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with section 37 of the Health Act 2007.

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Foreword by the Chairperson

During the last year, the Health Information and Quality Authority has endeavoured to be at the forefront in helping to drive an increased culture of quality, safety and learning in our health and social services for the benefit of people using the services and those providing them.

Without doubt, one of the most significant developments for the Authority was the introduction of the registration and inspection of designated centres for older people from 1 July 2009. This work is ongoing but its commencement marked a milestone in developing the Authority's quality and safety remit through the regulation of services to improve care for people. It also reflects the continued move towards generating a culture of learning from best practice.

Also in 2009, and for the first time in Ireland, the Authority published standards for residential care services for people with disabilities. These standards outline what a person with a disability, his or her family and the public, can expect from such services and what is expected of providers of the services.

We published standards aimed at preventing and controlling the problem of healthcare associated infections, a source of major concern for the public and health and social care providers alike. The Authority will begin inspecting hospitals against these standards in 2010.

During the year, the Authority also conducted a major health technology assessment of a population-based colorectal cancer screening programme, and a subsequent review of national cancer screening services to enable the implementation of a national colorectal cancer screening programme for our population. When implemented, this will make a significant contribution to saving lives and improving the quality of life for people who have, or could develop, colorectal cancer.

The provision of up-to-date health information is of the utmost importance in any healthcare system. That is why the Authority published recommendations for a unique health identifier number for people using health and social care services in Ireland. Such a development will improve the safety and quality of care for people by improving patient information.

Serious concerns about the quality and safety of cancer services were a major theme of the Authority's work during the year. The Authority was actively involved in the development of safer cancer services for our population - particularly through its review of the designated centres for symptomatic breast disease services. Also among those initiatives, and in furthering the development of the safe configuration of hospital services, was the publication of a major investigation into the quality and safety of services at the Mid-Western Regional Hospital, Ennis.

We also produced a significant report on the safety of services provided to children in residential care services, including foster care, which has contributed to creating an awareness of what is needed to improve and support these services, against a backdrop of a number of reports into institutional child abuse.

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

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



Pat McGrath

Chairperson

Contents

Foreword by the Chairperson	i
1 About the Health Information and Quality Authority	5
1.1 Introduction	6
1.2 Our Mandate and Functions	7
1.3 Mission Statement and Core Values	9
2 Governance and Management	11
2.1 The Board of the Authority	12
2.2 Board Meetings	14
2.3 Committees of the Board	14
2.4 Organisational Structure and Executive Management Team	15
3 Strategic Objectives and Achievements	18
3.1 Strategic Objectives	19
3.2 Summary of Key Achievements	21
4 Activities by Directorate	23
4.1 Healthcare Quality and Safety	24
4.2 Report of the Office of the Chief Inspector of Social Services/Social Services Inspectorate	35
4.3 Health Information	49
4.4 Health Technology Assessment	53
4.5 Communication and Stakeholder Engagement	62
4.6 Corporate Services	67
4.7 CEO's Office	71

5	Financial Information	74
5.1	Financial Statements	75
	Appendices	
	Appendix 1 Board activity and attendance	78
	Appendix 2 Organisational structure	80

1 About the Health Information and Quality Authority

1.1 Introduction

This Annual Report is the third report of the Health Information and Quality Authority (the Authority) and represents an important milestone in the context of an overview of the work undertaken by the Authority during 2009. It also provides an insight into the impact this work has had on improving quality and safety in Ireland's health and social services.

In the Authority we fundamentally believe that if we are not making a positive difference on the lives of people using these services then we are not achieving our objectives.

Our Business Plan for 2009 was framed within very different economic circumstances. The dramatic changes to the economy that occurred up to and during 2009 resulted in increased pressure on public finances which had a resulting effect on our ability to deliver some of our objectives and expand the organisation as we had planned. However, having established a solid foundation since we were established, we were able to adapt quickly and meet the new challenges whilst endeavouring to not compromise on our efforts to drive improvements in services for the benefit of people using them.

We also realised the opportunities presented by the changed environment and we focused particularly on achieving value for money in all the work we did, being ever aware of our remit as a public body and the responsibility we have to demonstrate best use of the public funds allocated to us.

The specific responses we implemented during the year, to enable us derive benefit from the challenges presented, included being more innovative in how we work, leveraging skills where possible in a cost-neutral way, acting as an agent for changing cultures and promoting the quality agenda, developing tools for building capacity and capability in the system and identifying how existing information in the system could be used more effectively for the benefit of those using the services as well as the providers.

1.2 Our Mandate and Functions

The Health Information and Quality Authority is the independent Authority established in May 2007 to drive continuous improvement in Ireland's health and social care services as part of the Government's overall Health Service Reform Programme.

Reporting directly to the Minister for Health and Children, the role of the Authority is to promote quality and safety in the provision of health and personal social services for the benefit of the health and welfare of the public.

As an independent organisation, the Authority is committed to an open and transparent relationship with its stakeholders. Our independence within the health system is key and central to us being successful in undertaking our functions.

The Authority's mandate extends across the quality and safety of the public, private (within our social care function) and voluntary sectors. It also has statutory responsibility for:

Setting Standards for Health and Social Services – Developing the quality and safety standards, based on evidence and best international practice, for health and social care services in Ireland (except mental health services).

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

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

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

Social Services Inspectorate – Registration and inspection of residential homes for children, older people and people with disabilities where applicable. Monitoring day- and pre-school facilities and children’s detention centres and inspecting foster care services.

During 2009, the Authority continued to maintain its momentum in undertaking its core functions and also commenced a new statutory function. From 1 July 2009, the Authority assumed responsibility for the registration and inspection of all residential care services for older people. For the first time, centres run by the Health Service Executive (HSE), as well as private and voluntary nursing homes, were subject to independent registration and inspection.

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

Our Legal Mandate

The Health Information and Quality Authority derives its mandate from, and undertakes its functions pursuant to, the Health Act 2007 and other relevant legislation (the Child Care Act, 1991 and the Children Act, 2001).

This Annual Report, which outlines the work of the Authority from 1 January to 31 December 2009, is presented in keeping with the statutory requirements of the Health Act 2007, and also includes the annual report of the Chief Inspector of Social Services, 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

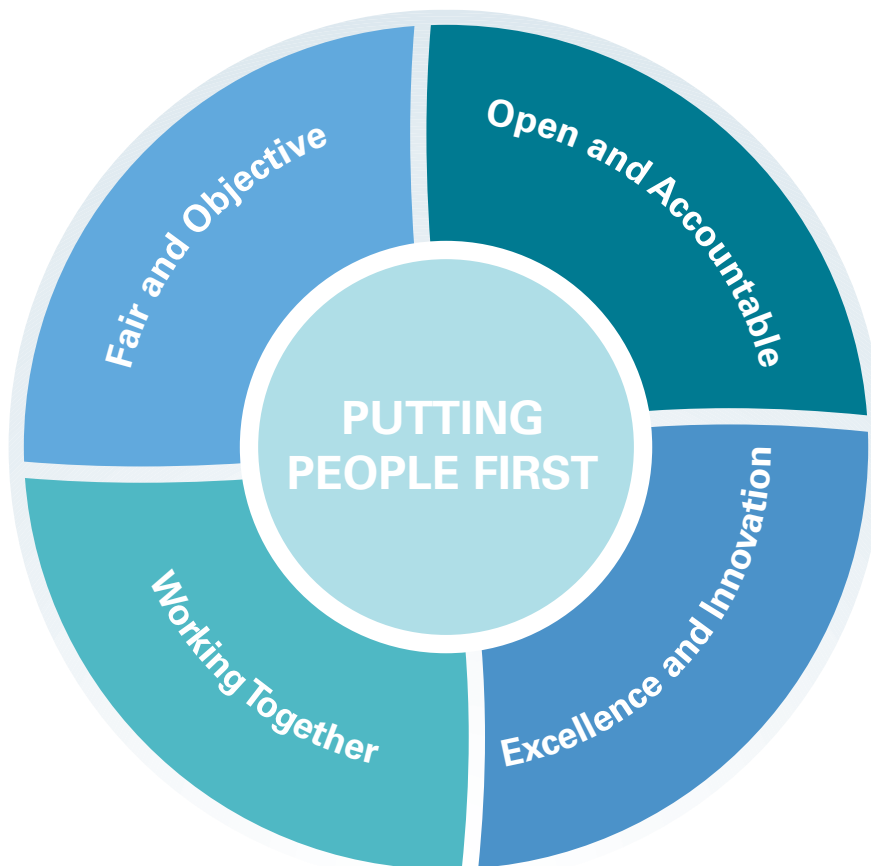
The mission of the Authority is derived from the statutory functions described in the Health Act 2007 and can be summarised as:

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

Our values

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

Diagram 1: Core values of the Authority



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

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

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

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

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

2 Governance and Management

The background of the page features a series of overlapping, wavy shapes in various shades of teal and blue. The top section is a dark teal, followed by a medium blue, then a lighter teal, and finally a lightest blue at the bottom. The shapes are fluid and organic, creating a modern, abstract design.

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 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:



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



Mr Bryan Barry
Assistant General
Secretary, Irish
Farmers' Association



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



Mr Dan Byrne
Chairman, Lincor
Solutions Ltd.



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



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



Professor Geraldine McCarthy

Dean of School of Nursing and Midwifery, University College Cork



Dr Brian Meade

General Practitioner, and Director of the National GPIT Training Programme



Ms Sheila O'Connor

Coordinator, Patient Focus



Mr David O'Hora

Director, Southern Marketing, Advertising and Communications Agency



Dr Dermot Power*

Consultant in Elderly Care, Mater Misericordiae Hospital and St Mary's Hospital

**During 2009 Dr Dermot Power stood down from the Board of the Authority*



Ms Dolores Quinn

Marketing and Communications Manager, Abbott Laboratories



Ms Grainne Tuke*

Solicitor, Pauline Kennedy Solicitor

**During 2009 Grainne Tuke joined 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, in its standing as a relatively new body, is keen to embed effective governance measures and therefore, during 2009, several initiatives were progressed to further enhance the governance systems within the Authority.

These are reported on in detail under the report of the Chief Executive's Office on page 71.

2.2 Board Meetings

There were 11 Board meetings during 2009, 9 of these were face-to-face meetings and 2 were conference calls (see Appendix 1 for the list of meeting and attendances).

