



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte



Annual Report **2012**

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

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Foreword by the Chairperson

I am proud to say that due to the exceptional commitment of everyone at the Health Information and Quality Authority we have continued to deliver on our objective of driving high quality and safe care for people using our health and social services. In 2012, we delivered a significant roadmap to enable a high quality, safe and reliable healthcare service nationally, through the publication of the *National Standards for Safer Better Healthcare*. The Standards reflect the outcomes that contribute to the quality of a person's care, treatment and experience. The Standards are a first step towards a licensing system for the Irish healthcare system, both public and private.

This year we also achieved a major milestone in our work to safeguard dependent people; by June 2012, we met our statutory requirement to have every designated centre for older people, operating on or before June 2009, to be either registered or a decision made to refuse and cancel their existing registration. Of the 568 active centres operating on 30 June 2012, the Authority had registered 562 (99%) centres. Of the remaining six centres, all of them were in the final stages of the process.

As part of our ongoing work to drive improvements in healthcare services, we concluded our investigation into the quality and safety of the emergency department at Tallaght Hospital. The Authority's recommendations focused on the improvements required in the hospital, and in similar hospitals nationally, as well as the changes necessary to improve the accountability of the health system by the State and to modernise the way in which we run our health system in Ireland.

In line with our remit on driving safe, high quality outcomes for patients, we began the first phase of the monitoring programme to contribute to the prevention and reduction of Healthcare Associated Infections to improve the quality and safety of health services.

This year, we also took a major step forward in our role of ensuring the safety and wellbeing of children; we published the *National Standards for the Protection and Welfare of Children* and we commenced our first inspection of the HSE's child protection services under these Standards.

The Authority believes that 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. In 2012, we continued to 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.

In recognition of the importance of data quality in supporting a safe, effective and efficient health and social care system, the Authority published a user-friendly booklet entitled *What you should know about Data Quality: A guide for health and social care staff*. This booklet has been widely distributed throughout the health and social care system. In addition, we continued 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.

In 2012, we continued to contribute to the framing of the Health Information Bill which, once enacted, will establish the legislative framework to enable the Authority to fulfil its statutory obligations on health information and facilitate better integration of health information and systems. The Authority also developed detailed guidance in relation to Information Governance, to sit alongside the *National Standards for Safer Better Healthcare*.

As a science and evidence-based organisation, research is central to everything we do. In 2012 we continued to deliver Health Technology Assessments (HTAs) to help to enable the safe and effective development of healthcare decision-making and policies that are patient-focussed and achieve best value for the resources available. In 2012 we completed two HTAs; one on robot-assisted surgery in selected surgical procedures and the other on a national deep brain stimulation service in Ireland. We also delivered an economic evaluation of repeat antenatal HIV screening in pregnancy.

As Chairperson of the Board, my tenure finishes in May 2013 and this will be the last Annual Report I publish for the Authority. I take this opportunity to thank the members of the Board for their dedication and expert advice to the Authority, the Chief Executive, Dr Tracey Cooper, for her leadership, focus and commitment and to all of the staff of the Authority for their continued hard work and dedication.

I believe that the corporate plan for 2013 - 2015 will ensure the Authority continues to promote and support sustainable improvements in health and social care services, safeguard and inform people using this system and inform policy development and how services are delivered. I am confident that the Authority will maintain and develop a regulatory system that is trusted by users, has the confidence of the public and is acknowledged for promoting capacity and capability in the quality and safety of the health and social care services.



Pat McGrath

Chairperson

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1

About the Health Information and Quality Authority



1 About the Health Information and Quality Authority

1.1 Introduction

This is the Health Information and Quality Authority's sixth Annual Report since the Authority was established in 2007.

In the past five years we have accrued and consolidated an extensive amount of learning from a variety of areas. This can be applied to increase capability and capacity across the health and social care system and to build a robust system of regulation. These areas include health information, health technology assessments, inspections, the registration of designated centres for older persons, new regulation methodologies, standards and guidelines, a common monitoring approach and several investigations of service failures.

During 2012, we continued to deliver our strategic objectives from our *Corporate Plan 2010 - 2012*, see Appendix 1 for a summary report of those achievements. This Annual Report sets out how we delivered our objectives during 2012, 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. Our organisational design and information systems evolved further this year to enable us to take on new functions in our expanded regulatory capacity: two new Directorates, Regulation, and Safety and Quality Improvement, were established and two new Directors were recruited to further enable the Authority make sure that we are organised in the best way to deliver our object. This structure will continue to evolve in 2013.

In addition to this, to enable the Authority to discharge its role as a regulator, we finalised our common approach to how we monitor and we further developed our underlying Information Management System. Adopting this approach has the benefit of ensuring our decision-making is more robust and consistent, and it strengthens our ability to assess risk and enable greater transparency in any decisions we make in our role as a regulator. We also formed a new centralised approach to handling any concerns or unsolicited information that comes into us; and we are using this information for risk analysis purposes to inform the monitoring and inspection of health and social care services under our remit.

Through our health information function, the Authority sets a high standard for the handling of personal health information and for giving services the tools that they need to achieve that standard to improve their information governance. This year we continued to work to ensure that high quality health and social care information is available to support the delivery, planning and monitoring of services. Our key leadership around health information nationally was, and will continue to be, instrumental in supporting quality and safety and the establishment of an individual health identifier.

Towards the end of 2012, we took the opportunity to reflect on the requirements that we needed to have in place, due to an increasing government focus on the regulation of health and social care services. This focus was emphasised through the emergence of government policy in the regulation and oversight of centres providing accommodation and care for adults and children with a disability. It was also evident in the development and assessment of child protection standards and the references within the 2012 Department of Health strategy paper to the licensing of hospitals and the regulation of homecare services¹.

1.2 Our Mandate and Functions

The Health Information and Quality Authority (HIQA) is the independent Authority established to drive continuous improvement in Ireland's health and personal social care services, monitor the safety and quality of these services and promote person-centred care for the benefit of the public.

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

- **Setting Standards for Health and Social Services** – Developing person-centred standards, based on evidence and best international practice, for those health and social care services in Ireland that by law are required to be regulated by the Authority.
- **Social Services Inspectorate** – Registering and inspecting residential centres for dependent people and inspecting children detention schools, foster care services and child protection services.
- **Monitoring Healthcare Quality and Safety** – Monitoring the quality and safety of health and personal social care services and investigating as necessary serious concerns about the health and welfare of people who use these services.
- **Health Technology Assessment** – Ensuring the best outcome for people who use our health services and best use of resources by evaluating the clinical and cost effectiveness of drugs, equipment, diagnostic techniques and health promotion activities.
- **Health Information** – Advising on the efficient and secure collection and sharing of health information, evaluating information resources and publishing information about the delivery and performance of Ireland's health and social care services.

¹ On 15 November the Department of Health published *Future Health: A Strategic Framework for Reform of the Health Service 2012-2015*, which sets out the main healthcare reforms, that will be introduced in the coming years, as key building blocks for the introduction of Universal Health Insurance in 2016.

We are committed to working closely with a diverse group of people when undertaking our functions, 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 2012 we continued to maintain our momentum in undertaking our core functions. We launched two sets of standards of significant national importance; *National Standards for Safer Better Healthcare* and the *National Standards for the Protection and Welfare of Children*. We commenced monitoring of child protection and began preparing for our upcoming role to inspect residential centres for children and adults with disabilities, subject to Ministerial approval. We carried out a substantial amount of public consultation and engagement on our standards, including our draft disability standards, our child protection standards and our draft standards for national health information resources.

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 Act 2004 and the Disability Act 2005).

This Annual Report, which outlines the work of the Authority from 1 January to 31 December 2012, 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 are 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 Directors². The Directors cover a diverse range of experiences that include representation from health and social care professionals, lay members and industry. There were changes in Board membership this year, which are indicated below.

The members of the Board are as follows:



Pat McGrath
(Chairperson)
Deputy Chairman,
International
Development, PM Group



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



**Prof 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



Gráinne Tuke
Solicitor, ESB
(Electricity Supply Board)



Prof Cillian Twomey
Retired Geriatrician, Intern
Network Coordinator,
UCC-South Intern Network,
Chairman of the Board of St
Patrick's Hospital, Marymount
Hospice, Cork



Darragh O'Loughlin*
Pharmacist, former
President of the Irish
Pharmacy Union, former
member of the Council of
the Pharmaceutical Society
of Ireland

² In 2012, four of these non-executive positions remained vacant.



Sheila O'Malley*

Former Chief Nursing Officer, Department of Health, former President of An Bord Altranais agus Cnámseachais na hÉireann/ Nursing and Midwifery Board of Ireland



Dr David Molony*

GP, a member of the National Irish Medical Organisation GP committee, a representative of the National Association of Trainers in General Practice, chair of the Racecourse Medical Officers Association and a founder member of the Association of Irish Primary Care (AIPC)



Prof Geraldine McCarthy**

Professor of Nursing and Midwifery, University College, Cork



Dolores Quinn**

(Deputy chairperson) Marketing and Communications Manager for the Diagnostics Division of Abbott Laboratories



Bryan Barry**

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



Sheila O'Connor**

Co-ordinator, Patient Focus



Angela Kerins**

CEO, Rehab Group Chairperson, Equality Authority



Prof Damien McLoughlin**

Professor of Marketing, UCD Michael Smurfit Graduate School of Business

* During 2012 these members joined the Board of the Authority.

** During 2012 these Board members stood down from the Board of the Authority.

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

The Authority aims to be a flexible and efficient organisation with the highest standards of corporate governance and compliance. 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 70; the Corporate Services Directorate report on page 61; a summary of our objectives achieved in our *Corporate Plan for 2010 - 2012* in Appendix 1 on page 76 and in the Annual Governance and Compliance Report on page 95.

2.2 Board Meetings

The Board held 14 meetings during 2012 (see Appendix 2 for further information).

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 once in 2012*
- **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 six times during 2012
- **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 once during 2012*
- **Remunerations and Nominations Committee** monitors the organisational needs and managerial development of the Authority. This committee met twice in 2012.

**As Board membership was reduced to five members from May to Oct 2012, the number of Committee meetings was necessarily reduced.*

2.4 Organisational Structure and Executive Management Team

The Authority has organised itself to reflect its main functions. Consequently, there are a number of Directorates and the Chief Executive's Office, which are led and managed by an Executive Management Team. See Table 1 on page 16 for an overview of the functions of each Directorate.

The organisational structure can be seen in Appendix 3 on page 94.

The members of the 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 Máirín Ryan
Director of Health
Technology Assessment



Marie Kehoe-O'Sullivan
Director of Safety and
Quality Improvement**



Phelim Quinn
Director of Regulation***



Sean Angland
Head of Corporate
Services



Marty Whelan
Head of Communications
and Stakeholder
Engagement



Richard O'Sullivan
Head of Legal Services



Kathleen Lombard
Board Secretary and Chief
Risk Officer

* During 2012, Dr Tracey Cooper continued to assume the role of Acting Chief Inspector of Social Services.

** During 2012, Marie Kehoe-O'Sullivan joined the Authority.

*** During 2012, Phelim Quinn joined the Authority, he will also take on the statutory role as the Chief Inspector of Social Services, as outlined in the Health Act 2007.

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

Table 1:
Summary Overview of Directorate Functions

Directorate	Function Overview
Social Services Inspectorate (SSI)	<p>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.</p> <p>Functions from Social Services Inspectorate (SSI) were transferred to a new Regulation Directorate on 1 November 2012⁴.</p>
Healthcare Quality and Safety (HQS)	<p>Developing person-centred standards for health. 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.</p> <p>In July 2012, functions concerning quality and safety were transferred to a new directorate, Safety and Quality Improvement (SQID)³.</p> <p>In November 2012, the functions concerning monitoring were transferred to the new Regulation Directorate⁴.</p>
Safety and Quality Improvement (SQID)³	<p>Actively supporting and enabling a culture of patient safety and quality improvement across and within the health and social care system; helping to build capability and capacity in the people providing services; developing national standards and guidance in consultation with key stakeholders and the provision of training in quality improvement methodologies and tools; operating schemes aimed at ensuring safety and quality in the provision of services.</p>

3 The Safety and Quality Improvement Directorate was set up in July 2012 and took on some of the functions of the previous Healthcare Quality and Safety Directorate.

4 The Regulation Directorate was created from the former Social Services Inspectorate and some functions of the Healthcare Quality and Safety Directorate (HQS). The new Directorate is responsible for an extensive programme of regulation and oversight of health and social care services across Ireland.

Directorate	Function Overview
Health Information (HI)	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.
Health Technology Assessment (HTA)	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.
Corporate Services (CS)	Ensuring that the Authority is fit for our intended purpose, through providing human resources, information communications technology, facilities and financial management and other key support services.
Communications and Stakeholder Engagement (Comms)	Managing all the Authority's communications, with both internal and external audiences, and developing collaborative relationships across the health and social care systems.
Chief Executive's Office (CEO Office)	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 Strategic Objectives and Achievements

3.1 Strategic Objectives

Throughout 2012, we continued to deliver the targets that are 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 2012 was also developed, adopted and implemented during the year. It outlined the activities that the Authority would undertake in 2012 to meet its target objectives in the *Corporate Plan 2010 - 2012*. The delivery of the Corporate Plan came to an end this year. See Appendix 1 for a summary report on the objectives achieved in the three years between 2010 to 2012.

This Annual Report contains a progress report for all activities undertaken in 2012 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 2012

The key achievements for 2012 have included:

- meeting our statutory requirement to have every designated centre for older people, operating on or before June 2009, to be either registered or a decision made to refuse and cancel their existing registration. Of the 568 active centres operating on 30 June 2012, the Authority had registered 562 (99%) centres. Of the remaining six centres, all of them were in the final stages of the process
- publishing two sets of National Standards:
 - *National Standards for Safer Better Healthcare*
 - *National Standards for the Protection and Welfare of Children*
- undertaking work on two investigations including:
 - concluding the report of the *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*
 - announcing the terms of reference on *an investigation into the safety, quality and standards of services provided by the Health Service Executive (HSE) to patients, including pregnant women, at risk of clinical deterioration, including those provided in University Hospital Galway (UHG) and as reflected in, among other things, the care and treatment provided to Savita Halappanavar.*
- inspecting a total of 561 designated centres for older people and undertaking 838 inspection visits in total in 2012, of which 51% were follow-up inspections; and 40% were 'ten-outcome monitoring'⁵ inspections, 6% dealt with single or specific issues and the remaining 3% were 'full-18 outcome' inspections
- undertaking a number of public consultations on standards including:
 - *Draft National Standards for the Protection and Welfare of Children*
 - *Draft National Standards for Residential Centres for People with Disabilities*
 - *Developing eHealth Interoperability Standards for Ireland: A Consultation document*
 - *Draft Standards for National Health Information Resources*
- pursuing a legal process and enforcement action which resulted in a total of five designated centres for older people being closed in 2012 in accordance with the Health Act 2007

5 'Ten-outcome monitoring' inspection is an inspection that monitors ongoing compliance with key regulations and standards. See page 31 for more details on types of inspections.

- concluding two health technology assessments; one on robot-assisted surgery in selected surgical procedures and the other on health technology assessment of a national deep brain stimulation service in Ireland
- presenting to the Joint Oireachtas Committee on Health and Children concerning the work of the Authority on two separate occasions
- finalising and publishing *General Guidance on the National Standards for Safer Better Healthcare*
- commencing inspection and monitoring of all HSE's child protection services under our new *National Standards for the Protection and Welfare of Children*
- commencing a programme of work to actively support and enable a culture of patient safety and quality improvement across the health and social care system by helping to build capability and capacity in the people providing services; preparing to become Ireland's Hub for the Institute for Healthcare Improvement (IHI)
- undertaking pre-consultation and engagement with stakeholders on priorities for the Authority's Corporate Plan for the next three years
- launching a new ezine for stakeholders called HIQA News
- commencing the roll out of a new programme of monitoring hygiene and infection prevention and control practices in Irish hospitals
- publishing a range of Health Information documents including:
 - *What you should know about Data Quality: A guide for health and social care staff*
 - *Guidance on Messaging Standards for Ireland*
 - *International Review of ePrescribing and electronic transfer of Prescriptions*
- continuing with the implementation of the operational infrastructure of the Authority, including:
 - establishing two new Directorates – the Safety and Quality Improvement Directorate and the Regulation Directorate (see page 16) and recruiting two key appointments to head up these new Directorates
 - continuing with the implementation of the operational infrastructure of the Authority; developing internal ICT systems and improving the way we share information through Sharepoint.

