Meadhbh McGivern's transplant surgery, the Authority recommended the establishment of a new system to co-ordinate the transfer of patients abroad for emergency medical procedures to ensure a safer outcome.

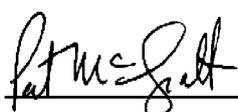
As part of our ongoing work to drive improvements in healthcare services, we concluded our investigation into the quality and safety of services and supporting arrangements at Mallow General Hospital. The Authority's recommendations emphasised the importance of applying system-wide learning from adverse findings in one part of the service across the whole service for the benefit of service users. In addition, we commenced an investigation into the quality and safety of the emergency department at Tallaght Hospital.

The Authority believes that information on the availability, accessibility, effectiveness and efficiency of our health services is fundamental to a reliable and safe healthcare system. In 2011, we actively contributed to the framing of the Health Information Bill, which is currently being developed by the Department of Health. Once the Health Information Bill is enacted, it will establish the legislative framework to enable the Authority to fulfill its statutory obligations in relation to health information and facilitate better integration of health information and systems. In recognition of the complexity of the issues surrounding information governance, the Authority published a user-friendly booklet *What you should know about Information Governance: a Guide for health and social care staff*. This booklet has been widely distributed throughout the health and social care system. In addition, we began to prepare for the transfer of the role of supervisory body of Research Ethics Committees (RECs) under the EU Clinical Trial Directive from the Minister of Health to the Authority.

Central to the Authority's role is ensuring 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. Health Technology Assessment (HTA) continued to develop HTA capacity and capability to utilise HTA in the best interests of patients and an efficient healthcare system. During the year, the Authority began two HTAs, one on robot-assisted surgery and one on a surveillance programme for women under 50 at an elevated risk of breast cancer, and one mini-HTA on repeat antenatal HIV screening and we completed an HTA on prion filtration.

I would like to pay tribute to Richard Hannaford, our Board member, who died in October 2011. He showed great enthusiasm and commitment to the work and vision of the Authority and he is greatly missed by Board members and everyone who worked with him.

Finally, I would like to express my sincere gratitude to all of the staff of the Authority for their commitment, dedication and enthusiasm and my Board colleagues for their challenging and constructive contributions throughout the year.



Pat McGrath  
Chairperson

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# 1. About the Health Information and Quality Authority



## 1.1 Introduction

This is the Health Information and Quality Authority's fifth Annual Report and since the Authority was established we have carried out a significant number of investigations, inquiries, inspections and assessments, which means that we have built and consolidated an extensive amount of key learnings that can be applied across the health and social care system. In 2011, we continued to harness these learnings to build capacity and strengthen capability within the health and social care system. In addition, we further provided assistance and support to empower health care providers to make their health and social care services safe and keep services safe.

During 2011, we continued to deliver our strategic objectives from our Corporate Plan that covers the period between 2010 to 2012. This Annual Report sets out how the Authority delivered our objectives during 2011, together with other key developments in the organisation.

A strategic objective for the Authority is to demonstrate that the organisation operates as an effective, efficient and well-governed body that positively impacts on health and social care services. This is why we continued to review our organisational design and information systems so that the Authority is fit for purpose in the way we do our business and as we take on new functions in our expanded regulatory capacity.

Also because the Authority is a central assessor of governance, it is important that we apply the same expectations of a robust and well governed organisation to ourselves that we expect of others. In 2011, we made the best use of the resources available to us and demonstrated that we are able to provide value for money. We began implementing common processes across the Authority, underpinned by the right information systems, which continue to help the Authority drive safer better health and social care and make the best use of talents across the organisation.

## 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, the 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 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, the Department of Health, and the Department of Children and Youth Affairs and other key stakeholders nationally and internationally.

During 2011 the Authority continued to maintain its momentum in undertaking its core functions. We started work on our child protection standards and given the importance of inclusive engagement on this topic, we are planning a programme of public consultation and engagement to start early next year.

\* Not all parts of the relevant legislation, the Health Act 2007, have yet commenced.

## Our Legal Mandate

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 2011, 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 Figure 1.

Figure 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



## 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)

Deputy Chairman, International Development, PM Group

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**Dolores Quinn**

(Deputy chairperson)

Marketing and Communications Manager for the Diagnostics Division of Abbott Laboratories

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**Bryan Barry**

Assistant General Secretary, Irish Farmers' Association  
Company Secretary, Farmer Business Developments plc

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**Sheila O'Connor**

Co-ordinator, Patient Focus

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**Angela Kerins**

CEO, Rehab Group  
Chairperson, Equality Authority

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

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

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

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

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**Professor Samuel J. McConkey**  
Head of the department of International Health and Tropical  
Medicine at the RCSI, and leads the clinical Infectious Disease  
and Tropical Medicine service at Beaumont Hospital

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**Professor Cillian Twomey**  
Chairperson of the Irish Hospice Foundation  
Retired Geriatrician

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**Richard Hannaford\***  
Writer and broadcaster

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\* Richard Hannaford died in October 2011

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. We progressed a number of initiatives during the year to further enhance and strengthen our Information and Communications Technology (ICT), our human and financial resource management, our corporate governance and risk management systems within the Authority.

These are reported in detail under the Chief Executive's Office report on page 67, the Corporate Services Directorate report on page 56 and in the Annual Governance and Compliance Report on page 79.

## 2.2 Board Meetings

The Board held 10 meetings during 2011.

## 2.3 Board 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 five times during 2011
- **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 2011
- **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 2011
- **Remunerations and Nominations Committee** monitors the organisational needs and managerial development of the Authority. This committee met twice in 2011.

## 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 and  
\*Acting Chief Inspector of  
Social Services



**Prof Jane Grimson**  
Director of Health  
Information and Deputy  
Chief Executive Officer



**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 Chief  
Risk Officer

\* During 2011, Dr Tracey Cooper assumed the role of Acting Chief Inspector of Social Services

\*\* During 2011, Jon Billings left the Authority to take up a new post

The functions of the Directorates are outlined in Table 1 below.

Table 1: Summary Overview of Directorate Functions

| Directorate                                | Function Overview   |
|--|---|
| <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 and residential services for people with a disability. Inspecting residential services for children. 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. |
| <b>Communications and Stakeholder Engagement (Comms)</b> | Managing all the Authority's communications, 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



## 3.1 Strategic Objectives

Throughout 2011, we continued to deliver our targets set out in the Authority's three-year *Corporate Plan 2010 – 2012*, in line with the requirements of the Health Act 2007. The Corporate Plan contains the key strategic objectives of the Authority over this time period and outlines how the Authority intends to use its available resources to deliver the plan's objectives.

A Business Plan for 2011 was also developed, adopted and implemented during the year. It outlined the activities that the Authority would undertake in 2011 to meet its target objectives in the *Corporate Plan 2010 – 2012*.

This Annual Report contains a progress report for all activities undertaken in 2011 to support the objectives outlined in the Corporate Plan. The strategic objectives for this period are outlined in Table 2 below.

Table 2: Strategic Objectives 2010 to 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 and 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 2011

The key achievements for the year have included:

- delivering *Pre-hospital Emergency Care Key Performance Indicators for Emergency Response Times*
- inspecting 513 designated centres for older people and undertaking 769 inspection visits in total, of which 52% were follow-up inspections and 36% were registration inspections, and the remaining 12% were other types of Inspections
- pursuing a legal process and enforcement action which resulted in a total of six designated centres for older people being closed in 2011. This was due to the Authority having reasonable grounds to believe that there were serious risks to the health and or welfare of residents in a centre, or if there had been a substantial and significant breach of the Regulations as a result of a provider failing in its duty to safeguard a resident(s)
- undertaking two investigations including:
  - concluding an *Investigation into the Quality and Safety of Services and Supporting Arrangements provided by the Health Service Executive (HSE) at Mallow General Hospital*
  - commencing an *Investigation into the Quality and Safety of Services and Supporting Arrangements provided to Patients requiring Acute Admission and Receiving Care in the Emergency Department of the Adelaide and Meath Hospital, incorporating the National Children's Hospital (AMNCH)*
- carrying out an *Inquiry into the Circumstances that led to the Failed Transportation of Meadhbh McGivern for Transplant Surgery and the Existing Interagency Arrangements in place for People requiring Emergency Transportation For Transplant Surgery*
- conducting three Health Technology Assessments (HTAs) and one mini HTA including:
  - concluding a Health Technology Assessment of Prion Filtration of Red Cell Concentrates to Reduce the Risk of Variant Creutzfeldt-Jakob Disease Transmission in Ireland
  - commencing two HTAs including a Health Technology Assessment of Robot-assisted Keyhole Surgery and a Health Technology Assessment on Options for Women under the age of 50 at an Increased Risk of Breast Cancer
  - commencing a mini-HTA on Economic Evaluation of Repeat Antenatal HIV Screening in Pregnant Women
- conducting 56 inspections across children's residential care centres, foster care services and all special care units and detention centres

- undertaking the *National Overview Follow-Up Inspection Report of Special Care Services provided by the HSE* which refers to three Special care units provided at Coovagh House in Limerick, Gleann Alainn in Cork and Ballydowd in Dublin
- carrying out announced *Follow up inspection on the implementation of national recommendations on Health Service Executive foster care services*
- contributing to the framing of the forthcoming Health Information Bill
- delivering a number of Health Information reports including:
  - *Report and Recommendations on Patient Referrals from General Practice to Outpatient and Radiology Services, including the National Standard for Patient Referral Information*
  - *Recommendations for Unique Health Identifiers for Healthcare Practitioners and Organisations*
  - *International Review of Health Information Sources*
  - *International Review of Data Quality*
  - *What You Should Know about Information Governance: a Guide for Health and Social Care Staff*
  - *General Practice Messaging Standard Version 2.0*
- undertaking four public consultations on:
  - *National Quality Assurance Criteria for Clinical Guidelines*
  - *Guidelines for Evaluating the Clinical Effectiveness of Health Technologies in Ireland*
  - *Standards for National Health Information Resources*
  - *Developing National eHealth Interoperability Standards for Ireland*
- collaborating with other regulators of services to launch a public service initiative on Healthcomplaints
- supporting the World Health Organization's (WHO) SAVE LIVES: Clean Your Hands initiative to reduce, control and prevent the spread of Healthcare Associated Infections
- continuing with the staff recruitment and preparatory work for the upcoming commencement of the monitoring of child protection and welfare services
- continuing with the implementation of the operational infrastructure of the Authority, including reviewing the organisational structure and the publication of the *Annual Report 2010*.

## 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.

#### 4.1.1 Summary of activities during 2011

During 2011, the work in relation to healthcare quality and safety included the following activities:

- delivering a report *Pre-hospital Emergency Care Key Performance Indicators for Emergency Response Times*
- concluding an *Investigation into the Quality and Safety of Services and Supporting Arrangements provided By the Health Service Executive (HSE) at Mallow General Hospital*
- finalising the *Draft National Standards for Safer Better Healthcare* and forwarding them to the Minister for Health for approval and mandating
- publishing *National Quality Assurance Criteria for Clinical Guidelines*
- commencing an *Investigation into the Quality and Safety of Services and Supporting Arrangements provided to Patients requiring Acute Admission and Receiving Care in the Emergency Department of the Adelaide and Meath Hospital, incorporating the National Children's Hospital (AMNCH)*
- conducting a Report of the *Inquiry into the Circumstances that led to the Failed Transportation of Meadhbh McGivern for Transplant Surgery and the Existing Interagency Arrangements in place for People requiring Emergency Transportation For Transplant Surgery*
- responding to a range of information brought to our attention regarding the quality and safety of healthcare services
- engaging in a number of activities to promote improvements in quality and safety.

