Annual Report **2007**

**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Presented to the Minister for Health and Children in Accordance with Section 37 of the Health Act 2007

This report is available in Irish on request

Foreword by the Chairperson

Ireland is unique in the world in establishing an independent Authority with the powers to set, monitor and investigate health and social care standards, to evaluate the effectiveness of the medications and treatments being used and to advise on the collection and sharing of information across the entire health and social care services.

The key drivers of quality are all contained within the functions of the Authority, which are set out in the Health Act 2007. These reflect the government's ongoing commitment to continuous improvement in our health and social care system.

The Minister for Health and Children, in establishing the Authority was adamant that we should be an independent Authority with strong powers to enable us to do our work. The Authority has been in existence for less than a year and I believe it is already making an impact on Ireland's health and social care services.

Over the period of this Annual Report, the Authority has already commenced two major investigations into the provision of care to patients, two Health Technology Assessments, completed the National Quality Standards for Residential Care Settings for Older People in Ireland, undertaken and

published a national report into the care of children aged 12 and under, published the first independent national quality hygiene review of Irish hospitals and hosted a major international conference on patient safety among many other pieces of work. This has been achieved while the Authority has been in the process of developing the staff and infrastructural resources for us to carry out our work.

My fellow Board members and I will provide our support to the Chief Executive, her senior management team and the staff of the Health Information and Quality Authority as it sets about its task of driving continuous improvements in Ireland's health and social care services.

This will ensure that patient safety is our main priority and that driving improvements across Ireland's health and social care services in all sectors achieves tangible benefits for patients.

I would like to thank all of the people who have worked with and supported us during 2007 and look forward to working with them again in the future, and many others, as we continue our work in 2008.

Pat McGrath Chairperson

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1 About the Health Information and Quality Authority

1.1 Introduction and Background

The Health Information and Quality Authority was established on 15 May 2007 as part of the Government's Health Reform Programme. Reporting to the Minister for Health and Children, the role of the Authority is to promote safety and quality in the provision of health and personal social services for the benefit of the health and welfare of the public.

This means that the Authority has responsibility for:

› *setting quality and safety standards for our health and social care services, with the exception of mental health services*

› *monitoring and, as appropriate, enforcing these standards*

› *supporting providers and staff in bringing about improvements in service quality*

› *undertaking investigations where there is a serious risk to a person, or people, using services*

› *evaluating new health technologies and, more generally, promoting the better use of resources in our health and social care services*

› *reporting on our work and providing information about health and social care for the public, users of the services, health and social care professionals, policy makers and the government.*

The Social Services Inspectorate (SSI), interim Health Information and Quality Authority and the former Irish Health Services Accreditation Board (IHSAB) were integrated into the Authority on its establishment. The former SSI, responsible for the inspection of Health Service Executive (HSE) children's residential care centres, has expanded functions and powers in the establishment of the Office of the Chief Inspector for Social Services within the Authority whilst the former IHSAB continues its accreditation work as part of the Healthcare Quality function.

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As an independent organisation, the Authority is committed to an open and transparent relationship with its stakeholders. Its independence within the health system is key for it to be successful in undertaking its functions.

In carrying out its work, the Authority works closely with a diverse group of people including those using health and social services, their carers, health and social care professionals, the Health Service Executive, private and voluntary providers, Department of Health and Children and other key stakeholders nationally and internationally.

The Authority has a statutory requirement to produce an Annual Report in keeping with the Health Act 2007, and the Office of the Chief Inspector within the Authority also has a specific requirement to do so. These are both contained within this report.

This Annual Report outlines the work of the Authority from its commencement on 15 May 2007 to the 31 December 2007, in line with the Authority's Business Plan for 2007. It should be noted that this was the first part-year of its establishment and therefore a considerable focus was, and will continue to be, on the 'start-up' of the organisation. That has included:

›   *recruiting the Senior Management Team for the Authority*

›   *commencing a significant recruitment programme to ensure that, with the commencement of its functions, the Authority has the right people with the right skills at the right time*

›   *establishing the governance arrangements, operating framework and systems and processes to be effective, efficient and supportive of its staff*

›   *maintaining the ongoing work and planning and commencing the new functions to ensure that it is robust in discharging its functions whilst responding to a number of key public safety issues that occurred during 2007.*

1.2 Mission Statement and Core Values

In carrying out our work, it is fundamental that we are clear on what our mission is and what our core values are that will drive our behaviours and the way we do business.

The mission of the Authority is to:

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

This mission acts as a compass for all of our activities.

Our core values express what we believe is fundamental to how we do business, our behaviours and how we hope to be perceived by external stakeholders. These values will drive the culture of the organisation.

Core Values

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

FAIR AND OBJECTIVE · OPEN AND ACCOUNTABLE · EXCELLENCE AND INNOVATION · WORKING TOGETHER · **PUTTING PEOPLE FIRST**

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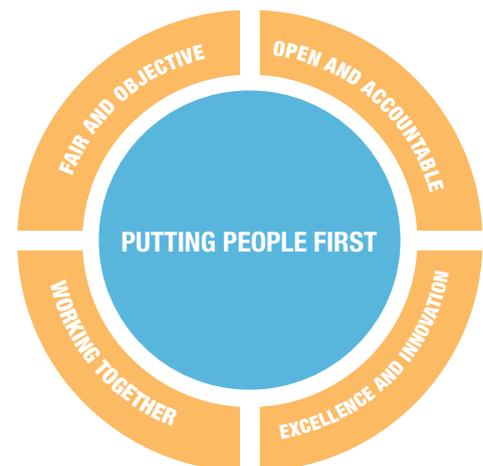
1.3 The Board of the Authority

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

Pat McGrath
*Chairperson.
Chief Executive,
Project Management
Group*

Bryan Barry
*Assistant General
Secretary, Irish
Farmers Association*

Dr Michael Barry
*Medical Director of
the National Centre for
Pharmacoeconomics
Consultant Physician,
St. James's Hospital*

Dan Byrne
*Chairman, Lincor
Solutions Ltd*

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

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

**Professor Geraldine
McCarthy**
*School of Nursing and
Midwifery, UCC*

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

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

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

Dr Dermot Power
*Consultant in Elderly
Care, Mater Hospital
and St. Mary's
Hospital*

Dolores Quinn
*Communications and
Marketing Manager,
Abbott Laboratories*

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1.4 Organisational Structure and Executive Management Team

The Authority has organised itself to reflect its main functions. Consequently, there are six Directorates that are led and managed by an Executive Management Team. The Organisational Structure can be seen in Appendix 1. The members of the Executive Management Team are as follows:

Dr Tracey Cooper
Chief Executive Officer

Dr Mairin Ryan
Director of Health Technology Assessment

Professor Jane Grimson
Director of Health Information

Jon Billings
Director of Healthcare Quality

Dr Marion Witton
Chief Inspector/ Director of Social Care Quality

Sean Angland
Head of Corporate Services

Marty Whelan
Head of Communications and Stakeholder Engagement

Roisin Boland
International Quality Advisor

Summary overview of Directorate Functions

Directorate	Function overview
Health Technology Assessment	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.
Health Information	Identifying and advising on health information deficiencies; establishing an information governance framework and setting standards for information systems; evaluating and providing information on the provision of health and social services.
Social Services Inspectorate	Inspecting and registering social care services, including residential services for older people, residential services for children and residential services for people with a disability. As deemed necessary, will undertake investigations into suspected serious service failure in social care.
Healthcare Quality	Developing person-centred standards for health and social care. Designing and implementing a quality assurance programme to promote improvements in quality and safety standards in health. As deemed necessary, will undertake investigations into suspected serious service failure in health care.
Corporate Services	Ensuring that the Authority is fit for our intended purpose, through effective staff welfare, performance, management and recruitment, premises, management information systems and other key support services.
Communications and Stakeholder Engagement	Ensuring that the Authority's internal communication systems are effective and robust, managing the Authority's communications with internal and external stakeholders and developing collaborative relationships across the health and social care systems.
International Activities	Ensuring that the Authority has access to leading international expertise and research, and that the work and role of the Authority is internationally recognised.