2.3 Committees of the Board

There are four 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 met four times during 2009
- **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 met four times during 2009
- **Information, Technology and Research Committee** advises the Board on key aspects of the information and health technology functions and the governance arrangements around its research projects. This met four times during 2009
- **Remunerations and Nominations Committee** monitors the organisational needs and managerial development of the Authority. This committee met twice in 2009.

2.4 Organisational Structure and Executive Management Team

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

The members of the Executive Management Team are as follows:



Dr Tracey Cooper
Chief Executive
Officer



Dr Marion Witton
Chief Inspector
of Social Services
Inspectorate



Prof Jane Grimson
Director of Health
Information



Dr Mairin Ryan
Director of Health
Technology
Assessment



Jon Billings
Director of
Healthcare Quality
and Safety



Kathleen Lombard
Board Secretary and
Risk Manager



Sean Angland
Head of Corporate
Services



Marty Whelan
Head of
Communications
and Stakeholder
Engagement

The functions of the Directorates are outlined in Table 1.

Table 1: Summary Overview of Directorate Functions

Directorate	Function overview
Healthcare Quality and Safety (HQS)	Developing person-centred standards for health and social care. Designing and implementing a monitoring programme to promote improvements in quality and safety standards in healthcare. 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.
Social Services Inspectorate (SSI)	Inspecting and registering social care services, including residential services for older people, residential services for children and residential services for people with a disability. As deemed necessary, will undertake investigations when there are reasonable grounds to believe that there is a serious risk to the health or welfare of a person receiving services.
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.

Directorate	Function overview
Communications and Stakeholder Engagement (Comms)	Managing all the Authority's communications and stakeholder engagements, with both internal and external audiences, and developing collaborative relationships across the health and social care systems.
Corporate Services (CS)	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.
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.

The Authority currently has offices in Cork (headquarters) and Dublin. During 2009, the Authority moved its headquarters in Cork into a purpose-built office in Mahon, Cork. The Dublin regional office is located in Smithfield, Dublin 7.

3 Strategic Objectives and Achievements

3.1 Strategic Objectives

During 2008, the Authority developed and adopted a three-year Corporate Plan to cover the period 2008 to 2010, in line with the requirements of the Health Act 2007. This plan was approved by the Minister for Health and Children and contained the key strategic objectives of the Authority over this time period and outlined how the Authority intended to use its available resources to deliver the Plan.

A Business Plan for 2009 was also developed, adopted and implemented during the year. It outlined what activities the Authority would undertake in 2009 to meet the target objectives in the Corporate Plan.

This Annual Report contains a progress report for all activities undertaken in 2009 on the implementation of the objectives outlined in the Corporate Plan (see page 21). The strategic objectives for this period are outlined in Table 1 overleaf.

It should be noted that, in light of the changed economic climate in Ireland, and in order to pro actively meet the challenges this presented, during 2009, the Board of the Authority made a decision to end this current Corporate Plan at December 2009 and commence a new plan in 2010 to more appropriately reflect what the Authority should be focusing on in order to make maximum impact in the new and changed environment.

Table 2: Strategic Objectives 2008 to 2010

Strategic objectives from 2008 – 2010
1. Build a capable and effective organisation that is well-governed and efficient.
2. Develop coherent person-centred standards to drive quality improvements across services, in line with identified priorities.
3. Monitor, investigate and, where necessary and appropriate, enforce quality and safety standards.
4. Provide a comprehensive information framework to support safe and efficient health and social care.
5. Undertake and support health technology assessments that inform investment decisions that are safe, effective and achieve value.
6. Report the findings of all work undertaken by the Authority and provide meaningful information about health and social care services to the general public, service users, health and social care professionals, policy makers and Government.
7. Engage effectively with service users, service providers, policy makers and the Government to bring about sustainable improvements in our health and social care services.

3.2 Summary of Key Achievements from 1 January to 31 December 2009

The key achievements for the year have included:

- Preparing and publishing the final *National Quality Standards for Residential Care Settings for Older People in Ireland*
- Publishing the *National Quality Standards: Residential Services for People with Disabilities*
- Commencing the registration and inspection of residential centres for older people, including nursing homes, from 1 July and publishing the inspection reports
- Publishing the *National Children in Care Inspection Report 2008*
- Completing and publishing the Report of the *investigation into the quality and safety of services and supporting arrangements provided by the Health Service Executive at the Mid-Western Regional Hospital Ennis*
- Preparing and publishing the *National Standards for the Prevention and Control of Healthcare Associated Infections*
- Completing the quality review programme of the eight designated cancer centres for symptomatic breast disease against the *National Quality Assurance Standards for Symptomatic Breast Disease*
- Completing and publishing the report on the *Health Technology Assessment (HTA) of a population-based colorectal cancer screening programme* and providing advice to the Minister for Health and Children
- Undertaking the *Report of the evaluation of the use of resources in the national population-based cancer screening programmes and associated services*
- Researching and publishing the *Recommendations for a Unique Health Identifier for Individuals in Ireland* and providing advice to the Minister for Health and Children

- Continuing with the undertaking of individual national hygiene standards reviews against the National Hygiene Services Quality Standards and the publication during the year of the results of reports on nine hospitals
- Hosting the *Safe Surgery Saves Lives* workshop in conjunction with The Royal College of Surgeons in Ireland, as part of the World Health Organization's initiative
- Progressing our work as the coordinating agency and national contact point for the European Network for Patient Safety, a pan-European project to promote patient safety and identify best practice across 27 European Union (EU) Member States
- Presenting to the Joint Oireachtas Committee on Health and Children on a number of occasions in relation to the work of the Authority
- Continuing with the implementation of the recruitment and operational infrastructure of the Authority, including the publication of two additional corporate reports: *Business Plan 2009* and the *Annual Report 2009*.

4 Activities by Directorate



4.1 Healthcare Quality and Safety

Background

Under the Health Act 2007, the Authority is responsible for developing standards, monitoring standards of quality and safety in the health services and investigating as necessary serious concerns about the health and welfare of service users. The Healthcare Quality and Safety Directorate is responsible for driving improvements in quality and safety of healthcare for the Authority on behalf of patients.

4.1.1 Summary of Activities During 2009

During 2009, the work in relation to healthcare quality and safety included the following activities:

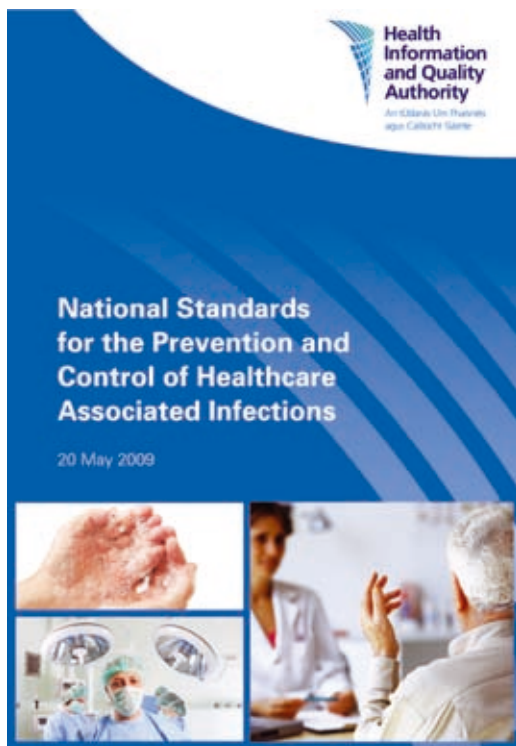
- Launched *National Standards for the Prevention and Control of Healthcare Associated Infections*
- Completed a quality review programme of the eight designated cancer centres for symptomatic breast disease with the *National Quality Assurance Standards for Symptomatic Breast Disease*
- Monitored compliance with the *National Hygiene Services Quality Standards* in the acute hospital sector
- Completed an investigation into the quality and safety arrangements at the Mid-Western Regional Hospital Ennis
- Engaged in a number of activities to promote improvements in quality and safety.

4.1.2 Standards and Performance Indicator Development

National Standards for the Prevention and Control of Healthcare Associated Infections

Healthcare Associated Infections (HCAIs) are presenting a significant challenge to Irish health and social care services. These infections can lead to more serious illness, prolonged hospital stays and can cause long-term disability. This has high personal impact for patients and their families and the additional financial burden on the health and social care systems means that reducing and preventing HCAIs is a key priority area for the health service and the Authority.

In May 2009, the Authority launched the *National Standards for the Prevention and Control of Healthcare Associated Infections*. The standards were approved by the Board of the Authority and subsequently mandated by the Minister for Health and Children.



National Standards for the Prevention and Control of Healthcare Associated Infections.

These standards represent a critical component in supporting the ongoing requirement to prevent and control Healthcare Associated Infections in Ireland. Following the launch, the Authority requested all healthcare services to undertake a gap analysis in relation to these National Standards.

National Standards for Quality and Safety in Healthcare

In line with its statutory remit to develop standards, in 2009 the Authority began a process for developing National Standards for Quality and Safety in Healthcare. These standards aim to enhance the quality and safety of health 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.

Among the recommendations of the Report of the Commission on Patient Safety and Quality Assurance (the Commission), adopted by Government in February 2009, is the development of national standards, which in time will form the basis of a system of licensing for both public and private sector healthcare providers.

The Department of Health and Children established a structure to implement the Commission's recommendations. The Authority is working on the implementation of recommendations relating to developing standards for healthcare.

These standards are important because they will underpin the implementation of a number of key recommendations, for example, governance, licensing and adverse event reporting.

The Authority has set up a Standards Advisory Group to advise the Authority, support consultation and information exchange and advise on the implementation of the standards. This group is made up of a diverse range of stakeholders, including service users and providers.

As part of the standards development process, the Authority regularly engages with national and international stakeholders. The Authority has also participated in fora such as the Health and Social Care Regulatory Forum and has had ongoing meetings with regulators in other jurisdictions, including Northern Ireland's Regulation and Quality Improvement Authority and England's Care Quality Commission.

Indicators for emergency care

The Authority has adopted an incremental approach to the development of emergency care performance indicators.

To date the project team has:

- Analysed and evaluated evidence based international emergency care indicators
- Reviewed and evaluated international and national reports and best practice relating to emergency care, and particularly emergency departments

- Facilitated a high level discussion group of key stakeholders focusing on (a) the potential of using performance indicators and (b) identifying a range of clinical indicators that could effectively be used.