4

Activities by Directorate



4 Activities by Directorate

4.1 Report of the Office of the Chief Inspector of Social Services / Social Services Inspectorate

The functions of the Social Services Inspectorate transferred into the new Regulation Directorate on 1 November 2012, as outlined on page 16.

4.1.1 Background

Since 1 July 2009, HIQA's Social Services Inspectorate has been responsible for the registration and inspection of designated centres for dependent persons (in practice, these are nursing homes and HSE/voluntary residential services for older people). Prior to this date, HSE was responsible for the inspection and registration of private and voluntary centres.

In addition to the regulation of designated centres, we inspect statutory children's residential centres, special care units, detention schools and foster care services. In 2012, we commenced the monitoring of the HSE's child protection and welfare services; we also began to prepare for the upcoming regulation of designated centres (residential services) for children and adults with disabilities, which is due to commence, subject to Ministerial decision, in 2013.



(L-R) are: Minister for Children and Youth Affairs, Frances Fitzgerald TD, Taoiseach Enda Kenny TD and Sinead Murray, Executive Officer, SSI attending the launch of the *National Standards for the Protection and Welfare of Children*.

The Authority launched the *National Standards for the Protection and Welfare of Children*.



- 1 Poster displayed at the launch event of the *National Standards for the Protection and Welfare of Children*.
- 2 Pictured (L-R) Dr Tracey Cooper, Chief Executive of the Authority; Frances Fitzgerald TD, Minister for Children and Youth Affairs; An Taoiseach Enda Kenny TD and Pat McGrath, Chairperson of the Board of the Authority.
- 3 Niall Byrne, Deputy Director of SSI.
- 4 Minister for Children and Youth Affairs, Frances Fitzgerald TD.
- 5 An Taoiseach Enda Kenny TD.



4.1.2 Summary of activities during 2012

During 2012, our work included the following activities, we:

- completed the first cycle of registrations for designated centres (nursing homes) in July 2012
- continued to inspect designated centres (nursing homes) and children’s residential services and published the inspection reports on our website
- completed the public consultation and published the *National Standards for the Protection and Welfare of Children*
- commenced the monitoring of the HSE’s child protection and welfare services
- held a number of seminars for providers and persons in charge of designated centres (residential services for older people)
- prepared for the forthcoming commencement of regulation of designated centres (residential services) for children and adults with disabilities.

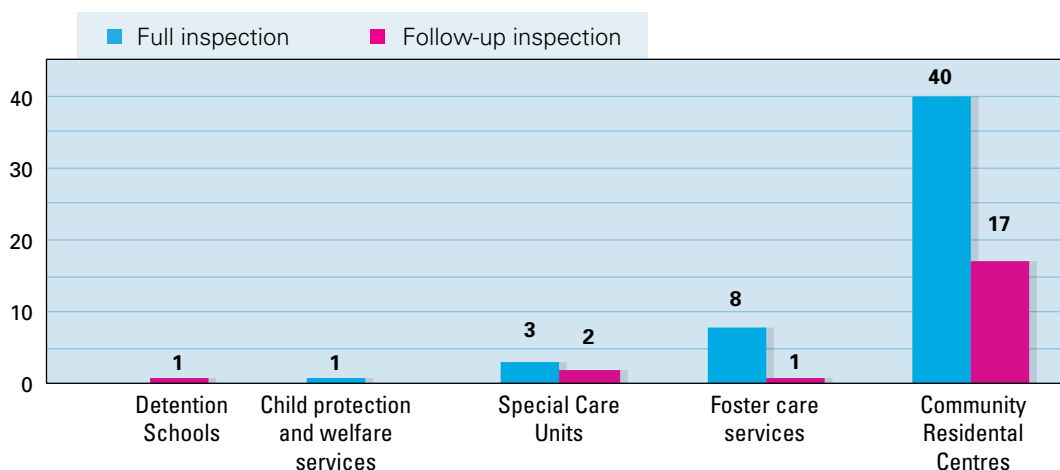
4.1.3 Registration and inspection activity and reporting

Safeguarding children

In 2012, we continued to inspect children’s services under provisions made in the Child Care Act, 1991; we conducted 73 inspections overall across children’s residential care centres, foster care services, special care units, detention centres and child protection and welfare services. Figure 2 below illustrates the number and types of inspections we completed in 2012. We also recruited and trained an additional nine inspectors to work in our children’s services team.

Figure 2:

Number and types of inspections of children’s services completed from 1 January to 31 December 2012



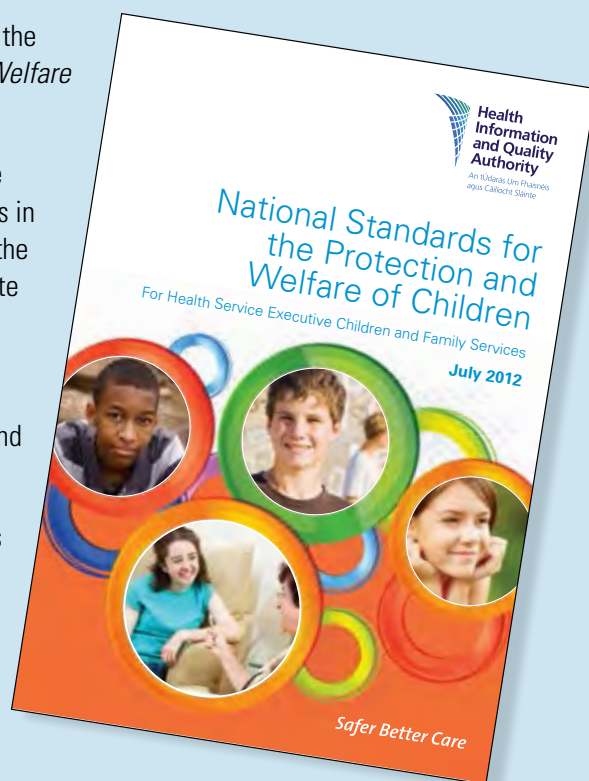
Commencement of the monitoring of child protection and welfare services

An inquiry report published by the Government stated that the Authority would develop standards for child protection and commence the inspection of child protection and welfare services^(6,7).

A national public consultation was carried out on the *Draft National Standards for the Protection and Welfare of Children* in 2012.

The purpose of these Standards is to describe the attributes of the HSE Children and Family Services in carrying out its functions to protect and promote the welfare of children who are not receiving adequate care and protection and to address concerns in relation to the quality and safety of care which children are receiving. By setting out these attributes, the service can identify its strengths and areas for improvement.

The Standards also enable children, their families and carers to see what constitutes an effective and safe service. All the standards focus on the best outcomes for children and inform them about what they can reasonably expect of services.



Following the public consultation, all submissions were reviewed in detail and a statement of outcomes report was produced which summarised the feedback and the Authority's response to it. This informed the development of the final standards, which were published in July 2012. The Standards provide a framework for the development of child-centred services in Ireland that protect children and promote their welfare.

The Standards are a significant milestone in putting safer and more reliable child protection systems in place for Ireland's vulnerable and at-risk children and they also promote the principles outlined in *Children First* guidance, the national guidance on child welfare and protection. HIQA will assess the wider performance of the HSE Children and Family Services or successor agency, as the service provider, in relation to its statutory functions to provide adequate care and protection to children, under Section 3 of the Child Care Act, 1991 and its statutory duties under *Children First*. The Standards will also guide the HSE's or successor agency's response to child protection concerns and how these concerns are managed.

6 Report of the Commission to Inquire into Child Abuse, 2009: Implementation Plan.

7 The monitoring of HSE's child protection and welfare services commenced in 2012.

The 27 standards are structured under six key themes as illustrated in the image below.

Figure 3:

Six key themes for the *National Standards for the Protection and Welfare of Children*



We undertook a significant amount of work to develop the methodology and accompanying documents for the first inspections of HSE child protection and welfare services. This included a visit by staff to other jurisdictions to gain an insight into the practices used to monitor child protection and welfare services.

We carried out our first child protection and welfare inspection of HSE services in November 2012 in the Carlow/Kilkenny HSE area. We also produced and published guidance that explained the process for inspecting child protection and welfare services.

All inspectors for children services received relevant child protection and welfare training and further training is planned for the forthcoming year.

Special Care Units

Following the reopening of Coovagh House special care unit in July 2012, there were three special care units (SCUs) in operation in Ireland. Coovagh House special care unit had closed the previous year for renovations and, following the reopening of this SCU, inspectors found significant improvements had been made in respect of the quality of the care provided to the young people living in the centre, the management of staffing and the layout of the building.

The two other special care units, Gleann Alainn and Ballydowd, were also inspected during 2012; the key areas identified by inspectors for improvement in both centres included management of staffing and the implementation of policies and practices to address the issue of single separation.

Foster care services

When selecting the HSE foster care sites for inspection in 2012, we considered a range of factors including demographics, location and findings of previous recommendations to reflect the range of foster care services provided across the country by the Health Service Executive.

We reviewed the methodology used to inspect foster care services. Following this review, we structured inspections to primarily focus on the outcomes for the children in foster care; we did this by tracking their journey into and throughout their time in foster care and by speaking with the children themselves, their family and carers and the range of HSE personnel involved in the provision of services to the child in foster care.

On completion of the inspections in 2012, we developed guidance on the inspection methodology which will be published in 2013.

Following the amendment to the Child Care Act, 1991 (by the Child Care Amendment Act 2011) we also began work to prepare to undertake inspections of non-statutory foster care services in 2013.

Safeguarding Older People

At the end of 2012 there were over 28,000 residents living in 575 designated centres in Ireland and the Authority monitors the compliance of designated centres with the relevant standards and regulations⁸ 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
- various interactions including meetings that may take place with a provider.

Overview of the three-year registration cycle for designated centres

Centres registered

There were approximately 600 centres operating as designated centres on 1 July 2009. By 30 June 2012, the Chief Inspector was required to ensure that every provider was either registered, or a decision made to refuse and cancel the existing registration.

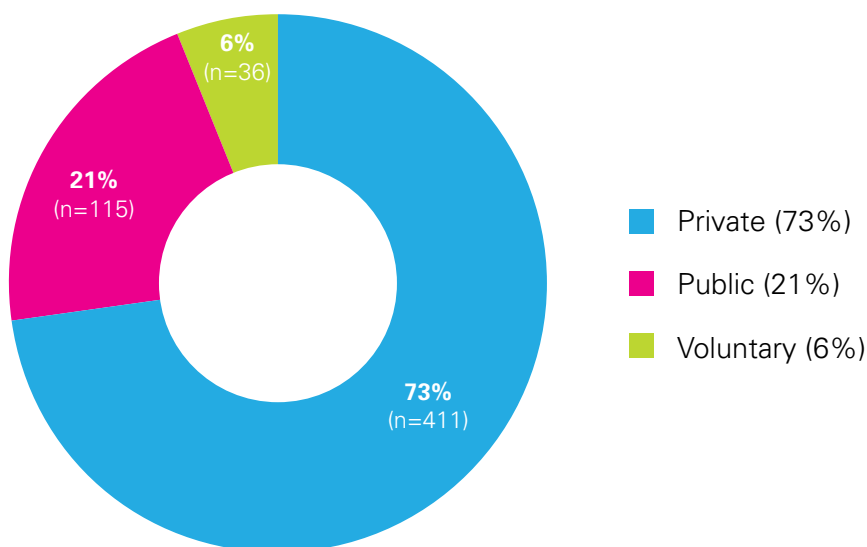
Of the 568 active centres operating on 30 June 2012, 99% (n=562) of them were registered and were issued with a registration certificate.

8 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 (as amended).

Of the remaining six centres, all were in the final stages of the process as set out in the legislation⁹. Of these six centres, five have since been registered and have been issued with a registration certificate and one centre is currently appealing the decision to refuse registration, with the court date pending in late January 2013. Figure 4 below shows the breakdown (by provider type) of the 562 centres registered by 30 June 2012.

Figure 4:

Number and percentage of centres (by provider type) registered by 30 June 2012



Centre closures

There were a number of centres which closed between 1 July 2009 to 30 June 2012.

- 14 (2.5%) of the original approximate 600 centres closed through regulatory action, this included:
 - six centres were closed by the Authority following court order under Section 59 (1)¹⁰ or Section 60¹¹ Cancellation of registration
 - eight centres closed under Section 50 Registration Refusal¹² and/or Section 51 (1)(a) Cancellation¹³
- 27 centres decided to close voluntarily¹⁴

See page 32 and 33 for details on centre closures in 2012.

⁹ Notice of Proposal to refuse 1 / Notice of Decision to grant 1 / Notice of Decision to refuse 1 / Representation in process for one centre which had received a notice of proposal to grant registration with conditions / Centres that have not made a complete registration application 2.

¹⁰ Section 59 (1) is Urgent application to the court to cancel registration.

¹¹ Section 60 is Ex parte Emergency application to the court to cancel registration.

¹² Section 50 is Decision to refuse registration application.

¹³ Section 51 (1)(a) is Non-urgent cancellation of registration.

¹⁴ Section 66 is voluntary closure by the designated centre.

New centres

In addition, 17 new centres came into operation that were not in operation on 1 July 2009, and were registered during this three year period.

Inspection activity for designated centres during 2012

Inspections in designated centres are carried out to monitor ongoing compliance with regulatory requirements and ensure continual improvement. The terms used to describe the different types of inspections and the accompanying inspection report templates were reviewed and amended by the Authority during 2012 - see explanatory box below that indicates what the four different types of inspections mean.

Explanation of the four different types of inspections:

- **'Full-18 outcome' inspections** set out the centre's compliance with all of the standards and regulations. This type of inspection is typically carried out during registration or registration renewal
- **'Ten-outcome monitoring' inspections** monitor ongoing compliance with key regulations and standards
- **Follow-up inspections** assess whether the provider has implemented required actions
- **Single/specific issue inspections** are based on a notification or on information received.

In 2012, we inspected 561 designated centres; we undertook 838 inspection visits in total (Figure 5 shows the number of different types of inspections that we undertook).

Figure 5:

Number and types of inspection for designated centres completed from 1 January to 31 December 2012

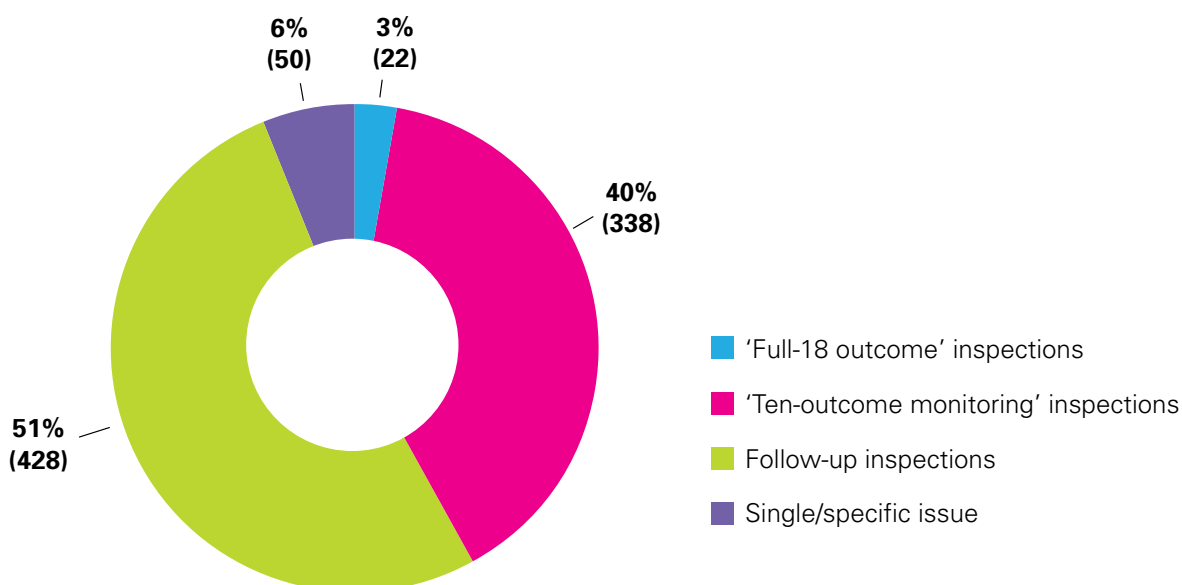


Table 3 below lists the number and percentage of inspection visits to designated centres, on an overall centre basis and as a proportion of overall visits. Of the 561 designated centres which received an inspection visit in 2012, over two thirds received one inspection visit, 22% received two inspection visits and the remaining 9% of centres received three or more inspection visits.