Headquartered in Cork, the Authority currently has offices in Cork and Dublin and will also be opening offices in the Midlands and West of Ireland throughout 2008.

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1.5 Key Achievements 15th May to 31st December 2007

Key achievements for the period since establishment until 31st December include:

> *the undertaking and publication of an investigation into the placement of children aged 12 and under in residential care in Ireland;*

> *undertaking a National Hygiene Quality Review audit;*

> *initiation of two investigations into symptomatic breast disease services in two different regions;*

> *initiation of a national quality review of symptomatic breast disease services;*

> *preparation and publication of draft national quality standards for older people's residential care settings;*

> *the commencement of two health technology assessments;*

> *preparation of draft national quality standards for residential centres for people with a disability;*

> *preparation and planning for all aspects of our programmes of work;*

> *the development and maintenance of a national and international network;*

> *the planning and implementation of the recruitment and operational infrastructure for the authority;*

> *the organisation and hosting of its first international patient safety conference.*

2 Activities by Directorate

2.1 Health Technology Assessment Directorate

2.1.1 Background

The Health Information and Quality Authority is the statutory organisation in Ireland with a remit to carry out national Health Technology Assessments (HTAs) and to develop standards for the preparation of these HTAs across our health system.

While Irish health policymakers and providers already engage in formal and informal evaluations for investment in new and existing health technologies, it is widely acknowledged that the health system would benefit from a more standardised, independent, comprehensive approach as well as from the greater availability of specialist HTA resources.

Many of the aspects of HTA are new to Ireland and will be developed in line with national and international practice. The HTA Directorate of the Authority will work with stakeholders to: support the development of a Quality Framework for HTA; develop capacity and promote high-quality assessments of technology; independently undertake HTAs that have a national implication; and meet the gaps in HTA across the system.

Dr. Mairin Ryan was appointed and took up her position as Director of Health Technology Assessment on 24th September 2007.

2.1.2 What is Health Technology Assessment?

Health Technology Assessment entails the systematic and objective evaluation of the clinical and cost-effectiveness of new technologies, taking into account social, organisational and ethical issues among other factors. The term 'technology' includes drugs, medical equipment, diagnostic techniques, surgical procedures and public health programmes, for example cancer screening programmes. This information is for use by the public, service providers and the Department of Health and Children. The main issues investigated as part of any HTA are:

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> *Does the technology work?*

> *For whom does it work?*

> *What is the benefit to the patient?*

> *At what cost?*

> *How does it compare to the alternatives?*

2.1.3 Activities During 2007:

i) Developing Health Technology Assessment processes

Significant work has been completed in putting together processes to support the project management of HTAs conducted by external evaluation teams. Procedures are now in place for Tendering, Contracts, Conflicts of Interest and Confidentiality in dealing with HTAs.

ii) Health Technology Assessment Staff Structure

The staff structure for the Directorate is being finalised and once agreed should enable the Authority to commence further recruitment for the essential roles required to complete our key objectives for 2008.

iii) Health Technology Assessment Capacity Building

The Authority has undertaken to co-fund a 3 year PhD fellowship program at the National Centre for Pharmacoeconomics with the aim of building skills sets for HTA conduct and interpretation. The PhD research thesis will be co-supervised by the Director of HTA and will address HTA priorities within the Authority.

iv) Stakeholder Engagement

An extensive programme of meetings with policymakers, service providers, clinicians, patient groups, academics and industry is underway to inform priorities and a framework for the HTA function.

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v) Health Technology Assessment of the Role of Human Papillomavirus Vaccines in Reducing the Risk of Cervical Cancer in Ireland

Cervical cancer is the 8th most frequently diagnosed cancer in women in Ireland. In 2004, 200 women were diagnosed with cervical cancer in Ireland, with more than 90 women dying from the disease. On average, these women are 56 years old at the time of death, and 44 years at the time of diagnosis. Infection with the human papillomavirus (HPV) infection is the main cause of cervical cancer, without which cervical cancer does not arise. Vaccination against HPV therefore represents a new opportunity to reduce the incidence of and mortality associated with cervical cancer.

In July 2007, the Authority agreed to undertake a HTA on the role of vaccination against HPV in reducing the risk of cervical cancer in Ireland in response to a request by the National Cancer Screening Service Board.

The purpose of this assessment was to establish the cost-effectiveness of a combined national HPV vaccination and cervical cancer screening programme compared to a cervical cancer screening programme alone in the prevention of cervical dysplasia (the condition that can lead to cervical cancer) and cervical cancer due to HPV types 16 and 18 in Ireland.

The Authority commissioned the National Centre for Pharmacoeconomics (NCPE) to conduct the health technology assessment on its behalf. To lead and oversee the process and advise the Authority, a multidisciplinary Expert Advisory Group was convened. Following the approval of a draft technical assessment by the Expert Advisory Group, the report will be submitted to the Board of the Authority for approval. It is anticipated that this process will be completed by February 2008, following which the report will be submitted to the Minister for Health and Children, the National Cancer Screening Service Board and the National Immunisation Advisory Committee. A decision on the adoption and implementation of a HPV vaccine as part of the National Immunisation Schedule will be taken by the Minister for Health and Children, following due consideration of all available evidence.

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vi) A Health Technology Assessment of a Population-Based Colorectal Cancer Screening Programme in Ireland

Colorectal cancer is the third most commonly diagnosed cancer in Ireland. In 2005, over 2,100 new cases of colorectal cancer were diagnosed and over 950 deaths reported, accounting for more than 12 percent of all cancer deaths. Screening for colorectal cancer reduces both the relative risk and the mortality of colorectal cancer by allowing the identification and removal of precursor lesions and by the detection of malignancies at an earlier, more treatable stage.

In November 2007, the Authority invited proposals for a HTA to examine the cost-effectiveness, ethical and resource implications of a population-based colorectal cancer screening programme in Ireland. This HTA, which is being undertaken by the Authority in response to a request from the National Cancer Screening Service, will inform advice to the Minister for Health and Children on the likely impact of such a programme on health care resources and on morbidity and mortality from colorectal cancer in Ireland.

Following completion of the competitive tendering process in January 2008, it is anticipated that a contract will be awarded by the Authority to the winning team to conduct the health technology assessment on its behalf.

The Authority is convening a multidisciplinary Expert Advisory Group to lead and oversee the process and to provide advice to the Authority in accordance with the defined Terms of Reference

It is anticipated that the project will formally commence in February 2008 and that a report will be finalised by the Authority in September 2008, following completion of this project

vii) International Networks

European network for Health Technology Assessment (EUnetHTA):

The Authority is an Associate Partner in the EUnetHTA network which links 63 HTA partners from 32 countries. The overall aim of EUnetHTA is to establish an effective and sustainable European network for HTA with the objectives of reducing overlap and duplication of efforts, increasing HTA output and strengthening the link between HTA and healthcare policy making in EU and member states.

Ireland participates actively in EUnetHTA Work Packages 6 and 7. Work Package 6 focuses on the transferability of HTA to health policy. Work Package 7 aims to strengthen collaborations on monitoring emerging new technologies and methods for prioritisation of HTA.