4.1.3 Monitoring Compliance with Standards

National Hygiene Services Quality Standards

In 2009, the Authority continued to monitor compliance with the *National Hygiene Services Quality Standards*. These monitoring assessments were unannounced and focused specifically on the day-to-day delivery of hygiene services; in particular, cleanliness, hand hygiene and waste and linen management practices (Service Delivery Standard 4 – the full set of standards can be seen at www.hiqa.ie).

At this stage, the Authority expects that all hospitals in Ireland are achieving levels of compliance greater than 85%, with the essential requirements to deliver safe, efficient and effective hygiene services as set out in the *National Hygiene Services Quality Standards*.

The Authority found that, while there had been improvement in some hospitals when compared with 2008, none of the hospitals assessed in 2009 fully met the requirements of Service Delivery Standard 4.

A recurring area of concern was continuing non-compliance with the requirements for effective hand hygiene in the hospitals.

National Quality Assurance Standards for Symptomatic Breast Disease Services

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

In autumn 2007, the Authority announced the commencement of the National Quality Review Programme to establish how hospitals providing symptomatic breast disease services were meeting the requirements of the standards.

This led to a quality review programme that involved five phases across a two-year period, as services centralised to the eight designated centres and as the centres progressed towards full establishment.

Figure 1 summarises the timeline for this National Review.

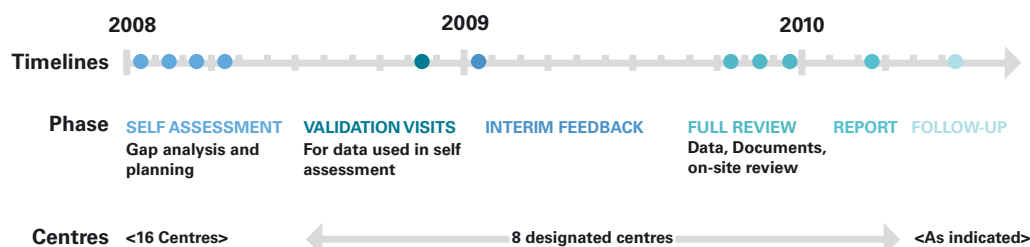


Figure 1: Health Information and Quality Authority's Symptomatic Breast Disease Services Quality Review Programme 2008-2010

In January 2009, following the self-assessment and validation phase of the quality review, the Authority provided interim feedback to each of the designated centres in the form of broad recommendations.

In autumn 2009, a quality review was conducted by the Authority at each of the designated centres (and one satellite site). The quality review consisted of two phases. To support the findings of each phase, a number of instruments and processes were identified to generate pertinent, consistent and reliable information. The full report of the review will be published in early 2010.

4.1.4 Promoting Safety and Learning

Investigating risk to the health and welfare of service users

Investigation into the quality and safety of services and supporting arrangements provided by the Health Service Executive at the Mid-Western Regional Hospital Ennis.

In April 2009, the Authority published the *Report of the investigation into the quality and safety of services and supporting arrangements provided by the Health Service Executive at the Mid-Western Regional Hospital Ennis.*

This investigation was triggered following patient safety concerns having been raised by family members of two patients. At the outset of the investigation, further patients and their family members approached the Authority with concerns relating to their care at the hospital.

The experiences of all the families who came forward informed and shaped the investigation. Through sharing their experiences, the contribution from the families will benefit future patients and enable high quality, safer services to be provided at the Mid-Western Regional Hospital (MWRH) Ennis.

The Authority's investigation found that it was unsafe to keep the service configuration at MWRH Ennis as it was at that time. However, significant opportunities were outlined for high quality, appropriate services to be provided at MWRH Ennis in the future, conditional upon any services being safe for the benefit of the public. The full report can be found on www.hiqa.ie.

The Authority requested that the HSE produce an implementation plan for the efficient, safe and effective implementation of the 65 recommendations contained within the Report.

The Authority is continuing to work with the HSE to promote safer services through the implementation of these recommendations.

Report of 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.

Report of the investigation into the provision of services to Ms A by the Health Service Executive at University Hospital Galway in relation to her symptomatic breast disease, and the provision of Pathology and Symptomatic Breast Disease Services by the Executive at the Hospital.

In 2009, the Authority continued to meet with the HSE to ensure that the recommendations, in the two investigations completed in 2008, continued to be implemented.

Responding to information about the health and welfare of service users

Protected disclosure

Protected disclosure came into effect, through enactment of the relevant section of the Health Act 2007, on 1 March 2009 - Part 9a of the Health Act 2004 (as inserted by Part 14 of the Health Act 2007). This provided new levels of legal protection for “whistleblowers” in the health and social services. In certain circumstances, a disclosure can be made to certain bodies - which includes the Authority - and persons about the standards of safety or quality of health and social services which will qualify as a “protected disclosure”.

People with concerns about the health service

The Health Act 2007 does not identify an explicit role for the Authority to respond to concerns or complaints. However, the Authority, as an independent statutory body, considers all information it receives which raises concerns about the risk to the health or welfare of a person receiving healthcare services provided for, or on behalf of the Health Service Executive.

This information is used to drive and advocate quality and safety for the Irish public.

In 2009 the Healthcare Quality and Safety Directorate received 61 pieces of information which raised concerns about the risk to the health or welfare of a person receiving healthcare services provided for, or on behalf of the Health Service Executive.

This information guides our monitoring and quality assurance activities and ultimately drives safer better care. Table 3 sets out the classification of the subjects covered by the concerns raised with the Authority.

Healthcare Quality and Safety Directorate Information by Classification

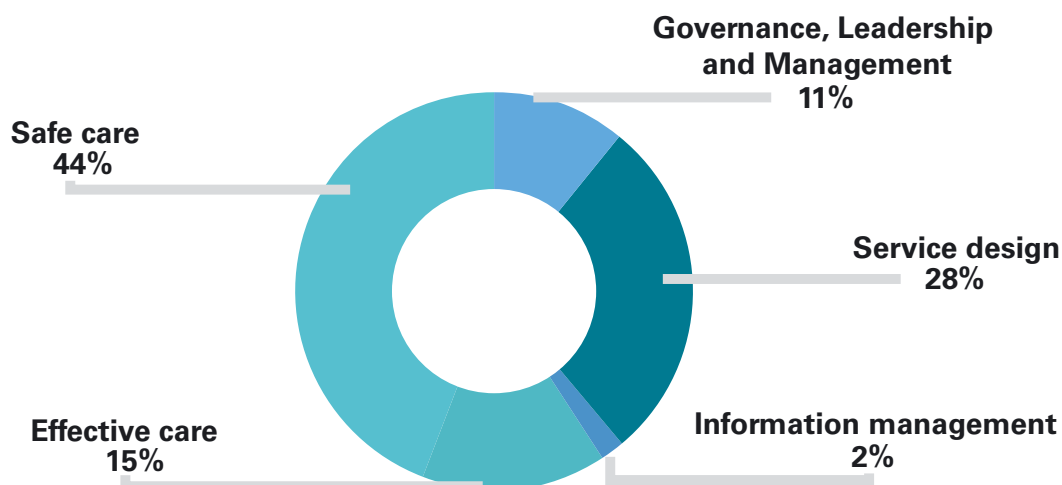


Table 3: Classification of the subjects covered by the concerns raised with the Authority

Authority's response to information	
Informed development of National Quality and Safety Standards	39
Informed Symptomatic Breast Disease Review	7
Informed Hygiene Services Review	7
Service providers contacted to provide assurances that the risks to safety and welfare of persons receiving services were being managed	5
Section 9 Investigation*	0
* as outlined under sections 9 (1), (2), (3) of the Health Act 2007	
Total	58
Services outside Authority's remit	3

Patient Safety Initiatives

European Network for Patient Safety (EUNetPaS)

The Authority is the Irish coordinating agency and national contact point for EUNetPaS, a pan-European project to promote patient safety and identify best practice across 27 European Union (EU) Member States. As the coordinating agency, the Authority is involved in a number of the project's programmes of work including medication safety and education and training. The Authority invited expressions of interest from Irish hospitals and other healthcare organisations that wished to share and pilot good practices to reduce medication errors.



Fourteen public hospitals signed up to the piloting a number of initiatives. 'The Safety Vest' initiative was the most popular piloting initiative among participating hospitals where nurses would wear 'The Safety Vest' with the words 'Do not disturb' on the back, while administering medicines to minimise disruptions which make it difficult to concentrate fully on the task at hand and may increase the risk of medication errors.

The Authority contributed to the development of *A General Guide for Education and Training in Patient Safety* as part of the education and training project.

Medication Safety Forum

The Authority continued to facilitate the national Medication Safety forum. Members of the forum include a service user, representatives from the Department of Health and Children, Irish Pharmacy Union, Pharmaceutical Society of Ireland, Irish Medicines Board, HSE and other stakeholders. This Forum was set up to provide opportunities to identify national medication safety priorities which will form the basis of targeted national multi-agency medication safety campaigns. The Steering Group of the Commission on Patient Safety and Quality Assurance requested that in 2010 the Forum become the delivery arm for the Commission's recommendations on medication safety.



Pictured at “Safe Surgery Saves Lives” were: Back row (L-R): Mr Kieran Ryan, Royal College of Surgeons in Ireland; Dr Ailis Quinlan, Clinical Indemnity Scheme; Ms Hannah Kent, Galway University Hospitals; Dr Deirdre Mulholland, Health Information and Quality Authority. Front row (L-R): Prof Oscar Traynor, St Vincent’s University Hospital; Dr Deirdre McCoy, Royal College of Surgeons in Ireland; Dr Tracey Cooper, Chief Executive of the Health Information and Quality Authority; Prof Frank Keane, Royal College of Surgeons in Ireland.

Safe Surgery Saves Lives

As part of the World Health Organization’s *Safe Surgery Saves Lives* initiative, launched by the Minister for Health and Children in Ireland in 2008, the Authority, in conjunction with the Royal College of Surgeons in Ireland, hosted a *Safe Surgery Saves Lives* Workshop in June 2009. Over 200 delegates attended the workshop where clinicians outlined the impact, benefits and challenges the WHO Surgical Safety Checklist had within their organisations.