## 4.1.2 Standards and performance indicator development

### *Draft National Standards for Safer Better Healthcare*

In 2011, the Authority analysed 200 submissions from the consultation process on the *Draft National Standards for Safer Better Healthcare* to inform the development of the National Standards. In May 2011, these standards were finalised and sent to the Minister for Health for approval and mandating.

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.

They will give a shared voice to the expectations of the public, of service users and of service providers. They are intended to provide a roadmap for a high quality, safe and reliable healthcare service.

The standards reflect the fact that service users experience the quality of a service through different aspects of their care; whether it is person-centred, safe, effective or promotes better health. In addition, certain characteristics are needed in a service to deliver quality such as governance, leadership, management, workforce, use of resources and use of information.

The Authority organised these draft national standards according to eight themes. Each theme identifies the key topics for quality and safety which are addressed by the standards. The topics covered under these themes reflect current priorities in the context of Irish health services.

As figure 2 illustrates, the eight themes are intended to work together. Collectively, they describe how a service provides high quality, safe and reliable care centred on the service user.

Figure 2: The 8 themes for Quality and Safety in the *Draft National Standards for Safer Better Healthcare*






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*Head of Standards and Methodology, Dr Deirdre Mulholland, Healthcare Quality and Safety Directorate, with a copy of the Draft National Standards for Safer Better Healthcare*

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### Key Performance Indicators for Pre-hospital Emergency Care

A report on *Pre-hospital Emergency Care Key Performance Indicators for Emergency Response Times* was published by the Authority. The purpose of this report is to advise and make recommendations to the Minister for Health, and the Health Service Executive (HSE), on the introduction of key performance indicators (KPIs) for national pre-hospital emergency care response times<sup>1</sup>.

The key performance indicators, recommended by the Authority, included appropriately trained personnel attending patients with life-threatening cardiac or respiratory arrest incidents within seven minutes and 59 seconds in 75% of all cases. A second KPI, recommended by the Authority, included appropriately trained personnel attending patients with life threatening non-cardiac or respiratory arrest incidents within seven minutes and 59 seconds in 75% of cases. The Health Service Executive (HSE) began publicly reporting on these indicators midway through 2011.

The Authority coordinated a review of the data collected with the HSE and the Department of Health during 2011, as per the recommendations of this report, and forwarded further advice to the Minister for Health in December 2011.

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<sup>1</sup> In accordance with Section 8(1)j of the Health Act 2007

### 4.1.3 Monitoring compliance with standards

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

In early 2010, the Authority published the findings of a quality review of the eight Symptomatic Breast Disease designated centres (including one satellite site) and also a national overview report, *National Quality Review of Symptomatic Breast Disease Services in Ireland*. These reports made recommendations for each centre and national recommendations for the National Cancer Control Programme (NCCP) of the HSE.

In 2011 the Authority continued to meet with the NCCP and individual centres to monitor progress on the implementation of these recommendations.

The Authority conducted an on-site review and published an additional report on Cork University Hospital following the integration of services with South Infirmary University Hospital. The findings of this review were published.

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

#### *Report of the Investigation into the Quality and Safety of Services and Supporting Arrangements provided by the Health Service Executive (HSE) at Mallow General Hospital*

The Authority published the *Report of the Investigation into the Quality and Safety of Services and Supporting Arrangements provided by the Health Service Executive (HSE) at Mallow General Hospital*. This report made twenty recommendations in relation to 'systems of care' and 'governance'. The report emphasised the importance of system-wide learning from adverse findings in one part of the service and the application of this learning across the whole service for the benefit of service users.



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*Report of the Investigation into the Quality and Safety of Services and Supporting Arrangements provided by the Health Service Executive (HSE) at Mallow General Hospital.*

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*Report of the Inquiry into the circumstances that led to the failed transportation of Meadhbh McGivern for transplant surgery and the existing inter-agency arrangements in place for people requiring emergency transportation for transplant surgery*

At the request of the Minister for Health, the Authority established an inquiry in order to ascertain the events that culminated in the failed transportation of Meadhbh McGivern for transplant surgery on 2 July 2011. This inquiry set out to review the existing inter-agency arrangements in place for people requiring emergency transportation for transplant surgery, and to identify any actions that needed to be taken to improve these arrangements in the future.



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*Head of Operations, Safety and Learning, Hilary Coates, Healthcare Quality and Safety Directorate, with a copy of the McGivern Inquiry report*

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The overriding finding of the inquiry was that no one person or agency was in charge or accountable for the overall process of care and transportation. The Authority's inquiry involved ongoing liaison with the McGivern family and the main service providers and agencies responsible for the transportation of patients requiring transplant surgery outside of Ireland. The Authority published its report of the inquiry and this detailed the chronology of events, improvements, new process, conclusions and recommendations.



*Report of the Inquiry into the circumstances that led to the failed transportation of Meadhbh McGivern for transplant surgery and the existing interagency arrangements in place for people requiring emergency transportation for transplant surgery*

*Investigation into the Quality and Safety of Services and Supporting Arrangements provided to Patients requiring Acute Admission and Receiving Care in the Emergency Department of the Adelaide and Meath Hospital, incorporating the National Children's Hospital (AMNCH).*

The Authority announced an *Investigation into the Quality, Safety and Governance of the Care provided by the Adelaide and Meath Hospital, Dublin Incorporating the National Children's Hospital (AMNCH) for patients who require acute admission during 2011.*

This investigation was triggered following concerns in relation to the quality and safety of the care provided to patients requiring acute admission and receiving care in the Emergency Department.

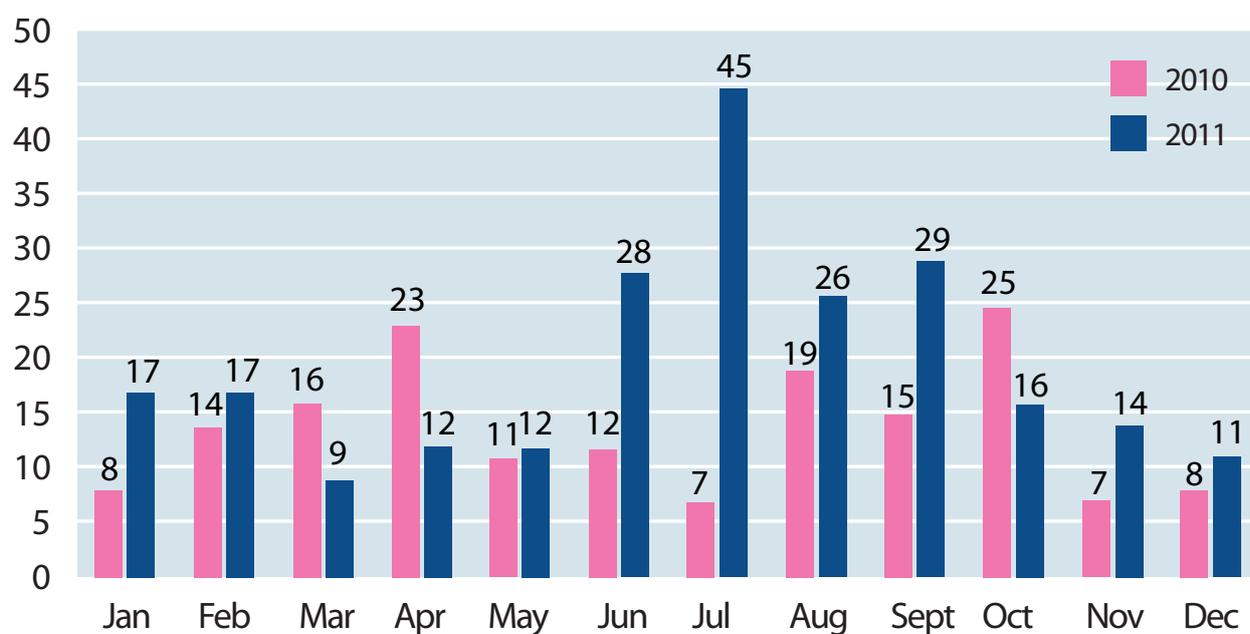
The Authority had previously sought assurances in relation to how the Board and Executive of the Hospital were governing and managing these risks. The Board of the Authority made the decision to instigate a statutory investigation<sup>2</sup> into the quality, safety and governance of the care provided to patients who require acute admission into the AMNCH. It is the Authority's intention to publish its findings in 2012.

### People with concerns about safety and quality of healthcare services

In 2011, the Authority received 211 concerns regarding the quality and safety of healthcare services provided for, or on behalf of the Health Service Executive. 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 number of concerns received by the Authority. Figure 3 illustrates the 41% increase from 2010 to 2011.

Figure 3: The number of concerns received by the Authority regarding the quality and safety of healthcare services in 2010 and 2011



## 4.1.5 Promoting improvements in quality and safety

### The European Partnership for Supervisory Organisations (EPSO) Conference, 2011

Representatives from the Authority attended the European Partnership for Supervisory Organisations (EPSO) Conference in Northern Ireland. The aim of the conference is to improve the quality of healthcare (in the European Community including the European Free Trade Association (EFTA) countries) by sharing information, good and bad practice, research and knowledge and connecting organisations involved in the delivery of safe, high quality healthcare.



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*The Authority was represented at the European Partnership for Supervisory Organisations Conference in Northern Ireland: front row, second from left, Dr Deirdre Mulholland, Head of Standards and Methodology, Healthcare Quality and Safety Directorate*

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

### Background

Since 1 July 2009, the Health Information and Quality Authority Social Services Inspectorate (SSI) has been responsible for the registration and inspection of all designated centres for dependent persons (residential services for older people including nursing homes). This signalled a significant shift from the previous regulatory system undertaken by the Health Service Executive (HSE) which inspected and registered private and voluntary providers only.

There are over 28,000<sup>3</sup> residents living in 574<sup>4</sup> designated centres in Ireland and the Authority is responsible for ensuring that all centres are registered by the end of June 2012. In addition to the regulation of designated centres, the Authority continued to inspect statutory children's residential centres, special care units, detention schools and foster care services. The Authority takes a resident-focused approach, when assessing how residents' needs are met in the range of residential centres inspected. In 2011, the Authority also undertook preparatory work for the upcoming commencement of the monitoring of child protection and welfare services.

### 4.2.1 Summary of activities during 2011

During 2011, the work in relation to SSI included the following activities:

- registering and inspecting designated centres (nursing homes) and inspecting children's residential services and publishing the inspection reports on our website ([www.hiqa.ie](http://www.hiqa.ie))
- implementing changes to the registration process for designated centres following the completion of the registration review project
- developing internal information systems to enable automated reporting of regulatory activity
- publishing national reports including the *Follow-up inspection on the implementation of national recommendations on Health Service Executive foster care services and the National Overview Follow-Up Inspection Report of Special Care Services provided by the HSE*
- developing and piloting new methodology for foster care inspections
- preparing for the commencement of the monitoring of child protection and welfare services.