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International Society for Pharmacoeconomics and Outcomes Research (ISPOR):

In October 2007 the 10th Annual European Congress of the International Society for Pharmacoeconomics and Outcomes Research (ISPOR) was hosted in Dublin. This major pharmacoeconomics conference attended by 1800 delegates and opened by the Minister for Health and Children. This was the largest ever gathering worldwide of individuals involved in producing and using HTA and was a tremendous success. Dr Michael Barry, Board member of the Authority co-chaired the meeting and Dr Máirín Ryan, Director of Health Technology Assessment, co-chaired the Research Committee. Both made oral presentations to the meeting. The meeting and the subsequent international HTA Policy Forum afforded the opportunity to network with international HTA agencies with many offers of help and knowledge exchange.

Health Technology Assessment International (HTAi)

Health Technology Assessment international (HTAi) is the international professional society focusing specifically on HTA and embracing all those who do and use it, whether in academic institutions, health care facilities, industry, business, the voluntary sector, or government. The Authority submitted an initial bid to host the annual HTAi conference in Dublin in 2010. The Authority is one of two groups selected to submit a more detailed proposal by the end of February 2008. Attendance of approximately 1200 is anticipated for HTAi 2010.

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2.2 Health Information

2.2.1 Background

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

The Health Information Directorate is responsible for analysing the existing quality and coverage of health information, identifying gaps and making recommendations to fill those gaps. Putting in place standard definitions for information to ensure meaningful comparability and avoid duplication of effort is an important part of the Directorate's work. Equally important are standards to support the interoperability of health information systems in order to facilitate efficient sharing of health information across the sector.

Central to a robust health information system is a framework for information governance which establishes how information is to be shared securely and safeguarding confidentiality. A key element of this framework will be the proposal for the introduction of a unique patient identifier (national health identifier) which is critical to patient safety and has important implications for the ease with which information can be shared between health providers.

An important part of our work will be the design of a national health information portal which will provide integrated access to health information for patients, health providers, policy and decision makers.

Dr Jane Grimson was appointed and took up her position as Director of Health Information on 1st August 2007 in a part-time capacity.

2.2.2 Baseline of Priorities

During 2007 the main focus of the Health Information Directorate has been on assessing the current state of health information, evaluating the tasks to be done and developing a set of priorities in line with the priorities of the Authority as a whole. These have been fully documented in the draft corporate plan for 2008 - 2010 which was produced in the last quarter of 2007.

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2.2.3 National Health Information Strategy

The Authority is responsible for reviewing and updating the National Health Information Strategy, which was published in 2004. The primary aim of the National Health Information Strategy (NHIS) was to recommend the necessary actions to rectify present deficiencies in health information systems and to put in place the frameworks to ensure the optimal development and utilisation of health information. The report contained a list of 27 actions, 20 of which were the responsibility in whole or in part of the Authority. Included in this list was Action 27 to *"review and update the National Health Information Strategy every year and submit it to the Minister for Health and Children for approval"*. However, since the Strategy was published, the structure of the health services with the introduction of the HSE has changed resulting in the re-assignment of certain roles and responsibilities. This review was commenced in the last quarter of 2007 with a view to producing in consultation with the key stakeholders a revised strategy at the end of the second quarter of 2008.

2.2.4 International Approaches to Health Information

The Health Information Directorate commenced a consultation process with equivalent organisations in a number of countries with a view to scheduling a series of fact-finding missions in the first half of 2008. Preliminary meetings were held with representatives from Northern Ireland, Denmark, Wales and New Zealand. It is clear that we can learn from experience elsewhere.

2.2.5 Information Governance

Information Governance is concerned with the structures, policies and practice used to ensure the confidentiality and security of health and social care services records, especially clinical records, and to enable the ethical use of them for the benefit of the individual to whom they relate and for the public good.[http://www.connectingforhealth.nhs.uk/factsandfiction/jargonbuster/index_html#i].

Thus, information governance *"provides the stakeholders with a clear and practical basis for the appropriate use of health information"* [NHIS, 2004]. The legislative framework to support this will be set out in the Health Information Bill which is currently being developed by the Department of Health and Children. The Health Information Directorate reviewed and prepared a response on behalf of the Authority to the discussion document on the proposed Bill that was been produced by the Department of Health and Children.

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2.2.6 National Health Information Portal

The Directorate began work on the specification of a framework for a national health information portal. The approach to be adopted by the Authority is not to duplicate information provided elsewhere but rather to give users access to that information via a single point of contact. Ultimately the portal could provide secure access by citizens to their own health record.

2.2.7 Technical Information Standards

"The adoption of standards is an essential requirement for improving the quality and usefulness of information for all stakeholder groups" [Action 19, NHIS 2004] and is crucial to the ability to share information. There are several aspects to this work including the establishment of standards for coding, classification and terminology to ensure consistency in the use of terms across the healthcare system. Consistency is essential if information is to be meaningfully shared and outcomes comparable. In the last quarter of 2007, the Health Information Directorate initiated discussions with the SNOMED [http://www.snomed.org/] collaboration with a view to joining it as one potential standard for health terminology.

"SNOMED CT® (Systematized Nomenclature of Medicine -- Clinical Terms), is a systematically organized computer processable collection of medical terminology covering most areas of clinical information such as diseases, findings, procedures, microorganisms, pharmaceuticals etc. It allows a consistent way to index, store, retrieve, and aggregate clinical data across specialties and sites of care. It also helps organizing the content of medical records, reducing the variability in the way data is captured, encoded and used for clinical care of patients and research". [http://en.wikipedia.org/wiki/SNOMED_CT].

SNOMED is rapidly emerging as the international standard for terminology. The Directorate has also been investigating the development of a standardised National Health Data Dictionary which would contain standard definition of all terms used to record key information across the health system. Minimum data sets (referred to as Common Indicator Sets in the NHIS), and key performance indicators would be included. Finally, in order to ensure a coherent and consistent approach to the development of standards, the Authority proposes to establish a national steering group comprising representatives from the Authority, HSE, Department of Health and Children and the National Standards Authority of Ireland (NSAI) to progress the matter focussing initially on the development of technical standards for interoperability of systems.

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2.3 Healthcare Quality Directorate

2.3.1   Background

The Healthcare Quality Directorate is responsible for driving improvements in quality and safety of healthcare on behalf of patients. It does this in four main ways:

> *developing and setting standards for healthcare*

> *carrying out assessments of health services against the standards*

> *conducting programmes and campaigns to promote patient safety*

> *undertaking investigations into serious concerns as necessary.*

During 2007, as well as working to develop the Authority's overall approach to promoting quality and safety, the directorate has also delivered important work in all these areas. This section sets out the key activities during 2007.

Jon Billings was appointed and took up his position as Director of Healthcare Quality on 6th August 2007.

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2.3.2   Developing the Authority's Approach to Quality and Safety

Driving the quality and safety agenda in healthcare is a priority in most societies around the world. Many different approaches are taken to this complex area with almost as many approaches as countries. However, many common themes emerge and the Authority is determined to learn from experiences in other jurisdictions. This includes participating in the "Five Nations" healthcare regulatory group that incorporates Ireland, England, Scotland, Wales and Northern Ireland.

In the course of the year, in designing the Authority's methods and approaches to its responsibilities in healthcare, a considerable amount of research been carried out looking at how similar organisations around the world carry out their functions. This has included fostering direct links with partner organisations in The Netherlands, Denmark, France and Germany among others.