European Partnership for Supervisory Organisations (EPSO) in Health Services and Social Care Conference

In May, the 7th EPSO Conference took place in Cork and was co-organised by the Authority and the Netherlands' Inspection of Health Care. The conference attracted a wide range of international delegates, with the main themes being:

- Research on the effects of supervision
- The financial crisis and its impact on supervision in health care
- European Union Directive (draft) on Cross Border Health Care and patients' rights.

EPSO aims to improve the quality of healthcare (in the European Community including the EFTA countries) by improving informal and formal exchange of information, learnings from good and bad practice, outcome of research, promotion of joint cooperation on specific terms of healthcare, education and dissemination of knowledge and other ways to connect between the supervisory organisations and the organisations involved in quality control on health services as well as connecting individual members in the various countries in order to improve the exchange of ideas and good practice in healthcare.

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

Background

The Authority's Social Services Inspectorate (SSI) is the independent regulator of designated centres for older people (residential services) in Ireland. Through its activities, the Social Services Inspectorate makes an independent assessment of designated centres for older people and services provided to ensure that they are accessible, well managed and meet legislative requirements as prescribed in the Health Act 2007, the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009, Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the required standards.



Documents produced for the commencement of registration and inspection of care settings for older people in Ireland.

SSI inspects children's residential centres and special care units run by the HSE throughout Ireland. The Authority also inspects foster care services run by the HSE and private organisations. The inspection of services for children in care is carried out under section 69 of the Child Care Act 1991. The inspection of children in care services encompasses the inspection of the HSE's statutory functions under the Child Care Act 1991, which includes the allocation of a social worker to each child, care planning, preparation for leaving care and after care. Findings from the inspection of the HSE function are reported directly to the Minister for Children and Youth Affairs as prescribed in legislation.

Ministerial functions in the Children Act, 2001 have been delegated under the Justice, Equality and Law Reform (Delegation of Ministerial Functions) Order 2008, to the Minister for Children and Youth Affairs in his role as Minister of State at the Department of Justice, Equality and Law Reform. The Minister for Children and Youth Affairs has appointed the Chief Inspector of Social Services within the Authority, and named inspectors, to act as authorised persons under section 185 of the Children Act 2001, to carry out inspections of children detention schools. SSI inspected children detention schools in 2009.



National Quality Standards for Residential Care Settings for Older People in Ireland.

4.2.1 Summary of Activities During 2009

During 2009, SSI's work included the following activities:

- Commencement of the registration and inspection of designated centres for older people in July 2009
- Publication of the *National Quality Standards for Residential Services for People with Disabilities*
- The drafting of the *National Quality Standards for Residential and Foster Care Services for Children and Young People*
- Continuing the inspection of children's residential care services, children detention schools and foster care services
- Presenting at a number of national and international conferences.

4.2.2 Commencement of the Registration and Inspection of Designated Centres (Residential Centres) For Older People

For the first six months of 2009, the strategic and operational work of SSI centred a number of projects: preparing for the development of standards for residential services for people with a disability and children's services, the registration and inspection of residential services for older people as prescribed under the Health Act 2007, which commenced on 1 July 2009, while continuing with the inspection of children detention schools, children's residential care centres and foster care services.

A number of key appointments were made in 2009 to ensure that the older person's inspectorate could carry out its work. This included 42 inspectors who were appointed to the national inspection team. The work of the newly appointed inspectors focused on the registration and inspection of residential services for older people from 1 July 2009. Inspectors were recruited in three groups on a phased basis. Each group received a week-long induction and three weeks training prior to commencing inspection fieldwork.

The Health Act 2007 prescribes that designated centres are to be registered every three years. Regulation and inspection are essential mechanisms for ensuring that residents in designated centres receive services that are fit for purpose and meet an accepted standard of quality and safety. All providers of services who fall within the regulatory system must meet requirements which demonstrate that providers have appropriate experience and qualifications with quality assurance mechanisms that are reliable.

An adequate regulatory system involves controlling entry, ensuring regulatory requirements and standards are met and taking action where standards fall or are not good enough. Actions taken by SSI range from changing registration conditions to reflect the competence of the provider to cancellation where necessary or appropriate. In social care, the requirement of safeguarding the welfare of residents and service users is particularly important because of the vulnerability of the clientele.

SSI operates as a national inspectorate. The aim of the national inspectorate is to ensure a uniform and consistent approach to the regulation and inspection of designated centres across the country.

The system must have the capacity to adapt as issues arise and circumstances change. SSI's regulation and inspection efforts focus on outcomes for residents in designated centres where inspections are resident-centred and there is a large emphasis on the views of those using services.

The regulation of services is accomplished by a range of activities. The purpose of inspection is to gather evidence on which to make judgments on the fitness of the registered provider and to report on the quality of the services provided.



Poster for residents and relatives on the independent inspection process.

As part of the inspection process SSI will:

- Ensure that providers are complying with the requirements and conditions of their registration and meet the standards
- Ensure that providers have systems in place to safeguard the welfare of service users
- Provide information and evidence of both good and poor practice.

A suite of documents was produced by the Authority to ensure that all stakeholders involved in this function had all the information they needed.

This included:

1. A provider pack to inform service providers of the registration and inspection processes, the Fit-person Entry Programme and mandatory notifications which have to be made to the Authority's Social Services Inspectorate.
2. A detailed registration pack for the registration of services for older people.

3. Information and documentation for inspectors for the inspection of services for older people.
4. Information for residents, their families and the public.

All relevant documents, including information packs and notification forms, were made available on the Authority's website (www.hiqa.ie) along with frequently asked questions to inform providers and the general public regarding the registration and inspection of services for older people.

National road shows

Road shows were arranged nationally in Dublin, Kilkenny, Athlone, Sligo and Cork to inform all stakeholders of the new regulatory process. SSI staff gave presentations on the new regulatory process at each road show and stakeholders were provided with the opportunity to ask questions at the end of each session.

Pilot inspection project

A pilot project was carried out prior to the commencement on 1 July 2009 of the registration and inspection of residential care services for older people. The purpose of this pilot was to test the new registration and inspection methodology, systems, processes and documentation in a number of residential care services.

The residential services piloted included centres from a wide geographical spread, different sizes and different types of service providers (public, private and voluntary).

The pilot process provided SSI with the opportunity to:

1. Test new registration and inspection documentation and processes.
2. Receive feedback on registration and inspection processes.
3. Identify potential issues which may have arisen prior to commencement of registration and inspection on 1 July 2009.
4. Make necessary amendments to methodology, systems, processes and documentation prior to roll out of live registration and inspection processes.

Information Technology and Information Systems

An interim Regulatory Support System (RSS) was developed to support the older person's inspection team and work is ongoing in this area to ensure that the RSS meets requirements of the Inspectorate.

Dedicated Advice Line

A dedicated advice telephone line was set up in the Authority's Head Office in Cork to respond to any queries. This advice line was the mechanism by which callers could bring their concerns regarding residential services for older people to the attention of the Authority. An email facility (concerns@hiqa.ie) was also provided to highlight concerns to SSI. All concerns received by the Authority in 2009 were logged, responded to where necessary and monitored.

Concerns

Prior to 1 July 2009, concerns and complaints in residential care settings for older people were addressed by the Health Services Executive. On 1 July 2009, the HSE provided SSI with data on concerns and complaints in relation to residential care centres in the public, private and voluntary sectors. All such information received from the HSE was evaluated and risk-rated by SSI.

Both the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (Article 39) and Standard 6 of the *National Quality Standards for Residential Care Settings for Older People in Ireland* stipulate that all services providing residential services for older people must have a complaints process and procedure in place to deal with complaints. A complaint may be defined as an expression of dissatisfaction about a service which requires a response. While SSI does not have the power to investigate individual complaints, we take concerns from members of the public and follow up as appropriate.

Information communicated to SSI about a designated centre, may be of concern to the Authority if it indicates a risk to the safety and welfare of residents. The term 'concern' is used to refer to all information received by SSI either about the safety or welfare of a resident in a designated centre. The people who express concerns may have direct or indirect contact

with the designated centre, be they a person who lives in the centre (a resident), a visitor, a relative, staff member, advocate or third party who has had direct contact with a resident.

There are a number of reasons why residents or relatives, staff and members of the public may wish to contact the Authority including:

- If they are unhappy with the way the provider received or dealt with a complaint
- If they felt unable to tell the provider of their concern
- If the concern relates to actions or inactions of the provider.

SSI's Concerns Office deals with concerns regarding designated centres. The concerns process is guided by the provisions of the Health Act 2007 and the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009. SSI welcomes, in the public interest, information about any designated centre. When concerns are received, these are evaluated very carefully to assess whether the information might indicate non-compliance with the Health Act 2007 and the Regulations made under the Act.

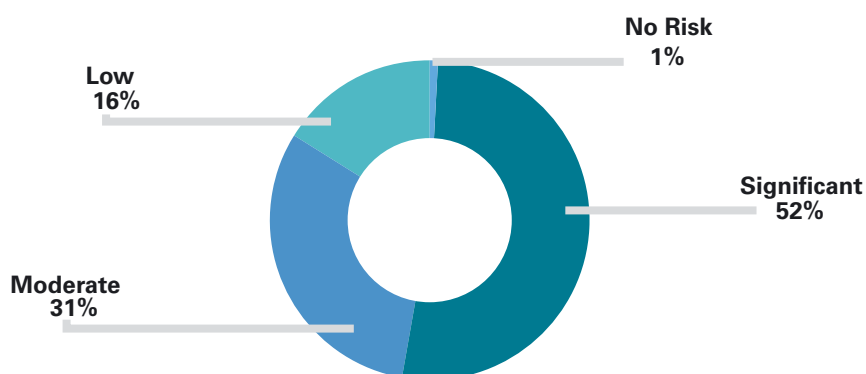
Based on this evaluation, SSI will then decide what action, if any, may be required in order to safeguard people living in a residential care setting. Fundamentally, SSI works to ensure that all people using a service are safe and that providers meet their legal responsibilities in this regard.

Where a concern is outside SSI's remit, such as a concern regarding funding, the inspectorate will advise as to what other agencies might be more appropriate to contact.

During 2009, SSI received 252 concerns in relation to designated centres for older people. Seven concerns were received in the period 1 January 2009 to 1 July 2009. The remaining 245 concerns were received between 1 July 2009 and 31 December 2009 and related to 155 designated centres for older people.

The figures below in Figure 2 highlight how concerns received during 2009 were risk rated.