<sup>3</sup> These figures are correct as of September 2011

<sup>4</sup> These figures are correct as of September 2011

## 4.2.2 Preparation for the commencement of the monitoring of child protection and welfare services

The *Report of the Commission to Inquire into Child Abuse, 2009: Implementation Plan* published by the Government stated that the Authority would develop standards for child protection and commence the inspection of child protection and welfare services.<sup>5</sup> The Authority undertook developmental work in 2011 in preparation for this new function.

### Draft National Standards for the Protection and Welfare of Children

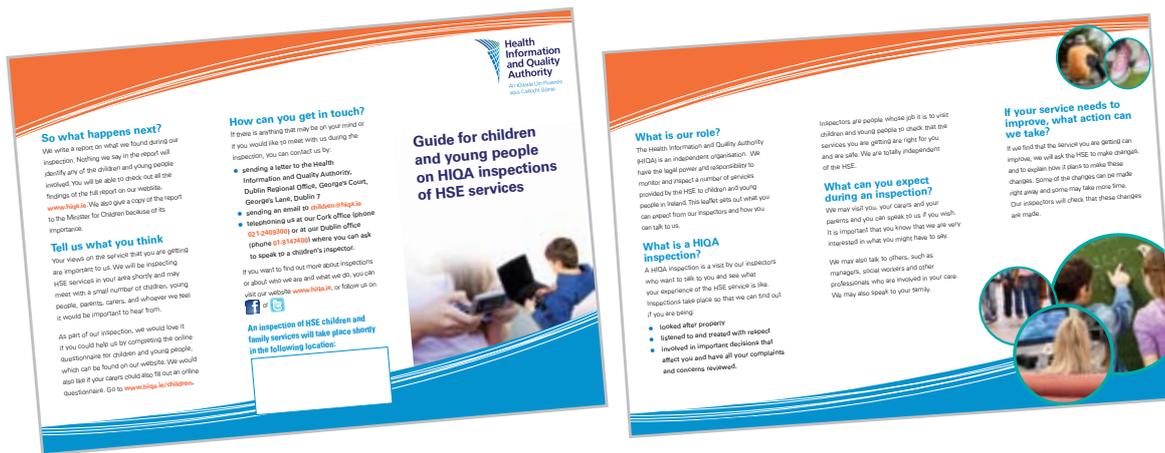
The Authority's framework for the drafting of the national Standards included a review of international and national literature and the establishment of a Standards Advisory Group (SAG). The group comprised of representatives from the Health Service Executive, Department of Children and Youth Affairs, Department of Education and Skills, Department of Justice and Equality, An Garda Síochána, representatives from other regulatory bodies and non-statutory organisations which provided services to children and other key stakeholders. The SAG advised and provided feedback on the draft Standards and a public consultation process will follow in 2012.

The Standards describe the attributes of a service which effectively protects and promotes the welfare of children to ensure that they receive adequate care and protection, or where there are concerns in relation to the quality and safety of care they are receiving. Key themes of the standards include child-centred care, safe and effective service, governance, leadership and management and effective use of resources and information.

In addition to the development of the standards, the Authority undertook other preparatory work for the monitoring of child protection and welfare services including a campaign to recruit additional inspectors<sup>6</sup> and the development of draft methodology, accompanying tools and documents.

<sup>5</sup> The monitoring of child protection and welfare services did not commence in 2011

<sup>6</sup> Eleven additional inspectors are being recruited for this function.

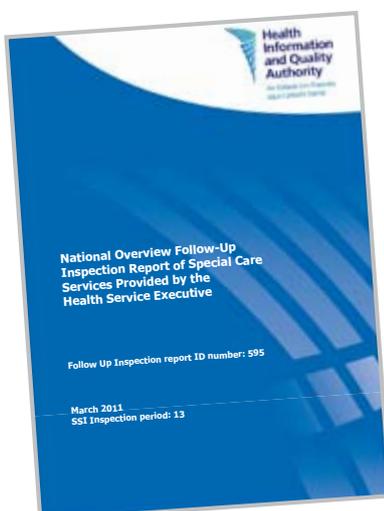


*In 2011 the Authority continued its commitment to ensuring that children's voices are heard in the inspection of children's services. This child-friendly information leaflet for children and young people, on HIQA inspections of HSE services, was distributed as part of the inspection of a HSE foster care service. It provided information about the role of the Authority and the names and contact details of the inspectors.*

*This leaflet was one of the various new initiatives that were tested during 2011 to explore new ways in which the Authority engages with children. Other methods that we are examining include using interactive technology with children to make interviews more interesting and fun for them and an on-line questionnaire on the Authority's website ([www.hiqa.ie](http://www.hiqa.ie)) so that a wider population of children in the HSE foster care service could give their views about their care.*

## Safeguarding children

In 2011, the inspection of children's services continued under provisions made in the Child Care Act, 1991. Overall, 56 inspections were conducted in 2011 across children's residential care centres, foster care services and all special care units and detention centres; figure 4 illustrates the number and types of inspections completed. The majority of inspections in 2011 were undertaken in children's residential care centres however the publication of a number of national overview reports on the HSE's provision of foster care services and special care units received wide media coverage during the year.



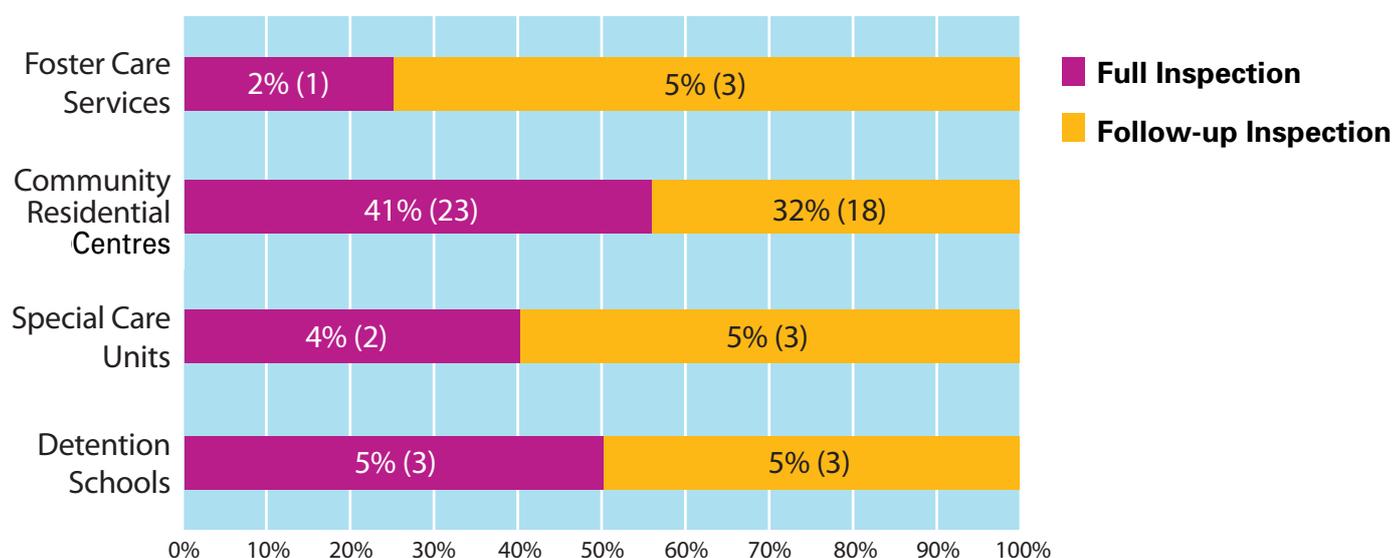
*National Overview Follow-Up inspection report of Special Care Services provided by the Health Service Executive.*

In 2011, the Authority conducted *The National Overview Follow-Up Inspection Report of Special Care Services provided by the HSE*<sup>7</sup> which provided an update on the HSE's implementation of the Authority's previous recommendations contained in the Overview Report of HSE's Special Care Services, which the Authority published the previous year. The report found that five of the seven national recommendations made had been met by the HSE, including the appointment of a HSE monitoring officer for all special care units and improvements made to the governance arrangements for special care units. The Authority also found that two of the recommendations were only partially met and required further action. These referred to the recommendation for the HSE to publish and implement a national strategy for the provision of children's special care services. The other recommendation which was partially met was a recommendation for the HSE to implement the recommendations of the Children Acts Advisory Board report, *Tracing and Tracking of Children Subject to a Special Care Application 2010*, within reasonable timeframes. The HSE are undertaking work to address both of these recommendations.

*The Follow-up inspection on the implementation of national recommendations on Health Service Executive foster care services* report included findings that the recommendations were not met in relation to the adequate assessment, vetting and approval of foster carers, however there had been some improvement in the HSE's overall monitoring of its foster care service.

Obtaining the views of children, who live in residential care, about what they think about the care they receive is an important part of the inspection process. In late 2011, inspectors piloted new methodology for foster care inspections which included the use of interactive technology, such as online questionnaires for children to complete which asked for their opinion about the care and services they receive.

Figure 4: Number and types of inspection of children's services completed from 1 January to 31 December 2011



## 4.2.3 Registration and inspection activity and reporting

### Safeguarding Older People

The Authority monitors the compliance of designated centres with the relevant Standards and Regulations<sup>8</sup> on an ongoing basis by:

- receiving and analysing notifications from a provider regarding significant events
- receiving and analysing unsolicited information from a third party that may give rise to a concern about the service provided at a centre
- undertaking inspections of the centre which may be announced or unannounced, scheduled, triggered or as part of the registration process
- various interactions including meetings that may take place with a provider.

In 2011, the Authority inspected 513 designated centres with 769 inspection visits undertaken in total (as illustrated in Figure 5 on the next page which shows the number of different types of inspections). Of the 769 inspection visits completed in 2011, the most common types of inspections were follow-up inspections (52%) and registration inspections (36%). Generally providers of designated centres have engaged positively with the Authority in implementing the actions required to bring centres into compliance with the Standards and Regulations and have demonstrated a commitment to delivering quality outcomes and person-centred care to residents.