What emerges from this work is that in setting standards, most countries focus on a relatively small number of areas that influence quality. These include areas such as:

> *Patient focus*

> *Safety*

> *Effectiveness*

> *Efficiency*

> *Fairness and access*

In developing the standards framework for Irish healthcare it is likely these types of headings will form the basis of the Authority's approach. During 2008 we will be consulting extensively with patients, clinicians, managers and others on the shape and content of the national quality and safety framework for healthcare so that by 2009 the new system of standards and assessment can be implemented.

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2.3.3   Developing Standards

As well as working on the future of the wider standards framework for healthcare, the Authority has made immediate progress in developing and adopting standards in key priority areas.

Symptomatic Breast Disease

In May 2007, shortly after coming into formal existence the Authority adopted national standards for symptomatic breast disease launched by the Minister for Health and Children. The standards, which were developed by an expert group chaired by Professor Niall O'Higgins, have already been extremely influential in shaping the approach of the National Cancer Control Plan to establishing designated specialist centres for providing primary diagnosis and treatment of breast cancer. The standards will form the basis of the Authority's quality reviews of symptomatic breast disease services during 2008.

Hygiene

In late 2006, the Irish Health Services Accreditation Board developed standards for hygiene services in hospitals. These standards were adopted by the Authority and formed the basis of the national review of hygiene service in hospitals carried out by the Authority in 2007.

Infection Prevention and Control

Healthcare Associated Infections (HCAI) are a general concern to patients, healthcare staff and the public. They represent a significant threat to the safety and well-being of many patients. Reducing HCAI is a high priority for the health service and the Authority responded during late 2007 by instigating a project to develop standards for Infection Prevention and Control.

The Authority assembled an advisory group of experts chaired by Professor Geraldine McCarthy of University College Cork. The group included a patient representative, clinicians and managers from a range of service settings. The development process has included extensive consultation with service providers and patients for example through focus groups and workshops attended by over 150 people.

The standards, which will set expectations for performance and practice in minimising infections and managing infection outbreaks, will be further developed during 2008

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2.3.4 Assessing Quality and Safety

As well as developing methods and approaches for the future, the Authority carried out significant assessment activity during 2007.

Continuing Accreditation Programmes

Prior to the establishment of the Authority, the former Irish Health Services Accreditation Board had 42 acute hospitals participating in an accreditation programme. The Authority undertook to continue with any ongoing accreditations to the middle of 2008. This was so that the work done by hospitals in preparing for accreditation continued to build and most importantly to maintain momentum in quality improvement activity within the health service.

In 2007, the Authority completed five accreditation peer review surveys, seven continuous assessment visits and gave one accreditation award.

The experience and learning from the hospital accreditation programme will prove invaluable as the basis for building the Authority's new approach to assessing healthcare providers against standards.

Hygiene Review

Reducing the incidence of infections contracted by patients in health and social care institutions is a challenge faced by many countries worldwide and must be a top priority for the Irish healthcare system. It is vital that there is a concerted and comprehensive programme of measures to drive down the number of healthcare associated infections (HAI). This requires addressing cultural and behavioural factors as well as technical, managerial and clinical factors that contribute to the successful reduction of infections.

Although not the full answer, hygiene practices are a vital part of this process. The first National Hygiene Services Quality Review conducted in 51 Health Service Executive (HSE) funded acute care hospitals in Ireland between March and September 2007 aimed to assess current performance in this area.

This review focused on both the service delivery elements of hygiene – what happens on the ground – as well as on robust corporate management. While good hygiene practice of front line staff is vital, high performance also depends on good leadership and effective management to ensure that efforts at governing, identifying, managing and reducing infection are sustained.

This emphasis by the Authority on a 'whole system' approach to hygiene made this the most comprehensive quality review of its kind in Ireland and it set a new benchmark for HSE hospitals.

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The review process involved three main stages:

› *Self-assessment by the hospitals*

› *Unannounced visits by a multidisciplinary team of assessors*

› *Scoring and reporting*

The overriding message from the review was that most hospitals can, and should, do better. There were a high number of hospitals - 35 (68%) in the 'fair' category. Seven hospitals (14%) achieved a rating of 'good' and a further nine hospitals (18%) achieved a rating of 'poor'. No hospital achieved a "very good" rating.

Overall, hospitals performed fairly well in the important areas of service delivery – those aspects most visible to patients. Most hospitals achieved either extensive or exceptional compliance in meeting the service delivery standard at the time of assessment.

Areas of good practice included:

› *good hand washing practices*

› *positive commitment and attitude of staff*

› *adherence to mandatory staff training on hygiene practices*

› *effective management of hazardous waste*

On the basis of the review, the message about the importance of high quality hygiene practice did seem to be getting through to the front line and this was to be welcomed.

The area where most hospitals scored poorly in the review was on the issue of corporate management aspects of their hygiene services. The level of corporate planning to deliver high quality hygiene services needs to improve and should be a priority area for Irish hospitals.

Symptomatic Breast Disease Services

Following various concerns regarding aspects of symptomatic breast disease services, the Authority announced in autumn 2007 its intention to carry out reviews of symptomatic breast disease services using the national standards as the basis.

It reconvened the original expert group that developed the standards to advise on the development of a self-assessment tool for hospitals to complete as a way of establishing a baseline of performance against the standards.

The self assessment programme will be running its course during the early spring of 2008. This will seek to assess provider centres against key national standards as well as exploring their readiness for transition to their future role in the new configuration whether as a designated specialist centre or a local treatment centre. The self assessment exercise will be followed up by on-site visits on a prioritised basis according the findings of the self-assessment.

2.3.5 Investigations

In May 2007, shortly after coming into legal existence, the Authority was requested by the HSE to instigate an investigation into the care received by Rebecca O'Malley at Mid Western regional Hospital, Limerick regarding her symptomatic breast disease. Rebecca O'Malley had received a delayed diagnosis following an interpretive error of a pathology specimen.

Having considered the issues, the Authority decided to instigate an investigation under Section 9 (1) of the Health Act 2007 and convened an investigation team including leading clinicians from the Irish health service as well as patient representatives under the leadership of Dr Mike Durkin, Medical Director, NHS South West Regional Health Authority, England. The report of the investigation is expected to be published in the early spring of 2008.

In August 2007, the Authority was requested to undertake a second investigation into the care of a patient known as Ms A, who had also received a delayed diagnosis following two apparent interpretive errors of pathology specimens at University Hospital Galway and who received her care in a private hospital. The Authority considered the issues and decided to instigate an investigation. It convened a second investigation team also under the leadership of Dr Mike Durkin to carry out the investigation. This investigation is expected to report in the spring of 2008.

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2.3.6   Promoting Patient Safety and Learning

i)   World Health Organisation (WHO) / Health Information and Quality Authority Collaborative Project

The Authority, at the invitation of World Health Organization's (WHO) World Alliance for Patient Safety is leading a major collaborative project on patient safety.

"When things go wrong – Driving learning while supporting patients, families and clinicians"

The project, aims to develop information materials along with a set of tools and resources, which will identify best practice for communicating with and supporting patients, their families and clinicians in the aftermath of an adverse event. The ultimate aim is to facilitate more responsive, positive outcomes for both patients/carers and clinicians.

The Authority recognises that patient safety is a priority shared by all stakeholders and any guidance must be developed with the involvement, engagement and consultation of patients, clinicians, providers, members of the public and other stakeholders. There was a public call for partners which was followed by a number of public information and awareness raising sessions and meetings; this resulted in over 100 expressions of interest.