Table 3:
Number of inspection visits during 2012 for designated centres

Number of visits to centres	Number of centres (n=561 centres)	As a % of centres (n=561 centres)	Total visits (n=838 visits)	As a % of visits (n=838 visits)
1 visit	386	69%	386	46%
2 visits	126	22%	252	30%
3 visits	29	5%	87	10%
4 visits	8	1%	32	4%
5 visits	4	1%	20	2%
6 visits	3	1%	18	2%
7 visits	1	<1%	7	1%
8 visits	2	<1%	16	2%
9 visits	1	<1%	9	1%
11 visits	1	<1%	11	1%
TOTAL	561	100%	838	100%

4.1.4 Enforcement actions

Centre closures 2012

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).

Twelve designated centres closed during 2012, the majority (64%) of which closed voluntarily. There were a small number of centres which were closed as a result of enforcement action undertaken by the Authority – see next page for a list of the numbers of centres that closed during 2012 and the reasons for their closure.

Closed under Section(s) of the Health Act 2007, as amended

- One centre was closed by the Authority following court order under Section 59 (1) - *Urgent application to the court to cancel registration* or Section 60 - *Ex parte Emergency application to the court to cancel registration*
- Four* centres were closed under Section 50 - *Decision to refuse registration application* and/or Section 51 (1)(a) - *Non urgent cancellation of registration*
- Seven centres closed under Section 66 - *voluntary closure by the designated centre*

* 4 centres had both Section 50 and Section 51 orders

Concerns

In 2012 the Authority received 277 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:

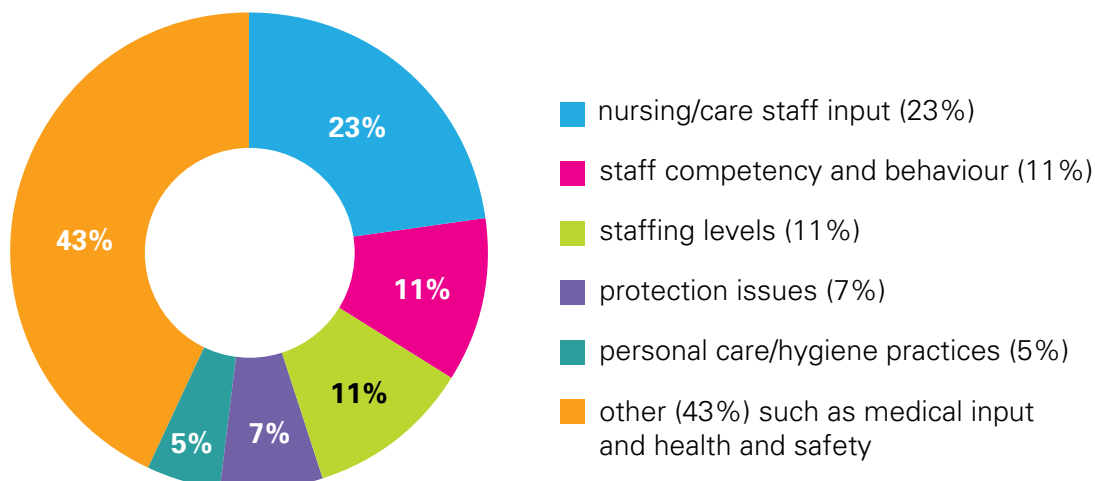
- the impact on the residents
- the quality of service being provided
- whether or not the concern indicates a risk to the safety of the residents
- whether the registered provider is in compliance with the standards and regulations.

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

The top five types of concerns that the Authority received in 2012 are broken down into the categories as illustrated in figure 6.

Figure 6:

The top five types of concerns the Authority received in 2012 are broken down into these categories:



By the end of 2012, 98% (n=272) of concerns regarding designated centres had been fully dealt with and 2% (n=5) remained in progress.

The concerns process for children is guided by the Childcare Act 1991 and the Children First Guidance¹⁵. In 2012, 73 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. Currently, services for people with disabilities are not regulated or inspected by the Authority; however the Authority received 17 concerns in relation to services for people with disabilities in 2012.

4.1.5 Preparation for the commencement of the regulation of designated centres (residential services) for children and adults with disabilities

As part of the preparation for the upcoming commencement of the regulation of designated centres for adults and children with disabilities, we completed a review of the existing *Draft National Quality Standards for Residential Services for People with Disabilities*. This review involved consultation with a range of stakeholders including the Health Service Executive, Department of Health, Department of Children and Youth Affairs and key disability umbrella groups.

The amended draft Standards were launched for a five week public consultation period in October 2012. During this consultation period we met with people who use these services, parents of people who use the services and service providers to obtain their feedback on the draft standards. The feedback from over 100 submissions from the public consultation was collated and taken into account and the resulting revised draft Standards are due to be presented to the Board of the Authority in early 2013.

¹⁵ This guidance is titled Children First: National Guidance for the Protection and Welfare of Children.



A video broadcast on the Authority's YouTube channel introduced the consultation on the *Draft National Standards for Residential Centres for People with Disabilities* in October 2012. It was viewed more than 290 times. We received 100 submissions in response to the consultation from interested groups, residents and their families and from the general public.

In addition to ongoing meetings with the Department of Health, other preparatory work took place in 2012 to prepare for the commencement of this new function. This included workforce planning, defining and quantifying the scope of designated centres and developing methodology to undertake the regulatory work.

4.1.6 Communications

Conference presentations

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

- Health and Safety Authority
- Chief Fire Officers Association
- Nursing Home Ireland's annual conference
- Health Service Executive (HSE)
- Citizens Information Board.

Seminars for Providers and Persons in Charge of designated centres

We held seminars in three locations in 2012 to reflect the Authority's three administrative regions (South, North and Central). These seminars were attended by 700 providers and persons in charge of designated centres. An advisory group included representatives from the provider community to ensure that the seminars covered relevant topics such as:

- review of quality and safety of care and quality of life in designated centres
- clarifications on the range of regulatory requirements including notifications and the registration renewal process.

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 2012. The panel issued their 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.

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 as well as other key stakeholders, to discuss relevant regulatory issues. 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 2012 a liaison group was established between the Authority and representatives from the Chief Fire Officers Association to produce advice and guidance documents for their respective staff.

Newsletter and other updates for providers of designated centres

In addition to the provider newsletter that we sent to providers of designated centres, which have updates on our regulatory work and references to publications with useful social care articles, we also issued a series of Safety Alerts to providers. We introduced these Safety Alerts in 2012 in response to some serious incidents which occurred in designated centres for older people, to inform providers of key safety precautions to take in relation to these incidents.

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

The Authority published this report in February 2012 which provided a retrospective national overview of the findings of the initial inspections in designated centres from 1 July 2009 to the end of September 2010. It examined how providers addressed breaches of the relevant legislation in this fifteen-month period and explored key learnings from this time, for both the Authority and providers.

The review of the initial reports showed that:

- the most frequent breaches of the Regulations, affecting over three-quarters of centres analysed, occurred under the Regulation on Premises (which governs the quality and appropriateness of physical accommodation and facilities to residents' needs) which impacted on resident safety and quality of life
- this was followed by risk management procedures, which affected three quarters of all centres and has significant implications for residents' safety
- other relatively frequently breached Regulations included: General Welfare and Protection, Training and Staff Development, Residents' Rights, and Assessment and Care Plans. Failings in these important areas are key factors in poor quality of life for residents and pose a risk to appropriate care (based on assessed needs) consistently being delivered.

On 1 November 2012 the Social Services Inspectorate became part of the new Regulation Directorate. This new Directorate brings together all the regulation activities of the Authority. See Chapter 4.3 for the report on the Regulation Directorate activities.

4.2 Healthcare Quality and Safety

In July 2012 the functions relating to standards and quality improvements were transferred from the Healthcare Quality and Safety (HQS) Directorate into a new Directorate called Safety and Quality Improvement (SQID). See chapter 4.4 for a report on SQID's progress in 2012. Functions related to monitoring moved to a new Directorate called Regulation on 1 November – see next chapter. This is a report on HQS's activities before the functions were transferred.

4.2.1 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 is responsible for carrying out these functions on behalf of the public.

During 2012, our work included the following activities:

- concluding and publishing the report of the *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*
- publishing and launching the *National Standards for Safer Better Healthcare*
- publishing *Statement of Outcomes – Report on the outcome of the public consultation on the Draft National Standards for Safer Better Healthcare*
- coordinating review meetings following the report *Pre-hospital Emergency Care Key Performance Indicators for Emergency Response Times*
- responding to a range of information brought to our attention regarding the quality and safety of healthcare services.

4.2.2 Summary of activities during 2012

Publication of *National Standards for Safer Better Healthcare*

In June 2012, the Minister for Health launched the *National Standards for Safer Better Healthcare* at an event in the Mansion House attended by over 200 people.

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 outcomes that contribute to the quality of a service user's care, treatment and experience: whether it is person-centred, safe, effective and 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 Standards are a first step towards a licensing system for the Irish healthcare system, both public and private. From their launch, the Authority expects all service providers to begin implementing the Standards. The Authority will develop quality improvement programmes to support HSE providers and HSE-funded providers in meeting the requirements of the National Standards (for more on this, see chapter 4.4 on Safety and Quality Improvement Directorate).

The Standards were also launched online with multimedia guides for service users and service providers, including:

- a short YouTube presentation on the Standards was given by the Authority's Head of Standards and Methodology
- a video recording of the launch event
- a short Guide to the National Standards
- a slide presentation on the National Standards
- a Statement of Outcomes

The *National Safer Better Healthcare Standards* are immensely important for patients, placing them at the heart of the care process. They are aimed at protecting patients and improving services, and will form the basis for future licensing of all healthcare facilities in Ireland.

The Authority published a Statement of Outcomes from its wide public consultation on the National Standards. This Statement outlined the feedback received, as well as how that feedback was incorporated into the review and development process.



Pre-hospital emergency care services

We continued to support the HSE's use of key performance indicators in driving improvements in pre-hospital emergency care. A report on *Pre-hospital Emergency Care Key Performance Indicators for Emergency Response Times* published by the Authority in 2011 recommended the introduction of key performance indicators for emergency response times. In 2012, we coordinated the review meetings with the Department of Health and the Health Service Executive to examine the progress of the service against these recommendations.

Monitoring compliance with standards

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

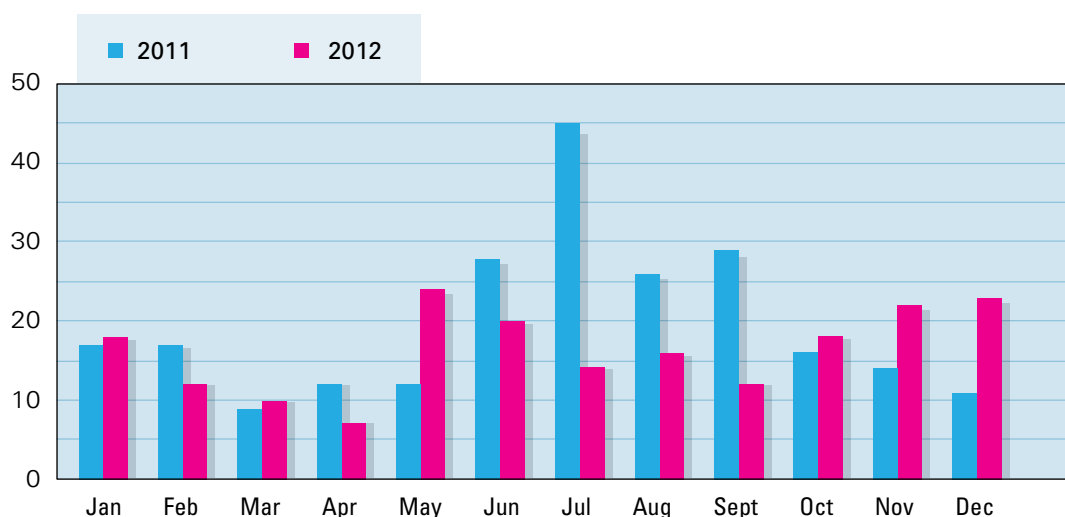
The Authority reviews information it receives about the safety and quality of healthcare services provided by, or on behalf of the Health Service Executive. The purpose of this is to establish if hospitals are complying with National standards or if the information indicates that there may be reasonable grounds for the Authority to believe that there is a serious risk to the health and welfare of persons receiving those services. In response, the Authority acts to safeguard service users by seeking assurances from the HSE and/or services providers that potential risks to patients are being mitigated and managed.

If the service provider does not provide the necessary assurances and the Authority believes that there is a serious risk to patients, then the Authority may undertake an investigation into the safety, quality and standards of services or operate a Special Reporting Framework.

In 2012, the Authority received 196 concerns about the quality and safety of healthcare services; this represents a 20% decrease on information received in 2011. Figure 7 shows the number of concerns received in both years.

Figure 7:

The number of concerns received by the Authority regarding the quality and safety of healthcare services in 2011 and 2012



In 2012, the Authority concluded a Special Reporting Framework with the Louth Meath Hospital Group and Mid West Regional Hospital Group and recommended, to the Director General Designate of the HSE, that a special measures framework¹⁶ be put in place at both sites.

To read about the Authority's programme of monitoring acute hospitals' compliance with the *National Standards for the Prevention and Control of Healthcare Associated Infections*, refer to chapter 4.3 on Regulation.

Report on investigation into Tallaght hospital

The Authority published the report of the *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*. We undertook this investigation in response to information that raised concerns about the risks to health and welfare of patients attending the Emergency Department at Tallaght Hospital.

The investigation found a history of longstanding challenges in leadership, governance, performance and management at Board and Executive level of the Hospital, and a failure of the State to hold the Hospital, which was in receipt of significant amounts of State funds, effectively to account for the quality and safety of services it provided. These challenges resulted in the persistent, and generally accepted, tolerance of patients lying on trolleys in corridors for long periods of time with a lack of clarity as to who was accountable for patients.



Pictured (L-R) at the launch of the report into the investigation into Tallaght Hospital are: Dr Tracey Cooper, Chief Executive of the Authority, Hilary Coates, Head of Operations, Safety and Learning (HQS) and Mary Dunning, Regional Manager (HQS).

The findings and the 76 recommendations from this investigation focus on the improvements required in Tallaght Hospital, and in similar hospitals nationally, as well as the changes necessary to improve the accountability of the health system by the State and modernise the way in which we run our health system in Ireland.

¹⁶ As recommended in the Authority's report on 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*.

The Authority launched the *National Standards for Safer Better Healthcare*.



1 Minister for Health Dr James Reilly TD speaking at the launch of the *National Standards for Safer Better Healthcare*.



2 Margaret Murphy, World Health Organization's Patients for Patient Safety Champion.



3 Pictured (L-R) Fergus Clancy, Independent Hospitals Association of Ireland, Dr Philip Crowley, National Director, Quality and Patient Safety, HSE, Dr Deirdre Mullholland, the Authority's Head of Standards and Methodology and Dr Tony Hollohan, Chief Medical Officer, Department of Health.



4 Pictured (L-R) Minister for Health, Dr James Reilly TD, Dr Tracey Cooper, Chief Executive of the Authority and Pat McGrath, Chairperson of the Board of the Authority.



5 Pat McGrath, Chairperson of the Board of the Authority, addresses the audience.

They include recommendations to improve the acute care for patients in emergency departments nationally, the effective management of patient admissions and discharges and access to diagnostic tests. There are also recommendations to strengthen the arrangements to hold chief executives and chairpersons to account for the delivery and quality of the service; there is a requirement for existing boards and executives of all health and social care service providers, in receipt of State funds, to assess themselves against the relevant recommendations within the report and to modernise the constitutional basis, composition and competency of such boards.