Figure 2: Risk rating of concerns received from 1 January 2009 to 31 December 2009



By the end of 2009, 69% of concerns regarding designated centres for older people were closed with the remaining 31% still open. SSI also inspects statutory children's residential centres, detention schools and foster care services. Inspections are conducted against relevant standards and regulations developed by the Department of Health and Children.

The concerns process for children is guided by the Childcare Act 1991, *Children First: National Guidelines for Child Protection* and the standards. In 2009, 19 concerns were reported to SSI in relation to Children's Services. All concerns have been satisfactorily closed. Currently, services for people with disabilities are not regulated or inspected by SSI. In 2009, SSI received four concerns in relation to services for people with disabilities. All concerns relating to services for people with disabilities in 2009 have been satisfactorily closed.

Communications

In advance of the commencement of the regulation of older person's services a number of meetings were hosted by SSI with managers and owners of nursing homes to inform them of the new regulatory processes and to address queries or concerns they wished to raise. These meetings were completed by commencement of the new regulatory process on 1 July 2009.

Following commencement of the regulation of older person's services an External Reference Group was established and comprised representatives from external organisations in the public, private and voluntary sectors. This group was established to keep interested parties informed of the regulatory process and to give them an opportunity to raise issues and concerns. The External Reference Group met in November 2009 for the first time and will meet on a quarterly basis in 2010.

4.2.3 Development of Standards

National Quality Standards for Residential Services for People with Disabilities

The *Draft National Quality Standards for Residential Care Settings for People with Disabilities* were approved by the Board of the Authority and were published in May 2009.



Public-friendly guide to the National Quality Standards: Residential Services for People with Disabilities.

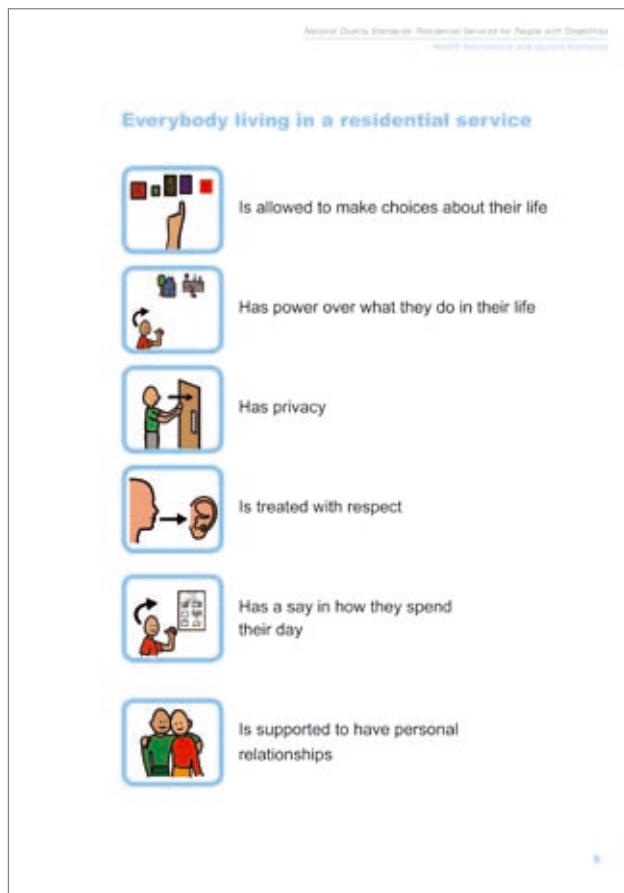
Draft National Quality Standards for Residential and Foster Care Services for Children and Young People

In 2009, a Standards Advisory Group was established to draft national quality standards for children and young people in care settings. The group was comprised of 28 members and included three young people who have used services, along with representatives from the Department of Health and Children, HSE, Irish Association of Young People in Care

(IAYPIC), Office of the Ombudsman for Children, Office of the Minister for Children and Youth Affairs, Barnardos, Focus Ireland, Resident Managers Association, National Federation of Voluntary Bodies, Irish Association of Social Workers, Irish Association of Social Care Workers, Irish Foster Care Association, Not for Profit Business Association, Irish Youth Justice Service and Inclusion Ireland.

Services covered included residential care services for children and young people (including services for children and young people with a disability), foster care services and children detention schools.

The criteria and outcomes include quality of life for children and young people, children’s and young people’s rights, keeping children and young people safe and protected, staffing, health, education and personal development and governance and management.



‡Extract from Easy to read guide to the National Quality Standards: Residential Services for People with Disabilities.

4.2.4 Inspection Activity and Reporting

Safeguarding Children

In 2009 the inspection of children's services continued under provisions made in the Child Care Act, 1991. The children's services focused on the inspection of residential services while continuing with the inspection of foster care services and detention schools. The key objective was to achieve improvement in the quality of care for children in care while incorporating their views in the decisions that affected their daily lives.

Sixty-two children's inspection reports were published in 2009 and are available on the Authority's website (there are a fewer number of inspection reports for the period January 2009 to December 2009 than inspections carried out in the same period for children's services as a number of cases are still active and work is ongoing on reports).

A foster care inspection was commenced in three Health Service Executive Dublin areas in July 2009. Preliminary information returned from the HSE foster care services highlighted the need for a detailed foster care inspection in these areas. Inspection fieldwork was carried out in the final quarter of 2009 and substantial inspection resources were required to carry out this piece of work. A report on this work will be available in 2010. Table 4 provides details on inspection activity in children's services.



Dr Marion Witton, Chief Inspector of Social Services with the Health Information and Quality Authority pictured at the launch of the National Quality Standards: Residential Services for People with Disabilities.

Table 4: Total number of inspections completed from 1 January 2009 to 31 December 2009 for Children's Services

Type	Public Announced	Public Unannounced	TOTAL
Children Detention Schools	2	-	2
Special Care Units	2	2	4
Children's Community Residential Centres	20	19	39
Foster care	-	7	7
Follow up	-	-	40
TOTAL			92

The National Children in Care Inspection Report 2008 reviewed the findings of 38 inspections carried out by the Authority in 2008 of children's residential care centres operated by the HSE and of foster care services operated in a HSE region.

The Deputy Chief Inspector was seconded to the Department of Health and Children for a period of six weeks following the publication of the *Report of the Commission to Inquire into Child Abuse, 2009* (Ryan Report) to assist the Minister for Children and Youth Affairs in preparing the Ryan Report implementation plan.

Safeguarding Older People

The registration and inspection of services for older people commenced on 1 July 2009 under provisions made in the Health Act 2007. Table 5 provides details on inspection activity in older people's services. In total, 53 inspection reports for residential care settings for older people were published on the Authority's website (there are a fewer number of

inspection reports for the period January 2009 to December 2009 than inspections carried out in the same period for older persons services as a number of cases are still active and work is ongoing on reports).

The Authority's inspection reports have placed a strong emphasis on outcomes for residents, and quality of life issues have been at the core of inspection findings. To date, inspection reports have raised awareness about current practice in residential care settings for older people and have generated new expectations about how residential care can and should be experienced by older people.

Following inspection, residential centres are requested to complete a quality assurance questionnaire. Overall, registered providers and persons in charge were satisfied that inspections were well organised. It was also highlighted that the inspection purpose and process were well explained during the inspection visit. On the whole, providers agreed that they were given sufficient time to present the service they provided in a full and complete way. Stakeholders also indicated that inspectors were courteous to residents and staff, respectful of the privacy and dignity of residents, available to speak to staff, residents and family members and communicating their findings clearly.

Table 5: Total number of inspections completed from 1 July 2009 to 31 December 2009 for Services for Older People

Type	Public Announced	Public Unannounced	Non-public Announced	Non-public Unannounced	TOTAL
TOTAL	21	14	78	87	200

4.2.5 National and International Stakeholder Engagement

Conference presentations

In response to stakeholder requests, SSI staff gave presentations throughout 2009 at the following conferences including:

- Citizens Information Board Annual Conference
- St John of God Hospitaller Order Conference

- Skillnet Conference
- Inclusion Ireland Conference
- Healthcare Ireland Conference.

A number of national and international conferences were attended by SSI staff throughout 2009. The national conferences addressed the areas of quality, children's services, child protection and older person's services.

In October 2009, an international conference was organised by UNICEF and the Ministry of Labour and Social Policy of the Republic of Serbia – 'Children in Formal Care: Accountability of Service Providers and Monitoring Mechanisms' which was dedicated to strengthening accountability mechanisms to ensure that children's rights are respected within the social welfare system. UNICEF invited two staff members from the Social Services Inspectorate to address the conference.

The Celtic Network

On 12 and 13 November 2009 the Authority's Social Services Inspectorate hosted the Celtic Network in the Authority's Dublin Regional office, Smithfield. The Celtic Network is a group of social care regulators from Scotland, Northern Ireland, Wales and the Republic of Ireland, of which the Authority is a key member. It comprises chief inspectors and other key representatives from each organisation and meets twice yearly. The purpose of network meetings is to exchange information, discuss legislation, policy, methodology and operational practices pertaining to regulatory bodies.

Norwegian Department of Social Welfare and Family Affairs

In 2008, the Norwegian Department of Social Welfare and Family Affairs requested a meeting with SSI in order for them to be informed of the Irish regulatory system. In February 2009, SSI facilitated this request and met with delegates from the Norwegian Department of Social Welfare and Family Affairs in the Authority's Dublin Regional offices over a two-day period. The two days were planned and delivered by SSI staff and consisted of a number of presentations and question and answer sessions.

4.3 Health Information

What it means for people

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

Background

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

The 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 safeguards 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 healthcare providers. It is an essential building block for the development of electronic health records.

4.3.1 Priorities

The main focus in 2009 has been the commencement of a programme of work relating to health information. The priorities identified were based on those set out in the corporate plan and on consultation with stakeholders.

4.3.2 Summary of Activities During 2009

Information Standards

The Authority established a national standards steering committee comprising representatives from the Authority, HSE, Department of Health and Children, National Cancer Registry, Economic and Social Research Institute, National Standards Authority of Ireland, Health Research Board and Institute for Public Health to progress the development of national standards for health information.

The priority in 2009 was to develop a standard for electronic messaging to and from general practices. The Authority also commenced work defining clinical concepts and the electronic health record in 2009. Further priorities identified during 2009, include adoption of standards for laboratory and radiology coding and standards for ePharmacy.