The partners in the first stage of the qualitative information gathering include Patient Focus, St James's Hospital, Mater Misercordiae University Hospital, Rotunda Hospital, Naas General Hospital, Our Lady of Lourdes Hospital, Galway University Hospitals, Milford Care Centre, Clinical Indemnity Scheme and National Haemovigilance Office and over twenty individual members of the public and healthcare professionals. A number of organisations have agreed to support further stages of the project

2.3.7 International patient safety conference

The Authority's first International Patient Safety Conference was held the 6th of September 2007 in Croke Park, Dublin. It was attended by 280 delegates from 27 European countries including invited patients from Ireland and 50 patient representatives from the European WHO World Alliance for Patient Safety Patients for Patient Safety group.

The Minister for Health and Children, the Authority and Sir Liam Donaldson, Chairman of WHO's World Alliance for Patient Safety, officially launched the project "When things go wrong – Driving learning while supporting patients, families and clinicians". The aim of the conference was to listen, take on board views, challenge prevailing culture and draw from experiences to support the development and implementation of best practice to facilitate more responsive, positive outcomes for patients, families and clinicians in the aftermath of an adverse event.

International speakers at the conference included Sir Liam Donaldson, Professor Cliff Hughes, Chief Executive, Clinical Excellence Commission, New South Wales, Australia and Professor Albert Wu, Professor of Health Policy and Management at the Johns Hopkins Bloomberg School of Public Health. Speakers from Ireland included the Minister for Health and Children, Mary Harney, TD, Dr. Deirdre Madden, Chair of the Commission on Patient Safety and Quality Assurance, and Dr. Mary Hynes, Assistant Director, Quality, Risk and Consumer Affairs, HSE.

A moving and inspirational session facilitated by RTÉ's Áine Lawlor allowed the audience to hear the experiences of patients, their families and clinicians following adverse events. Margaret Murphy, presented the response to the project from WHO's European Patients for Patient Safety group.

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2.3.8　European Network for Patient Safety

The Authority is Ireland's representative in the European Network for Patient Safety (EUNetPaS). EUNetPaS is a project funded and supported by the European Commission within the 2007 Public Health Programme. Its purpose is to establish an umbrella network of all 27 European Union (EU) Member States and EU stake holders to encourage and enhance their collaboration in the field of Patient Safety (culture, reporting and learning systems, medication safety and education. EUNetPaS will establish common principles at the EU level through the integration of knowledge, experiences and expertise gathered from individual Member States and EU stake holders, facilitate the development of Patient Safety programmes in Member States, and also provide support to less advanced countries. One of the main aims of EUNetPaS is to evaluate, validate and share the knowledge and good practices garnered within the network in order to decrease the risk of preventable harm to patients during their stay in healthcare organizations.

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

2.4.1 Background

The Health Act 2007 sets out the functions of the Office of the Chief Inspector of Social Services including:

Under Section 41:

> *Inspect the performance of the Health Service Executive and its functions under sections 39 to 42 and 53 of the Child Care Act 1991 and section 10 of the Health (Nursing Homes) Act 1990*

> *Establish and maintain one or more registers of designated centres*

> *Register and inspect designated centres in accordance with Regulations and standards set by the Authority*

> *Inspect special care units for compliance with Regulations under the Child Care Acts 1991 and 2001 and with standards set out by the Authority.*

The Social Service Inspectorate (SSI) has been working strategically to prepare for the commencement of these functions as well as continuing with the inspection of Children's residential services and foster care services. The following have been key activities for the SSI during 2007.

2.4.2 Transition Arrangements for the Commencement of Functions

i) Recruitment

Under the Health Act 2007 the SSI directorate in the Authority has responsibility for the registration and inspection of designated centres. This includes the inspection and registration of all residential services for older people, services for people with disability, and children's services across the HSE, voluntary and private sector.

As a new organisation, the Inspectorate has to build a national team of trained inspectors which will be supported by line management, administrative support and Information Technology systems, delivering a professional and respected service that provides a framework that safeguards residents and reports to the public. Specifically it has to:

> *establish a national inspectorate directorate*

> *operate inspection teams underpinned by consistent practices across regions*

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> *regulate against the new legislation, regulations and new standards*

> *register and inspect a sector of service providers with no previous experience of inspection.*

In order to meet these demands the SSI has undertaken a recruitment process to ensure that the Inspectorate is fit for purpose. In view of the fact that the HSE has been inspecting private nursing home providers, there are a number of staff within the HSE that are entitled to be considered for transfer of employment into the Authority as the inspectorate function transfers during 2008.

A Partnership Forum (comprising of representatives of the Authority, HSE and a number of unions) was established during 2007 to develop and implement a process to consider such staff.

A considerable amount of work was also undertaken in the preparation of job descriptions. The recruitment process is being prioritized to enable the SSI to function at full capacity as soon as possible.

Dr. Marion Witton was appointed and took up her position as Chief Inspector of Social Services on 1st October 2007.

ii) Standards Development

National Quality Standards for Residential Care Setting for Older People

The Draft National Quality Standards for Residential Care Settings for Older People were formally referred to the interim Health Information and Quality Authority in January 2007 to further develop, consult on and finalise. These will be the standards against which all residential care settings, both public and private will be inspected by the Authority.

A Working Group representing key stakeholders was established to:

> *review and develop the draft standards*

> *establish a process for targeted and public consultation*

> *oversee the public consultation process*

> *consider feedback from the public consultation process*

> *finalise the draft standards for publication and inspection*

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The Working Group met on a fortnightly basis from January to July 2007 to review, discuss and reach agreement on the standards and accompanying criteria. An important part of this process was to ensure that the standards are evidence-based and reflect the findings of relevant reports, reviews, practice in other jurisdictions, and existing professional guidelines. Members of the Working Group also participated in a number of sub-groups to inform and assist the work of the larger group. Sub-groups also included professionals who were not members of the Working Group, but had particular expertise.

The Draft National Quality Standards were published on August 8th 2007 for consultation with members of the public, residents, staff and others involved in the care and treatment of older people in residential care settings. As part of the consultation process a series of focus groups were undertaken with residents, relatives/carers and prospective residents. The analysis of the feedback from the focus groups aimed to determine the residents', potential residents' and relatives/carers' opinions on the key issues relating to safety and quality in residential care services, and the extent to which those issues are adequately addressed within the draft standards. In addition, interviews were undertaken with residents that had cognitive impairments.

Ten workshops were held throughout the country which incorporated professionals in management, human resources and environmental areas, as well as specialists in health and social care/services. The workshops also addressed the standards framework, and specific concerns and observations relating to the draft standards and the individual criteria.

All residential service providers, care receiver/user/representative groups and the HSE were informed of the consultation process and invited to make written submissions on the draft standards. In addition to this, public advertisements were placed in the national media and on the Authority's website, inviting members of the public to submit written comments. Feedback was sought in relation to various aspects of the standards from the ease of understanding to specific revisions required to the individual criteria. A total of 103 written submissions were received.

The public consultation process was completed on September 17th and a report on findings was subsequently provided to the Authority. The Working Group reconvened on October 19th and, over two more meetings, were presented with, and reviewed the feedback from the public consultation process. The final meeting of the working group took place on December 20th 2007.

Standards for Residential Services for People with Disabilities

A consultation group, the Standards Advisory Group for Disability Services, was established and the first meeting took place in October 2007.

The group comprises of service users, representatives of organisations for people with disabilities and professionals in the field. The Standards Group will meet throughout 2008 with a view to publication at the end of the year.

iii) Information Technology and Data

Information transfer work is being carried out to oversee the transfer of relevant information from the registration and inspection units of the HSE to the Authority in a legal and safe manner.

iv) Methodology for Inspections

An internal working group has been established to scope and develop registration and inspection methodology. This group is researching similar regulatory bodies' methodologies in other jurisdictions and is defining the processes, documents and systems required. It is incorporating a system for quality assurance in the development of this methodology to aid in consistency of the regulatory process. A Person Responsible Entry Programme is being defined which will provide guidance and self-assessment for care home providers on the standards. This will be developed further in 2008.