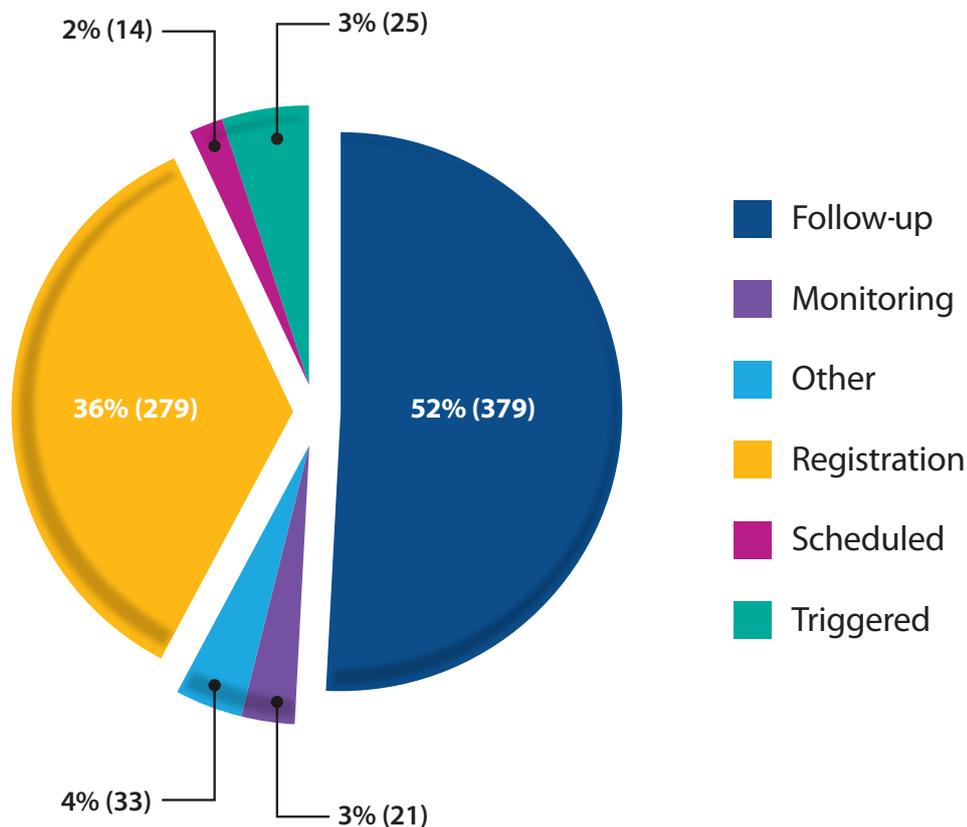
In order to be registered by the Chief Inspector of the Social Services Inspectorate, the provider of a designated centre needs to demonstrate their ability to provide a service that complies with the Health Act 2007, Regulations and Standards. The registration process thoroughly assesses the fitness of a provider, to provide a service for dependent persons, and the process also assesses all individuals involved in the management of a centre to ensure that they are able to provide the level of service required to meet the needs of residents.

The Authority is required to have every provider, who was in operation on or before 30 June 2009, registered, or informed of a decision made to refuse and cancel the existing registration, by 30 June 2012 as this date is the end of the first three-year registration cycle. By the end of 2011, a total of 317 centres had been issued with a registration certificate.

In 2011 the Authority changed the registration process for designated centres, following the completion of the registration review project, to streamline the administration of the registration process.

<sup>8</sup> The Standards are the National Quality Standards for Residential Settings for Older People in Ireland. The Regulations are Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009.

Figure 5: Number and types of inspection for designated centres completed from 1 January to 31 December 2011.



### Explanation of what each inspection consists of:

- Registration inspections take place as part of the registration process in every centre. This type of inspection is also required if there is a change of ownership of a centre and the new provider applies to be registered.
- Follow up inspections take place to check on specified matters arising out of a previous inspection that requires action by the provider.
- Monitoring inspections may be carried out to focus on key regulatory requirements, these inspections tend to be shorter than registration inspections.
- Scheduled inspections take place as part of the ongoing monitoring of the safety and quality of the service provided to residents in a centre.
- Triggered inspections follow receipt of a concern or notification to the Authority of a potentially significant event affecting the safety or well-being of residents. This type of inspection allows the inspector to focus on the area of concern indicated by the information received.

Of the 513 designated centres which received an inspection visit in 2011, over two thirds (69%, n=355) received one inspection visit, 21% (n=106) received two inspection visits and the remaining 10% of centres (n=52) received three or more inspection visits. Table 3 lists the number and percentage of inspection visits to designated centres, on a centre basis and as a proportion of visits overall.

Table 3: Number of inspection visits during 2011 for designated centres

| Number of visits to centres | Number of centres (n=513 centres) | As a % of centres (n=513 centres) | Total visits | As a % of visits (n=769 visits) |
|-----------------------------|-----------------------------------|-----------------------------------|--------------|---------------------------------|
| 1 visit                     | 355                               | 69%                               | 355          | 46%                             |
| 2 visits                    | 106                               | 21%                               | 212          | 28%                             |
| 3 visits                    | 31                                | 6%                                | 93           | 12%                             |
| 4 visits                    | 13                                | 3%                                | 52           | 7%                              |
| 5 visits                    | 3                                 | 1%                                | 15           | 2%                              |
| 6 visits                    | 2                                 | <1%                               | 12           | 2%                              |
| 7 visits                    | 1                                 | <1%                               | 7            | 1%                              |
| 8 visits                    | 1                                 | <1%                               | 8            | 1%                              |
| 15 visits                   | 1                                 | <1%                               | 15           | 2%                              |
| <b>TOTAL</b>                | <b>513</b>                        | <b>100%</b>                       | <b>769</b>   | <b>100%</b>                     |

#### 4.2.4 Enforcement actions

The Authority may consider taking enforcement action when there are reasonable grounds to believe that there are serious risks to the health and or welfare of residents in a centre, or if there has been a substantial and significant breach of the Regulations as a result of a provider failing in its duty to safeguard a resident(s).

A total of six centres were closed in 2011 as a result of enforcement action taken by the Authority as listed in Table 4 below.

Table 4: The total number of enforcement actions in 2011

| Closed under Section(s) of the Health Act 2007, as amended |  |  |   |   |
|--|--|--|---|---|
|  | Section 50<br>Decision to Refuse Registration Application) | Section 51 (1)(a)<br>Non-urgent cancellation of registration | Section 59 (1)<br>Urgent application to cancel registration | Section 60<br>Ex parte emergency application to the District Court to cancel registration |
| Number of orders made                                      | 3 <sup>9</sup>   | 3 <sup>9</sup>   | 3 <sup>10</sup>   | 2 <sup>10</sup>   |

<sup>9</sup> 3 centres had both Section 50 and Section 51 orders

<sup>10</sup> 2 centres had Section 59 and Section 60 orders; 1 centre had Section 59 order only.

## 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.

In 2011 the Authority received 426 concerns in relation to designated centres. The people who expressed concerns included residents in the centre, visitors and/or relatives of residents living in the centre, staff member(s), advocate(s) or a third party who has had direct contact with a resident. Information received by the Authority is evaluated with regard to:

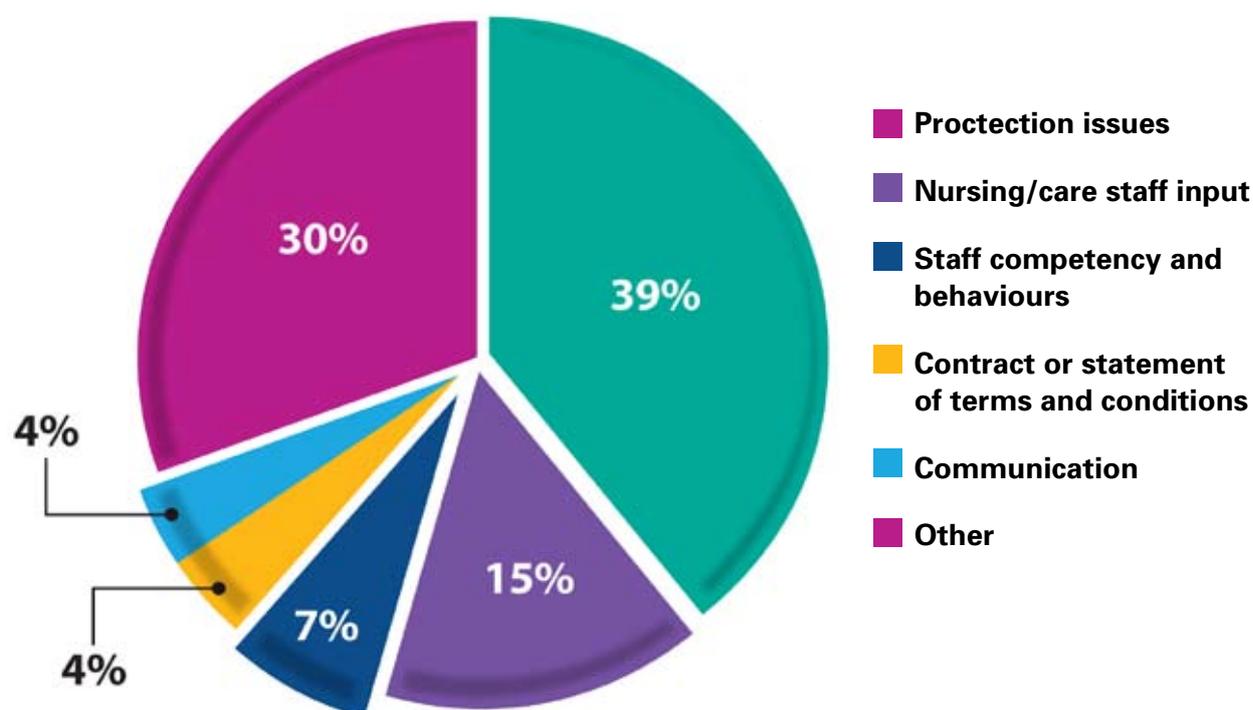
- the impact on the residents
- the quality of service being provided
- whether or not the concern indicates a risk to the safety of the residents
- whether the registered provider is in compliance with the standards and regulations.

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.

Figure 6 on the next page illustrates the top five categories of concerns that the Authority received in 2011, broken down into the following categories:

- *Protection issues (39%)*
- *Nursing/care staff input (15%)*
- *Staff competency and behaviour (7%)*
- *Contract/statement of terms and conditions (5%)*
- *Communication (4%)*

Figure 6: Category of concerns received in 2011.



By the end of 2011, 96% (n=411) of concerns regarding designated centres were closed and 4% (n=15) remained open.

The concerns process for children is guided by the Childcare Act 1991 and the Children First Guidance - *Children First: National Guidance for the Protection and Welfare of Children*. In 2011, 99 concerns were reported to the Authority in relation to foster care and children's residential centres. These concerns were reported to the Health Service Executive for its attention and 10% (n=9) of these concerns remained open at the end of 2011.

Currently, services for people with disabilities are not regulated or inspected by the Authority, however the Authority received 22 concerns in relation to services for people with disabilities in 2011.

## 4.2.5 Communications

### Conference presentations

The Authority gave presentations on its role in regulating designated centres and monitoring children's residential services to bodies including:

- National Federation of Voluntary Bodies
- Chief Fire Officers Association
- Nursing Home Ireland's regional meetings
- National Intellectual Disability Nurse Managers Group
- Third Biennial Child Protection and Welfare Social Work Conference

### Provider Panels meetings

The Authority continued to host meetings for three regional Provider Panels (consisting of providers of designated centres) on a quarterly basis in 2011. The meetings provide an opportunity for managers and owners to give feedback on their experiences of the inspection and registration processes. Feedback from providers is used to identify articles for the provider newsletter, where often further clarification on specific aspects of our processes or requirements for specific regulations is required.

### Friends and Relatives Panel's Newsletter

The National Friends and Relatives Panel, comprising of friends and relatives of people living in designated centres, continued to meet in 2011. The panel published their first REACH Newsletter, designed to inform and empower family and friends of those in residential care centres on best practice in residential care and about the inspection and registration work of the Authority.



*National Friends and Relatives Panel  
REACH newsletter*

### Regular communication with relevant organisations

The Authority meets on a regular basis with the main provider bodies, such as Nursing Homes Ireland and the Health Service Executive, to discuss relevant issues relating to regulation of designated centres. Where there are areas of shared or overlapping responsibility, the Authority is also working to develop Memoranda of Understanding (MoU) between itself and other relevant statutory organisations to discuss and agree cooperative measures. In 2011 the Authority and the Health and Safety Authority finalised a Memorandum of Understanding to enhance the actions of both agencies in discharging their respective statutory responsibilities, particularly in relation to safety.