Unique Health Identifiers for Practitioners and Organisations

The Health Information Directorate has researched national and international initiatives and best practice in this area. Key national stakeholders were consulted, and building on the work completed in 2009, a recommendation to the Minister for Health and Children will be made in 2010.

National Health Information Strategy

The Department of Health and Children established the Health Information Inter-Agency Group (HIAG) with representation from the Department, the HSE and the Authority. In 2009, this group updated the National Health Information Strategy, agreed an implementation plan with clearly defined roles and responsibilities. In broad terms, the Department is responsible for policy and legislation, the Authority for standards and monitoring, and the HSE for implementation.

Health Information Bill

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

Health Information Governance Framework

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

The Health Information Directorate, in consultation with stakeholders, is developing standards for health information governance, which will be based on the forthcoming Health Information Bill. In order to advance this work in 2009, the Health Information Directorate published an international review of information governance structures which examined how other countries have approached information governance for health and social care settings.

The Authority, in consultation with various stakeholders, also conducted an 'as is' analysis of information governance in health and social care settings in Ireland which examined and outlined the legislative provisions relating to information governance and the structures, policies and guidelines that are in place in the Irish health and social care sector.

Unique Health Identifier for individuals in Ireland

One of the major deficiencies in the national health information infrastructure is the absence of a unique health identifier (UHI) for individuals. The Health Information Directorate published the *Report on Recommendations for a Unique Health Identifier for Individuals in Ireland* in March 2009. This report recommends that the safest and most cost-effective option for a UHI for Ireland is a new healthcare-focused identifier which is based on international best practice.

The Authority completed an international review of unique health identifiers for individuals and in 2010 the Authority will make recommendations around the technical and governance structures required for the introduction of a UHI for health and social care in Ireland.

Standards for National Health Information Sources

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. In consultation with stakeholders, the Authority has begun the process of developing national standards to ensure the overall quality (including optimising resource utilisation) of the national health information sources.

The first phase of this project, which began in 2009, is the preparation of an inventory of national health information sources which will provide a 'one-stop-shop' on national health information sources to inform and increase awareness amongst stakeholders on the existence, purpose and usefulness of health information sources. This inventory will be published in 2010. The next phase of the project involves documenting the availability of data, uses of data, access to data, high level information flows and resources used to operate the national information sources.

Performance Indicators and Minimum Data Sets

In 2009, the Health Information and Healthcare Quality and Safety Directorates agreed on a set of guiding principles for developing key performance indicators and minimum data sets which will be published in 2010.

The Healthcare Quality and Safety Directorate is working with the relevant stakeholders to establish a meaningful set of indicators for emergency departments in Ireland.

4.4 Health Technology Assessment

Background

The Authority is the statutory organisation in Ireland with a remit to carry out health technology assessments (HTAs) which inform national policy and service decisions and to develop guidelines for the conduct and appraisal of HTAs across our health system. It also has a statutory role to review and make recommendations as the Authority deems appropriate in respect of services, to ensure the best outcomes for the resources available to the HSE.

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

The second HTA evaluated the cost-effectiveness, health outcomes and resource requirements of various options for a population-based colorectal cancer screening programme and was published in June 2009.

This HTA led to a subsequent request from the Minister for Health and Children to evaluate the resources assigned to the current population-based national cancer screening programmes to identify efficiencies that may be achieved within the present models and to evaluate colonoscopy services, and associated resources, within the HSE in order to support the provision of a national colorectal cancer screening programme in Ireland. This evaluation was completed in October 2009 and has played a pivotal role in supporting the Minister's decision to introduce a national population-based colorectal cancer screening programme from 2012.

HTA has clearly begun to inform and positively impact on national decision making in Ireland. The HTA Directorate is working with stakeholders on an ongoing basis to develop HTA capacity and capability, to promote high quality assessments of technology and to meet the gaps in HTA across the healthcare system.

What is health technology assessment?

HTA entails the systematic and objective evaluation of the clinical and cost-effectiveness of new technologies, but also taking into account other factors such as social, organisational and ethical issues as appropriate. The term 'technology' includes drugs, medical equipment, diagnostic techniques, surgical procedures and population health programmes. This information is for use by the Minister for Health and Children and the Department of Health and Children, the Government, service providers and other key stakeholders such as the public and the technology providers.

The main issues investigated as part of any HTA are:

- Does the intervention (technology) work?
- For whom does it work?
- What is the benefit to the individual?
- At what cost?
- How does it compare to the alternative options available?

4.4.1 Summary of Activities During 2009

Health Technology Assessment Structure

A priority objective for 2009 was to obtain agreement on the proposed staffing structure and to commence building a multidisciplinary HTA team with the necessary skills and expertise. This was a priority for the Authority in order that a programme of HTAs could be undertaken in line with our statutory requirements. The recruitment embargo introduced in 2009 presented a significant challenge. Nonetheless, approval from the Department of Finance to recruit six key HTA posts was received in September. Three of these posts were appointed in December 2009: Head of Assessment; Head of Research and Planning; Information Scientist. The three remaining posts will be appointed in early 2010.

Building capacity and capability in Health Technology Assessment

The discipline of HTA is relatively underdeveloped in Ireland. It is important therefore that expertise in this field continues to be developed. In recognition of this, the Authority is co-funding a three-year PhD fellowship programme at the National Centre for Pharmacoeconomics with the aim

of building skill sets for HTA conduct and interpretation. The Directorate has also worked with external stakeholders in the planning of training and education for individuals in the HTA area. This includes mentoring a PhD student recruited to a fellowship programme in health economics which has been developed by the Health Research Board and the National Cancer Institute in the United States.

Stakeholder Engagement

An extensive programme of meetings with policymakers, service providers, clinicians, patient groups, academics, the pharmaceutical and technology industries as well as many government agencies took place during 2009. This greatly facilitated and informed projects that were currently underway, and informed priorities for the ongoing HTA programme of work.



Dr Patricia Harrington, Acting Director of Health Technology Assessment, Health Information and Quality Authority and Dr Mairin Ryan, Director of Health Technology Assessment, Health Information and Quality Authority pictured at the launch of the Health Technology Assessment (HTA) of a population-based colorectal cancer screening programme in Ireland.

Health Research Group

The Authority was represented by the HTA Directorate at the Department of Health and Children's broadly based Health Research Group and contributed to the development of the Health Research Action Plan

which was launched in November 2009. The Action Plan builds on the recommendations made in existing strategies and reports such as the national health research strategy, *Making Knowledge Work For Health (2001)* and *Towards Better Health: Achieving a Step Change in Health Research in Ireland (2006)* and, where appropriate, goes beyond them. The Authority will continue to play a key role in implementation of the Action Plan.

4.4.2 Health Technology Assessments Undertaken in 2009

Health technology assessment (HTA) of a population-based colorectal cancer screening programme in Ireland

Colorectal cancer is the second most commonly diagnosed cancer in Ireland in both men and women. 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. Colorectal cancer screening presents an opportunity to reduce the risk of developing colorectal cancer and dying from the disease in Ireland by allowing the identification and removal of precursor lesions and by the detection of malignancies at an earlier, more treatable stage. Up until now, there has been no nationally organised or population-based screening programme for individuals that are at an average risk of developing colorectal cancer in Ireland.

In November 2007, the Authority agreed to carry out a HTA of a population-based colorectal cancer screening programme in Ireland, in response to a request by the National Cancer Screening Service (NCSS) Board. The purpose of this assessment was to evaluate various options for a population-based colorectal cancer screening programme in Ireland with a view to establishing: (i) the cost-effectiveness of these options compared to the current policy of no screening and relative to each other, (ii) the key additional resource implications and health outcomes associated with these options in the first 10 years of a screening programme and (iii) the ethical considerations arising from these findings.

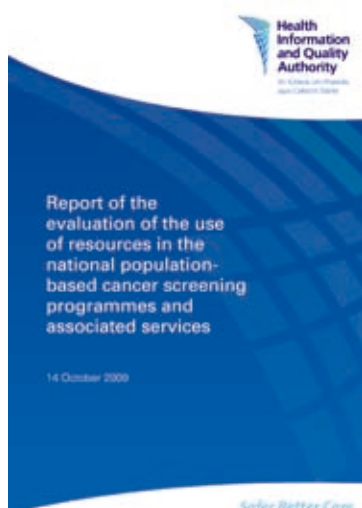
Following a competitive tender process initiated in November 2007, the Authority appointed a multidisciplinary team in February 2008, led by the National Cancer Registry, to conduct the HTA on its behalf. This was

managed by the HTA Directorate within the Authority. The team included groups from the National Centre for Pharmacoeconomics in Dublin, the School of Health and Related Research (ScHARR) at the University of Sheffield in the UK and Dublin City University. These groups had extensive experience in economic modelling, health technology assessment and health services research.

To lead and oversee the process, and to advise the Authority, a multidisciplinary Expert Advisory Group was convened in accordance with defined terms of reference. This group included both public and patient representatives. Dr Deirdre Madden from the Department of Law, University College Cork, agreed to provide the ethical commentary for the report.

In June 2009, the Authority published its finding in a HTA on a population-based colorectal cancer screening programme in Ireland. The key finding of the economic evaluation in the primary analysis was that a population-based colorectal cancer screening programme based on any of the three options evaluated would be highly cost-effective compared to the current policy of no screening. Further analysis demonstrated that a screening programme based on biennial (faecal immunochemical test) FIT at ages 55 to 74 years represents the optimal screening strategy with the potential to save approximately 300 lives per year once fully implemented.

The evaluation of the use of resources in the national population-based cancer screening programmes and associated services.



Report of the evaluation of the use of resources in the national population-based cancer screening programmes and associated services.

Following the publication of the Authority's report on 17 June 2009, *Health Technology Assessment (HTA) of a population-based colorectal cancer screening programme in Ireland*, the Minister for Health and Children requested the Authority to evaluate the resources assigned to the current population-based national cancer screening programmes to identify efficiencies that may be achieved within the present models and to evaluate colonoscopy services, and associated resources, within the HSE in order to support the provision of a national colorectal cancer screening programme in Ireland.

In the four-month time frame allocated to undertake this work, it was not possible to perform a comprehensive analysis of all aspects of the services evaluated. Therefore, the findings and recommendations were at a relatively high level. The report was approved by the Board of the Authority on 14 October 2009.