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v) Legislative Framework

The Health Act 2007 sets out the powers and duties relating to the inspection of designated registered services, and the powers SSI has to enforce compliance with the law and the National Standards. The law gives the SSI a range of powers that can be used in order to enforce compliance with or reduce the risk of harm to service users. To prepare for this an Investigation and Enforcement transition team was established. In accordance with the legislation the project scope and regulatory powers and principles were identified. Research into international compliance, investigation and enforcement was undertaken and the required methodology, processes and documentation were further defined. These will be further developed in the build up to commencement in 2008.

The team identified and proposed an external consultation panel consisting of appropriate public, private and voluntary representatives to ensure that procedures created are seen as proportionate, transparent and effective.

2.4.3 Meetings and Collaboration with National and International Bodies

Celtic Network

The Celtic Network is a group of Chief Inspectors and senior staff from social care regulatory bodies from Scotland, Northern Ireland, Wales and the Republic of Ireland who meet on a bi-annual basis. Representatives from the four different jurisdictions meet and discuss a range of specialist topics, including research, organizational reform and management of concerns. The group exchanges information on legislation, policy, and methodology and looks at activities in the Social Care sector, research, and conferences.

The Health Information and Quality Authority hosted the most recent meeting in October 2007.

2.4.4 Children's Services Team

Following the establishment of the Authority, the Children's Team within the SSI has continued to inspect HSE residential services for children under the Child Care Act 1991, while HSE inspectors registered and inspected children's residential centres run in the voluntary and private sector. The SSI inspects foster care run by the HSE and in the private sector, and had a role in monitoring the overall performance of the HSE in the discharge of its functions with respect to children in care.

During the period from 15 May to 31 December 2007, inspectors completed nine inspections of community children's residential centres, three of special care units and foster care services. Follow up inspections of earlier inspections were also undertaken. The SSI published the findings of a national inspection of the placement of children under twelve in residential care in Ireland entitled "The Placement of Children aged 12 and under in residential care in Ireland" (see section 2.4). The complete SSI reports are available at www.hiqa.ie.

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Due to the transitional changes, and preparatory work in developing the SSI to undertake a broader range of registration services in the area of residential care for older people and for people with disabilities, the work of the inspectors in the area of children's services was reduced to four inspectors in the period of May to December 07.

The SSI took part in the wider field of social services during this year by contributing to guest lectures and participation in working groups in the fields of disability, and therapeutic interventions.

i) **Findings from Inspections of Community Children's Residential Centres between May and December 2007**

Nine children's community centres were inspected between May and December 2007. Four were located in HSE Dublin North East, one in HSE Dublin Mid-Leinster, two in HSE South and two in HSE West. These comprised of a mixture of announced and unannounced inspections.

Inspectors found a good standard of primary care in the majority of the centres. In five of the centres, standards on management and staffing were well met and inspectors found the staff teams were committed to meeting the needs of the children and this was reflected in a child-centered approach to care. The majority of the children were in educational placements and inspectors found that friends and family members could visit, and on occasions stay over. There was good inter-disciplinary co-operation between professionals involved in the care of the children. The children told inspectors that they felt well cared for by the staff and inspectors commended the high quality of care in these centres.

As in previous years, the SSI found that while many children's residential services provide a good and safe level of care, there are a number of centres which do not meet standards of safety and welfare. Key issues are the care, protection and management of children who present with challenging behaviour, especially their welfare and safety when outside the centre. Associated findings are that these children are frequently not attending at school.

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ii) Inspection of Special Care Units

The SSI inspects special care units annually. Special care units (SCUs) are secure residential facilities for young people aged between 12 and 17 years who are detained under court order for their own safety and welfare. There were three special care units open between May and December 2007, one in the HSE Dublin Mid-Leinster area (eighteen places), one in the HSE South area (five places) and one in HSE West (six places). Due to difficulties filling staff vacancies in the SCU in Dublin Mid-Leinster, it had a reduced capacity for 12 children. The SCU in HSE West was operating at a capacity for two children and the SCU in the HSE South was at full capacity with five places, making available a total of nineteen special care places nationally.

These centres were inspected against the National Standards for Special Care Units 2001

A brief overview of Inspection Findings of Special Care Units

Although these units have a similar purpose and are inspected against the same standards, comparisons are difficult due to the size of the units and the way in which they undertake their work.

The children in all of the units spoke highly of the care they received from the staff and generally, staff relationships with the children were warm and respectful. There were good standards of children rights, vetting, emotional and specialist support, contact with families, record keeping and meeting the health and educational needs in all of the special care units.

There were a number of issues of concern common to all children accessing special care units and these were brought to the attention of the National Project Office for Special Care and High Support Units. There were concerns about the pattern of re-admissions of children into the units, equity in the services received by children and a lack of independence in dealing with complaints.

iii) Overview of Findings from the Inspection of HSE Foster Care Services in Meath Local Health Area.

The SSI carried out an inspection of the Health Service Executive (HSE) foster care service in the Meath Local Health Area (MLHA) under Section 69(2) of the Child Care Act 1991. The inspection fieldwork took place between June and July 2007 and the findings of this inspection were published on 12th October 2007.

The SSI had previously undertaken a pilot inspection of HSE foster care services and private foster companies. This inspection of the HSE Meath foster care service showed there were 140 children placed in foster care in the area, 115 children with 93 carers and 25 were placed with relative carers.

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Inspectors gathered key information about all children in foster care in the area, and following a sampling exercise, interviewed 15 children and their carers and reviewed their care plans. Inspectors also met with HSE social workers and their managers. While the majority of the recommendations from this inspection were directed to local managers, a number were directed to HSE foster care services nationally.

The inspection was against seven standards 1,2,3,5,10,14 and 15 which referred to care of the children in relation to

> *the child being encouraged to have positive sense of identity,*

> *information and access to family and friends,*

> *children's rights,*

> *the role child and family social worker,*

> *safeguarding and child protection,*

> *assessment and approval of foster carers and*

> *supervision and support for foster carers by link workers*

Subsequent to the inspection, the SSI received an action plan from the HSE in response to the report and recommendations. A follow up inspection has been planned for March 2008 with the HSE senior management in the both the local health area and nationally to assess the progress made on the recommendations

iv) **Brief Summary of Findings of Inspection of the Placement of Children Aged 12 years and under in Statutory and Non-statutory Residential Care.**

This report concerns the findings of a national inspection of the placement of children aged 12 years and under in statutory and non-statutory residential care. The inspection was carried out by the Social Services Inspectorate (SSI) between October 2006 and January 2007 against criteria 5.1 – 5.172 of the standard on care planning in the National Standards for Children's Residential Centres 2001 and the report was published in September 2007.

Through a census of all centres, inspectors established the number and identity of children aged 12 and under in residential care nationally on July 24th 2006. Ninety-three children were identified, and information on their placements and care plans was gathered through a questionnaire.

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Inspectors found that of the 93 children:

> *58 (62%) were under 12 years*

> *35 (38%) were aged 12*

> *85 were placed in mainstream residential centers*

> *5 were in high support units and one child was detained in a special care unit*

> *49 (53%) had been in their placements for up to a year*

> *26 (28%) were in placements for three years or more*

> *68 (73%) were boys, and*

> *35 (38%) were placed with siblings*

Key findings

Key findings from the inspection were:

> *a serious lack of placement options for these children at the time they needed a placement.*

> *the statutory care planning standard was not met for the majority of the group selected for review. Inspectors found that care planning was more often determined by crisis management rather than long term planning for what best met the needs of the child.*

There was little evidence found that information about children in inappropriate placements was gathered systematically or impacted on planning, policies or practice.