Mary Dunnion, Regional Manager (HQS), addresses the audience attending the press conference which launched the investigation report into Tallaght Hospital.

4.3 Regulation

4.3.1 Background

Under the Health Act 2007, the Authority is responsible for monitoring compliance with standards and investigating, as necessary, serious concerns about the health and welfare of service users. The Regulation Directorate is responsible for carrying out these functions on behalf of the public.

The Regulation Directorate was set up on 1 November 2012. It was created from the former Social Services Inspectorate (SSI) and Healthcare Quality and Safety Directorate (HQS), and is responsible for an extensive programme of regulation and oversight of health and social care services across Ireland.



Phelim Quinn, Director of Regulation who joined the Authority in 2012, he will also take on the statutory role of the Chief Inspector of Social Services.

In 2012, the new Directorate began to put plans in place to ensure that it is adequately resourced, organised and managed to meet the Authority's requirement to deliver on strategic programmes, including:

- regulating designated centres in line with the Health Act, 2007 (as amended)
- provide progressive assurance of the quality and safety of defined health services in Ireland: assuring the quality of defined health and social care through a robust assurance and scrutiny programme in line with the Health Act 2007
- provide progressive assurance of the quality and safety of defined children's services in Ireland: inspecting children's care services as requested by the Minister for Children and Youth Affairs under the Child Care Act, 1991 and monitoring the HSE's child protection services against the relevant *National Standards for the Protection and Welfare of Children*. Inspecting children detention schools as requested by the Minister.

As the new Directorate was being created, a further opportunity arose through the Authority's requirement to develop its new three-year Corporate Plan for the forthcoming three years. Towards the end of 2012, the Authority took the opportunity to reflect on the requirements that it needed to have in place due to an increasing government focus on the regulation of health and social care services; this focus was emphasised through the emergence of government

policy in the regulation and oversight of centres providing accommodation and care for adults and children with a disability, the development and assessment of child protection standards and the references within the 2012 Department of Health strategy paper¹⁷ to licensing of hospitals, the regulation of homecare services and the potential for a merger of the Mental Health Commission with the Authority.

The establishment of the new Regulation Directorate enables the Authority to address these potential additional elements in the next three to four years.

4.3.2 Summary of activities during 2012

During 2012, the work in relation to healthcare regulation included the following activities:

- announcing the Terms of Reference into an investigation on the safety, quality and standards of services in University Hospital Galway
- Monitoring hospitals compliance with the *National Standards for the Prevention and Control of Healthcare Associated Infections*.

Investigation

The Board of the Authority, following a request from the HSE¹⁸, initiated an *investigation into the safety, quality and standards of services provided by the Health Service Executive (HSE) to patients, including pregnant women, at risk of clinical deterioration, including those provided in University Hospital Galway (UHG) and as reflected in, among other things, the care and treatment provided to Savita Halappanavar*.

The investigation will assess whether the services provided complied with the *National Standards for Safer Better Healthcare* and national and international evidence of what is known to achieve best outcomes.

It is the Authority's intention to publish its findings in 2013.

Monitoring hospitals compliance

In the last quarter of 2012, the Authority commenced a programme to monitor acute hospitals' compliance with the *National Standards for the Prevention and Control of Healthcare Associated Infections*. The monitoring programme aims to provide the public with the assurances that hospitals have implemented and are meeting the Standards and that they are making the quality and safety improvements that prevent and control Healthcare Associated Infections (HCAIs) and which safeguard service users.

The monitoring programme focuses on four practices that research has shown to significantly contribute to reducing Healthcare Associated Infections and improve patient safety; these practices are:

17 On 15 November the Department of Health published *Future Health: A Strategic Framework for Reform of the Health Service 2012-2015*, which sets out the main healthcare reforms, that will be introduced in the coming years, as key building blocks for the introduction of Universal Health Insurance in 2016.

18 In accordance with Section 9(1) of the Health Act 2007.

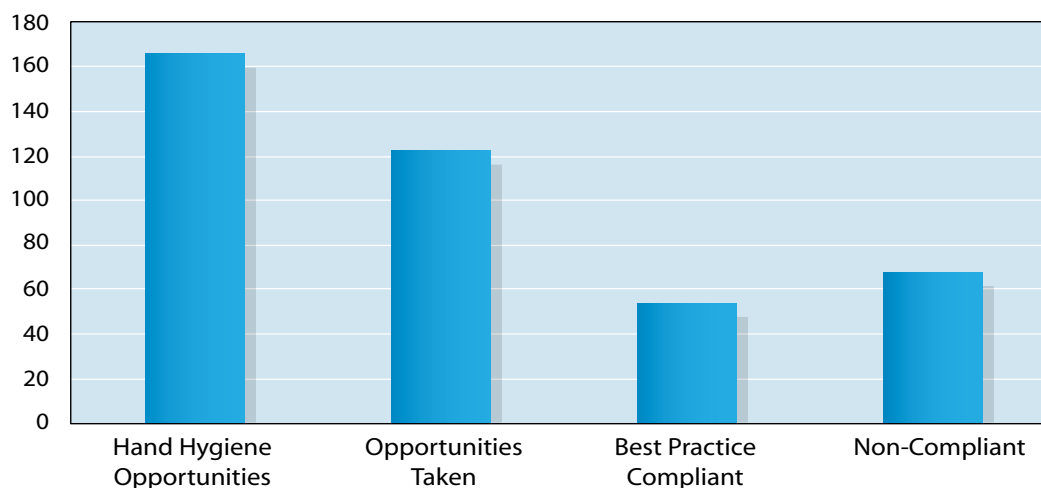
- Hand hygiene compliance.
- The cleanliness of the environment and equipment.
- The appropriate use of antimicrobial antibiotics (antimicrobial stewardship).
- The prevention of healthcare associated infections associated with invasive medical devices such as intravenous lines and urinary catheters.

By the end of December, authorised persons from the Authority had carried out announced assessments in three hospitals and unannounced assessments in nine hospitals covering 29 wards or departments. The unannounced assessments focused on monitoring hand hygiene compliance and the cleanliness of the environment and equipment. During the monitoring assessment, the Authority observed that staff in the hospitals had 166 opportunities to practice hand hygiene techniques to safeguard patients from the risk of acquiring a Healthcare Associated Infection. However only 122 of these 166 opportunities to practice hand hygiene were taken.

Of those opportunities to practice hand hygiene, only 44% were observed to comply with best practice hand hygiene technique. Non-compliance of this technique related to not following the best practice technique for hand washing or use of alcohol-based hand gel and/or using the appropriate length of time taken to complete hand hygiene (See figure 8 below).

Figure 8

illustrates the results of hand hygiene compliance in assessments in hospitals



The assessments, to date, do not reflect a culture of hand hygiene practice being embedded in every service at all levels. The Authority has provided each hospital with the findings of the assessments so that the necessary quality improvements can be made.

Phase 2 of the programme of monitoring will commence in 2013 and will continue into 2014 to include announced assessments at all acute hospitals in Ireland, and the National Ambulance Service.

4.4 Safety and Quality Improvement

4.4.1 Background

A new directorate called Safety and Quality Improvement (SQID) was set up in July 2012 and Marie Kehoe-O'Sullivan was appointed as its Director. The functions of developing standards for quality and safety and supporting and promoting a culture of patient safety and quality improvement across and within the health and social care system moved from the former Healthcare Quality and Safety Directorate (HQS) to this new Directorate.

The Directorate promotes quality and safety. It does this through developing national standards and guidance in consultation with key stakeholders, providing training in quality improvement methodologies and tools to front line staff and developing and rolling out of national patient initiatives. These initiatives will help the system to build a culture of continuous quality improvement and patient safety.



A new directorate called Safety and Quality Improvement (SQID) was set up in July 2012 and Marie Kehoe-O'Sullivan was appointed as its Director.

4.4.2 Summary of activities during 2012

A number of activities took place in 2012 including:

- commencing a programme of work to actively support and enable a culture of patient safety and quality improvement across the health and social care system by helping to build capability and capacity in the people providing services
- developing a national patient safety initiative in medication safety – medication reconciliation for piloting in 2013 and national roll out in 2014
- finalising and publishing *General Guidance on the National Standards for Safer Better Healthcare*
- holding a number of regional education and information sessions to support healthcare providers in implementing the *National Standards for Safer Better Healthcare*
- participating in the European Union Network for Patient Safety and Quality of Care (PaSQ)
- responding to a range of consultation documents received by the Authority relating to activities to promote improvements in quality and safety of health and social care services.

4.4.3 Provider Education and Training

A priority for our Directorate is to provide support to frontline staff in health and social care in implementing the *National Standards for Safer Better Healthcare* and to drive a culture of continuous quality improvement and patient safety. To this end, we began work on an education and training initiative in collaboration with the Institute for Healthcare Improvement (IHI) in the USA.

In 2012, the Authority became the 'hub' for the IHI Regional Open School in Ireland. The IHI Open School provides online training through courses which have been designed by faculty members in the IHI. Through the Open School, healthcare professionals from all disciplines can train in quality improvement methodology, and acquire practical tools enabling sustainable improvements in their service. In October, a planning meeting was held in our Dublin office with the five Irish centres already participating independently in IHI Open School and senior management of the HSE. Coordinators from the Open School in the UK attended the meeting to provide advice and information on the IHI Open School process.

An advisory group has been established to support the roll out of the training, including service user representatives, the HSE and training bodies. Four acute hospitals and six community hospitals were selected for inclusion in the first wave of the training in quality improvement methodology. An interdisciplinary team of front line staff in each site will undertake the training and associated action learning. This training is scheduled to start in the ten sites in early 2013.

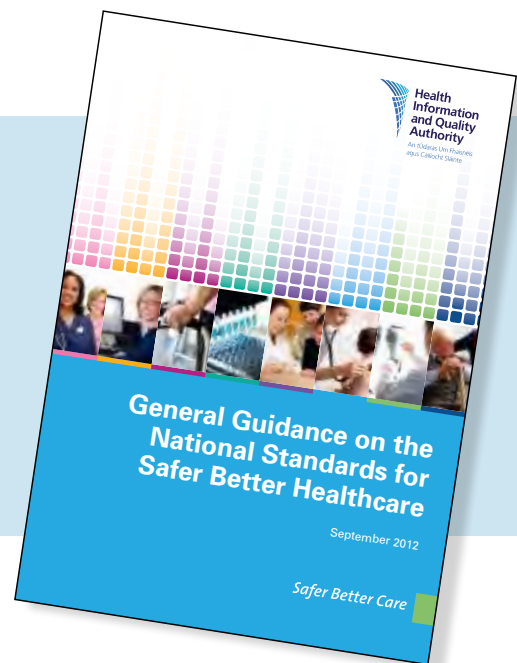
4.4.4 Medication Reconciliation

The Directorate is also working with an expert advisory group to develop a national patient safety initiative in medication reconciliation, which will be implemented by the eight sites in the first wave of training in quality improvement methodology. We will provide support to those sites in implementing this initiative, including offering advice and facilitating communication and cooperation. It is planned that the medication reconciliation programme will be piloted in 2013 and then rolled out as a national patient safety initiative in 2014.

4.4.5 Guidance on the National Standards

The Authority launched the *General Guidance on the National Standards for Safer Better Healthcare* in September. This Guidance aims to provide a common understanding and language for service users, patients and service providers on how the National Standards apply across all healthcare services and facilitates service providers in understanding and adopting the National Standards.

General Guidance on the National Standards for Safer Better Healthcare is a supplement to the standards. The guidance provides a tool to promote a common understanding and language for service users, service providers and the public as to how the *National Standards for Safer Better Healthcare* will apply across all healthcare services.



The guidance includes examples of activities, arrangements, structures, processes and outcomes that are relevant to the National Standards. Also included are examples of what the practical application of the Standards might look like in different sectors or settings, such as a primary care team, an ambulance service or a hospital. The Guidance will help the people working in the service understand how they can achieve compliance with the Standards.

The Authority is undertaking an ongoing process of review and engagement with relevant interested parties to update this Guidance and to identify areas which may require more specific guidance.

4.4.6 National Standards: Education and Awareness

In the last quarter of 2012 we ran a campaign to generate awareness and understanding of the *National Standards for Safer Better Healthcare* and the Standards associated guidance documents among frontline healthcare staff. The Authority offered eleven education and awareness sessions on the National Standards, General Guidance and Guidance on Information Governance.

Sessions took place in Dublin, Cork and Galway. Six of the eleven sessions were also offered as web conferences via WebEx for public and private healthcare professionals who were unable to travel to the meeting venues. Question and answer sessions allowed those who work in the service to gain a clearer idea of what the standards meant in their service. In total, almost 500 participants attended the information sessions either in person or via the Internet.

We presented on the National Standards at organisational and professional conferences and workshops around the country; this engagement supported particular groups and sectors in understanding how to apply the standards in their specific services.

4.4.7 International Activities

The Authority is the national contact point for Ireland in the Joint Action - European Union Network on Patient Safety and Quality of Care (PaSQ). PaSQ commenced on 1 April 2012 and is a three-year project.

PaSQ is made up of seven work packages and Ireland is involved in Work Package 6: Quality healthcare systems collaboration in the EU. This Work Package will map and describe the quality management systems in place in EU member states and will identify good organisational practices to improve patient safety and quality of care in place in such systems across Europe. This will allow member states to learn about the approaches that each take to improve patient safety and quality of care and to understand how specific good practices were successfully implemented.

As national contact point, we will coordinate all activities relating to this work package in Ireland and we will liaise and work with all relevant national stakeholders in this regard. This includes information gathering on good organisational practices in quality management systems in Ireland in 2012. The Authority facilitated a national multi-stakeholder information meeting regarding PaSQ to explore how these stakeholders and the Authority could work together and contribute to the joint action.

4.4.8 Consultations

In supporting quality and safety improvement in health and social care, we provided feedback on documents such as policies and guidelines relevant to the quality and safety of care. We offered suggestions to align these documents to the *National Standards for Safer Better Healthcare* and to promote quality and safety in specific areas.

In 2012, we provided feedback on draft documents including:

- Clinical Guideline Development Manual (National Clinical Effectiveness Committee)
- Guidance on Good Practice in Radiation: Protection of the Patient (HSE)
- Integrated Care: A Practical Guide to Discharge and Transfer from Hospital (HSE)
- National Clinical Audit Guidance (HSE)
- You and Your Health Service (HSE and Department of Health).

4.5 Health Information

4.5.1 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 (HI) 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.

4.5.2 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 and pockets of excellence within the system, 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; it 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.

4.5.3 Priorities

The Directorate's main focus this year 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 Secondary Use of Personal Health Information*
- *International Review of Research Ethics Structures*
- *Statement of Outcomes Report on the outcome of the public consultation on Developing eHealth Interoperability Standards for Ireland*

- *Statement of Outcomes Report on the outcome of the public consultation on the Draft Standards for National Health Information Resources*
- *International Review of Information Security*
- *Guidance on Developing Key Performance Indicators and Minimum Datasets to Monitor Healthcare Quality* ¹⁹
- *Guidance on Information Governance for Health and Social Care Services in Ireland*
- *What you should know about Data Quality: A guide for health and social care staff*
- *Guidance on Messaging Standards for Ireland*
- *International Review of ePrescribing and electronic transfer of Prescriptions.*

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.

Report on *Guidance on information governance for health and social care services in Ireland* is the first in a series of guidance documents from HIQA aimed at supporting the successful implementation of the *National Standards for Safer Better Healthcare*.

The guidance supports senior managers working in health and social care to collect, analyse, use and share personal health information legally, securely, effectively and efficiently. It will provide a common understanding and language across all healthcare services and it will provide examples from different services of steps that providers can take to meet the National Standards.



19 This document was created in 2010 and updated in September 2012.

4.5.4 Summary of activities during 2012

Technical Standards

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.

In early 2012, we received fifty submissions following a major consultation on eHealth which led to the development of a workplan with our new eHealth Standards Advisory Group (eSAG). We focused our efforts on developing guidance documents on messaging and on classification systems and clinical terminologies, also on developing a national patient clinical discharge summary dataset and on standards in the ePrescribing area.

Unique Health Identifier for individuals in Ireland

In 2012, we 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 concerning the identifier 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 2012, we continued to actively contribute to the framing of the Bill.

Health Information Governance

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.

The Authority developed detailed guidance in relation to Information Governance, to sit alongside the *National Standards for Safer Better Healthcare*, which were approved by the Minister for Health in June 2012.

In recognition of the importance of data quality in supporting a safe, effective and efficient health and social care system, the Authority published a user-friendly booklet entitled *What you should know about Data Quality: A guide for health and social care staff*. This booklet has been widely distributed throughout the health and social care system. See Figure 9 on the next page which illustrates the dimensions that contribute to data quality.

The Authority widely distributed a user-friendly booklet titled *What you should know about Data Quality: A guide for health and social care staff* throughout the health and social care system.



Figure 9
 illustrates the dimensions contributing to data quality

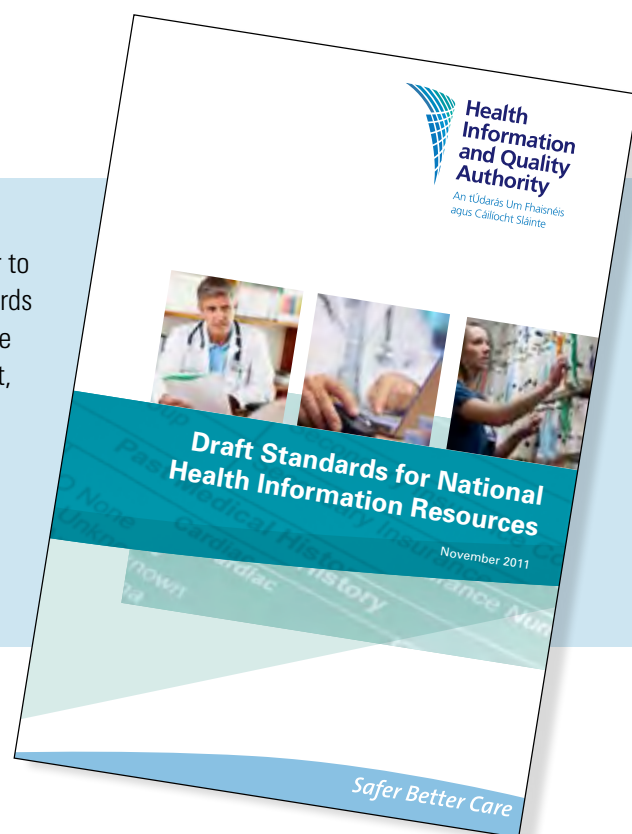


An excerpt from Page 11 of the booklet - *What you should know about Data Quality, A guide for health and social care staff*. To be most effective, the right data needs to be available to decision-makers in an accessible format at the point of decision-making. The quality of data can be determined through assessment against the seven internationally accepted dimensions that contribute to data quality as illustrated in this Figure.

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, we are developing national standards to ensure the overall quality of national health information resources, including optimising resource utilisation.

The *Draft Standards for National Health Information Resources* underwent a consultation process in order to obtain feedback from stakeholders. The Draft Standards aim to provide a clear set of rules to help and improve the way national health information resources collect, use and share national health and social care data in Ireland.



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

Research Ethics

During 2012, the Authority continued to prepare to take on a new function in relation to research ethics governance, under both the clinical trials legislation²⁰ and under the Health Information Bill.

At the beginning of the year, the Authority published a review of international practice in this area; this review was conducted to help inform the best possible model to organise the operation of Research Ethics Committees (RECs) in Ireland.

20 Governed by the EU Directive 2001/20/EC on Clinical Trials on Medicinal Products for Human Use.

In July, the European Commission published a proposal²¹ aimed at significantly changing the current clinical trials legislation at European level. Since July, the Authority has been carefully considering the impact of this proposed change to the legislation and consequently the changes required to the Authority's plan for a system of research ethics governance which needs to be compatible with all relevant legislation. An important part of the work undertaken during 2012 in preparation for this new function of the Authority was continued engagement with stakeholders through hosting a series of advisory group meetings and participation in various national and European-level workshops and meetings.

Business Intelligence

We established a new Business Intelligence (BI) function, reporting into the Health Information Directorate. Its purpose is to support the Authority with a data- and information-based analytical approach, focused primarily on risk, for prioritising and targeting its regulatory interventions and activities. The BI objectives are:

- to assist operational teams in identifying and managing operational risk
- to measure the Authority's efficiency and effectiveness in regulatory operations
- to measure the Authority's impact in safeguarding and improving the quality of health and social care nationally.

The initial work programme for the BI function focuses on providing analytical support to the regulatory activities prioritised for the Authority's ICT system development programme during 2013.

21 Proposal for a Regulation of the European Parliament and of the Council on clinical trials on medicinal products for human use, and repealing Directive 2001/20/EC.

4.6 Health Technology Assessment

4.6.1 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. 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 and is widely recognised to play a significant role in informing health policy at all levels.

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.

4.6.2 Summary of Health Technology Assessments undertaken in 2012

- *Health Technology Assessment of Robot-assisted Surgery in Selected Surgical Procedures*
- *Economic evaluation of Repeat Antenatal HIV Screening*
- *Health Technology Assessment of a National Deep Brain Stimulation Service*
- *Health Technology Assessment of a Surveillance Programme for Women under 50 year at an Elevated Risk of Breast Cancer*
- *Health Technology Assessment of Clinical Referral / Treatment Thresholds for Selected Scheduled Surgical Procedures.*

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

The Authority published a HTA of robot-assisted surgery which evaluated the available evidence on the safety and efficacy of robot-assisted surgery for selected indications, estimated the costs and cost-effectiveness of a policy of implementing robot-assisted surgery using an economic model; it also developed advice 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. It is claimed that this system could result in better outcomes or reduced complications for patients undergoing these procedures.

The report concluded that robot-assisted surgery is superior to open surgery for prostatectomy procedures across a range of outcomes, and associated with superior peri-operative outcomes in hysterectomy procedures. A decision to invest further in a programme of robot-assisted surgery in Ireland will,

however, have a significant incremental cost per procedure and a significant budget impact. Best value can only be achieved by ensuring that the programme maximises economies of scale by achieving caseloads of the order of 200 prostatectomy or 300 hysterectomy procedures per annum once the programme is fully established. Other significant issues to be considered include ensuring sufficient theatre space for the programme, identifying training requirements and establishing effective leadership in order that the programme can be successfully implemented.

4.6.4 *Economic evaluation of Repeat Antenatal HIV Screening*

We undertook an economic evaluation (comprising cost-effectiveness and budget impact analyses) of a potential new recommendation to introduce a policy of repeat universal HIV testing of pregnant women in the third trimester.

The report concluded that the current cost of introducing repeat universal antenatal HIV screening in the third trimester is high compared to the expected benefits. In the context of a finite healthcare budget, consideration must be given to the existing services that may need to be displaced should a decision be made to introduce repeat testing at a cost of €1.25 million per annum. The number of HIV-infected children born to women not previously known to be HIV positive as well as the prevalence of HIV in pregnancy should continue to be monitored as the economic model outputs are affected by changes in these factors.

This study also had a secondary purpose of examining the utility of a mini-HTA pro forma as a decision-support tool. A mini-HTA is typically conducted in a much shorter timeframe with fewer resources and thus has a lower level of detail than a full HTA. This study demonstrates how the economic impact of guidelines under development can be estimated in a relatively short period of time. It provides an example of how a mini-HTA could be used and prepared in a short period of time, but still provide an appropriate evidence base to inform decision-making.

4.6.5 *Health Technology Assessment of a National Deep Brain Stimulation Service*

We delivered a HTA on the provision of deep brain stimulation (DBS) services for adults with selected movement disorders in Ireland. Deep brain stimulation is a surgical procedure for the management of motor function symptoms in patients with movement disorders – including Parkinsons disease, essential tremor and dystonia – that are no longer adequately controlled by drug therapy. In the absence of a DBS service in Ireland, patients are currently referred to DBS centres abroad for assessment, surgery and follow-up care. Funding for eligible patients is provided through the Treatment Abroad Scheme (TAS).

The HTA found, that under existing financing arrangements, a national DBS service would cost the HSE more per patient than the current service funded through the TAS. The cost difference will be significantly impacted by any changes to the relative contribution by private health insurance companies to the cost of DBS care for insured patients and could potentially render a national programme more affordable than in the base case analysis.

Although under current arrangements a national DBS service would cost more, it may improve access to beneficial care for otherwise eligible DBS patients unable to travel overseas for care and would reduce the logistical and financial burden

on patients. However, challenges would exist to ensure that any new service could provide timely access to care in accordance with appropriate quality standards, particularly in light of the existing capacity constraints within the publicly-funded neurological and neurosurgical services.

4.6.6 *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), we are undertaking a HTA to evaluate surveillance options and their cost-effectiveness for women less than 50 years of age at elevated risk of breast cancer due to a genetic or familial risk. The purpose of the HTA is to examine the efficacy, cost-effectiveness, budget impact and resource implications of different surveillance options (specifically MRI or digital mammography or a combination thereof) and to provide advice on the optimal surveillance strategy including the age surveillance should start and the frequency of that surveillance. A multidisciplinary Expert Advisory Group has advised the Authority on the conduct of this assessment. This HTA is expected to conclude in early 2013.

4.6.7 *Health Technology Assessment of Clinical Referral / Treatment Thresholds for Selected Scheduled Surgical Procedures*

Following a request from the HSE, the Authority agreed to undertake a series of rapid HTAs to examine the appropriateness and potential impact of introducing clinical referral or treatment thresholds for a number of high volume scheduled surgical procedures.

The aim of these HTAs is to provide advice on the potential clinical referral or treatment thresholds for procedures where effectiveness may be limited unless undertaken within specified clinical criteria. Increased clarity around referral and treatment thresholds should provide greater equity and transparency in the healthcare system; streamline referrals to surgical outpatients thus improving efficiency and shortening the patient's elective surgical journey. Streamlining referrals to surgeons should help ensure that the right patients are referred for treatment at the right time, potentially releasing capacity and resources that can be used to greater clinical effect without increasing harm or reducing benefit.



Dr Máirín Ryan, Director of HTA, being interviewed by the RTE Nine O'Clock News concerning the Authority's announcement of a series of HTAs to identify appropriate referral criteria for certain high volume scheduled surgical procedures currently undertaken in Ireland.

A wide range of suitable procedures were identified in the scoping phase of the assessment. Rather than delay completion of the report until all identified procedures had been assessed, the report will be developed on a phased basis. The report of the first phase of the assessment will be submitted to the HSE and the Minister for Health in the first quarter of 2013.

4.6.8 Summary of other activities during 2012

A range of other activities occurred including:

- building capacity and capability in Health Technology Assessment
- engaging stakeholders
- the Director of HTA became a member of National Clinical Effectiveness Committee (NCEC)
- collaborating with international networks.

4.6.9 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; contributing to external training fora (undergraduate, postgraduate and other); collaborating on projects with academic colleagues and by providing training and education support for members of the HTA team to build on their expertise.

In addition we have contributed to the international evidence base in HTA through publication of peer reviewed articles in academic journals. One article was published in 2012 in *Transfusion*, Volume 52, 11, a leading haematology journal*. Two others were accepted for publication. A Cochrane review is also at the final stage of review and is expected to be published early in 2013.

4.6.10 Engaging stakeholders

We continued to engage with key stakeholders in 2012, 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 each new project that comprises representation from key stakeholders including policymakers, service providers, clinicians, patient groups and national and international HTA experts. We participate in a number of advisory groups run by external stakeholders including the National Cancer Control Program and the Irish Medicines Board.

* Teljeur C, Flattery M, Harrington P, O'Neill M, Moran PS, Murphy L, Ryan M. Cost-effectiveness of prion filtration of red cell concentrate to reduce the risk of transfusion-transmitted variant Creutzfeldt-Jakob disease in the Republic of Ireland. *Transfusion*. 2012; 52(11):2285-2293

4.6.11 National Clinical Effectiveness Committee (NCEC)

The Director of HTA is a member of the National Clinical Effectiveness Committee. The aim of this committee is to provide a framework for national endorsement of clinical guidelines and audit to optimise patient care, within the Irish health system, both public and private. Through our membership of the NCEC working group, we have also provided direct health technology assessment support to a number of clinical guideline developers seeking national endorsement for their guidelines.

4.6.12 International networks

We collaborate with similar agencies internationally to share and leverage off key learnings and to harness international expertise and experience to enhance the efficiency and quality of our assessments and output.

European Network for Health Technology Assessment (EUnetHTA)

The Authority is the nominated National HTA body for the European Union funded Joint Action projects on HTA (EUnetHTA). The Joint Actions aim to realise an effective and sustainable HTA collaboration that brings added value at the European, national and regional level. A project known as Joint Action 2 began in 2012 and we are actively contributing as an associate partner. The work of the Joint Actions will ultimately inform the establishment of a permanent Europe-wide network of HTA agencies which will foster inter-agency cooperation to improve HTA output and avoid duplication of effort.

Other international collaborations

We are a member of Health Technology Assessment international (HTAi) - the international professional organisation that focuses specifically on HTA. Members includes academic institutions, healthcare facilities, industry, business, the voluntary sector and government organisations. The Director is a member of the Annual Meeting Committee which serves to advise the Board of HTAi on its annual international conference. We are also a member of the International Network of Agencies for Health Technology Assessment (INAHTA) and we contribute to international exchange of information to enable the efficient conduct of HTA through the adaptation of HTA for local application.

We continue to build and leverage off the relationships developed with other HTA agencies to increase our 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.

4.7 Corporate Services

4.7.1 Background

The Corporate Services Directorate play a key role to ensure the effectiveness of the Authority's systems, infrastructure and processes that are 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.

4.7.2 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.

In 2012, we carried out work to manage organisational learning and development as a contributor to the Authority's organisational performance. We worked with internal stakeholders to identify and deliver core learning and development programmes in key strategic areas. We also supported individual employees through an academic support programme.

We began the staff recruitment process and preparatory work for the upcoming commencement of the monitoring of HSE's child protection and welfare services.

4.7.3 Financial management

The Finance team continued to manage the Authority's finances in a secure manner. In 2012, the Authority met its financial obligations and outstanding annual fees were 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, and no material concerns were noted.

The Authority procured and commenced the installation of financial software to streamline processes and management information to support decision-making.

The Authority's annual accounts for 2012 were submitted to the Comptroller and Auditor General in accordance with the timescales set out in the Health Act 2007 (See Chapter 5).

4.7.4 Corporate Plan and Business Plan

The Authority published a *Business Plan 2012* 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.

4.7.5 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 our two offices, we also manage the maintenance of an office unit in Sandyford, Dublin which is occupied by another government agency.

Energy consumption

The energy consumed in our two buildings is for the purposes of heating, air conditioning, hot water, lighting and usage of office equipment. In 2012, the Authority's head office's energy consumption was 34% and the Dublin Regional Office consumption was 66% of the total energy consumed.

In 2012, we recorded an overall improved energy performance by reducing our energy consumption by a total of 42% against the benchmark year of 2010 or a 4% saving against 2011's benchmark.

The Authority consumed 559 MWh of energy, which consisted of:

- 190 MWh of electricity in the Authority's head office
- 221 MWh of electricity in the Dublin Regional office
- 148 MWh of fossil fuels in the Dublin Regional office.

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

- continuing engagement with OPW Energy consumption at Work Programme to reduce energy
- promoting an energy programme amongst staff to create awareness and participation to reduce our energy consumption
- introducing Passive Infra-Red (PIR) sensors for lighting systems in the Dublin Regional Office
- completing a lighting upgrade in conference rooms in the Authority's Head Office resulting in an expected savings of over €1000 per year
- completing periodic BMS Audits by Aramark Energy Consultants, which reviewed and amended settings on the BMS where necessary to maximise savings while still ensuring the comfort of staff.

The Authority plans to continue to maintain the initiatives previously established under the 'Optimising Power @ Work' energy campaign during 2013.

These measures include:

- continue to meet regularly with the OPW's energy consultant representative

- adjust and review the heating, ventilation, and air conditioning in our buildings as required
- install timers on vending machines present in our facilities
- attend the OPW seminar on energy conservation as part of the 'Optimising Power @ Work' campaign award ceremony
- carry out 'out of hours' energy audits on the Authority's facilities
- continue to 'maintain the 'energy awareness 'information page on the staff intranet site
- review ICT services for additional energy-saving opportunities.

4.7.6 Information Systems

The Authority continued to develop its Information and Communications Technology infrastructure. A small in-house team supported by an outsourced service provider undertook a range of projects during the year.

We continued developing the Authority's information management system, known as Prism. This is planned to be the information management hub that will manage information across all regulatory functions of the Authority. The project is on track for deployment in 2013 to support the regulation of residential services for adults and children with a disability.

We improved the security and resilience of the Authority's systems and data. We continued to work on the enterprise document management strategy system to control documents throughout their lifecycle. We moved additional processes from file shares towards SharePoint 2010.

We reduced costs and improved reliability and performance by virtualisation of the IT infrastructure. We reviewed and updated the Authority's disaster recovery policies and procedures; we improved security by strengthening protection against viruses and upgrading software and hardware for office-based staff and home workers.

We are working with a range of other public sector organisations on a plan to provide central data centre facilities to all public sector organisations. This is to provide disaster recovery, infrastructure as a service, open data and other shared services in a consolidated and scalable way. This initiative has received recognition and support from CMOD²².

4.7.7 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.

22 CMOD is the division within the Department of Public Expenditure and Reform which has responsibility for monitoring and approving ICT spend in civil and public service bodies.

The Authority had a total of three minor incidents or near misses reported from staff at its offices or out in the field in 2012. 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.

4.7.8 Freedom of Information

We continue to meet our 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 29 FOI requests. Of these 29 requests, 14 were granted, seven were part-granted, four were refused, two were withdrawn and two were transferred to another government agency.

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.

4.7.9 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.

The Authority received no access requests in 2012.

4.8 Communications and Stakeholder Engagement

One of the main functions of the Authority is to actively communicate and engage in an open and responsive manner with all our stakeholders. In 2012, the Communications and Stakeholder Engagement Directorate continued to inform members of the public with timely information on the work that the Authority is doing to drive high quality, safer, better health and social care services.

We do this while maintaining an independent and impartial voice, publishing reports and recommendations without 'fear or favour' in line with the Authority's core values of openness and transparency. This continued to be a feature of all our undertakings where we continued to work in 2012 with the media and other stakeholders, to ensure that we keep all stakeholders informed on our work and ensure that it is appropriately and accurately reported.

4.8.1 Background

We are 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, we sought to further increase a clear awareness of the Authority's role and functions among the general public in 2012.

To meet the Authority's communications needs, we operate six core functions which are:

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

We are responsive to the communications and stakeholder engagement needs of each of the other Directorates within the Authority and work closely with them to enable the successful delivery of their key messages.

4.8.2 Summary of activities during 2012

We take a responsive, open and factually accurate approach with all of the Authority's communications when dealing with the media.

Press and Media Relations

In 2012, we issued 19 press releases and statements to the media to communicate progress on the work of the Authority. We communicated the key messages from 24 of the Authority's reports in a timely fashion and responded to all queries from the media and stakeholders. We held regular press briefings, updating the media on our work and conducted communications campaigns, which included meetings with journalists, press conferences and interviews.



The Authority's publication of its investigation report into Tallaght hospital generated a significant volume of media attention; a presentation was given by the Authority to the Joint Oireachtas Committee on Health and Children concerning the recommendations of the report.

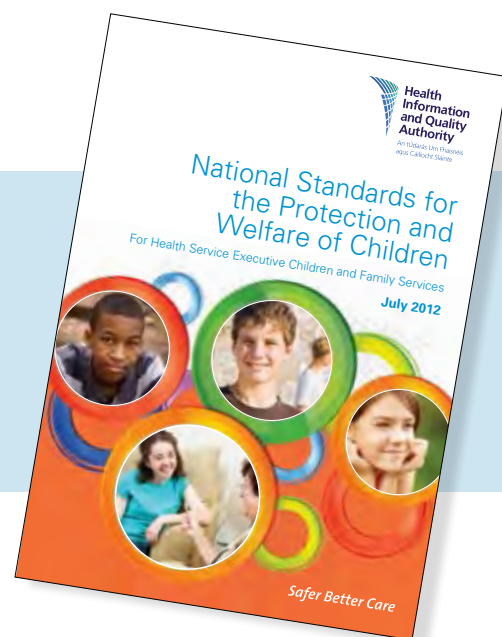
All our media activity collectively promotes the work of the Authority by detailing the benefits to the public of the work we do and reiterating the role and remit of the Authority. The aim of the Authority's press and media relations is to generate balanced and fair media coverage promoting our key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

The Authority responded to a high volume of media queries throughout 2012, 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 manage the production of all our publications with the website in mind to ensure that they are easily accessible to members of the public, keeping in line with the best use of public sector funds. We ensure our reports and all our publications are published promptly and that they are all available to download for free from our website www.hiqa.ie. We published 24 full reports, as well as easy to read versions of our main publications during 2012. We also provided accessible versions where possible.

The Authority published a suite of information on the *National Standards for the Protection and Welfare of Children*, including a guide to the Standards and an audio version, which is available from www.hiqa.ie.



Consultation and stakeholder engagement

One of the Authority's main objectives is to undertake inclusive and meaningful consultation, across all relevant stakeholder groups; this helps to ensure that we remain responsive to the needs of those who use and provide health and social care services. The Directorate provides strategic advice and support in this area.

In 2012, we assisted in coordinating responses from stakeholders during a pre-consultation and engagement exercise to help the Authority formulate its priorities for the forthcoming corporate plan over the next three years. We also assisted on a number of public consultations.

We increased our engagement this year with stakeholders by issuing our first edition of the Authority's new quarterly ezine to over 2,000 stakeholders, called HIQA News. The purpose of the newsletter is to keep our stakeholders regularly informed on what is happening, both within the Authority and in the wider field of health and social care internationally.

In November, the Authority issued its first quarterly newsletter, HIQA News, which provides the latest news and updates on our work. Over 2,000 subscribers received the online version of the newsletter by email.



Public and Parliamentary Affairs

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

The Authority continues to meet its obligations in relation to responding to parliamentary questions. During 2012, the Authority provided responses to 64 parliamentary questions from various political representatives that were submitted to the Department of Health and the Department of Children and Youth Affairs. This is an increase from 41 in 2011. Questions received included those on financial or staffing arrangements; board member fees and on our areas of work, such as our investigations.

The Authority presented to the Joint Oireachtas Committee on Health and Children on two occasions; the first presentation was a discussion on the overall work of the Authority and the second presentation later on in the year was on the investigation into Tallaght Hospital.

Online Communications (includes website)

HIQA is committed to the continued development of the website, social media channels and intranet as key sources of information for our staff and stakeholders. In 2012, we further developed our online channels including our website, www.hiqa.ie, our Facebook page, our YouTube channel and Twitter account in order to reach a wider audience, to interact and seek input from stakeholders and to build a community interested in the work of the Authority.

In 2012, the Authority's newly developed website received almost 322,000 visits. There were 293,339 absolute unique visitors and over 1.2 million page views were recorded for the year. Visitors came to the site from 165 countries. The most popular sections of the site were the Authority's home page, the A-Z of nursing homes, inspection reports and standards. We also automated a section of the website to automatically synchronise with the register of designated centres so that an up-to-date register is published on our website, along with accurate centre information, automatically as soon as the status of a centre is entered into the system.



A video was broadcast on our YouTube channel of the Authority's Head of Standards and Methodology, Dr Deirdre Mulholland, discussing the importance of the *National Standards for Safer Better Healthcare*. An audio version and an easy to read version were also created to help explain the Standards. These can all be downloaded from our website www.hiqa.ie.

The Authority's YouTube channel²³ was expanded to include a video on the *National Standards for Safer Better Health care* and a video on the *National Standards for the Protection and Welfare of Children*.

The Authority's Facebook and Twitter pages continued to grow in popularity during the year; at the end of the year, our Facebook page had over 400 followers and the HIQA page on Twitter had 654 followers.

In 2012, we also launched a short messaging service (SMS) alert messaging system; this new mechanism of communication allows us to notify our subscribers instantly via text message with updates on the work of the Authority. By the end of 2012, there were 318 subscribers.

Internal Communications

The Directorate continued to implement its internal communications plan for the Authority. In the last quarter of 2012 the Authority held a business planning staff meeting to provide colleagues with more information on the Authority's future organisational priorities.

In 2012, we redesigned and launched our intranet as our primary source of internal information on the Authority's business-related and social activities. It is integrated with the Authority's document and enterprise management systems.

During 2012, we continued to produce a monthly staff online magazine, *Inside Track*, which informs colleagues on the work of the Authority. We facilitated a quarterly Journal Club for colleagues hosted by external guest speakers who presented on relevant areas of interest from the health and social care environment.

We delivered the monthly Corporate Brief known as *The Cascade* to update colleagues on all relevant corporate and operational information related to the Authority. We also compiled and issued two special issues of a change ezine informing colleagues on the latest news on the Authority's organisational review and expansion of its regulatory functions.

23 The Authority's YouTube channel is located at: <http://www.youtube.com/user/hiqavideo>

4.9 Chief Executive's Office

4.9.1 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.

4.9.2 Board and Committee Activity

Our key areas of work during 2012 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 that they reflect the governance needs of the Authority.

The four committees of the Board are:

Board committee	Responsible for
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.
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.
Health and Social Care Governance Committee	oversees the effectiveness, governance and controls around the delivery of the Authority's health and social care functions.
Remunerations and Nominations Committee	monitors the organisational needs and managerial development of the Authority.

Due to the Authority having a reduced number of five Board members for the period between 15 May to 24 September 2012, only the most urgent meetings took place:

- The Board of the Authority met 14 times
- The Health and Social Care Governance Committee met once
- The Audit and Corporate Governance Committee met six times
- The Information Research and Technology Committee met once
- The Remunerations and Nominations Committee met twice.

4.9.3 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 its internal controls, including financial, operational, compliance controls and risk management.²⁴

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.

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.

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. For the complete Annual Governance and Compliance report, see Appendix 4.

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.

24 In compliance with Code of Governance of State Bodies, Section 10.1 (Department of Finance)

A review of the Authority's governance arrangements was conducted during 2012 which found that the Authority was in compliance for the most part with the Code of Practice for the Governance of State Bodies and that there were no high risk findings. Recommendations are being implemented to ensure that the corporate governance environment is further strengthened.

4.9.4 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.

4.9.5 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.

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.

The legal function advises the Authority on new and upcoming legislation affecting the Authority as well as assisting the Authority to prepare for new functions.

4.9.6 Performance Monitoring and Risk Management

The Authority had developed a 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 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 2012 as required by Section 35 (4) of the Health Act 2007.

Summarised Income and Expenditure Account for the Authority Year ended 31 December 2012:

Income	€'000
Department of Health	9,000
Annual Fees and Registration Fees	5,172
Other Income	534
Total Income	14,706
Expenditure	
Professional Fees	644
Staff Costs	11,096
Travel and subsistence	580
Dissemination	115
Support and Establishment	2,408
Total Expenditure	14,843
Excess of Expenditure over Income	(137)
Opening Reserves	271
Closing Reserves	134

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 2012:

Income	€'000
Department of Health	203
Expenditure	
Capital Expenditure	203
Surplus / (Deficit) for Period	–
Opening Reserves	–
Transfer from Revenue Reserves	–
Closing Reserves	–

For further information, the full accounts for the period ended 31 December 2012, 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.

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Appendices



Appendix 1:

Report on the Implementation of the Authority's *Corporate Plan 2010 - 2012*

Strategic Objectives 2010 - 2012

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

See the next pages for more details on the objectives and how they were delivered.

Strategic objective 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.

Targets	Delivered
<p>Completing the development of, and consulting on, draft National Standards for Quality and Safety, and as part of these standards, finalising the HI governance and management standards</p>	<p>The <i>National Standards for Safer Better Healthcare</i> were launched by the Minister for Health in July 2012. A Statement of Outcomes on the national consultation was published. General Guidance to complement the National Standards was also delivered and guidance on information governance and data quality for managers and staff within healthcare and social care organisations was also developed.</p> <p>A toolkit was provided to assist organisations to assess their compliance with the information governance standards. Guidance was also developed on the conduct of Privacy Impact Assessments; this work has acquired greater significance as the new EU regulations on Data Protection will require organisations handling personal data to conduct a privacy impact assessment.</p>
<p>Developing National Quality Standards for residential and foster care services</p>	<p>Draft National Standards for Children’s Services were submitted to the Ministers for Health and for Children and Youth Affairs. Due to Government priorities changing over the life of this corporate plan, these particular standards have not been mandated. Draft Standards for Special Care Units have been developed and were in the pre-consultation process by the end of 2012.</p> <p>The <i>National Standards for the Protection and Welfare of Children</i> were launched in 2012 and monitoring of HSE child protection and welfare services against these Standards also commenced. A consultation was carried out on our <i>Draft National Standards for Residential Centres for People with Disabilities</i> in 2012 and we began to prepare for the upcoming regulation of designated centres (residential services) against these Standards which is due to commence, subject to Ministerial approval, in 2013.</p>
<p>Developing the programme for the registration and inspection of all children’s designated centres</p>	<p>This target was not progressed due to the Government’s priorities changing during the course of the three-year corporate plan. However, on the advice of the Authority, we commenced monitoring of the HSE’s delegated function for child protection at the end of 2012 which is a new function; discussions are ongoing with the Department of Children and Youth Affairs in relation to the registration of Special Care Units which is likely to commence in 2013. Also the methodology for the inspection of foster care services during 2012 was reviewed and tested.</p>

Developing approaches for new regulatory functions, as appropriate

This target was progressed substantially; resources were invested into developing one common Authority-wide process to monitor all of our regulatory functions. Adopting this approach will have the benefit of ensuring our decision-making on monitoring is more robust and consistent, and one approach will strengthen our ability to assess risk and enable greater transparency in any decisions we make in our role as a regulator.

In relation to specific regulatory programme development, this has been an ongoing activity over the course of the corporate plan. Approaches to the following functions have been developed:

- Child protection and welfare services
- Residential services for people with a disability
- Research ethics for clinical trials
- Monitoring of the prevention and control of healthcare associated infections
- Safer better healthcare regulatory programme

Preparing for designated functions provided for in the Health Information Bill, subject to its enactment, including being the supervisory body for approved research ethics committees

This target was progressed substantially; over the last few years we have contributed to the framing of the Health Information Bill which is being drafted by the Department of Health. The Bill will establish the legal framework to enable the Authority to fulfil its statutory obligations in relation to health information.

Despite the delay in enactment we have achieved the following:

- Draft standards for Research Ethics Committees in our anticipated role as Supervisory Body under the EU Directive on Clinical Trials on Medicinal Products for Human Use. However, during 2012, the European Commission published a draft regulation for clinical trials to replace the Directive which will require a different approach to the regulation of clinical trials, with the Authority potentially assuming a more integrated role working closely with the Irish Medicines Board as the competent authority. While the work on the development of the draft standards has been useful, they are unlikely to be fully relevant to the new context
- In addition to recommendations in respect of unique identifiers for individuals, published in 2009, the Authority submitted for approval to the Minister for Health a report entitled *Recommendations for Unique Health Identifiers for Healthcare Practitioners and Organisations*. The Authority has made detailed proposals in relation to the implementation approach and governance structures required. This work is currently on hold pending publication of the Health Information Bill.

Preparing for the regulation of the retention of human tissue, subject to the enactment of the Human Tissue Bill	The objective concerning preparation for the regulation of the retention of human tissue has not progressed with the Department of Health. Consequently, the regulatory approach has not been developed.
Preparing for the regulation of the safe operation of medical ionising radiation, subject to the enactment of the respective Statutory Instrument	Action to meet this objective has not been initiated as HIQA await confirmation of the Department of Health's policy to transfer IR(ME)R functions to HIQA as the competent authority under legislation.

Strategic objective 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.

Targets	Delivered
Monitoring compliance with national healthcare standards including the National Quality and Safety standards	<p>In 2010, a full review of the symptomatic breast disease services against <i>the National Quality Assurance Standards for Symptomatic Breast Disease Services</i> was undertaken. Eight individual reports of the quality review at each designated centres and one national report were published. Subsequent follow-up monitoring visits took place in two centres and a full review of a third centre took place in 2011. Ongoing monitoring of the HSE's reports against the key performance indicators (KPIs) was carried out by the Authority over the three years with quarterly meetings with the National Cancer Control Programme which are also ongoing.</p> <p>In 2010, monitoring assessments took place in three hospitals and were published. A monitoring programme against the <i>National Standards for the Prevention and Control of Healthcare Associated Infections</i> commenced in Q3 2012. There were a total of seven hospital visits and a further four sites completed by the end of 2012. Phase 2 of the programme of monitoring will commence in 2013 and will continue into 2014 to include announced assessments at all acute hospitals in Ireland, and the National Ambulance Service.</p>

<p>Continuing and expanding the inspection of residential services for children</p>	<p>This function in relation to the registration of residential services has not commenced due to changes in Government priorities. However, a new function for the HSE’s delegated function for child protection services has been developed and monitoring commenced in Q4 2012.</p> <p>The existing monitoring programme of children’s services has continued over the three years including the monitoring of Special Care Units, detention schools, foster care services and residential care facilities.</p>
<p>Continuing the regulatory programme of registration, inspection, compliance and enforcement for designated centres for older people and publication of reports</p>	<p>This target has been met; by June 2012, the statutory requirement to have every designated centre for older people, operating on or before June 2009, to be either registered or a decision made to refuse and cancel their existing registration was achieved. Of the 568 active centres operating on 30 June 2012, the Authority had registered 562 (99%) centres. At the end of 2012, of the remaining six centres, all were in the final stages of the process. Of these six centres, five have since been registered and have been issued with a registration certificate and one centre has been refused registration, and is now closed.</p> <p>Monitoring of residential centres takes place via a risk-based schedule of inspections, review of items such as notifications, information received, action plans, reviews and updates. High risk centres are identified by the new centre profile and regulatory action is taken. Enforcement actions have been taken against a number of centres which have been closed or have agreed to close in the face of such action. All reports of centres have been published on www.hiqa.ie.</p>
<p>Undertaking annual census of relevant services and produce reports based on findings from inspections</p>	<p>The process of capturing a census of the ‘number of places’ in designated centres for older people’s residential services to support billing and regulatory activities has been undertaken.</p> <p>All inspection reports were published over the three years of the plan and a synthesis analysis report of inspections in designated centres during the first 15 months of inspections was published in 2012.</p>

Responding appropriately and effectively to information regarding potential risks to the health and welfare of service users, including investigating if appropriate

All information received about the safety, quality and standards of services is reviewed by the Authority on an ongoing basis over the life of the plan. The process for receipt of such information was reviewed during 2011 and subsequently it became centrally coordinated during 2012. All information relating to children's and older person's services is assessed and informs regulatory and inspection activity.

We review concerns relating to healthcare services provided by the HSE, or a service provider in accordance with the Health Acts 1947 to 2007, in order to assess risk and require information from providers to assure that services are provided safely.

The Authority has responded to this information by carrying out the following:

- *Investigation into the quality and safety of services and supporting arrangements provided by the Health Service Executive (HSE) at Mallow General Hospital (MGH), Cork*
- *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*
- *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 & Meath Hospital incorporating the National Children's Hospital*
- Section 8(1)(g) Special Reporting Framework: Louth Meath Hospital Group
- Section 8(1)(g) Special Reporting Framework: Mid Western Regional Hospital Group
- Oversight and facilitation of development of Neurosurgical Key Performance Indicators.

Regulatory meetings with HSE and DoH have taken place during the three years of the plan to inform the Small Hospitals Framework and potential Special measures.

Testing the inspection approach to the licensing of public and private healthcare providers and identifying synergies and efficiencies with our existing inspectorate

The Authority-wide monitoring approach was developed during 2011 and 2012 with the intention to apply it to the monitoring of services that will be licensed. A full work programme to develop a licensing approach has not yet commenced due to resource constraints and further work is required in defining the approach to licensing services with the DoH.

Using an agreed methodology, contributing to the development of key performance indicators in priority areas

A series of Key Performance Indicators (KPIs) have been developed by the Authority over the last 3 years, and/or in support of professionals developing KPIs for specific services. These have included:

- neurosurgical KPIs for acute and emergency conditions
- pre-emergency care KPIs for response time for patients with immediately life-threatening and life-threatening conditions
- symptomatic breast disease KPIs for the ongoing monitoring of priority care indicators.

Strategic objective 3:

To set standards to drive the efficient and effective use of health information and Information Communications Technology to improve the quality and safety of health and social care.

Targets	Delivered
<p>Mapping the current major national health information sources including information uses, high level information flows and information models</p>	<p><i>A Catalogue of National Health Information Resources</i> was published which contains a comprehensive listing of the national health information sources in Ireland, a 'one stop shop' which informs and increases awareness among stakeholders on the existence, purpose and access to sources of health information in Ireland.</p>
<p>Finalising a road map for the development of technical standards to support the communication between information systems, electronic health records, improving the current ICT infrastructure and progressing the development of these standards</p>	<p>We published the <i>General Practice Messaging Standard</i> in 2010 which has been adopted and used by HealthLink for communication between hospital and general practice.</p> <p><i>A Report and Recommendations on Patient Referrals from General Practitioner to Outpatient and Radiology Services Including the National Standard for Patient Referral Information</i> was published. This was additional to what was outlined in the corporate or business plans. The Standard, although not yet formally mandated, has been widely adopted and is currently being trialled as part of a national electronic referral programme. Following workshops and a public consultation on <i>Developing National eHealth Interoperability Standards for Ireland</i>, an Expert Standards Advisory Group (eSAG) to provide advice in relation to the prioritisation and development of technical standards has been established. A detailed programme of work has been agreed which is aligned with the work of the HSE and the National Standards Association of Ireland.</p>

<p>Developing, and evaluating against, standards for national health information systems in order to improve quality, usability and increase usefulness of data collected</p>	<p>With the support of an Advisory Group and following public consultation, we developed <i>Draft National Standards for National Health Information Resources</i> together with associated draft guidance. These draft standards are on hold pending publication of the Health Information Bill. It is likely that the provisions to be included within the Bill may limit the applicability of these standards to a small number of systems.</p> <p>However, the Bill will also put in place a mechanism through the Authority to support better integration of these systems which should lead over time to significant improvements in the quality, usability and usefulness of data. The delay in the publication of the Bill has also meant that we did not proceed with the development of a methodology for monitoring the standards as envisaged in the <i>Corporate Plan 2010 - 2012</i>.</p>
<p>Evaluating and monitoring the implementation of technical standards.</p>	<p>An evaluation was conducted of the compliance of a number of messages communicated through the HealthLink message broker with the <i>General Practice Messaging Standard</i>. This led to an update to the standard with Version 2 published in 2011. We have actively contributed to the Department of Health's work in relation to the development of an eHealth strategy.</p>

Strategic objective 4:

To inform investment, or disinvestment, decisions that are safe, effective, maximise population health and wellbeing and represent good value for money.

Targets	Delivered
<p>Undertaking HTAs and efficiency reviews, as appropriate</p>	<p>Progress against this target includes:</p> <ul style="list-style-type: none"> ■ a systematic approach to the conduct of quality assured HTA has been developed leveraging tools developed in EUnetHTA as appropriate ■ the Authority has worked with the Department of Health (DoH) to develop a National Policy Framework for HTA (this is currently with the DoH awaiting completion) ■ a HTA Horizon Scanning Strategy was developed for the Authority but has not been implemented to date due to staff constraints. <p>Major HTAs undertaken in the last 3 years include:</p> <ul style="list-style-type: none"> ■ a health technology assessment of prion filtration of red cell concentrates to reduce the risk of variant Creutzfeldt-Jakob disease transmission in Ireland ■ health technology assessment of robot-assisted surgery in Ireland ■ health technology assessment of a national deep brain stimulation service in Ireland ■ health technology assessment of diagnostic testing options for women known to be at an increased risk of breast cancer (expected to complete March 2013). <p>Rapid HTAs to inform national clinical guidelines:</p> <ul style="list-style-type: none"> ■ Economic Evaluation of Repeat Universal Antenatal Screening for HIV in the Third Trimester of Pregnancy ■ Economic assessment of Early Warning Score ■ Cochrane systematic review: Screening for atrial fibrillation.
<p>Developing a complete set of HTA guidelines</p>	<p>The HTA National Guidelines developed to date include:</p> <ul style="list-style-type: none"> ■ Guidelines for the Economic Evaluation of Health Technologies in Ireland ■ Guidelines for the Budget Impact Assessment of Health Technologies in Ireland ■ Guidelines for evaluating the Clinical Effectiveness of Health Technologies in Ireland. <p>A project undertaken as part requirement for an MSc in Health Services Management by the Head of Research, HTA will underpin a future guideline on stakeholder engagement in HTA.</p>

Collaboration in the EUnetHTA Joint Action and other international initiatives to share information and harmonise HTA approaches

Progress against this target includes:

- the Authority was an associated partner in EUnetHTA Joint Action 1 2010-2012 contributing to 4 work packages
- the Authority is an associated partner in EUnetHTA Joint Action 2 2012-2015 contributing to 3 work packages. The Director of HTA has been nominated to represent Ireland on the Expert Group advising the European Commission on implementation of Directive 2011/24/EU on Cross-Border Healthcare as it relates to establishment of a permanent voluntary Europe-wide network of HTA agencies
- organisational member of International Network of Agencies for HTA 2010- ongoing. The Authority has actively participated in the international exchange of information on HTA
- organisational member of EuroScan (international network of agencies involved in horizon scanning) 2010-2011: membership suspended as the Authority did not have capacity to initiate formal horizon scanning activities. In 2010, the Authority contributed professional expertise to a WHO initiative to assess interventions that may address global health concerns in low and middle income countries
- Director of HTA is a member of the International Society for Pharmacoeconomics and Outcomes Research (ISPOR)
- organisational member of Health Technology Assessment international (HTAi) 2010-ongoing. The Director of HTA serves on HTAi's Annual Meeting Committee of the Board 2010-ongoing.

The Authority hosted HTAi's 7th annual international meeting in 2010 achieving the largest ever attendance of these meetings, drawn from healthcare providers, academia, industry, voluntary sector and governments and representing 58 countries. Conference evaluation forms confirmed very positive feedback. The meeting generated revenue of €1.063m. The Authority partnered with the Department of Health to fund bursaries that allowed 18 national delegates from the public healthcare service and patient representative organisations to attend.

In addition to membership of international groups, the Authority publishes its HTA work in academic fora including presentations at international meetings and in peer reviewed journals establishing a profile as a contributor to the international knowledge base and facilitating exchange of international expertise and leverage of HTA work conducted elsewhere.

To make recommendations on standards to support the implementation of unique health identifiers for professionals and organisations.

In addition to recommendations in respect of unique identifiers for individuals published in 2009, the Authority also submitted for approval by the Minister *Recommendations for Unique Health Identifiers for Healthcare Practitioners and Organisations*. We continue to work closely with the Department on the introduction of identifiers for individuals and have made detailed proposals in relation to the implementation approach and governance structures required. This work is currently on hold pending publication of the Health Information Bill.

Strategic Objective 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.

Targets	Delivered
<p>Organising and facilitating workshops to progress the awareness of health information standards for stakeholders and relevant parties</p>	<p>A number of workshops were organised and facilitated to progress the awareness of health information standards for stakeholders and relevant parties.</p>
<p>Contributing to the development of key performance indicators for the purpose of monitoring, and supporting the management of, health and social care services</p>	<p><i>Guidance on Developing Key Performance Indicators and Minimum Datasets to Monitor Healthcare Quality</i> was published and the recommendations adopted across the HSE.</p> <p>We made recommendations to the Minister for Health in relation to Pre-hospital Emergency Care Key Performance Indicators in 2010, with a subsequent report published in January 2011. Thereafter, we coordinated review meetings with the HSE and Department of Health on the implementation of the recommendations. Two letters with further recommendations was sent to the Minister in December 2011 and June 2012.</p> <p>Additional KPIs have also been developed and/or the Authority supported the development of, in relation to neurosurgical services and symptomatic breast disease services.</p>

Undertaking consultation with relevant stakeholders to engage and involve them in driving improvements in a wide range of services

We have considerably progressed this target: we undertook a large number of consultations and completed a wide range of engagement activities over the course of the Corporate Plan; a summary of our involvement includes:

- as a member of the Health and Social Care Regulatory Forum, we contributed to the *Framework for Public and Service User Involvement in Health and Social Care Regulation in Ireland*
- conducted a public, nationally representative survey on attitudes towards the quality and safety of healthcare in Ireland
- carried out extensive consultation in the areas of health technology assessment and health information through formal and informal engagement with stakeholders including policy makers, service decision makers, government agencies, clinicians, patient groups, academia, pharmaceutical and technology industries
- established a HTA Programme Advisory Group (PAG) with broad representation from key stakeholders across the health system to advise the Authority on development of its HTA policies and procedures. The PAG has advised on the Authority's horizon scanning strategy and on stakeholder engagement in the HTA process
- engaged in a wide public engagement on the National Standards for Safer Better Healthcare and stakeholders attended the launch of the Standards in 2012
- engaged in ongoing discussions with the Irish College of General Practitioners regarding a quality assurance scheme for primary care
- engaged with the HSE on a quality improvement programme using Institute of Healthcare Improvement (IHI) Open School
- commenced the Joint Action European Union Network on Patient Safety and Quality of Care in April 2012 as the Authority is the national contact point for Ireland. We are participating in Work Package 6 (quality health-care systems collaboration in the EU). The Authority facilitated a national multi-stakeholder information meeting regarding PaSQ to explore how these stakeholders and the Authority could work together and contribute to the joint action
- engaged with a wide range of stakeholders including service users and their families, the Air Corp, Irish Coast-guard, Government Departments of Health, Defence and the Environment and hospitals within Ireland and the UK regarding liver transplant services in 2011

	<ul style="list-style-type: none"> ■ ran three seminars in 2012; with 666 people involved; representing 74% of nursing home providers for the purpose of engagement, reviewing the quality of services, infection control and managing outbreaks of influenza and renewal of registration process.
<p>Contributing to the successful implementation of the Health Research Group's Action Plan</p>	<p>We continued to support the work of the Health Research Group in the Department of the Health and in particular Work Streams 1 and 3. In addition we have joined the Prioritisation Action Group for Connected Health established under the Government's Research Prioritisation Exercise.</p>
<p>Providing tailored support in prioritised areas for quality and safety.</p>	<p>We have substantially achieved this target. A summary of our activities include:</p> <p>We provided support and advice to a number of the Clinical Care Programmes in relation to information governance and standards. The Director of HTA and the Head of Standards and Methodology were on the National Clinical Effectiveness Committee (NCEC). The Authority developed National Quality Assurance Criteria for Clinical Guidelines used by the NCEC to assess clinical guidelines prior to recommendation to the Minister for endorsement as national guidelines.</p> <p>The Director of HTA is a member of the Irish Medicines Board's Consultative Panel on Legal Classification of Medicines. The Senior Statistician in the HTA Directorate is a member of the National Cancer Control Programmes's Technology Assessment Committee.</p>

Strategic Objective 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.

Targets	Delivered
<p>Embedding best practice in corporate governance across the Authority</p>	<p>We revised the Codes of Governance and Business Conduct in accordance with most recent guidance. We defined and improved best practice risk management approach. We designed and implemented a Clearview system; it has been recognised for:</p> <ul style="list-style-type: none"> - its ability to strategically align our work programmes and activities with our Business Plan - the value and transparency it adds to managing of teams, projects and work programmes - the value it provides to corporate governance and risk management - its ability to align the tasks and goals on Performance Management Development System (PMDS) with the Authority’s Business Plan. <p>We established a major new programme aimed at improving information governance within the Authority.</p>
<p>Continuing to review, and improve where necessary, our business processes, structures and work flows to ensure that we are organised to effectively manage our current and future work in a changing and challenging environment</p>	<p>Our progress on this includes establishing a new Business Intelligence Unit, in the HI Directorate, which will deliver solutions to support risk assessment of providers. Business Intelligence functions will be embedded within our Information Management System PRISM system and will be included as part of the preparation for our new functions.</p> <p>We have carried out extensive work in developing our common monitoring approach, ensuring that consistent approaches to monitoring are developed with quality control points identified for all appropriate processes and procedures. As well as this transformational project other improvement initiatives have covered the registration process, issuing and monitoring action plans, implementation of compliance monitoring inspections, roll out notifications project and a new unsolicited information process.</p> <p>We undertook reviews of a number of core business processes during the life of the Plan; these include the registration process, process for development and production of reports, for the receipt of information that gives rise to a concern, the development of a contact directory for all stakeholders and entities that the Authority engages with and regulatory processes as above.</p>

<p>Developing a programme of work with auditors, regulators and other assurance bodies to monitor and evaluate the performance of the Authority including independent reviews of the efficiency and impact of our work</p>	<p>In 2010, we appointed new internal auditors. We developed and delivered a three year internal audit plan, with annual review. The Authority was also subject to annual statutory audits by the Comptroller and Auditor General and to an audit of recruitment practices by the Commission on Public Service Appointments.</p> <p>A number of external reports regarding the Authority’s approach to its functions, and/or referencing the work of the Authority, have also taken place. This includes the National Economic and Social Council (NESC) report into the effectiveness of the Authority’s approach to regulating designated centres for older people.</p>
<p>Recruiting and retaining people with the skills, experience and values to help us deliver our objectives and setting clear goals for individuals, teams and the Authority and managing performance against these</p>	<p>Where sanction to recruit was obtained, staff were recruited over the course of the Plan to carry out the Authority’s functions in line with the Codes of Practice of the Commission on Public Service Appointment. The performance management of staff was carried out using the Authority’s Performance Management Development System (PMDS) which is aligned with the business and corporate objectives.</p>
<p>Providing managers and staff with high quality learning and development programmes that support professional development, harvest knowledge and enable the effective delivery of our strategic objectives</p>	<p>Learning and development programmes have been rolled out centrally by the HR team and locally within teams on more technical points. It is recognised that the area of management development requires more focus and a plan has been developed for implementation against revised management principles across the organisation.</p>
<p>Providing a healthy and safe working environment for our staff and complying with all relevant legislation</p>	<p>The Authority adheres to all health and safety policy and procedures and provides appropriate training, awareness programmes and personal protective equipment where required.</p>

<p>Demonstrating and applying sound financial management and reporting systems</p>	<p>Strong financial focus continues to be a priority of the Authority and this has been recognised in annual audits of financial control. The greatest risk in this area is being addressed through the installation of a financial management system procured in 2012 and planned to go live in the first Quarter of 2013.</p>
<p>Optimising our use of technology and ensure that information systems and resources are in place to enable staff to work efficiently and that interaction with the organisations we regulate and other stakeholders are in line with e-Government best practice.</p>	<p>The Authority has continued to develop its ICT infrastructure over the period of the plan. This has included continued implementation of a document management project, virtualisation of the IT infrastructure, development and implementation of the Clearview management reporting and risk management system. Substantial work has been carried out on the PRISM system due to be implemented in 2013. The IT department won an award for best IT department by 'IT@Cork' in Q4 2012 in recognition of its strategic end-to-end approach in the development of our business-focused IT approach.</p> <p>A major redesign of the website and intranet was completed in 2012. A social media strategy was developed and rolled out to maximise the use of new technologies and tools in communicating with stakeholders. Twitter, Facebook and LinkedIn pages were set up. We live tweeted from the launches of the <i>National Standards for Safer Better Healthcare</i> and the Child Protection Standards. A YouTube channel was set up and three videos were posted on our national standards. We published a Podcast and a number of audiobooks on our website and iTunes. An SMS news text alert system was established, with 318 people signed up by the end of 2012, and the first electronic stakeholder ezine was issued to 2,000 stakeholders.</p>

Appendix 2:

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 scheduled Board meetings in 2012

Regular Board meetings 2012	18 Jan	21 March	7 June	11 July	24 Sept	20/21 Nov	Individual attendance record for regular Board meetings
Pat McGrath	Yes	Yes	Yes	Yes	Yes	Yes	6 out of 6
Grainne Tuke	Yes	Yes	Yes	Yes	Yes	Yes	6 out of 6
Philip Caffrey	Yes	Yes	Yes	Yes	Yes	Yes	6 out of 6
Sam McConkey	Yes	Yes	Yes	Yes	Yes	Yes	6 out of 6
Cillian Twomey	Yes	Yes	Yes	Yes	Yes	Yes	6 out of 6
Bryan Barry	No	Yes	Retired	Retired	Retired	Retired	1 out of 2
Angela Kerins	Yes	No	Retired	Retired	Retired	Retired	1 out of 2
Geraldine McCarthy	Yes	Yes	Retired	Retired	Retired	Retired	2 out of 2
Sheila O'Connor	Yes	Yes	Retired	Retired	Retired	Retired	2 out of 2
Dolores Quinn	No	Yes	Retired	Retired	Retired	Retired	1 out of 2
Damien McLoughlin	No	Retired	Retired	Retired	Retired	Retired	0 out of 1
Darragh O'Loughlin	N/A	N/A	N/A	N/A	N/A	Yes	1 out of 1
David Molony	N/A	N/A	N/A	N/A	N/A	Yes	1 out of 1
Sheila O'Malley	N/A	N/A	N/A	N/A	N/A	Yes	1 out of 1
Total attendance per Board meeting	8 out of 11	9 out of 10	5 out of 5	5 out of 5	5 out of 5	8 out of 8	

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

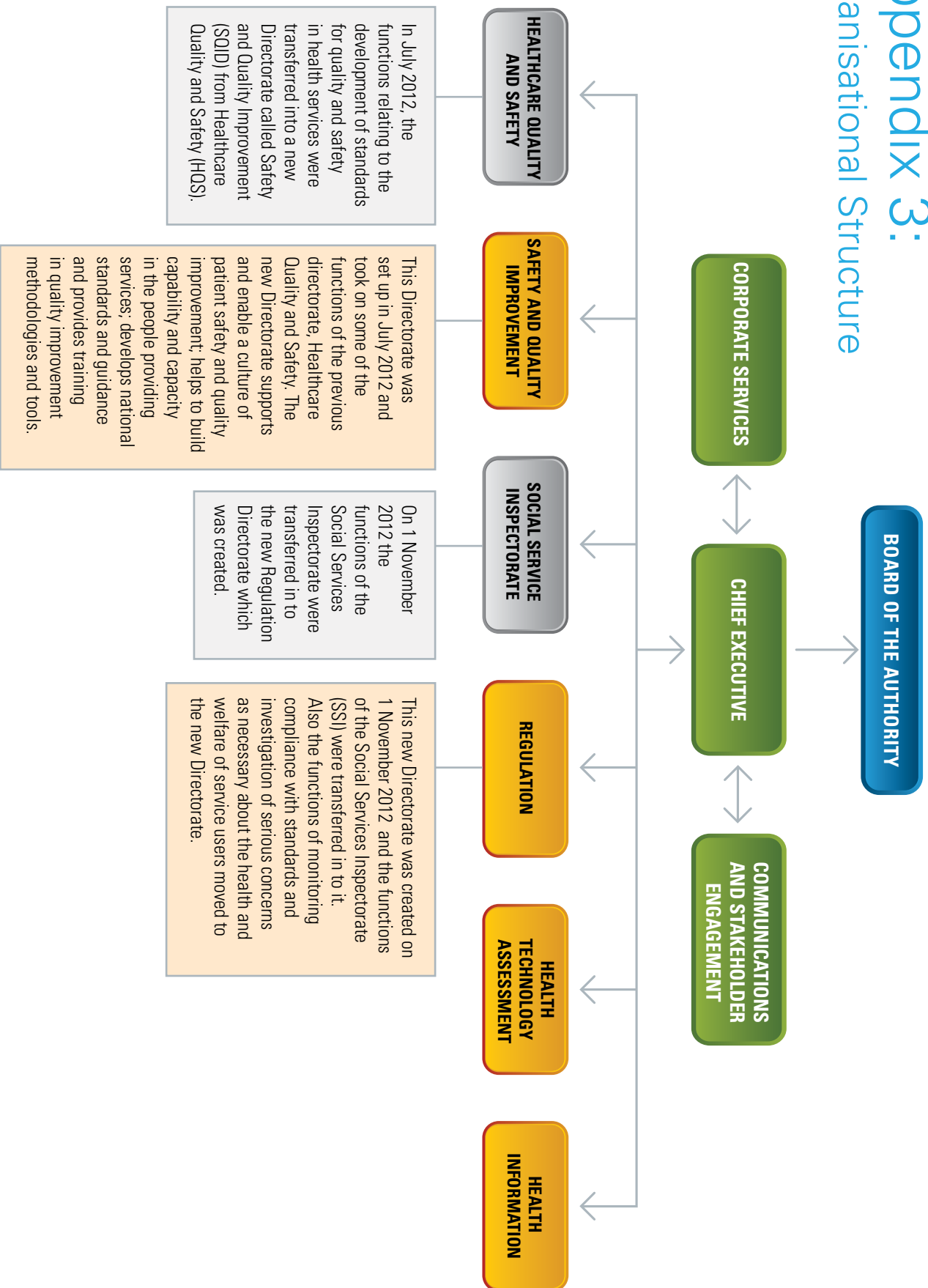
Attendance of the eight extraordinary Board meetings in 2012

Regular Board meetings 2012	20 Feb	2 May	8 May	25 May	11 Oct	22 Nov	23 Nov	27 Nov	Individual attendance record for additional Board meetings
Pat McGrath	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	8 out of 8
Grainne Tuke	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	8 out of 8
Philip Caffrey	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	8 out of 8
Sam McConkey	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	8 out of 8
Cillian Twomey	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	8 out of 8
Bryan Barry	Yes	Yes	No	Retired	Retired	Retired	Retired	Retired	2 out of 3
Angela Kerins	No	Yes	Yes	Retired	Retired	Retired	Retired	Retired	2 out of 3
Geraldine McCarthy	Yes	No	No	Retired	Retired	Retired	Retired	Retired	1 out of 3
Sheila O'Connor	Yes	Yes	Yes**	Retired	Retired	Retired	Retired	Retired	3 out of 3
Dolores Quinn	Yes	Yes	Yes	Retired	Retired	Retired	Retired	Retired	3 out of 3
Damien McLoughlin	No	Retired	Retired	Retired	Retired	Retired	Retired	Retired	0 out of 1
Darragh O'Loughlin	N/A	N/A	N/A	N/A	Yes	Yes	Yes	Yes	4 out of 4
David Molony	N/A	N/A	N/A	N/A	Yes	Yes	Yes	Yes	4 out of 4
Sheila O'Malley	N/A	N/A	N/A	N/A	Yes***	Yes	Yes	Yes	4 out of 4
Total attendance per Board meeting	9 out of 11	9 out of 10	8 out of 10	5 out of 5	8 out of 8	8 out of 8	8 out of 8	8 out of 8	

** Attended as part of the investigation team.

*** Attended via phone link.

Appendix 3: Organisational Structure



Appendix 4:

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 management²⁵.

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 summarising 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 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 and that public sector requirements are met.

2.1 Health Information and HTA

The Directors of HTA and Health Information presented the controls for the governance of their functions to the Information Research and Technology committee on 21 January 2013. The processes and procedures were considered to ensure that the functions of the Authority are effectively managed and controlled and within the statutory parameters set by the Health Act 2007.

²⁵ Department of Finance. Code of Practice for the Governance of State bodies, section 10.1

2.2 Regulatory functions and Safety and Quality Improvement activities

The Director of Regulation and a Programme manager from the Safety and Quality Improvement Directorate presented the controls for the governance of their functions to the Health and Social care Governance Committee on 15 January 2013. The processes and procedures were considered to ensure that the functions of the Authority are effectively managed and controlled and within the statutory parameters set by the Health Act 2007.

2.3 Activities undertaken in Corporate services, Chief Executive's Office and Communications and Stakeholder Engagement

The Authority is required to comply with a range of equality legislation. Controls include policies and procedures are in place to facilitate compliance with the relevant provisions of the 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 ensures that there is no unlawful discrimination. Assurance is provided through management oversight.

2.3.1 Recruitment

The Authority is required to recruit staff in compliance with the requirements of the Health Act 2007 and its licence from the Commission for Public Service Appointments. The key controls are the processes that have been developed for recruitment and the training that has been given to all staff involved in recruitment. Assurance is provided by ensuring that recruitment was carried out using processes in compliance with these provisions. Positive assurance has been provided through oversight by the recruitment regulator- the Commission on Public Service Appointments.

2.3.2 Disability Act 2005

The Authority is required to comply with the Disability Act 2005. The Act places obligations on public sector employers to meet the target of employing at least 3% of its workforce with disabilities 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. The key controls in this area involve having fair and transparent systems of recruitment. Assurance is provided through the censuses that have been carried out that confirmed the Authority met the required target.

2.3.3 Equality Legislation

The Authority is required to be compliant with a range of equality legislation. Controls include policies and procedures in place to facilitate compliance with the relevant provisions of the 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. Assurance is provided through management oversight.

2.3.4 Freedom of Information

The Authority is required to be compliant with provisions of the Freedom of Information Acts. Controls included a well developed policy and procedure for handling requests for information under legislation. The Chief Executive 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. Assurance is provided through the Freedom of Information Officer ensuring that the Authority is in compliance with the provisions of the legislation.

2.3.5 Health and Safety

The Safety, Health and Welfare at Work Act 2005 sets out the rights and obligations of both employers and employees and provides for substantial fines and penalties for breaches of the health and safety legislation. The Authority takes this area very seriously and 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 along with the normal line management function provides assurance that health and safety policies and procedures are complied with in the Authority.

2.3.6 Public Procurement

The Authority has onerous responsibilities in relation to public procurement. The key controls are the processes in place to ensure that procurement is carried out in compliance with relevant regulations and legislation. Assurance is provided through management oversight of procurement processes.

2.3.7 Prompt Payments of Account

The Authority is required to comply with legislation in relation to prompt payments. Processes exist to ensure invoices are processed in a timely fashion and that payment is made by the prescribed payment date as prescribed by legislation. Assurance is provided through oversight within the finance function and through internal audit and the work of the Comptroller and Auditor General.

2.3.8 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 roles is to primarily assist the Authority and its staff in complying with data protection compliance.

2.3.9 Corporate Management 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.

2.3.10 Governance

The Authority works according to 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. The Authority is in compliance with the governance checklist issued by the Department of Health.

2.3.11 Risk Management

The Authority is compliant with the guidelines on risk management included in the Code of Practice for the Governance of State Bodies. Risks are brought to the Board and the Committees at regular intervals and discussed at all Executive meetings.

2.3.12 Internal Audit

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

2.3.13 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.

2.3.14 Stakeholder Engagement

■ Press/media relations

The Authority is committed to ensuring that its communications reflects the principles, put in place in 'Regulating Better,'²⁶ of good regulation for independent regulatory bodies which include accountability, consistency and transparency. On Press and media relations, 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*²⁷. 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. The Authority has a policy to control and govern usage of its social media sites including its Facebook page and its Twitter account.

■ 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 aims to maintain close working relationships and two-way communications channels with all staff, including home workers.

■ ePrivacy Regulations 2011 (S.I. 336 of 2011)

The Authority as a Data Controller is committed to a policy of protecting the rights and privacy of individuals in accordance with Data Protection legislation in relation to handling subscribers to its new stakeholder ezine, HIQA News, and its SMS Alerts. The Authority is committed to informing users about the cookies used on its website **www.hiqa.ie**. The cookies used on the website have been assessed and classified.

26 Department of the Taoiseach's *Regulating Better* website: http://www.taoiseach.gov.ie/eng/Publications/Publications_Archive/Publications_2011/Better_Regulation_Website_Content.pdf

27 The Framework document is located at: http://www.hiqa.ie/media/pdfs/Framework_Public_Service_User_Involvement.pdf

2.3.15 Disability Act 2005 (accessibility)

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. 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.



Health Information and Quality Authority

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