The evaluation described an alternative model where the additional diagnostic and treatment resources required by a new screening programme could be delivered by building upon the existing resources available to the HSE. This would be less expensive than a previously described model based on building new colonoscopy units. The alternative model also had the advantage of providing for increased quality assurance of existing services.

Some efficiencies within the national cancer screening programmes were identified, together with cost savings opportunities. These could contribute substantially to the delivery of the proposed colorectal cancer screening programme. Opportunities for partnering with health insurance providers so that these companies could provide some of the costs were also explored.

4.4.3 International Networks

European Network for Health Technology Assessment (EUnetHTA)

In 2009, the Authority was nominated by the Department of Health and Children as the national HTA body for the EUnetHTA Joint Action (JA) on HTA. The Joint Action is a contract between EUnetHTA and the European Commission which aims to realise an effective and sustainable HTA collaboration that brings added value at the European, national and regional level. The three-year project, commencing in January 2010, will build upon the methods and tools developed by a previous EUnetHTA project which was conducted between 2006 and 2008. The JA brings together 33 HTA agencies and institutional producers of HTA and assessments of pharmaceuticals in 23 EU and 1 EEA/EFTA country.

During 2009, the Authority actively participated and contributed to the application process for the EUnetHTA Joint Action.



HTAi
7th Annual Meeting Dublin 2010

The Health Information and Quality Authority will host the HTAi 2010 conference in Dublin.

Health Technology Assessment International (HTAi)

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

In 2008, the Authority successfully applied to host the international meeting of the organisation in Dublin between 6 and 9 June 2010. This will be a highly prestigious event within the HTA community, and is expected to attract some 1,200 international healthcare practitioners to the city over at least a three-day period. Apart from the significant tourism opportunity that this brings, it enables the Authority foster

key relationships with its international counterparts and facilitates the development and exchange of HTA knowledge. It also provides fitting recognition that Ireland is a key international collaborator in healthcare research and HTA. 2009 has been a busy year for the HTA Directorate preparing for this conference. In addition to the organisational logistics for the conference, significant work has been undertaken in planning the scientific content.



Pictured (LR) at the announcement of HTAi Dublin 2010 are: Dr Mairin Ryan, Director of Health Technology Assessment, Health Information and Quality Authority; Prof. Michael Drummond, Co-Chair of the International Scientific Presentation Committee, HTAi 2010 and Dr PWEE Keng-Ho, Chair of the International Scientific Programme Committee, HTAi 2009.

The International Network of Agencies for Health Technology Assessment (INAHTA)

Ireland was accepted as a member of INAHTA in June 2009. INAHTA is an international network of HTA agencies established in 1993 with member countries including from North and Latin America, Europe, Asia, Australia and New Zealand. All members are non-profit making organisations producing HTA and are linked to regional or national government. Its mission is to provide a forum for the identification and pursuit of interests common to HTA agencies.

This network is an important resource to the Authority. It allows for the exchange of ideas and information, HTA reports from other jurisdictions and other opportunities. In turn, this allows for useful peer review of the Authority's work, and avoids unnecessary duplication of efforts through the adaptation of international work.

The International Information Network on New and Emerging Health Technologies (Euroscan)

The International Information Network on New and Emerging Health Technologies (EuroScan) is a collaborative network of member agencies for the exchange of information on important emerging new drugs, devices, procedures, programmes, and settings in healthcare. The Authority was accepted as a member of this organisation in November 2008 and has played an active role in EuroScan activities in 2009.

Membership of this network is also an important resource for the Authority. Through its website, members can review and exchange information on new and emerging health technologies and share applied methods for the early evaluation of these. This in turn avoids unnecessary duplication of work already carried out by member agencies.

4.5 Communications and Stakeholder Engagement

Through the work of our Communications and Stakeholder Engagement team we seek to communicate clearly and consistently with the public, providing them with up-to-date information on our work and the impact it will have on safer, better, services for them. The Authority recognises that it is only through appropriate and inclusive consultation that we can achieve what is important for people, a clear understanding among our stakeholders of our role, the work we do and the real impact it has on the lives of those who use Ireland's health and social care services – truly giving effect to our mission of driving patient safety.



A number of media interviews were managed by the Communications and Stakeholder Engagement Directorate throughout 2009.

Background

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

Through the proactive management of communication with all stakeholders, the Communications and Stakeholder Engagement Directorate has, in 2009, sought to further increase a clear awareness of the Authority's role and function among the general public. To meet the Authority's communications needs, the Communications and Stakeholder Engagement Directorate operates eight core functions:

- Press and media relations
- Stakeholder engagement
- Public and parliamentary affairs
- Corporate reputation management
- Internal communications
- Publishing and publications management
- Event management
- Management of the Authority's online channels: website, intranet, social networking pages.

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

4.5.1 Summary of Activities During 2009

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

The Authority's communications function takes a proactive, open and transparent approach with the media through the regular issuing of press releases and statements, the publication of reports, and by responding to all queries received.

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.



Selection of publications from the Health Information and Quality Authority 2009.

Throughout 2009, the Authority held regular press briefings, updating the media on the work of the Authority and conducted media communications campaigns, which included meetings with journalists, press conferences, interviews, the issuing of press releases and the publication of the following reports/statements:

- 12 February 2009: Health Information and Quality Authority Welcomes Government Approval of Report of the Commission on Patient Safety and Quality Assurance
- 9 March 2009: National Quality Standards for Residential Care Settings for Older People in Ireland
- 9 April 2009: Report of the investigation into the quality and safety of services and supporting arrangements provided by the Health Service Executive at the Mid-Western Regional Hospital Ennis

- 11 May 2009: National Quality Standards: Residential Services for People with Disabilities in Ireland
- 27 May 2009: National Standards for the Prevention and Control of Healthcare Associated Infections
- 17 June 2009: Health Technology Assessment (HTA) of a population-based colorectal cancer screening programme
- 29 June 2009: Recommendations for a Unique Health Identifier for Individuals in Ireland
- 1 July 2009: Independent Inspection of Nursing Homes begins
- 4 November 2009: National Children in Care Inspection Report 2008.

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

In 2009, the Communications and Stakeholder Engagement Directorate coordinated four targeted, public, consultations on the areas of: standards for residential services for people with a disability and for older people, unique health identifiers and general practice messaging standards. The Directorate also represented the Authority in the Health and Social Care Regulatory Forum's review of best practice in service user inclusion in consultation, supported by the existing internal protocol *Health Information and Quality Authority: How to Consult*, available on www.hiqa.ie.

In 2009, working in close collaboration with other Directorates, we took part in the Department of Health and Children's Positive Ageing consultation and An Garda Síochána consultation on safer communities for older people.

Through its public and parliamentary affairs function the Authority also ensures that it remains accountable to Government and the Houses of the Oireachtas, ensuring that accurate and up-to-date information is provided in a timely manner. In 2009, the Authority responded to a total of 32 parliamentary queries. In addition, the Authority also presented to the Joint Oireachtas Committee on Health and Children in relation to primary care.

Significant progress was made throughout the year on further developing and rolling-out, across the organisation, best practice policies on internal communications, report writing and publications management. Alongside this work, the Directorate commenced a significant project on the redesign of the Authority's website to increase accessibility and reflect the commencement of new functions for the Authority. This work will continue through 2010 and represents a substantial development towards making all information originating from the Authority publicly accessible.

The Communications and Stakeholder Engagement Directorate, in conjunction with the Health Technology Assessment Directorate and international partners, also commenced preparatory work on the HTAi 2010 international conference which will take place in June 2010. This conference will mark an important step for the Authority and for health technology assessment in Ireland. By bringing international experts together this conference will seek to enable effective collaboration on HTA research which can inform evidence-based decision making and the more informed allocation of resources to add value in the health and social care system.

4.6 Corporate Services

Background

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

The Authority's annual accounts for 2009 were submitted to the Comptroller and Auditor General in accordance with timescales set out in the Health Act 2007.

The Authority's internal audit function has been contracted to an external provider. During 2009, internal audits were carried out on corporate governance and procurement. The Commission on Public Service Appointments carried out an audit of the recruitment licence held by the Authority and the policies and practices relating to internal appointments. In all cases actions plans were drawn up to implement the recommendations arising from such audits and all areas have been or are being addressed.

4.6.1 Human Resources

Recruitment and selection continued as a core human resources activity throughout 2009 with additional staff joining the Authority through open competition and transfer arrangements. Human resources policies and procedures were reviewed to ensure accessibility, consistency and good practice.

Focus and effort was also directed into the broader areas of employee performance and engagement with the design and delivery of a number of core programmes and activities. A performance management development system for all staff within the Authority was finalised and launched along with a comprehensive roll out programme for all employees.

Work also commenced to manage organisational learning and development as a key contributor in organisational performance. The Human Resources team worked with internal stakeholders to identify and

deliver core learning and development programmes in key strategic areas such as project management and dignity and respect at work. Individual employees were also supported through an academic support programme.

4.6.2 Financial Management

Financial processing and reporting were successfully standardised and regularised over the year. A budgetary system was implemented which enhanced the Authority's ability to closely manage actual expenditure against planned and available resources.

Regulations set under the Health Act 2007, which commenced on 1 July 2009, provide for the registration of designated centres and includes provision for application fees, annual fees and a fee for variation or removal of any registration conditions.

The finance unit has set up and implemented a fee billing and debt collection process with measured success during the latter half of 2009.

Work continues on the identification of the long-term optimum financial system for the Authority.

4.6.3 Corporate Plan and Business Plan

Early in 2008, the Authority published a Corporate Plan 2008 to 2010. Following completion of the Business Plan for 2008, a detailed Business Plan for 2009 was developed and adopted which outlined the core business objectives, consistent with the Corporate Plan, to be achieved during the year. Both documents are available on the Authority's website, www.hiqa.ie.

4.6.4 Facilities Management

In March 2009, the Authority moved into its permanent head office in Mahon in Cork. This followed the move into a permanent office in Smithfield in December 2008. Both offices, which were procured with the support of the Office of Public Works, have been designed to accommodate the Authority's staff and work practices in a modern open plan environment.

4.6.5 Information Systems

The relocation of the Authority's head office in Cork was a major project for the information system team which was successfully carried out. The commencement of registration and inspection of residential care services for older people was supported by an information system developed by the in house team. Upgrades to the system were released later in the year including a module that allowed the Authority to handle concerns raised by the public.

An information technology infrastructure was put in place for home-based inspectors recruited by the Authority working on residential care services for older people. Other projects included piloting a document management system and rationalising printing arrangements which generated substantial savings.

4.6.6 Health and Safety

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

A safety statement has been prepared and is kept under continuing review. The Authority has in place a Health and Safety Committee which met regularly during the year. No serious accidents occurred at work during 2009.

4.6.7 Freedom of Information

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

- A legal right for each person to access information held by public bodies
- A legal right for each person to have official information held by a public body relating to him/herself amended where it is incomplete, incorrect or misleading

- A legal right to obtain reasons for decisions affecting oneself taken by a public body.

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.

During 2009 the Authority received a total of 14 freedom of information requests. Three requests were granted in full, three requests were part granted, three were refused, two were transferred and three were withdrawn/ dealt with outside of the freedom of information. The Authority received one request for an internal review of a decision and one request was sent for review to the Information Commissioner.

4.7 CEO's Office

Background

The CEO's office provides oversight, direction and support to enable the Authority deliver its objectives effectively and efficiently and in a well-governed way. Key areas of work during 2009 included supporting the Board and committees of the Board, establishing a Performance Management and Risk Management Framework, reviewing corporate governance arrangements and development of the Authority's culture and ethos.

The Authority is keen to embed effective governance measures and during 2009, several initiatives were progressed to further enhance its governance systems. 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. Detailed below are the activities which progressed these initiatives.

4.7.1 Board and Committees of the Board Activity

Given the substantial growth and development that has taken place over the last year in terms of its functions and staff numbers, Board and committees of the Board activity reflects the Board's responsibility as the governing body and the intention to establish parallel governance structures in response to the intensity of Authority's development.

During 2009:

- The Board met 11 times
- The Health and Social Care Governance Committee met four times
- The Audit and Governance Committee met four times
- The Information Research and Technologies Committee met four times
- The Remunerations and Nominations Committee met twice.

4.7.2 Code of Governance

The Revised Code of Practice for the Governance of State Bodies was published in May 2009 and the Authority began revising its own Code to reflect new developments in this area. Although there are many measures in place that structure and ensure adherence by Board members to the Governance guidelines, an action plan is currently being developed to ensure that the spirit of the Code is fully realised in practice across the Authority.

4.7.3 Code of Business Conduct

The Code of Business Conduct for the Authority is also in place. Procedures are in place to ensure that the Authority is:

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

4.7.4 Performance Assessment Framework and Risk Management

During 2009, one of the developments to enhance the governance and performance of the Authority was the establishment of a Performance Assessment Framework which records progress against its strategic and business objectives and risks associated with this. This ensures that the Authority constantly focuses on its objectives and knows the status of these at any given time throughout the year.

The revised Code of Practice for the Governance of State Bodies stated that 'each state body should develop a risk management Policy and the Board should approve a risk management framework and monitor its effectiveness'. The Authority had, early in 2009, approved a risk management policy and established the framework which records the risks to the Authority and the controls aimed at addressing the risks.

In the same way, the Authority monitors its operational activities and the risks associated with these. Risk management is also reflected in the Authority's project management structure and risk is a standing item on all of the committees of the Board.

In addition, a risk manager is in place who has a direct reporting line to the Chief Executive and the Board, in accordance with the revised guidance.

4.75 Culture and Values

The Authority has been growing, developing and operating at a fast pace since its establishment. Work to establish a harmonised culture that reflects the values of the Authority is hugely important to the Authority and well underway.

5 Financial Information

The background of the page is composed of several overlapping, wavy, organic shapes in various shades of teal and blue. The top portion is a dark teal, which transitions into a medium blue, then a lighter blue, and finally a very light, almost white-blue at the bottom. The shapes are fluid and layered, creating a sense of depth and movement.

5.1 Financial Statements

The summarised financial information set out in this report does not constitute the Authority's accounts for the period ended 31 December 2009 as required by section 35 (4) of the Health Act 2007. 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 Income and Expenditure Account for the Authority Year ended 31 December 2009:

	€000
Income	
Department of Health and Children	11,100
Annual Fees and Registration Fees	2,443
Other Income	393
Total Income	13,936
Expenditure	
Investigations and Professional Fees	345
Staff Costs	9,632
Travel and subsistence	458
Research and dissemination	850
Recruitment	
Support and establishment	2,336
Total Expenditure	13,621
Excess of Income over Expenditure	315
Opening Reserves	696
Closing Reserves	1,011

Summarised Capital Account Year ended 31 December 2009

	€000
Income	
Department of Health and Children	199
Expenditure	
Capital Expenditure	199
Surplus/(Deficit) for Period	-
Opening Reserves	(28)
Transfer from Revenue Reserves	28
Closing Reserves	-

For further information, the full accounts for the period ended 31 December 2009, and the Comptroller and Auditor General's certificate for the accounts, should be consulted once available. When these are ready, copies of these accounts can be obtained from the Authority's Head Office in Cork.

Appendices



Appendix 1 - Board Activity and attendance

According to the Health Act 2007, *the Board shall hold such meetings as are necessary for the performance of its functions but in each year shall meet at least once every 2 months.* The six scheduled meetings are listed below together with the attendance of each Board member.

Attendance of the six regular and statutorily required Board meetings in 2009

Regular Board dates 2009	21 Jan	25 March	19 May eve	20 May all day**	23 July	22 Sept	18 Nov	Total attendance out of 6
Pat Mc Grath	Yes	Yes	Yes	Yes	Yes	Yes	Yes	6
Michael Barry	Yes	Yes	No	No	No	Yes	No	3
Dan Byrne	Yes	Yes	Yes	Yes	No	Yes	Yes	5
Ian Callanan	Yes	Yes	Yes	Yes	Yes	Yes	Yes	6
Brian Meade	Yes	Yes	Yes	Yes	No	Yes	Yes	5
David O'Hora	Yes	Yes	Yes	Yes	No	Yes	Yes	5
Dolores Quinn	No	Yes	No	Yes	Yes	Yes	Yes	4.5
Bryan Barry	No	No	Yes	Yes	Yes ^{P-T*}	Yes	Yes ^{P-T*}	4
Sheila O'Connor	Yes	Yes	Yes	Yes	Yes ^{P-T*}	Yes	Yes	6
Geraldine McCarthy	Yes	Yes	No	No	Yes	Yes	Yes	5
Angela Kerins	Yes	Yes	No	Yes	No	Yes	Yes ^{P-T*}	4.5
Dermot Power Until May	Yes	No	N/A	N/A	N/A	N/A	N/A	1 out of 2
Grainne Tuke After May	N/A	N/A	Yes	Yes	Yes	Yes	Yes	4 out of 4
Total attendance	10	10	8	10	7	12	11	

* part-time ** 19 and 20 May are one Board meeting

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

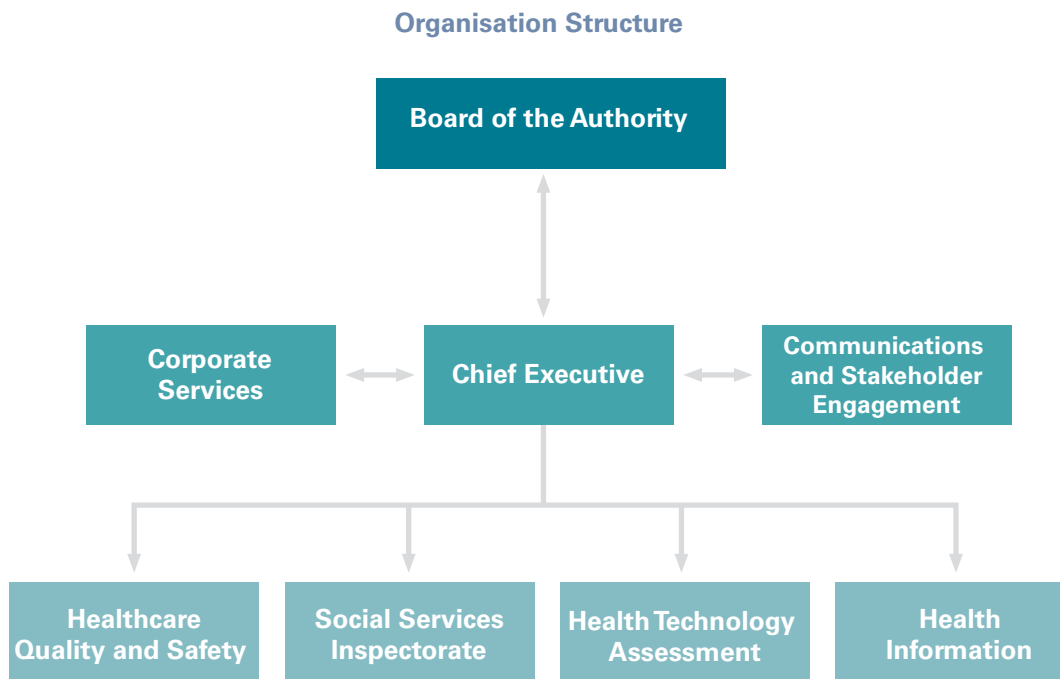
Attendance of the five extraordinary Board meetings in 2009

Regular Board dates 2009	26 Feb	12 March TC	6 April	5 Oct	14 Oct	Total attendance out of 5
Pat Mc Grath	Yes	Yes	Yes	Yes	Yes	5
Michael Barry	No	No	Yes	Yes	Yes	3
Dan Byrne	No	Yes	No	Yes	Yes	3
Ian Callanan	Yes	Yes	Yes	Yes	No	4
Brian Meade	Yes	Yes	Yes	Yes	Yes	5
David O'Hora	Yes	Yes	Yes	Yes	Yes	5
Dolores Quinn	No	Yes	Yes	Yes	Yes	4
Bryan Barry	No	No	Yes	Yes	Yes	3
Sheila O'Connor	Yes	Yes	Yes	Yes	No	4
Geraldine McCarthy	Yes	Yes	Yes	Yes	Yes	5
Angela Kerins	No	No	Yes ^{P-T*}	Yes	No	2
Dermot Power Until May	Yes	No (COI) ¹	Yes	N/A	N/A	2 out of 3
Grainne Tuke After May	N/A	N/A	N/A	Yes	Yes	2 out of 2
Total attendance	7	7	11	12	9	

* part-time

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

Appendix 2:





**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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