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Conclusion

In practice, the placement of children aged 12 and under in residential centres did not reflect best practice internationally or research findings. Decisions to seek a residential placement for many of the children were strongly influenced by limited resources rather than consideration of each child's best interest. There was retrospective justification by some social workers and their managers whereby children were believed to be currently well placed even though residential care was not the initially preferred option. Following the inspection the HSE has committed to reviewing the care plans and placement of choice for all children in this age group. Recommendations made by the SSI are being followed up with the HSE.

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2.5 Corporate Services

2.5.1 Background

Key to the successful establishment of the Authority as a fit for purpose, effective and well governed organisation that supports its staff within a diversity of roles are the infrastructure, systems and processes and behaviours within which we work.

The Corporate Services directorate has focused on the main elements to set this platform and is a key enabler in the start-up phase of the organisation.

Sean Angland was appointed and took up his position as Director of Corporate Services 1st August 2007.

2.5.2 Human Resources

On establishment of the Authority staff of the former Irish Health Service Accreditation Board, interim Health Information and Quality Authority and the Social Services Inspectorate successfully transferred across to the Authority. The Authority commenced recruitment of its Executive Team and it was fully in place by October 2007. A recruitment licence was obtained from the Commission for Public Service Appointments and substantial work was undertaken on development of systems for planned recruitment in 2008. This included developing an agreement with the Public Appointments Service to form a dedicated team to work with the Authority. A comprehensive suite of Human Resources policies was developed through a partnership process and signed off by the Board of the Authority.

A key challenge for the Authority is the ability to recruit the right people with the right skills at the right time and the ability to commence the functions during 2007 was dependent on the timing of appointment for key roles across the organisation.

2.5.3 Financial Management

Financial processing and reporting was contracted out to an external firm of providers. These arrangements were used to process the payroll and other financial transactions of the Authority from the date of establishment. Extensive work was carried out developing a budgetary management system for the Authority with an amended scheme of delegation as key appointments were made within the organisation.

2.5.4 Corporate Governance

The Authority is committed to meet best practice in the area of Corporate Governance standards, practices and procedures in the interests of transparency and accountability. It adopted an interim Code of Governance which was informed by the Code of Practice for the Governance of State Bodies and is finalising this with a view to incorporating it into a Corporate Governance Manual. Arrangements for the implementation of and adherence to this Code of Governance are being developed. Following a tendering process the Authority appointed a firm to act as its internal auditors. Initial audit work included a review of the governance as well as the commencement of the development of a risk management framework for the Authority. An Audit and Corporate Governance Committee has been established whose primary function is to advise the Board of the Authority on the robustness and effectiveness of the arrangements and status of the corporate governance, financial management, risk management and internal audit.

In addition, a number of other committees have been established which provide assistance to the Board in relation to the performance of its functions, including a:

> *Health and Social Care Governance Committee*

> *Research Committee*

> *Remuneration and Nominations Committee*

2.5.5 Corporate Plan

The Authority engaged in a major consultation with stakeholders during the year in developing its draft Corporate Plan for 2008-2010. The Plan was developed following the consultation process and analysis of the health and social care environment in which the Authority operates. This was submitted to the Minister for Health and Children in November 2007.

2.5.6 Premises

The Authority acquired offices of the integrating organisations in Dublin. In addition, it acquired serviced offices in Cork and in Dublin to accommodate the additional staff required to set up the Authority. The serviced offices in Dublin were vacated in December 2007 and a short lease for temporary accommodation was obtained through the Office for Public Works. In parallel with this process a staff driven Estates Working Group was established to identify proposed premises in Cork and in Dublin as well as the proposed regional locations.

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2.5.7　Health and Safety

This is an issue which is taken most seriously within the Authority. On establishment the Authority adopted a Health and Safety Statement. A Health and Safety Committee was set up and has met regularly. The committee oversaw the implementation of health and safety policy within the Authority.

2.5.8　Freedom of Information

The Health Information and Quality Authority is subject to the Freedom of Information Acts 1997 and 2003 with effect from 15th May 2007. These Acts provide a legal right to individuals to obtain access to information held by public bodies, to the greatest extent possible consistent with the public interest and the right to privacy. However, the Act provides strong protections for individuals or bodies who supply information to the Authority that is personal, confidential or commercially sensitive.

Further information on the implementation of Freedom of Information at the Authority is available from the Freedom of Information Officer, The Health Information and Quality Authority, 13-15 The Mall, Beacon Court, Bracken Road, Sandyford, Dublin 18 and is also available on our website at www.hiqa.ie

2.6　Communications and Stakeholder Engagement

2.6.1　Background

The Communications and Stakeholder Engagement Directorate is responsible for ensuring that all communications within the Authority, both internal and external, are consistent, effective and public-friendly. It is responsible for establishing a clear awareness of the Authority and its role amongst the general public and proactively managing the communication with all of the Authority's stakeholders.

The Directorate issues press releases and communications messages and statements on behalf of the Authority to the media and general public and is also responsible for managing the Authority's website, organising conferences and seminars and the publishing of materials such as the Annual Report and newsletters.

Throughout 2007, the Communications Directorate held regular press briefings, updating media on the work of the Authority. These briefings, which included one-to-one meetings with journalists, press conferences, interviews, the issuing of press releases and the publication of reports, covered the following:

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> *The draft National Quality Standards for Residential Care Settings for Older People in Ireland*

> *The National Hygiene Quality Review*

> *The National Quality Assurance Standards for Symptomatic Breast Disease Services*

> *The Placement of Children Under 12 in Residential Care*

> *The investigation into the circumstances surrounding the provision of care to Rebecca O'Malley, in relation to her symptomatic breast disease, the Pathology Services at Cork University Hospital and Symptomatic Breast Disease Services at the Mid Western Regional Hospital, Limerick*

> *The review of pathology services and symptomatic breast disease services at University College Hospital Galway*

Marty Whelan was appointed and took up his position as Director of Communications and Stakeholder Engagement on 13th August 2007.

The list of documents published between the 15th May and 31st December 2007 may be found in Appendix 2 of this Report and all of the documents are available on the Health Information and Quality Authority's website www.hiqa.ie

2.7 Research

2.7.1 Background

The Authority has a very wide remit and it is important that this work is informed by relevant research. In 2006, the former interim Health Information and Quality Authority undertook an open competitive process from which a number of research projects were identified for funding. The Authority has committed to resourcing these projects which will inform the work of the Authority as it develops. These projects relate to key functions of the Authority and reflect its diverse remit, including research in such areas as cancer screening, general practice, the disability sector and health information. They include:

> *A User Configurable National Electronic Health record: Technological Assessment of the EHRcom Standard for Ireland*

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> *Developing the Optimal Strategy and Tools for creating and implementing a Colorectal Cancer Screening Programme: A Programme to assess and Develop Capacity and Capability in a National Treatment Centre*

> *Developing Quality Indicators for use in general Practice in Ireland*

> *Morbidity and Epidemiology in General Practice in Ireland*

> *Critiquing the involvement of service users in monitoring/inspecting of services for people with disability*

2.8   International Activities

2.8.1   Background

The role of the International Activities Directorate is to ensure that the Authority has access to leading international expertise and research, and that the work and role of the Authority is internationally recognised.