### Newsletter for providers of designated centres

The Authority produces and sends a regular newsletter to providers of designated centres, informing them of the regulatory work of the Authority and relevant changes in procedures. The newsletter provides case studies from the inspections in designated centres, summarises key developments and publications released by organisations involved in promoting best practice in social care and informs providers of any relevant upcoming conferences.

### Analysis of inspection findings in designated centres during the first 15 months of inspection

The Authority began drafting a report which gives a retrospective national overview of the findings from the first 15 months of the inspections of designated centres since commencement, 1 July 2009 to the end of September 2010. The report, which will be published in 2012, contains an analysis of the breaches of the Regulations and how providers responded in addressing these breaches in subsequent follow-up inspections.

## 4.3 Health Information

### What health information 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.



*A range of reports and guidance documents produced by the Health Information Directorate*

## 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 a 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 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 can be shared securely and which safeguards confidentiality.

A key element of this framework is the availability 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. Equally important are unique identifiers for healthcare professionals and organisations; such identifiers are essential building blocks for the development of electronic health records.

### 4.3.1 Priorities

The main focus in 2011 for the Directorate was to continue the implementation of the programme of work relating to health information with the publication of several reports on various aspects of the work, including:

- *International Review of Data Quality*
- *International Review of Health Information Governance Management*
- *Identification of Themes for Standards for National Health Information Sources in Ireland*
- *Report and Recommendations on Patient Referrals from General Practice to Outpatient and Radiology Services, including the National Standards for Patient Referral Information*
- *Recommendation for Unique Health Identifiers for Healthcare Practitioners and Organisations*
- *International Review of Health Information Sources*
- *What you should know about Information Governance: a Guide for health and social care staff*
- *General Practice Messaging Standards Version 2.0*
- *Draft Standards for National Health Information Resources*
- *Developing National eHealth Interoperability Standards for Ireland: A Consultation Document*

The priorities identified were based on those set out in the Authority's *Corporate Plan 2010 - 2012*, by the Board of the Authority, and on consultation with stakeholders. Some rescheduling of the work programme was required due to a 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, which was completed during 2011.



*An excerpt from the Information Governance Guide for health and social care staff (pages 26-27) which covers the key points on information governance*

### 4.3.2 Summary of activities during 2011

#### Technical Standards

A new version *General Practice Messaging Standards Version 2.0* was published following feedback from stakeholders and conformance testing of messages against *Version 1.0* of the standard. The revision provides greater clarity in respect of information sent by hospitals to GPs, such as the addition of a 'corrected results' element which provides GPs with additional information on laboratory tests that they have ordered

Delivering and improving healthcare services through the use of the internet and other online technologies – also called eHealth – is an important feature of a safe, effective and modern healthcare system. eHealth can include electronic prescribing, electronic health records and the online exchange of health information between different services providing care to patients.

Towards the end of 2011, the Authority published a consultation document on Developing *National eHealth Interoperability Standards* for Ireland. This document sets out a proposed roadmap for the development of eHealth interoperability standards which will ensure that the key building blocks for the introduction of a national Electronic Health Record are in place at some time in the future, as well as providing significant benefits in terms of the safe exchange of health information in the interim.

## Unique Health Identifiers for Practitioners and Organisations

The Authority worked with an advisory group representing key national stakeholders, and published *Recommendation for Unique Health Identifiers for Healthcare Practitioners and Organisations*. These recommendations have been submitted to the Minister for Health for approval and mandate once the necessary legislation is put in place through the forthcoming Health Information Bill.

## Unique Health Identifier for individuals in Ireland

The Authority has continued to engage with the Department of Health and other key stakeholders in relation to the introduction of a unique health identifier for individuals. The Authority's recommendations are based on international evidence, robust governance and value for money.

## Health Information Bill

The Health Information Bill, which is currently being developed by the Department of Health, 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 2011, the Authority has continued to actively contribute 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 to protect those whose information it is, and to maximise the potential benefits to be obtained from the collection and utilisation of such information.



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*In 2011, the Directorate produced an important, user-friendly guide to help raise awareness of information governance among all health and social care staff entitled: *What you should know about Information Governance: a Guide for health and social care staff**

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In recognition of the complexity of the issues surrounding information governance, the Authority published a user-friendly booklet *What you should know about Information Governance: a Guide for health and social care staff*. This booklet has been widely distributed throughout the health and social care system.

The Authority continues to work on the development of detailed guidance in relation to Information Governance, which will sit alongside the *Draft National Standards for Safer Better Healthcare*, which are due to be approved by the Minister for Health in 2012.

### Standards for National Health Information Resources

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. With the assistance of an advisory group and a comprehensive international review of best practice, the Authority is developing national standards to ensure the overall quality of national health information resources, including optimising resource utilisation.

The Authority published *Draft Standards for National Health Information Resources* and these were submitted for public consultation. It is expected that provision will be made for the appropriate mandating of these Standards in the forthcoming Health Information Bill.



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*Health Information reports delivered in 2011 included: Report and Recommendations on Patient Referrals from General Practice to Outpatient and Radiology Services, including the National Standard for Patient Referral Information and Recommendations for Unique Health Identifiers for Healthcare Practitioners and Organisations*

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### General Practice Referrals Review Project

The Authority has conducted a detailed review of procedures and processes in both primary and secondary care in respect of the referral pathway from General Practice. This work revealed inconsistencies and risks which a more standardised process could ameliorate.

This work was completed in 2011, resulting in the publication of a *Report and Recommendations on Patient Referrals from General Practice to Outpatient and Radiology Services, including the National Standard for Patient Referral Information*. The report makes a number of recommendations aimed at improving the referral pathway and also sets out a standard template for referral information. An electronic version of this template is being piloted.

### Research Ethics

During 2011, the Authority began the process of preparing for the transfer of the role of supervisory body of Research Ethics Committees (RECs) under the EU Clinical Trials Directive from the Minister of Health to the Authority. A comprehensive review of international practice in this area is being conducted, which will help inform the standards which should apply to those seeking recognition, under the Directive, to be enabled through the Health Information Bill.

## 4.4 Health Technology Assessment

### Background

In accordance with the Health Act, the Authority has a statutory role in developing the discipline of Health Technology Assessment (HTA) in Ireland, and in undertaking specific assessments. It is widely recognised that HTA can play a significant role in informing health policy at all levels, and can support effective decision-making around the best use of resources in the healthcare system. The primary objective of HTA is to enable safe and effective health policies that are patient-focussed and achieve best value for the resources available; it achieves this by supporting and informing healthcare decision-making.

Since 2007, the HTA Directorate has undertaken a range of assessments that have informed national policy and service decisions. It has developed guidelines for the conduct and appraisal of Health Technology Assessments (HTAs) that may be undertaken by others in Ireland, thereby supporting capacity development for HTA at all levels of decision-making. It will continue to develop further guidelines in the coming years. The Directorate has participated in wider national and international initiatives aimed at enabling safe, effective and efficient health policies.

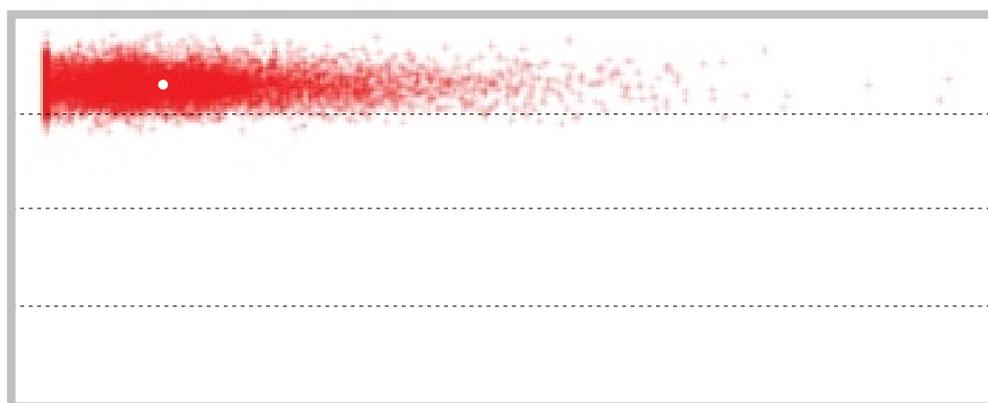
The Authority has conducted five HTAs to date. During 2011, we commenced two HTAs, one mini-HTA and we concluded one HTA.

#### 4.4.1 Health Technology Assessments undertaken in 2011

##### A Health Technology Assessment of Prion Filtration of Red Cell Concentrates to Reduce the Risk of Variant Creutzfeldt-Jakob Disease Transmission in Ireland

The Authority published the results of a HTA of prion filters, a new technology with the potential to further reduce the low risk of transmitting variant-Creutzfeldt-Jakob disease (vCJD) through blood transfusion. The Authority agreed to undertake this HTA in response to a request from the Department of Health. The final report was subsequently submitted to the Minister for Health for his consideration.

The HTA reviewed the evidence regarding prion filtration of red blood cell concentrates (RCC). The report concluded that the financial cost of further minimising what is at most likely to be a low risk is high compared to the likely benefits. In the context of a finite healthcare budget, consideration must be given to the existing technologies and services that would need to be displaced should a decision be made to introduce a policy of prion filtration of RCC in Ireland.

**Figure 6.1** Cost-effectiveness of universal prion filtration**Life years gained**

*An excerpt from page 61 of the Health technology assessment of prion filtration of red cell concentrates to reduce the risk of variant Creutzfeldt-Jakob disease transmission in Ireland. The figure plots the cost of prion filtration against the life years gained by adopting filtration. In 76.3% of simulations, prion filtration prevented at least one death from vCJD. Given the shorter life expectancy post-transfusion coupled with the older age profile of transfusion recipients, not all cases of prevented infections will result in life years gained.*

### Health Technology Assessment of Robot-assisted Surgery in Selected Surgical Procedures

The Authority agreed to undertake a HTA of robot-assisted surgery in response to a request from the HSE National Director for Quality and Clinical Care. The purpose of this HTA was to evaluate the available evidence on the safety and efficacy of robot-assisted surgery for selected indications, the costs and cost-effectiveness of a policy of implementing robot-assisted surgery and to advise on other organisational and training issues that may need to be considered prior to a decision regarding the adoption of such technology by the HSE.

Robot-assisted surgery involves the use of an advanced surgical tool to perform minimally invasive surgery for certain procedures. The device includes up to four robotic arms equipped with surgical instruments that are controlled by the surgeon from an operating console a short distance from the patient. It is claimed that this system could result in better outcomes or reduced complications for patients undergoing these procedures. The technique has been used worldwide in a wide range of surgical procedures to date, including diseases in urology, gynaecology, cardiology and diseases of the head and neck. A report was subsequently submitted to the Minister for Health for his consideration and will be published in 2012.

### Economic evaluation of Repeat Antenatal HIV Screening

Published national guidelines for the management of HIV in pregnancy have been available in Ireland since 2001. The current guidelines are due to be updated in 2012. Following a request from the guideline developers, the Authority agreed to undertake an economic evaluation of a potential new recommendation to introduce a policy of repeat universal HIV testing of pregnant women in the third trimester.

In addition to the specific issues related to the development of the guideline in this project, it was believed that the undertaking of this economic evaluation would provide an opportunity to demonstrate the utility of a 'mini-HTA'. This is a template for a HTA that can be used and adapted by decision makers when undertaking proportionate assessments that are relevant to their needs. Based on the approach used in a HTA, it is intended to assist with decision making about the introduction or expansion of the use of technologies within a particular service setting or for a specific group of patients. A mini-HTA is typically conducted in a much shorter timeframe with fewer resources and thus will have a lower level of detail included than a full HTA.

The purpose of the evaluation is to inform a recommendation and subsequent decision as to whether a change in the existing guidelines in respect of antenatal HIV screening of women is warranted. The evaluation is to include a cost-effectiveness analysis and a budget impact analysis of repeat universal antenatal HIV screening in the third trimester. A draft report has been endorsed through a multi-disciplinary expert advisory group process. Submission of the final report to the HSE and its publication are expected in early 2012.

### Health Technology Assessment of a Surveillance Programme for Women under 50 year at an Elevated Risk of Breast Cancer

Following a request from the National Cancer Control Programme (NCCP), the Authority agreed to undertake a HTA to evaluate surveillance options and their cost-effectiveness for women under the age of 50 years at elevated risk of breast cancer. The technologies being evaluated in this HTA include digital mammography and magnetic resonance imaging (MRI). The HTA will also evaluate the age at which surveillance should commence in each of the risk groups, as well as the frequency of this surveillance.

A multidisciplinary Expert Advisory Group has been convened to advise the Authority on the conduct of this assessment. Work on the HTA is expected to be concluded in 2012 with the submission of a final report to the NCCP and the Minister for Health for their consideration.

## 4.4.2 Health Technology Assessment Guidelines Developed in 2011

The Authority continued its programme of developing HTA guidelines for the broader Irish healthcare system during 2011. These guidelines are developed in collaboration with the HTA Scientific Advisory Group. This group comprises key stakeholders in healthcare in Ireland including national and international methodological experts. The draft guidelines further undergo a formal public and targeted consultation process, before being formally endorsed by the group, and submitted to the Board of the Authority for approval.

### Guidelines for Evaluating the Clinical Effectiveness of Health Technologies in Ireland

The Clinical Effectiveness Guidelines are the third set of guidance produced in the series of HTA Assessment guidelines. Clinical effectiveness relates to the ability of a technology to achieve a clinically significant impact on the health status of a patient. For example, the ability of a drug to reduce the risk of heart attack by lowering blood pressure.

The guidelines consider clinical effectiveness under two headings: measures of effect and methods of comparison or meta-analysis. The former are used to determine the impact of a technology on a patient's health status. The latter considers issues related to the comparison of two or more technologies and how to combine the measured effects across a number of studies to maximise the evidence base. The many associated methodological issues are outlined and guidance on selecting the most appropriate method for a given analysis is provided.

## 4.4.3 Summary of other activities during 2011

### Building capacity and capability in Health Technology Assessment

HTA is a relatively new and underdeveloped discipline in Ireland. To support the development of national expertise in the conduct and interpretation of projects, the Authority has continued to engage with external stakeholders to plan training and education opportunities in HTA. Initiatives include 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), providing internship opportunities for graduate students in related fields and by providing training and education support for members of the HTA team to build on their expertise.

## Stakeholder Engagement

The Directorate continued to engage with key stakeholders in 2011, to facilitate and inform projects that were underway and to inform priorities for the ongoing HTA programme of work. An Expert Advisory Group is convened for new projects that comprises members from key stakeholders including policymakers, service providers, clinicians, patient groups and national and international HTA experts. 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). The HTA Director is also a member of the Department of Health's National Clinical Effectiveness Committee.



*The Authority marked the completion of a number of research projects that we supported, including HTA. These projects were commissioned by the Interim Authority to inform our development as an organisation and they provided a stimulus to some projects across the Authority in the areas of; Health Information, Health Technology Assessments and the registration and inspection of residential services. Pictured left to right are Dolores Quinn, Deputy Chairperson of the Authority's Board, Dr Tracey Cooper, Chief Executive of the Authority, Dr Conor Kennedy and Dr Claire Collins both from the Irish College of General Practitioners and Pat McGrath, Chairperson of the Board of the Authority.*

#### 4.4.4 International networks

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

The Authority is the nominated National HTA body for the European Union funded Joint Action project on HTA (EUnetHTA). The Joint Action 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, and brings together 33 HTA agencies and institutional producers of HTA. The Authority is an associate partner of this Joint Action and is actively involved in contributing to three of the eight work packages (WP).

##### Health Technology Assessment international (HTAi)

The Authority is a member of Health Technology Assessment international (HTAi) - the international professional organisation that focuses specifically on HTA. Membership of this group includes academic institutions, healthcare facilities, industry, business, the voluntary sector and government organisations.

Following its successful hosting of the 2010 HTAi international conference in Dublin, the Authority has continued to build and leverage off the relationships developed with member organisations, in order to increase its efficiency in producing HTAs of the highest calibre. The importance of such networking was evident in the HTA of robot-assisted surgery, where the evaluation team worked closely with agencies from Canada and England who were conducting similar assessments. Members of these agencies participated as members of the Expert Advisory Group as international experts in HTA. Also members of the HTA Directorate contribute to the international programme of work by acting as external reviewers.

The Authority is also a member of the International Network of Agencies for Health Technology Assessment (INAHTA) and contributes to international exchange of information to enable the efficient conduct of HTA through the adaptation of HTA for local application.

## 4.5 Corporate Services

### Background

The Corporate Services Directorate plays a key role in ensuring the effectiveness of the systems, infrastructure and processes necessary to facilitate the efficient delivery of the Authority's services to all stakeholders. A range of activities have been carried out during the year to further develop and strengthen the infrastructure of the Authority.

#### 4.5.1 Human resources

The Human Resources (HR) team provides a full HR service to the organisation. This includes employee relations, policy development, recruitment, compensation (payroll, pensions and other benefits), support of the performance management system and organisational development.

Work was 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. Individual employees were also supported through an academic support programme.

The Human Resources Information system, that was procured the previous year, was embedded in 2011.

HR began the staff recruitment process and preparatory work for the upcoming commencement of the monitoring of child protection and welfare services.

#### 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 2011 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

The Authority published a Business Plan 2011 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 Annual Report. Both documents are available on the Authority's website, [www.hiqa.ie](http://www.hiqa.ie).

### 4.5.4 Facilities management and energy efficiency

The Authority's head office is located in Mahon, Cork and its Dublin Regional Office is located in Smithfield. The Authority has thirty home-based inspection staff. Our facilities management covers the areas of security, hygiene, procurement, maintenance and repairs, along with the management of resources and service providers. It also covers sourcing and managing the booking of external meeting room facilities country-wide, provided by other public sector agencies for staff. In addition to managing the two offices, the Authority also manages the maintenance of an office unit in Sandyford, Dublin which is occupied by another government agency.

#### Energy consumption

The energy consumed in the Authority's buildings is for the purposes of heating, air conditioning, hot water, lighting and usage of office equipment. In 2011, the Authority's head office used 34% of total energy consumption and the Dublin Regional Office consumed 66% of energy.

In 2011, the Authority recorded an improved energy performance by reducing its energy consumption by a total of 39%.

The Authority consumed 587 MWh of energy, which consisted of:

- 198 MWh of electricity in the Authority's Head office
- 251 MWh of electricity in the Dublin Regional Office
- 138 MWh of fossil fuels in the Dublin Regional Office



The improved energy performance recorded by the Authority was due to a number of initiatives included:

- roll out of an 'Optimising Power @ Work' staff awareness campaign with the assistance of the Office of Public Works (OPW)
- activation of energy-saving devices such as adjusting the 'run on time' of the office lights following activation in areas of low occupation

- use of software on the PC network to conserve energy
- the decoupling of systems on the Authority's Building Management Systems (BMS)
- adjusting heating and cooling periods within the buildings.

The Authority plans to continue to maintain the initiatives previously established under the 'Optimising Power @ Work' energy campaign during next year.

These measures include:

- adjust and review the heating, ventilation, and air conditioning in the buildings
- plans to attend the OPW seminar on energy conservation as part of the 'Optimising Power @ Work' campaign award ceremony
- continue to meet regularly with the OPW's energy consultant representative
- carry out 'walk down days' in the Authority to reduce elevator usage
- carry out further BMS audits
- carry out further staff awareness campaigns
- review ICT services for additional energy-saving opportunities.

#### 4.5.5 Information systems

The Information and Communications Technology (ICT) team continued to provide ICT support and services to the Authority. A number of new projects were completed in 2011.

The infrastructure for the Authority's planned information management system, called Prism, was installed and configured in 2011. Once we have completed the project-mapping detailed definition on the underlying processes, we plan to begin the development portion of the project. During 2011, we also trialled mobile devices to feed into our long term Prism strategy as part of our preparatory work.

We initiated a number of projects which improved the security and resilience of the Authority's systems and data. These included:

- installing a software package to protect all ports from intrusion from unknown devices
- enabling only authorised devices to be connected to ports within the Authority
- installing mail archiving software which improved data security and the ability to retrieve data
- porting all Authority smart phones to the Government network which added additional security to data
- reviewing and updating the Authority's process for dealing with virus outbreaks.

The Authority commenced its enterprise document management strategy; this meant a number of processes were moved away from file shares and towards SharePoint 2010. We developed a new management tool in SharePoint to support integrated business planning and risk management across all of the Authority's teams and projects.

During 2011, we completed a range of other projects to reduce costs and improve efficiency, these included:

- negotiating the procurement of core ICT services, which resulted in cost savings in areas of telecommunications, infrastructure and printing. We completed a tender to procure three high specification printers, including a service contract to replace some old office printers
- Piloting additional tools for our home-working staff; the tools that were trialled successfully include video conferencing and voice tools with two home-workers. The solution depends on appropriate broadband services into the home which are not available to all homes
- Making significant investment in internal cross-training in the ICT team, which decreased some resourcing risks.

#### 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 our adherence to health and safety policies and procedures and through the provision of appropriate training, safety awareness programmes and personal protective equipment where required.

The Authority had a total of five minor incidents or near misses reported from staff at its offices or out in the field in 2011. Each incident was reviewed and, where appropriate, actions were taken to reduce the risk of it reoccurring. The Authority's Health and Safety Committee met regularly during the year.

### 4.5.7 Freedom of Information

The Authority continues to meet its obligation in relation to responding to Freedom of Information (FOI) requests. The Freedom of Information Acts permits access to information held by the Authority, which is not routinely available through other sources.

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.

The Authority received a total of 25 FOI requests and handled an additional one carried over from the previous year. Of these 26 requests, 13 were granted, four were part-granted, five were refused, one was withdrawn and three were transferred to another government agency.

Among the 26 FOI requests that the Authority received, there was one internal review of a decision, the initial decision was affirmed by the Authority. The Authority also conducted a total of 11 informal consultations with other agencies in relation to FOI requests received.



The Authority was involved in nine informal consultations with other agencies, in relation to FOI requests received by them, which had an impact on the work of the Authority.

### 4.5.8 Data Protection

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

During 2011, the Authority received one access request under the Acts which is currently under review with the Data Protection Commissioner's Office.

## 4.6 Communications and Stakeholder Engagement

The Communications and Stakeholder Engagement Directorate provides members of the public with up to date information on the work that the Authority is doing to drive high quality, safer, better health and social care services. The Authority does this while maintaining an independent and impartial voice, publishing reports and recommendations without 'fear or favour' and reflecting the Authority's core values of being fair, open and transparent.

During 2011, the Communications and Stakeholder Engagement Directorate continued to work with the media and other stakeholders, to ensure that the Authority provides members of the public with information on our work and that it is appropriately and accurately reported.

### Background

The Directorate is responsible for coordinating all of the Authority's communications, both internal and external. Our primary focus 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 Directorate has sought to further increase a clear awareness of the Authority's role and function among the general public in 2011.

To meet the Authority's communications needs, the Directorate operates six core functions which are:

- press and media relations
- publications management
- consultation and stakeholder engagement
- public and parliamentary affairs
- online communications (includes website)
- internal communications

We are responsive to the communications and stakeholder engagement needs of each of the other Directorates within the Authority. We provide 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 2011

Due to the nature of the Authority's work, the Directorate relies heavily on the media for the public communication of the Authority's work. We take a responsive, open, transparent and factually accurate approach with all of the Authority's communications when dealing with the media.

### Press and Media Relations

In 2011, the Communications and Stakeholder Engagement Directorate issued 32 press releases and statements to the media in order to communicate progress on the work of the Authority. We continued to maintain a proactive, open and transparent approach by publishing the Authority's reports in a timely fashion and by responding to all queries from the media and stakeholders. We held regular press briefings, updating the media on our work and conducted media communications campaigns, which included meetings with journalists, press conferences and conducting 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 and value for money.

The Authority responded to a high volume of media queries and public enquires throughout 2011, due to the wider public and media interest in the regulatory role and other functions of the Authority and the implications that our role has on the ground for service delivery.

### Publishing and Publication Management

We publish all our reports and publications on our website in a timely fashion, so that they are all available to download for free to members of the public. All publications are designed with the website in mind, as the primary means of distribution to promote best use of public sector funds.



*The Authority's Annual Report 2010*

## Consultation and 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. The Directorate provides strategic advice and support in this area.

In 2011, we assisted in the coordination of four public consultations which included: *Developing National eHealth Interoperability Standards for Ireland: A Consultation Document; Draft Standards for National Health Information Resources; National Quality Assurance Criteria for Clinical Guidelines and Guidelines for Evaluating the Clinical Effectiveness of Health Technologies in Ireland.*



*The Authority worked collaboratively with a working group, consisting of nine other agencies, to help develop the Healthcomplaints toolkit for people who use health and social care services in Ireland. The toolkit, consisting of a booklet, a leaflet, a poster and website, [www.healthcomplaints.ie](http://www.healthcomplaints.ie), is a public service initiative to help members of the public understand where and how to complain about health and social care services.*



*Pictured at the launch of the Health Complaints initiative are Mr Cathal Magee, CEO, Health Service Executive; Prof Jane Grimson, Deputy CEO and Director of Health Information, Health Information and Quality Authority; Loretta Evans, mother of Colin Evans, deceased; Minister Roisin Shortall, Minister of State at the Department of Health with responsibility for Primary Care and Emily O'Reilly, Ombudsman.*

## Public and Parliamentary Affairs

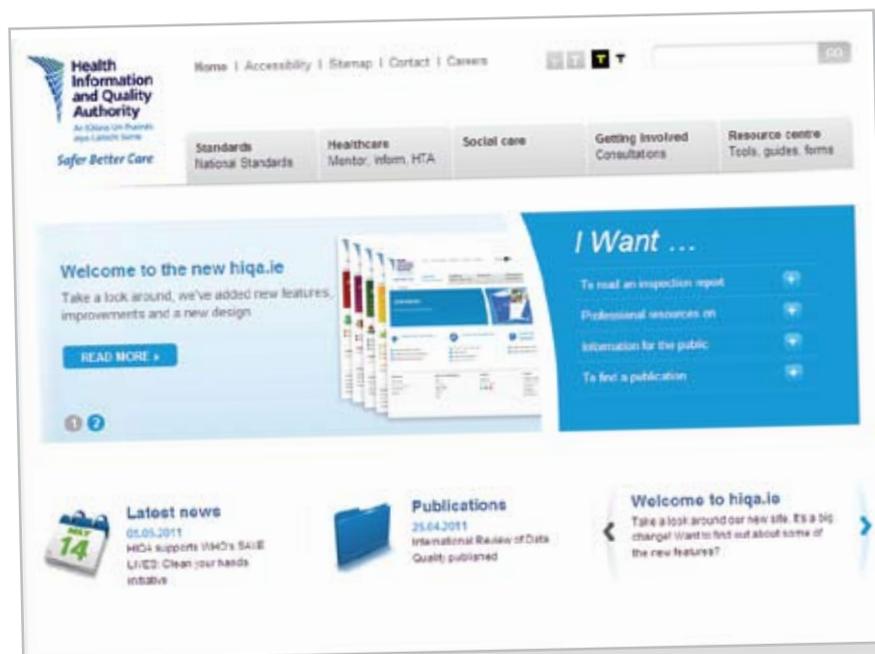
Through its public and parliamentary affairs function, the Authority ensures that it remains accountable to Government and the Houses of the Oireachtas, ensuring that accurate and up-to-date information is provided in a timely manner.

In 2011, the Authority responded to a total of 41 parliamentary queries, including formal requests for briefing information. In addition, the Directorate assisted in preparing notes for the forthcoming presentation to the Joint Oireachtas Committee on Health due to take place in early 2012.

We also provided assistance on the Authority's submission to the Committee on Justice, Defence and Equality concerning the Heads of the Criminal Justice (Withholding Information on Crimes against Children and Vulnerable Adults) Bill 2012.

## Online communications (includes website)

During 2011, the Authority launched its new website [www.hiqa.ie](http://www.hiqa.ie). The website delivers a user-friendly, simple and clean design and layout that is intuitive to navigate, easy to read and has enhanced functionality and interaction. The website content adhered to the principles of plain English to ensure greater accessibility. The website is designed in accordance with the Web Accessibility Initiative (WAI) of the World Wide Web Consortium (W3C) web content accessibility guidelines.



*The Authority launched its new user-friendly, enhanced website [www.hiqa.ie](http://www.hiqa.ie) in 2011.*

We introduced RSS (Really Simple Syndication) feeds from the Authority's website, which is a format for delivering regularly changing web content, to enable stakeholders to easily stay informed by retrieving the latest content on the work of the Authority.

Towards the end of 2011, we began work on a short messaging service (SMS) to provide the public with free text message updates on the work of the Authority. This service will be available in early 2012.

Due to the growing popularity of social media in 2011, the Authority continued to develop and consolidate its online presence through its social media accounts, including Twitter, LinkedIn and Facebook to engage and inform members of the public on the work of the Authority.



Our aim is to further develop and grow these online channels in order to reach a wider audience, to interact and seek input from stakeholders and to build a community around high quality and safer better healthcare in 2012. The Authority plans to explore other methods of communicating online on its work with members of the public such as podcasts and blogs in 2012.

### Internal Communications

The Directorate continued to implement its internal communications plan for the Authority during 2011; we produced a monthly Inside Track Ezine, the staff online magazine of the Authority. 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.

We created a Corporate Brief, a new channel of communication, known as *The Cascade* which is issued monthly and contains all relevant corporate and operational information that staff need to know. The Directorate facilitated giving presentations to staff on its organisational review including staff bulletins.

## 4.7 Chief Executive's Office

### Background

The Chief Executive'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 committee activity

Key areas of work during 2011 involved supporting the Board and its committees, including overseeing the renewal process for the Board.

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 2011 the following meetings took place:

- Board of the Authority met 10 times
- Health and Social Care Governance Committee met five times
- Audit and Corporate Governance Committee met four times
- Information Research and Technology Committee met three times
- Remunerations and Nominations Committee met twice.

#### 4.7.2 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>11</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
- Chief Executive and Executive Directors reporting to the Board
- Board Committee structure
- risk management
- ongoing dialogue with and challenge to the Executive Management.

<sup>11</sup> In compliance with Code of Governance of State Bodies, Section 10.1 (Department of Finance)

A formal process of assurance underpins this statement where the Committees review, on behalf of the Board of the Authority, and 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 the 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>       | a report on compliance with/deviance from public sector statutory obligations a statement on internal financial control and procurement and a statement on risk management  |
| <b>Information, Research and Technology Committee</b> | 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 |
| <b>Health and Social Care Governance Committee</b>    | 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               |
| <b>Remunerations and Nominations Committee</b>        | a report on the performance reviews of the executive management team  |

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 Annual Governance and Compliance report is in Appendix 3.

In addition to this approach, financial controls are subject to internal audit annually and presented to the Board. Risk management is a regular agenda item at Directorate, Executive, Board and Committee meetings.

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

### 4.7.3 Code of Business Conduct

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

The Authority has established an internal legal function which is staffed with one qualified solicitor. The internal legal function has enabled more efficient and cost effective access to legal advice, and therefore the occasions when external legal advice being sought have been reduced.

The internal legal function has also been instrumental in the review of key processes within the Authority and managing the enforcement activities of the Chief Inspector of Social Services, including applications to the District Court for urgent ex parte interim orders to cancel the registration of designated centres.

### 4.7.5 Performance Monitoring and Risk Management

The Authority has introduced a new management tool 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 objectives throughout the year.



# 5. Financial Information



## 5.1 Financial Statements

The summarised financial information set out in this report does not constitute the Health Information and Quality Authority's accounts for the period ended 31 December 2011 as required by Section 35 (4) of the Health Act 2007.

### Summarised Income and Expenditure Account for the Authority Year ended 31 December 2011:

| <b>Income</b>                        | <b>€'000</b>  |
|--------------------------------------|---------------|
| Department of Health and Children    | 8,800         |
| Annual Fees and Registration Fees    | 5,000         |
| Other Income                         | 523           |
| <b>Total Income</b>                  | <b>14,323</b> |
| <b>Expenditure</b>                   |               |
| Investigations and Professional Fees | 720           |
| Staff Costs                          | 11,092        |
| Travel and subsistence               | 518           |
| Research and dissemination           | 44            |
| Support and Establishment            | 2,461         |
| Total Expenditure                    | 14,835        |
| Excess of Expenditure over Income    | (512)         |
| Opening Reserves                     | 783           |
| Closing Reserves                     | 271           |

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 2011:

| <b>Income</b>                     | <b>€'000</b> |
|-----------------------------------|--------------|
| Department of Health and Children | 154          |
| <b>Expenditure</b>                |              |
| Capital Expenditure               | 154          |
| Surplus / (Deficit) for Period    | –            |
| Opening Reserves                  | –            |
| Transfer from Revenue Reserves    | –            |
| Closing Reserves                  | –            |

For further information, the full accounts for the period ended 31 December 2011, and the Comptroller and Auditor General's certificate for the accounts, should be consulted. Once available, copies of the accounts can be obtained from the Authority's website [www.hiqa.ie](http://www.hiqa.ie).



## 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 2 months. The 6 scheduled meetings are listed below together with the attendance of each Board member.

### Attendance of the six regular and statutorily required Board meetings in 2011

| Regular Board Dates 2011 | 26 January | 23 March  | 25 May   | 6 July    | 21 Sept   | 22/23 Nov* | Attendance at regular Board meetings |
|--------------------------|------------|-----------|----------|-----------|-----------|------------|--------------------------------------|
| Pat McGrath              | YES        | YES       | YES      | YES       | YES       | YES        | 6 out of 6                           |
| Bryan Barry              | YES        | YES       | NO       | NO        | YES       | YES        | 4 out of 6                           |
| Angela Kerins            | YES        | YES       | NO       | YES       | YES       | NO         | 4 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             | NO         | YES       | YES      | YES       | YES       | NO         | 4 out of 6                           |
| Philip Caffrey           | YES        | YES       | YES      | YES       | YES       | YES        | 6 out of 6                           |
| Richard Hannaford        | YES        | YES       | NO**     | NO**      | NO**      | NO***      | 2 out of 6                           |
| Sam McConkey             | YES        | YES       | YES      | YES       | YES       | YES        | 6 out of 6                           |
| Damien McLoughlin        | YES        | YES       | NO       | YES       | NO        | NO         | 3 out of 6                           |
| Cillian Twomey           | YES        | NO        | YES      | YES       | YES       | YES        | 5 out of 6                           |
| <b>Total attendance</b>  | <b>11</b>  | <b>11</b> | <b>8</b> | <b>10</b> | <b>10</b> | <b>8</b>   |                                      |

\* 22 and 23 November are one Board meeting

\*\* Serious illness

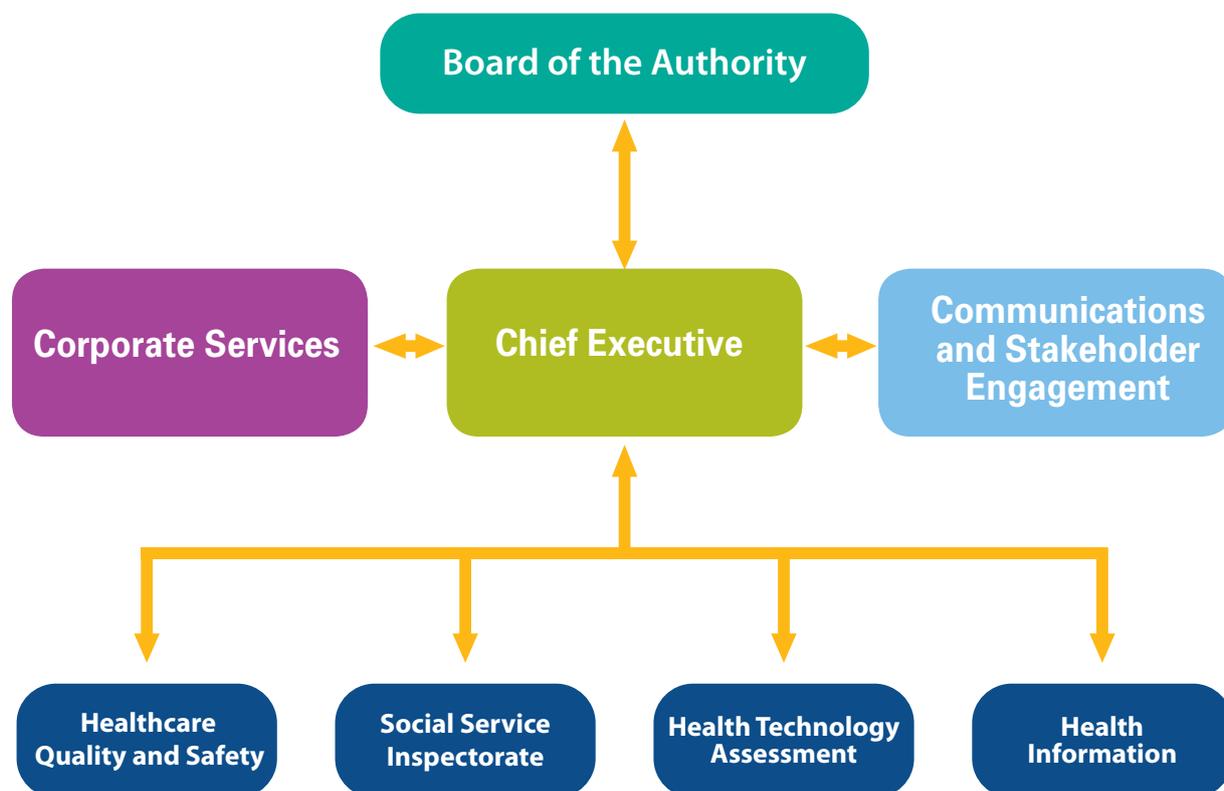
\*\*\* Richard Hannaford died in October 2011

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 four meetings to progress the functions of the Authority.

#### Attendance of the four extraordinary Board meetings in 2011

| Regular Board Dates 2011 | 14 February | 15 March | 13 April  | 24 June  | Attendance for extra BM |
|--------------------------|-------------|----------|-----------|----------|-------------------------|
| Pat McGrath              | YES         | YES      | YES       | YES      | 4 out of 4              |
| Bryan Barry              | YES         | YES      | YES       | YES      | 4 out of 4              |
| Angela Kerins            | NO          | NO       | YES       | NO       | 1 out of 4              |
| Geraldine McCarthy       | YES         | YES      | YES       | YES      | 4 out of 4              |
| Sheila O'Connor          | YES         | YES      | YES       | YES      | 4 out of 4              |
| Dolores Quinn            | YES         | YES      | YES       | NO       | 3 out of 4              |
| Grainne Tuke             | YES         | YES      | YES       | NO       | 3 out of 4              |
| Philip Caffrey           | YES         | NO       | YES       | NO       | 2 out of 4              |
| Richard Hannaford        | YES         | NO       | YES       | YES      | 3 out of 4              |
| Sam McConkey             | YES         | YES      | YES       | YES      | 4 out of 4              |
| Damien McLoughlin        | YES         | NO       | NO        | NO       | 1 out of 4              |
| Cillian Twomey           | YES         | NO       | NO        | YES      | 2 out of 4              |
| <b>Total attendance</b>  | <b>11</b>   | <b>7</b> | <b>10</b> | <b>7</b> |                         |

## 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>12</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.

<sup>12</sup> Department of Finance. Code of Practice for the Governance of State bodies, section 10.1

## 2.1 Recruitment

The Authority endeavours to recruit staff cognisant of the requirements of the Health Act 2007 and its licence from the Commission for Public Service Appointments. All substantive recruitment was carried out using processes in compliance with these provisions.

## 2.2 Disability Act 2005

The Authority is fully compliant with obligations on public sector employers set by the Disability Act 2005 to meet the 3% employment target and report on an annual basis in relation to the numbers of people with disabilities in their employment and the measures that they are taking to employ people with disabilities.

## 2.3 Equality Legislation

The Authority has a number of policies and procedures in place to facilitate compliance with provisions of a range of Equality legislation. The recruitment procedures that are in place, ensuring CPSA compliance, should prevent unfair discrimination in employment. This is supported by a suite of human resources policies that promote fair and equal treatment of staff. In terms of service provision the Authority has a Code of Practice for staff and policies and procedures that ensure that there is no unlawful discrimination.

## 2.4 Freedom of Information

The Authority has a well developed policy and procedure for handling requests for information under Freedom of Information legislation. The Chief Executive Officer has delegated responsibilities to the Freedom of Information Office, who has overall responsibility for Freedom of Information legislation within the Authority and the function of decision makers to a number of senior managers. The Freedom of Information Officer ensures that the Authority is in compliance with the provisions of the legislation.

## 2.5 Health and Safety

This is an issue which is taken most seriously within the Authority. The Authority has appointed a Health and Safety Officer and adopted a Health and Safety Statement. A Health and Safety Committee has been established and meets regularly. The Committee oversees the implementation of health and safety policy within the Authority.

## 2.6 Data Protection

The Authority is committed to a policy of protecting the rights and privacy of individuals in accordance with Data Protection legislation

The Authority is registered as a Data Controller in compliance with the 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.

## 2.7 Public Procurement

The Authority has onerous responsibilities in relation to public procurement. It has processes in place to ensure compliance.

## 2.8 Prompt Payments of Accounts

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 as prescribed by Prompt Payments legislation.

## 2.9 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. This has been completed for the year 2011.

## 2.10 Governance

The Authority has revised its Code of Governance Manual and a Code of Business Conduct in accordance with the Guidelines contained in the Code of Governance for State Bodies. This has been approved by the Minister.

A Corporate Governance annual checklist was recently completed by the Authority and submitted to the Department of Health and Children. The Authority is in compliance with this checklist.

## 2.11 Risk Management

The Authority is compliant with the guidelines on risk management included in the Code of Practice for the Governance of State Bodies. A review of the risk management framework took place at the end of 2010/beginning of 2011 with the result that the Authority's risk management policy and process has been improved. Risks are brought to the Board and the Committees at regular intervals.

## 2.12 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.

## 2.13 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 set out in the Business plan.

## 2.14 Official Languages Act

While the Authority is not listed on the formal schedule for full implementation of all elements of the Official Languages Act 2003, it makes every effort to comply with the current requirements of the Act where possible.

The Authority publishes its Annual Report in Irish as well as English. All of the Authority's signage and branding is bilingual. The Authority's letterhead is also in Irish and there is a bilingual disclaimer in all Authority outgoing email. The Authority replies in Irish to any queries that it receives in Irish, including via the website, and has an Irish speaker among its staff to assist with any queries that are received in Irish.

## 2.15 The Disability Act 2005

The Authority is compliant with the statutory obligations on public sector employers, set by the Disability Act 2005, to ensure, as far as practicable, that information is provided in an accessible format.

All information available to the public is available in an accessible format, for example, accessible HTML, large print, plain English format, Braille, audio file and other formats, where requested. Sign language interpreters are provided for public events, where requested in advance.

The Authority's website is designed in accordance with the Web Content Accessibility Initiative (WAI) guidelines and international best practice. The Authority also endeavours to provide all possible assistance to people with disabilities to access information on its services.

## 2.16 Stakeholder Engagement

### ■ Press/media relations

The Authority is committed to ensuring that its communications reflects the principles, put in place in 'Regulating Better'<sup>13</sup>, of good regulation for independent regulatory bodies which include accountability, consistency and transparency. The Authority also ensures that all communication is open, honest, accessible and easily understood and that its voice is independent across all audiences.

### ■ Stakeholder Engagement

The Authority's activities in relation to stakeholder engagement reflect best practice as endorsed by the Health and Social Care Regulatory Forum's *Framework for Public and Service User Involvement in Health and Social Care Regulation in Ireland*.<sup>14</sup> This includes processes for risk analysis of stakeholder make-up and internal procedures on the management of stakeholder submissions in keeping with public service obligations under Data Protection and Freedom of Information.

### ■ Public Affairs

The Authority has formalised arrangements in place for the ongoing management of public and parliamentary affairs (including parliamentary queries). Adherence to the protocol is actively monitored on an ongoing basis.

### ■ Internal Communications

The Authority is committed to ensuring an informed, involved and engaged workforce through good internal communication within the Authority. It has in place an Internal Communications Plan to maintain close working relationships and two-way communications channels with all staff, including home workers.

<sup>13</sup> Department of the Taoiseach's Regulating Better website: [http://www.betterregulation.ie/upload/Regulating\\_Better\\_html/foreword.html](http://www.betterregulation.ie/upload/Regulating_Better_html/foreword.html)

<sup>14</sup> The Framework document is located at: [http://www.hiqa.ie/media/pdfs/Framework\\_Public\\_Service\\_User\\_Involvement.pdf](http://www.hiqa.ie/media/pdfs/Framework_Public_Service_User_Involvement.pdf)







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