This includes ensuring that the Authority is fully up-to-date on international best practise and has access to international expertise and leading international learnings in order for the Authority to use international best practise in developing, undertaking and evaluating its work. This is done by disseminating key learnings from international activities to all directorates.

Roisin Boland took up her position as International Quality Advisor on establishment of the Authority.


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3 Financial Information

Financial Statements

The summarised financial information set out in this report does not constitute the Authority's accounts for the period ended 31 December 2007 as required by Section 35 (4) of the Health Act 2007. The information here is derived from draft accounts. At the time of publishing this Annual Report, these accounts have not been audited. This summarised financial information may not contain sufficient information or allow for a full understanding of the financial affairs of the Authority.

From establishment on 15 May 2007 to the year end on 31 December 2007 the Department of Health and Children made €5.6m available to the Authority. The expenditure of the Authority is summarised below.

Expenditure:

- Project Costs
- Staff Costs
- Travel and Subsistence
- Research Grants
- Consultancy
- Support and Establishment
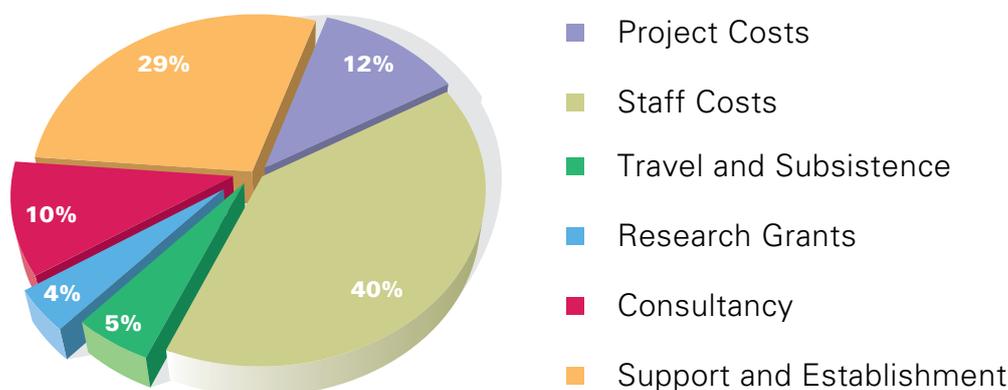
For further information, the full accounts for the period ended 31 December 2007 including the Board's statement on the system of internal financial controls and the Comptroller and Auditor General's certificate for the accounts should be consulted. When these are ready copies of these accounts can be obtained from the Authority's head office in Cork.

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4 Appendix

Appendix 1

Organisational Structure

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                    ┌──────────────────────────┐
                    │  Board of the Authority  │
                    └──────────────────────────┘
                                 ↕
┌──────────────────┐    ┌──────────────────┐    ┌──────────────────────────┐
│    Corporate     │←──→│      Chief       │←──→│     Communications       │
│     Services     │    │    Executive     │    │   & Stakeholder          │
└──────────────────┘    └──────────────────┘    │     Engagement           │
                                 │               └──────────────────────────┘
         ┌───────────────────────┼──────────────────────┬───────────────────┐
         ↓                       ↓                       ↓                   ↓
┌──────────────┐   ┌────────────────────┐   ┌────────────────────┐   ┌──────────────┐
│  Healthcare  │   │  Social Services   │   │ Health Technology  │   │    Health    │
│   Quality    │   │   Inspectorate     │   │    Assessment      │   │ Information  │
└──────────────┘   └────────────────────┘   └────────────────────┘   └──────────────┘
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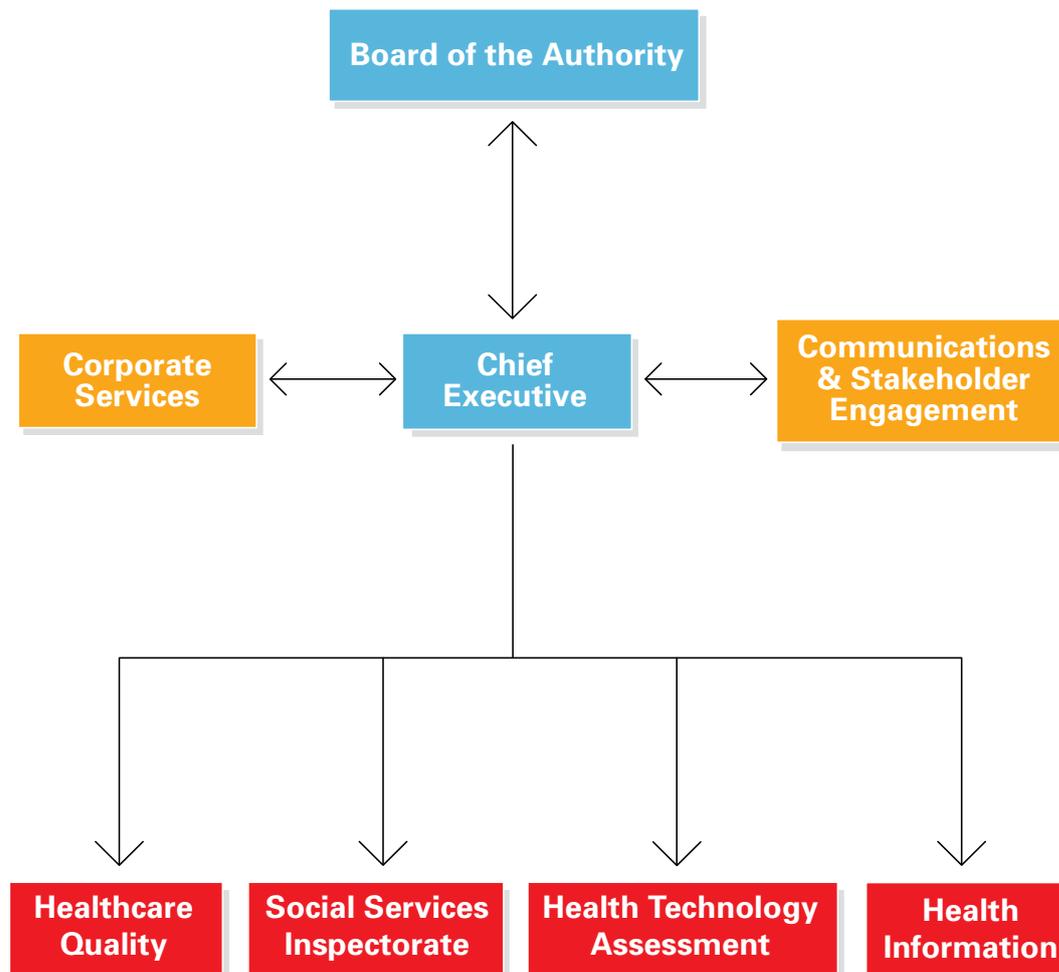
Appendix 2

Documents Published by the Health Information and Quality Authority
15th May 2007 to 31st December 2007

18th May: National Quality Assurance Standards for Symptomatic Breast Disease Services to improve quality of care for patients

8th August: Draft National Quality Standards for Residential Care Settings for Older People - A Consultation Document

10th October: The placement of children aged 12 and under in residential care in Ireland

13th November: National Hygiene Services Quality Review 2007

SSI

11th July: A children's residential centre in the HSE Dublin North area.

16th August: A children's residential centre in the HSE South

19th September: A children's residential centre in the HSE Dublin North East

4th December: A children's residential centre in the HSE Dublin North East

5th December: A children's residential centre in the HSE Western area

20th December: A children's residential centre in the HSE Mid-Western area

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Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte