Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

ANNUAL REPORT 2017

Safer Better Care

Foreword by the Chairperson

Brian McEnery
Chairperson

2017 marked 10 years since the establishment of HIQA to drive high-quality and safe care for people using health and social care services in Ireland. While our remit has grown substantially over the past decade, our core activities remain the same; to monitor and regulate health and social care services, develop standards, carry out health technology assessments (HTAs) and advise on the collection and sharing of information across our healthcare services. Throughout 2017, we reflected HIQA's 10 years of experience in developing standards, providing technical advice and assessing the quality and safety of services in all aspects of our work.

In 2017, our regulation teams, responsible for monitoring and regulating the quality and safety of services, carried out over 1,500 inspections and spoke with thousands of people who use these services. We continued to receive, analyse and risk assess information in relation to these services and to use this to inform our monitoring activity.

HIQA's *Corporate Plan 2016-2018* commits the organisation to delivering a programme of regulation which safeguards the people who use services, and focuses on human rights principles. In addition, we have committed to informing and influencing policy across health and social care services. It is in this context of driving improvement and protecting vulnerable people that in 2017 we undertook a Red C opinion poll of people's experiences with health and social care services, as well as research into developing models of care and services which are currently not being regulated, such as homecare. This work builds on our commitment to promote the development of safeguarding legislation and raising public awareness of the potential for abuse of vulnerable people as a member of the National Safeguarding Committee.

HIQA is proud to lead on the National Patient Experience Survey in partnership with the Health Service Executive and the Department for Health, with the results of the first inpatient survey published in December 2017. It is planned that this major national initiative will be repeated annually to assess progress against the findings, and the results are being used to inform HIQA's monitoring activity in acute hospitals.

Last year, we also collaborated with the Mental Health Commission to develop our first joint set of standards. The *National Standards for the Conduct of Reviews of Patient Safety Incidents* aim to standarise the review process across acute and mental health services and ensure that such reviews are person centred.

This joint work continues with both organisations collaborating on the development of adult safeguarding standards. HIQA will continue to set and revise standards across health and social care settings to ensure up-to-date, best practice is promoted.

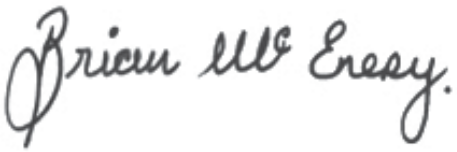
We continue to advocate for strong health information legislation to ensure a reliable, efficient and safe healthcare system in Ireland. To this end, we revised a number of standards to help improve the quality of health data throughout the year. Our work in this area expanded in 2017 with the commencement of a review programme of information management in national data collections.

We also published advice and recommendations to the Minister for Health and the Health Service Executive from the assessment of health technologies. Our HTA function ensures that the right healthcare is targeted to the right patient at the right time in the right place, delivering the best patient outcomes and most efficient use of the healthcare budget. In 2017 we published research into the clinical and cost-effectiveness of smoking cessation tools, providing stroke therapy in a national emergency endovascular service, and cervical cancer screening, while a HTA on extending the HPV vaccination to boys is due to be published in 2018.

HIQA values the voices of all our stakeholders, and we strive to gain their feedback through focus groups, advisory groups and public consultations. We also held a range of public seminars on health reform, health information and regulation throughout 2017.

As an independent public body charged with driving high-quality and safe care for people using our health and social care services in Ireland, HIQA is responsible for delivering its mandate in an effective, cost-efficient manner.

I thank all the staff of HIQA for their hard work and commitment during 2017 and I thank all members of the Board for the advice and direction they provided.



Brian McEnery
Chairperson

Table of contents

Chapter 1: About the Health Information and Quality Authority

1.1 Introduction

The Health Information and Quality Authority (HIQA) is the independent authority established to drive high-quality and safe care for people using health and social care services in Ireland. HIQA's role is to develop standards, inspect and review health and social care services and support informed decisions on how services are delivered.

This 2017 Annual Report marks 10 years since HIQA was established to safeguard people and improve the safety and quality of health and social care services.

Over the last 10 years, HIQA has continued to regulate residential services for older people and people with disabilities, to monitor children's services, to provide advice on decision-making and the assessment of new and existing health technologies, to advance the implementation of health information to improve outcomes for patients, and to provide quality and safety development opportunities that support the improvement of services.

We have also developed significant competence in evidence-based advice and standards development, as well as working to improve the way in which we develop and leverage the vast amount of information that exists on the health and social care system.

We continue to report publicly on the safety, quality and effectiveness of health and social care services. In doing so, HIQA enables the health and social care system to reduce the risk of harm and abuse to people who use services.

This Annual Report meets the requirements of the Health Act 2007, and sets out how we advanced our *Corporate Plan 2016-2018* objectives and those from our 2017 Business Plan (Chapter 3). Our annual financial statements can be found in Chapter 5.

1.2 Our mandate and activities

HIQA's remit has grown substantially since our establishment in 2007; however, our core activities remain the same.

To date, our mandate extends across a specified range of public, private and voluntary sector services. Reporting to the Minister for Health and the Minister for Children and Youth Affairs, HIQA has statutory responsibility for:

- **Setting Standards for Health and Social Services -** Developing person-centred standards, based on evidence and best international practice, for health and social care services in Ireland.
- **Regulation -** Registering and inspecting designated centres.
- **Monitoring Children's Services -** Monitoring and inspecting children's social services.
- **Monitoring Healthcare Safety and Quality -** Monitoring the safety and quality of health services and investigating as necessary serious concerns about the health and welfare of people who use these services.
- **Health Technology Assessment -** Providing advice that enables the best outcome for people who use our health service and the best use of resources by evaluating the clinical effectiveness and cost-effectiveness of drugs, equipment, diagnostic techniques and health promotion and protection activities.
- **Health Information -** Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information about the delivery and performance of Ireland's health and social care services.

Our legal mandate

The statutory functions that provide the basis for HIQA's work are outlined in the Health Act 2007, the Child Care Acts 1991 and 2001 (as amended), the Children Act 2001, the Education for Persons with Special Educational Needs Act 2004, and the Disability Act 2005.

This Annual Report outlines the work of HIQA from 1 January to 31 December 2017, in keeping with the statutory requirements of the Health Act 2007, and includes HIQA's arrangements for implementing and maintaining adherence to the Code of Governance for public bodies. It also includes the Report of the Chief Inspector of Social Services and the Annual Governance and Compliance Report, as required by the Health Act 2007.

1.3 Mission statement and corporate values

HIQA exists to promote sustainable improvements, safeguard people using health and social care services and support informed decisions on how services are delivered. This mission guides and directs all of HIQA's activities. HIQA's corporate values express what we believe is important and how we work, as well as the ethos and approach which our staff are encouraged to observe. Our five corporate values are illustrated in Figure 1.

Figure 1
HIQA's core values

- **Putting people first –** we put the needs and the voices of service users, and those providing the services, at the centre of all of our work.
- **Fair and objective –** we strive to be fair and objective in our dealings with people and organisations. We undertake our work without fear or favour.
- **Open and accountable –** we share information about the nature and outcomes of our work. We accept full responsibility for our actions.
- **Excellence and innovation –** we strive for excellence in our work. We seek continuous improvement through self-evaluation and innovation.
- **Working together –** we engage with people providing and people using the services in developing all aspects of our work.

Chapter 2:
Governance and management

2.1 Our Board

The Board is the governing body of HIQA and was first established on 15 May 2007. The Board is responsible for the appropriate governance of HIQA, ensuring effective systems of internal control, statutory and operational compliance and risk management. These provide the essential elements of effective corporate governance and compliance.

Membership of the Board is made up of a Chairperson and 11 non-executive directors who have been appointed by the Minister for Health. The Board members are recognised as having specific experience and expertise in matters connected with HIQA's functions, and come from a range of health and social care professions and industries.

The members of the Board during 2017 included:

Brian McEnery *(Chairperson)*

Partner in BDO Accountants and Business Advisors. Global President of Association of Chartered Certified Accountants. Chartered Accountant Australia and New Zealand member. Board member of NAMA and Chairman of NAMA Audit Committee.

Dr Una Geary

Consultant in Emergency Medicine and Director of Quality and Safety Improvement at St James's Hospital, Dublin. Honorary clinical lecturer in the School of Medicine, Trinity College Dublin.

Anne Carrigy

Former National Lead of Acute Hospital Services, HSE. Former President of An Bord Altranais agus Cnáimseachais na hÉireann/Nursing and Midwifery Board of Ireland.

Bairbre O'Neill

Barrister, practising in the area of civil litigation, with a particular emphasis on commercial litigation and judicial review.

Mary Fennessy

Social worker, formerly worked in children's health and social services in UK and Ireland. Board member of the Commission to Inquire into Child Abuse. Chairperson of Mountjoy Prison Visiting Committee. Committee member of the Pharmaceutical Society of Ireland and of the Health and Social Care Professionals regulatory body, CORU.

Judith Foley

Acting Chief Education Officer, Education Department of An Bord Altranais agus Cnáimhseachais na hÉireann/Nursing and Midwifery Board of Ireland.

Dr Paula Kilbane

Formerly CEO of Eastern Health and Social Services Board in Northern Ireland and Director of Public Health of the Southern Health Board Northern Ireland. Currently a director of a number of boards in the private, public and charitable sectors.

Molly Buckley

Public health nurse. Vice Chairperson of the Irish Council for Social Housing and a director and chairperson of a number of national and international social inclusion organisations and projects.

Martin Sisk

Solicitor. Independent Non-Executive Director of the Interim Board of the Office of Government Procurement. Director of the Irish League of Credit Unions. Chairman of the Irish Auditing and Accounting Supervisory Authority. Commissioner on the State Examinations Commission.

Stephen O'Flaherty

Qualified accountant with the Association of Chartered Certified Accountants who worked with AIB Business Banking and is now a director with BDO.

The following members stood down from the Board in 2017:

Dr David Molony

GP and Occupational physician, founding member of Mallow Primary Healthcare Centre (MPHC), a trainer in the South West Vocational Training scheme, senior adjunct lecturer to GEMS Medical School in University of Limerick and a member of the national GP Committee of the Irish Medical Organisation.

Sheila O'Malley

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

2.2 Board meetings

Under the Health Act 2007 the Board is required to meet six times annually. Six additional Board meetings were held in 2017 for the purpose of progressing various significant matters (see Chapter 5 for the attendance of Board members).

2.3 Board committees

Four Board committees with specific responsibilities support the activities of the Board in governing HIQA (see Chapter 5 for more detail):

- **Regulation Committee** oversees the effectiveness, governance, compliance and controls around the delivery of HIQA's regulatory functions.
- **Audit, Risk and Governance Committee** supports the Board in relation to its responsibilities for issues of risk, control and governance and associated assurance. The Audit, Risk and Governance Committee is independent from the financial management of the organisation. In particular the committee ensures that the internal control systems including audit activities are monitored actively and independently. The committee reports to the Board after each meeting, and formally in writing annually. This committee met seven times during 2017.
- **Standards, Information, Research and Technology Committee** oversees the governance arrangements, including compliance and controls, for the functions of standards development, health information and health technology assessment functions.
- **Resources Oversight Committee** monitors the resource requirements of HIQA to ensure that they are aligned with HIQA's corporate strategy including oversight of resource related risks. In addition, it oversees organisational needs and managerial performance.

2.4 Executive Management Team

HIQA's organisational structure reflects our core functions and activities of Regulation, Health Technology Assessment and Health Information and Standards together with the support services that enable us to achieve our corporate objectives. These include Operations, Communications and Stakeholder Engagement, and the Chief Executive's Office. The organisation is led by the Executive Management Team which is supported by other senior managers who are responsible for our core business functions.

The membership of HIQA's Executive Management Team as of December 2017 included:

Phelim Quinn

Chief Executive

Dr Máirín Ryan

Director of Health Technology Assessment and Deputy Chief Executive

Mary Dunnion

Director of Regulation and Chief Inspector of Social Services

Rachel Flynn

Director of Health Information and Standards

Sean Angland

Acting Chief Operations Officer

The following table outlines how we discharge our core business.

The purpose of each functional Directorate

Regulation	Registering, monitoring and scrutinising designated health and social care services in line with legal requirements. We will continue the development of our approaches to regulation in line with emerging government policy, in the context of a challenging financial environment and in line with national and international principles of good regulation.
Health Information and Standards	Setting standards and guidance for health and social care and health information, evaluating information and making recommendations about deficiencies in health information to the Minister for Health.
Health Technology Assessment	Informing national decision-making on the use of resources in our health services, specifically through the assessment (and supporting the assessment) of the clinical and cost-effectiveness of health technologies, in order to support the best outcomes for the patient.

Chapter 3: Strategic objectives and achievements

3.1 Strategic objectives

HIQA's *Corporate Plan 2016-2018* sets out the framework and strategic objectives that enable us to meet existing and new obligations. It reflects HIQA's core values and focuses on the four core outcomes we aim to achieve for people using health and social care services. These outcomes are:

To achieve these outcomes, we have set specific objectives, priorities and a range of commitments against our core activities.

We believe we need the following to successfully delivery our core activities:

These objectives, priorities and commitments, articulated within the Corporate Plan, are delivered through objectives set out within our annual business plan. Progress in achieving these objectives is summarised in the next section.

3.2 Summary of achievements from 1 January to 31 December 2017

- We marked the 10-year anniversary of HIQA's establishment with a series of public events, including a lecture on healthcare reform and national health information seminars.
- We published findings from a Red C opinion poll, which found that 63% of people in Ireland have witnessed poor provision of health and social care services.
- We published advice to the Minister for Health on immediate, short-term and long-term treatment and transport options for Priority 1 patients; that is, patients who require urgent air transport from Ireland to another country for treatment.
- We were lead partner on the development, implementation and analysis of the National Patient Experience Survey. Over 13,000 people participated in the first survey, resulting in a 51% response rate. The findings will be used to inform our monitoring and standard development programmes.

Tony O'Brien, Director General of the HSE; Minister for Health Simon Harris TD; Rachel Flynn, HIQA's Director of Health Information and Standards and Programme Director for the National Patient Experience Survey; and our CEO Phelim Quinn pictured in Dublin at the launch of the results of the first ever National Patient Experience Survey.

- We published two research papers on how regulation of services for older people and people with disabilities must respond to the changing health and social care landscape.
- We carried out 839 inspections of designated centres for children and adults with disabilities in 2017. By 31 December 2017, 932 centres were registered.

- We carried out 600 inspections of designated centres for older people in 2017. By the end of the year, there were 579 registered designated centres for older people in Ireland.
- We carried out 57 inspections in public acute hospitals as part of our programme of monitoring against the *National Standards for the Prevention and Control of Healthcare-associated Infections* and *National Standards for Safer Better Healthcare.*
- We published a *Review of progress made in implementing recommendations following HIQA's review of pre-hospital emergency care services* in March 2017.
- We received and assessed 1,118 pieces of unsolicited information in relation to designated centres for older people and people with disabilities. We also received 360 pieces of unsolicited information relating to healthcare services and 108 pieces relating to children's services. All information was used to inform our monitoring activity.
- We commenced a review programme of national health and social care data collections to assess their compliance with our new information management standards. We also produced guidance to support data collections in meeting these standards.
- To help improve the quality of health data, we updated our *Guidance on Messaging Standards for Ireland, General Practice Messaging Standard* and *Guidance on Terminology Standards for Ireland.*
- We launched *National Standards for the Conduct of Reviews of Patient Safety Incidents* in October 2017, the first set of standards jointly developed with the Mental Health Commission.
- We appeared before the Committee on the Future of Healthcare to discuss healthcare reform on 1 February 2017.
- We held public consultations to inform our work in a number of areas including on National Standards for Children's Residential Centres, and on the future development of eHealth interoperability standards.
- We carried out 43 inspections of services provided to children; including 16 inspections of foster care services, 21 inspections of children's residential centres and annual inspections of each special care unit and Oberstown Children Detention Campus.
- Following a request by the Minister for Children and Youth Affairs, we began a statutory investigation into the Child and Family Agency's (Tusla's) management of allegations of child sex abuse against adults of concern.

Pictured at a HIQA 10 event in Dublin City Hall are Liam Strahan, HIQA Regulatory Officer, Sinead Kane, Phelim Quinn, HIQA Chief Executive, and Brian McEnery, HIQA Chairperson.

- We recommended that Ireland's National Cervical Screening Programme changes the sequence of their cervical screening (smear) tests, increase the interval between testing to five years, provide an extra screening for women under the age of 30 who have not received the HPV vaccine, and extend screening up to the age of 65 for women who have only had access to CervicalCheck from the age of 50.
- We revised our *National Standards for the prevention and control of healthcare-associated infections in acute healthcare services* to reflect up-to-date infection prevention and control best practice and reduce the occurrence of healthcare-associated infections.
- We advised the Minister for Health that the HSE should increase uptake of varenicline (either alone or in combination with nicotine replacement therapy), among smokers who wish to use pharmacological support in their attempt to quit smoking. We also advised the Minister to await the results of ongoing trials before deciding whether to recommend e-cigarettes.
- We presented our work to stakeholders at a number of national and international conferences including the ISPOR 20th Annual European Congress, 2nd National Patient Safety Office Conference, and the Health Informatics Society of Ireland (HISI) national conference.

- We attended public sessions of the Joint Committee on Health to present on the regulation of services for people with disabilities, and the Joint Committee on Children and Youth Affairs to present on foster care services in May 2017.
- We appeared before the Committee of Public Accounts on two occasions to present on our financial statements for 2016, organisational governance and management of conflict of interests.
- We updated the Joint Committee on Children and Youth Affairs on our role in monitoring and inspecting Oberstown Children Detention Campus in November 2017.
- We recommended the establishment of a national emergency service providing next-generation stroke therapy in two hospital sites in Ireland for selected stroke patients, in addition to the standard medical care for stroke.

HIQA Inspector Manager with the Children's Team, Eva Boyle, at the Joint Committee on Children and Youth Affairs on 28 November 2017.

Chapter 4: Activity reports

This chapter of the Annual Report records the work that our directorates and teams carried out in 2017 to progress the strategic objectives outlined in HIQA's *Corporate Plan 2016-2018*.

4.1 Regulation and the Office of the Chief Inspector of Social Services

The Regulation Directorate within HIQA is responsible for regulating the quality and safety of specified health and social care services across Ireland. The Directorate comprises the Office of the Chief Inspector of Social Services,[1] as per the Health Act 2007, and is structured into four separate pillars of regulation:

- designated centres for older people
- designated centres for people with disabilities
- healthcare
- children's services.

These pillars are supported by the Regulatory Practice Development and Business Services teams.

We meet our strategic objectives through our regulatory activity by ensuring that care is improved, that people are safeguarded, that people are informed, and that we influence the way in which policy and service decisions are made.

The Regulation Directorate carries out three different types of inspections:

1. Registration inspections inform a decision in relation to an application to register.
2. Monitoring inspections monitor ongoing compliance with regulations and standards. A specific number of outcome areas are considered during these inspections.
3. Thematic inspections focus on specific areas, for example, dementia thematic inspections.

1 This section of the report constitutes the report of the Chief Inspector of Social Services and relates to our responsibilities to report on the activities of the Office under section 37 of the Health Act 2007.

As well as carrying out inspections, we receive, analyse and risk assess information from a range of sources. Additional information on the quality, safety and experience of residents is vital in the regulation of services. This includes notifications from providers relating to specific events set out in the regulations. Equally, residents, people who use services, relatives, staff, advocates or third parties who have direct contact with a resident or residents also submit information to HIQA through our Concerns team. All information is used to inform our assessment of compliance and risk within services, and further inform our monitoring and inspection programme.

4.1.1 Regulation of designated centres for older people

On 31 December 2017, there were 579 registered designated centres for older people, providing 30,732 registered beds. A designated centre for older people may be operated by:

- private providers
- the Health Service Executive (HSE) (public)
- HSE-funded bodies under sections 38 and 39 of the Health Act 2004.[2]

Figure 2 shows the number of designated centres for older people by type of operator.

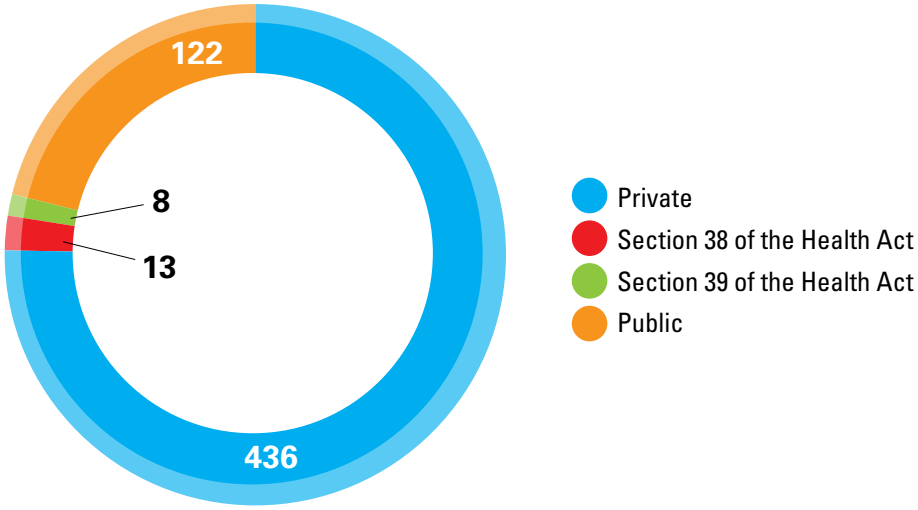


Figure 2
Number of registered designated centres for older people (by provider type) by 31 December 2017

2 Section 38 of the Health Act 2004 states that the Health Service Executive (HSE) can have an arrangement with a person to provide a health or personal social service on behalf of the HSE.

Section 39 of the Health Act 2004 states that the HSE can provide assistance to any person or body providing a similar service to the HSE.

Figure 3 provides a breakdown of the size of designated centres for older people by bed number.

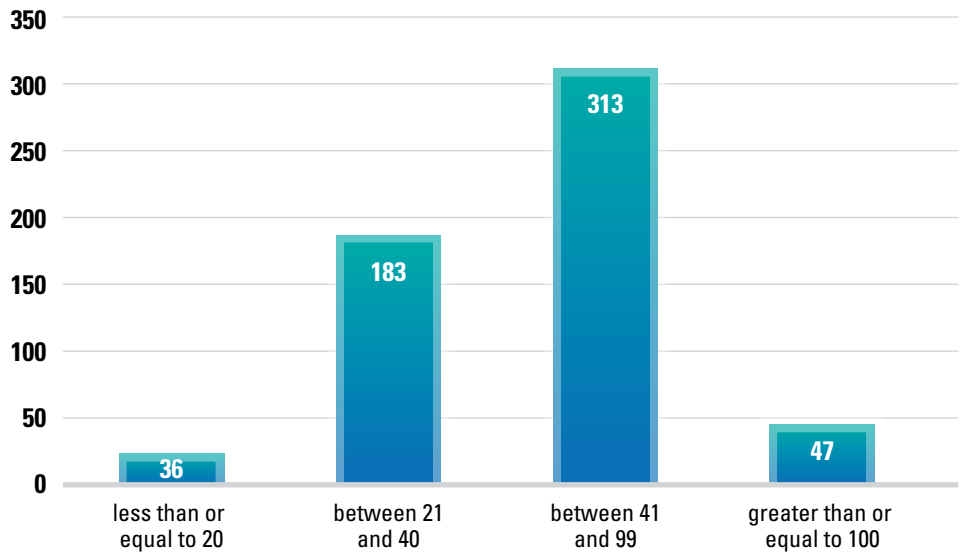


Figure 3
Bed numbers in registered designated centres for older people, as of 31 December 2017

During 2017, the team inspected 87% of all designated centres for older people, carrying out 600 inspections in 504 centres. The majority of inspections (314) were carried out to inform a registration decision. The remainder were either carried out to monitor compliance with the regulations and national standards (178) or to drive improvement in the care of residents with dementia (108).

Figure 4 provides a breakdown on the total number of inspections by the type of inspection.

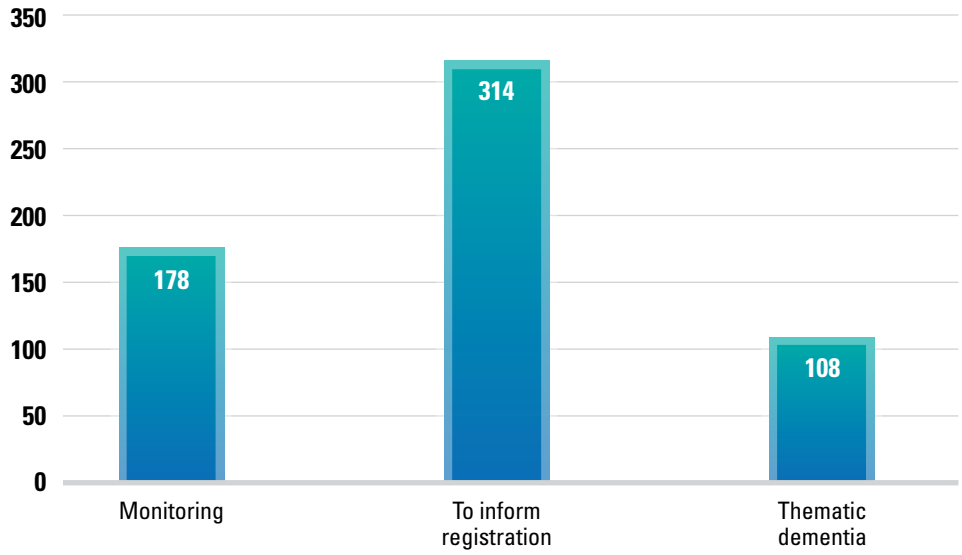


Figure 4
Types of inspections carried out in 2017

The majority of designated centres (489) received two or fewer visits during 2017. However, 15 centres received three or more visits during the year. These included follow-up visits where areas requiring improvement were reassessed following an earlier inspection.

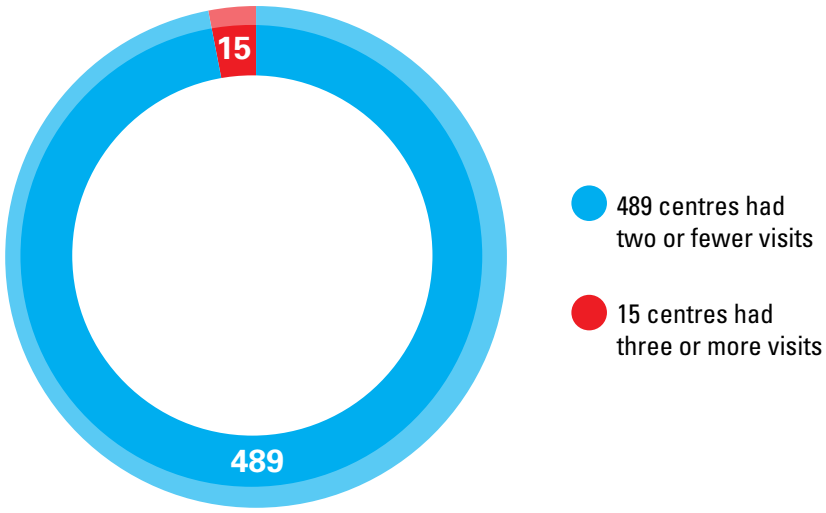


Figure 5
Number of inspection visits per centre inspected in 2017

Inspectors may carry out announced or unannounced inspections of a designated centre. While HIQA appreciates that unannounced inspections provide a perception of greater assurance to the public, announced inspections are used to enable greater participation of residents and relatives in the inspection process by letting them know when inspectors will be present in the centre. This is not possible when an inspection is unannounced. Almost half (48%) of all inspections carried out in 2017 were unannounced.

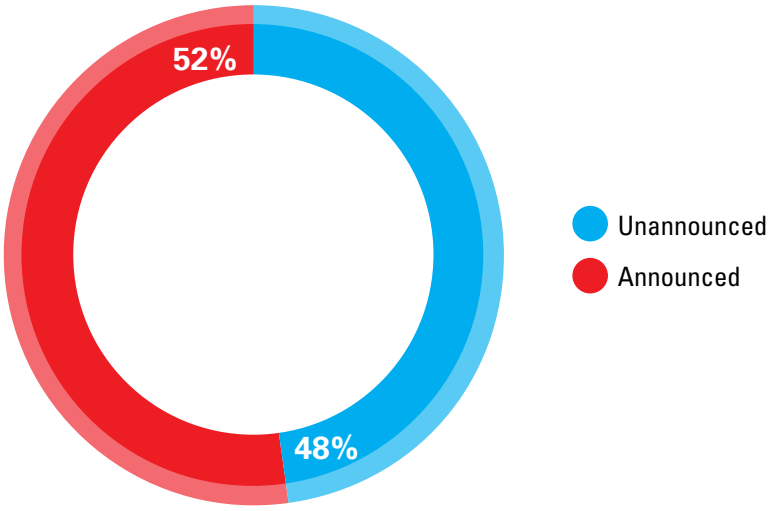


Figure 6
Percentage of announced and unannounced inspections carried out in 2017

4.1.2 Regulation of designated centres for people (adults and children) with disabilities

There are 1,109 centres currently providing residential services to adults and children with disabilities. While the vast majority of these designated centres provide services to adults or services to a mix of adults and children, 69 centres are specifically for children with a disability.

Designated centres for people with disabilities are provided by a number of different bodies.

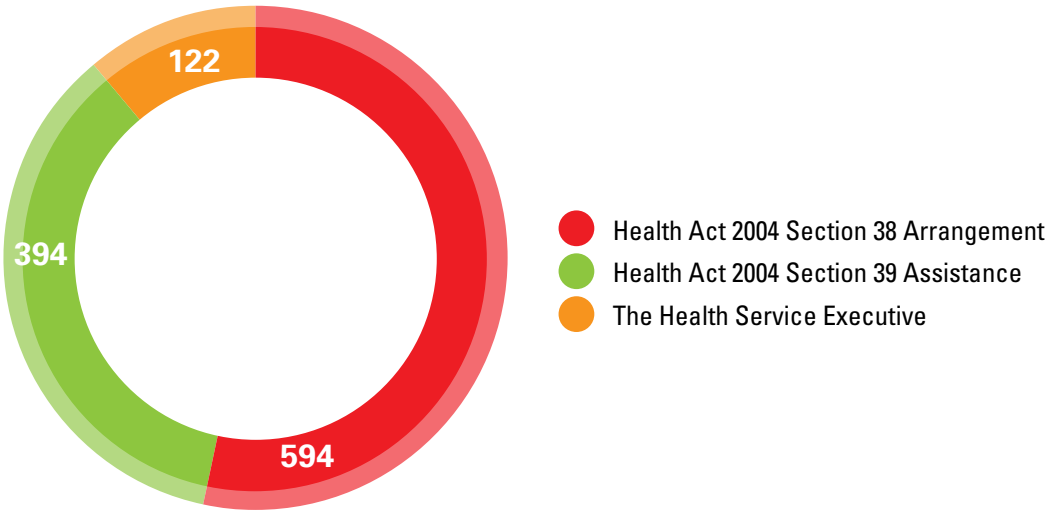


Figure 7
Number of registered designated centres for people with disabilities (by provider type) at 31 December 2017[3]

At the end of 2017, 932 designated centres for people with disabilities were registered with HIQA, providing over 7,000 residential places. An additional 177 centres are deemed registered under section 69 (2) of the Health Act 2007, but have yet to complete the registration process with HIQA.

During 2017, we completed 839 inspections of centres for people with disabilities. These inspections took the form of either monitoring inspections, or inspections to inform a registration decision.

3 Section 38 of the Health Act 2004 states that the HSE can have an arrangement with a person to provide a health or personal social service on behalf of the HSE.

Section 39 of the Health Act 2004 states that the HSE can provide assistance to any person or body providing a similar service to the HSE.

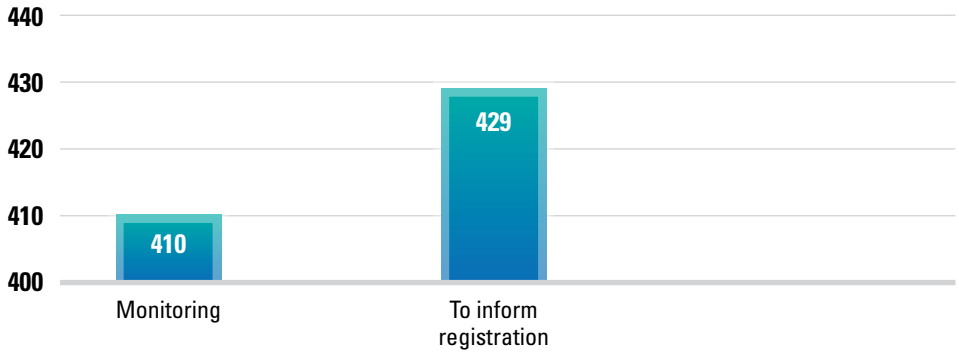


Figure 8
Types of inspections carried out in 2017

Inspections can be announced or unannounced and may take place at any time of day or night. Of the 839 inspections completed, 39% were announced. This meant the provider knew the date that inspectors would arrive. The remaining 61% were unannounced visits.

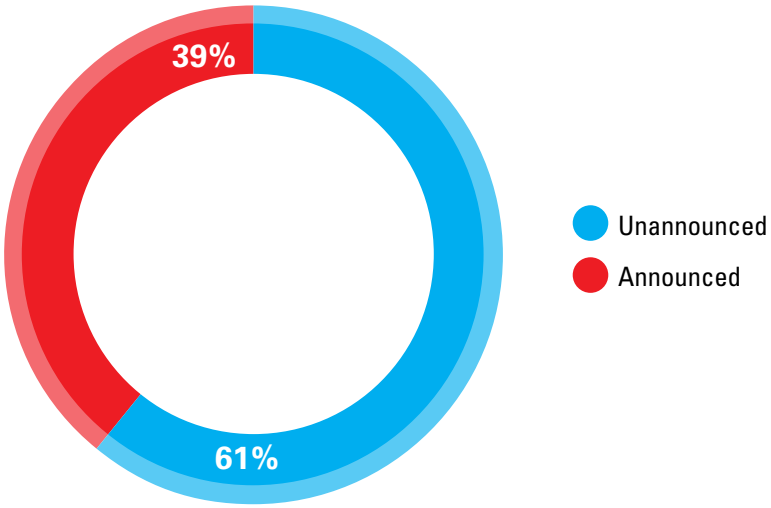


Figure 9
Percentage of announced and unannounced inspections carried out in 2017

The majority of centres visited in 2017 required two or fewer visits. However, 19 centres required three or more follow-up inspections.

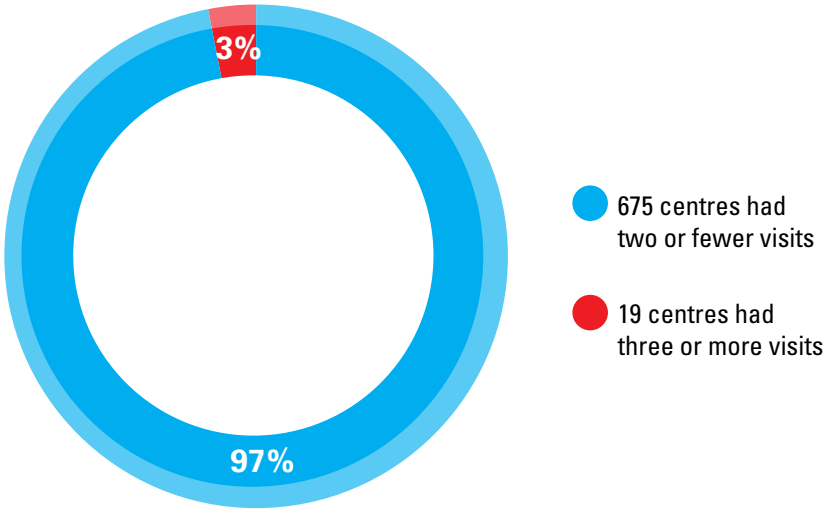


Figure 10
The percentage of inspection visits per centre inspected in 2017

4.1.3 Solicited (regulatory notifications) and unsolicited information received relating to designated centres for older people and people with disabilities

Information on the quality, safety and experience of residents is vital in regulating services. HIQA receives, analyses and risk assesses information from a range of sources. This information informs HIQA of the potential for adverse or potentially harmful events that have impacted or may impact on the health, safety and wellbeing of residents. All information received by HIQA is acknowledged, recorded, risk assessed and used to inform further monitoring activity, including inspection, as required.

The Health Act 2007 (Care and Welfare of Older People) Regulations (2013) and the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 requires providers and persons in charge of designated centres to notify us of specified events. This ensures HIQA is notified within specific time frames about certain incidents, events or changes within a centre. This includes changes to details relating to the information published on HIQA's register (registration notifications), and notifications in line with the care and welfare regulations (monitoring notifications).

During 2017, we received 27,555 such notifications — 9,781 notifications related to older people's services and 17,774 related to services for people with disabilities. These included 13,023 monitoring notifications in line with the regulations.

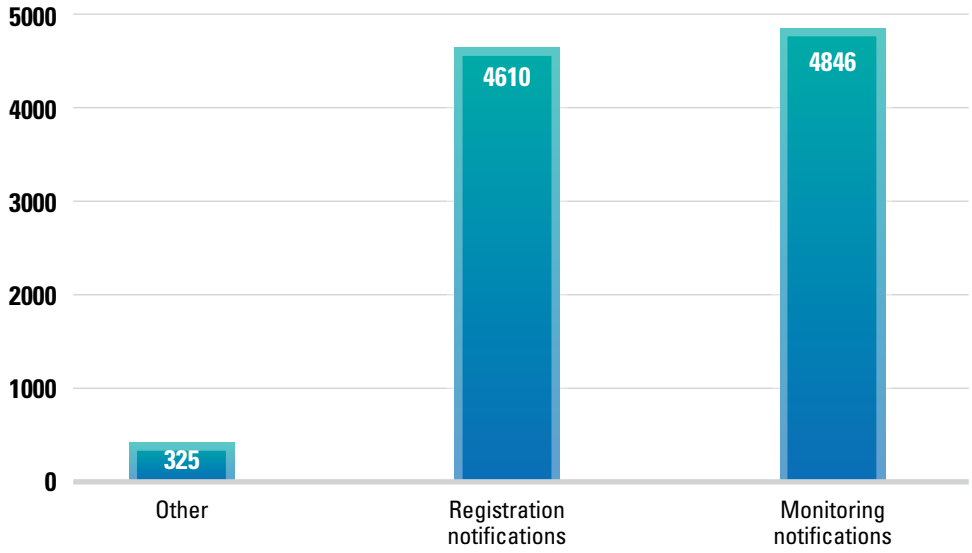


Figure 11
The type of regulatory notifications received for older people's services in 2017

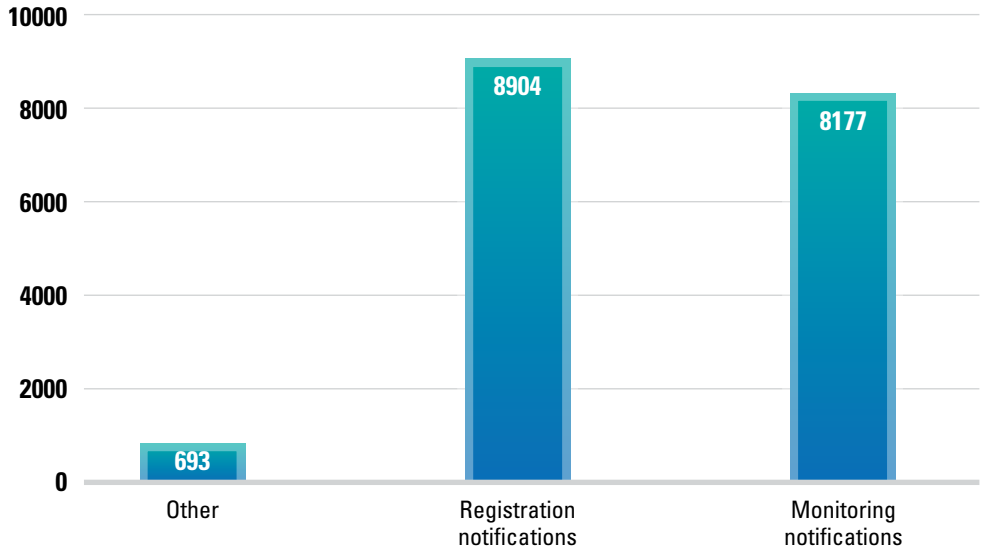


Figure 12
The type of regulatory notifications received for services for people with disabilities in 2017

We also receive concerns about services from members of the public. During 2017, we received 1,118 pieces of unsolicited information relating to designated centres for older people and people with disabilities. Unsolicited information is provided to us by members of the public who have a concern or an issue with the care provided to residents. This information is used to support our inspection programme.

The types of concerns HIQA receives can relate to admissions and contracts, complaints, links with the community, general welfare and development, governance and management, health and safety, risk management, healthcare, medicines management, residents' rights, premises, safeguarding and safety, social care needs and workforce. All items of unsolicited information are risk rated and appropriate action is taken by HIQA.

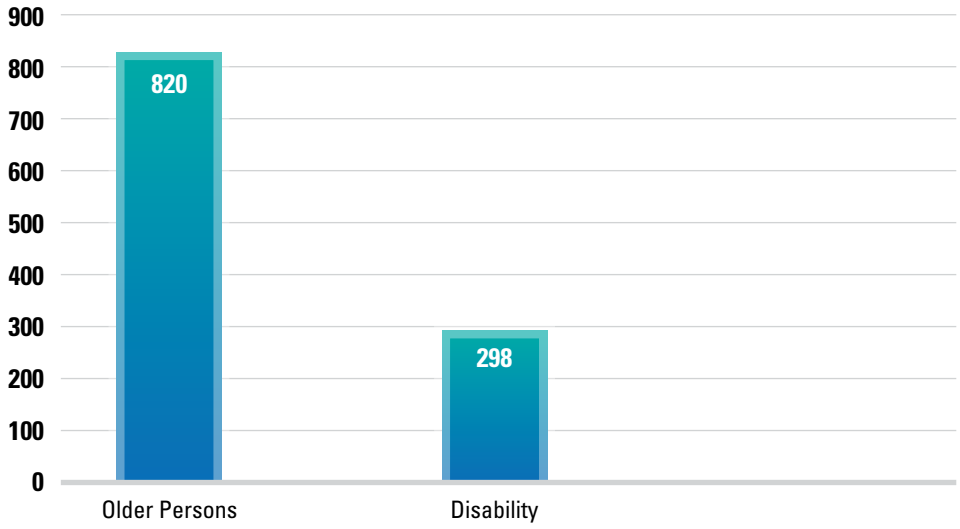


Figure 13
Unsolicited information received for older people's and disability services in 2017

4.1.4 Provision of an assurance programme of the quality and safety of defined healthcare services in Ireland

Under the Health Act 2007, HIQA is responsible for developing standards for the quality and safety of healthcare services and for monitoring compliance with those standards. Under the Act, we also have responsibility to investigate the safety, quality and standards of healthcare services if we believe that there is a serious risk to the health and welfare of patients.

In 2017, our Healthcare team carried out 57 inspections. This included:

- 23 onsite monitoring assessments against the *National standards for the prevention and control of healthcare-associated infections.* This programme was substantially revised in 2017, together with an update to the associated National Standards. As part of this new methodology, a self-assessment tool was devised, circulated to all public acute hospitals and returned to HIQA.
- Seven inspections under the theme of nutrition and hydration in the *National Standards for Safer Better Healthcare.* All eligible hospitals were inspected in this area between 2016 and 2017.

- 27 inspections as part of the monitoring programme for medication safety under the *National Standards for Safer Better Healthcare.* This monitoring programme was a continuation of the medication safety programme which started in 2016. In addition, the team compiled an overview report of overall findings from this programme which was published in early 2018.

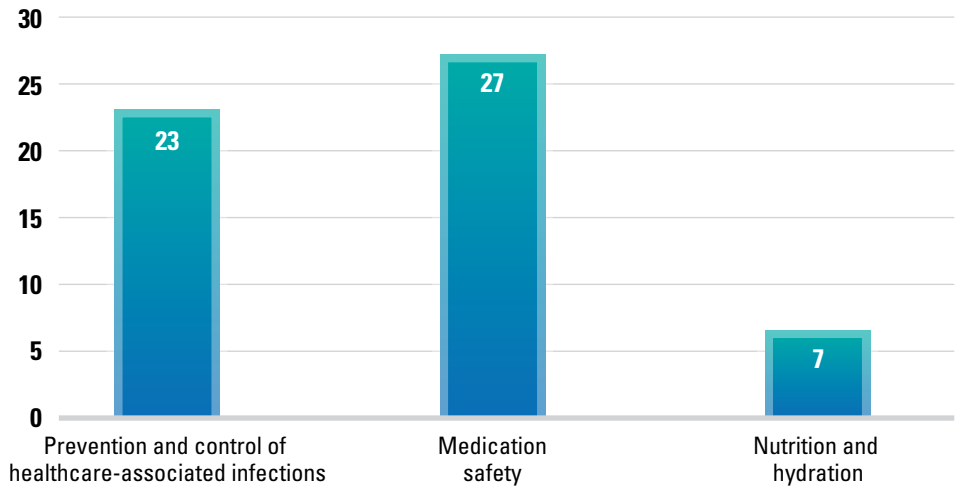


Figure 14
Type of inspections carried out by the Healthcare team in 2017

In addition to the above inspections, our monitoring programme also included the following:

- the conclusion of a follow-up review to assess progress in addressing high-risk safety concerns identified in HIQA's previous report on pre-hospital emergency care. The review found that while progress has been made in pre-hospital emergency care provision in Ireland, serious issues remain in the organisation of these services in the Dublin area. This review was published in March 2017.
- our Concerns team received 360 pieces of unsolicited information from the public during the year relating to healthcare services. This information was used to further support our monitoring programme.

We also undertook a substantive project to prepare to take on a new function as a competent authority in the area of medical exposure to ionising radiation. This new role, which will occur in line with requirements from the European Commission (EC) following the transposition of an EC Directive into Irish law, will provide HIQA with regulation and enforcement powers in the health sector for the first time. In addition, HIQA will also be required to regulate patient radiation protection in both publicly-funded and private healthcare providers for the first time. In excess of 1,100 healthcare providers will be impacted by this legislation, and the Healthcare team will see a substantial expansion in the number of organisations it will need to engage with in 2018, in addition to the 49 public acute hospitals already covered by HIQA's existing monitoring role.

4.1.5 Provision of an assurance and regulation programme of the quality and safety of defined children's social care services in Ireland

Our national Children's team monitors and inspects a range of services provided to children by statutory and non-statutory providers. These services include:

- children's residential services (statutory)
- foster care services (statutory and private)
- special care units
- Oberstown Children Detention Campus
- child protection and welfare services.

Each service has its own statutory framework that gives HIQA the authority to monitor and inspect the service, using standards and or regulations which set out what is expected from the service. Regulatory activity carried out by the Children's team in 2017 included:

- 21 statutory residential centres for children inspected. This included 18 full inspections, and three follow-up inspections.
- 15 thematic inspections carried out in statutory foster care services, one of which was a follow-up inspection to assess the progress made since an earlier inspection in 2017. Thematic inspections of statutory foster care services examined the recruitment, assessment, approval, and supervision and review arrangements in place for foster carers.
- one inspection of all areas of a private foster care service.
- annual inspections of all three special care units.
- one annual inspection of Oberstown Children Detention Campus.
- two child protection and welfare thematic inspections, focused on assessing the arrangements in place for the management of child protection and welfare referrals to the point of completing an initial assessment.
- 108 pieces of unsolicited information received and assessed from staff, children who use the services, their families, and members of the public. All information received is used to inform our monitoring programme.
- 28 notifications received from Tusla (the Child and Family Agency). Tusla is required to notify HIQA of deaths and serious incidents involving children in care and children known to the child protection and welfare service. All information received is used to inform our monitoring programme.

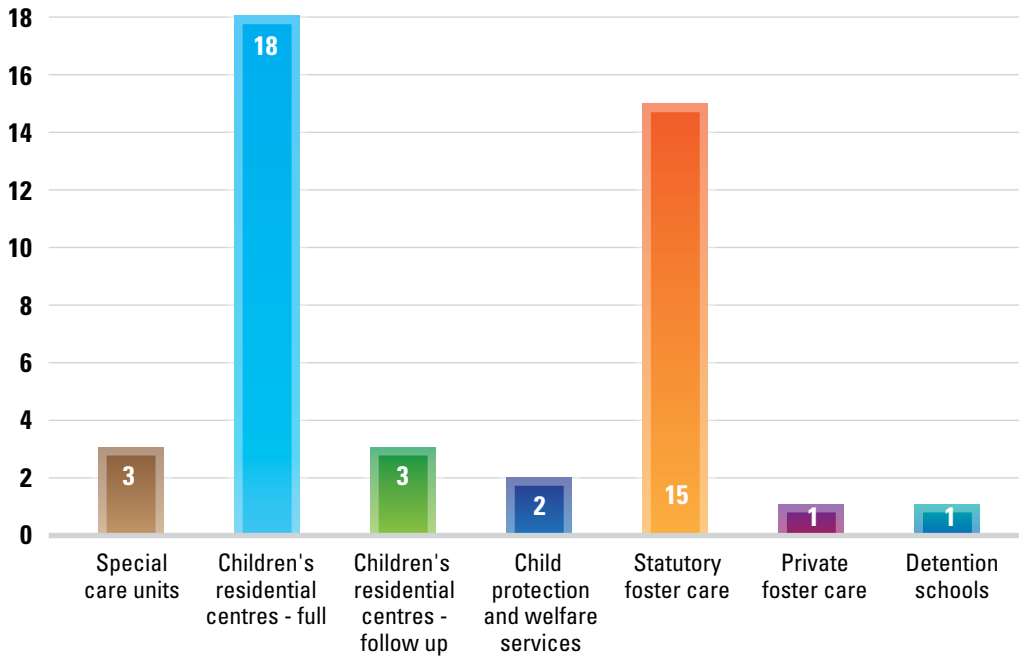


Figure 15
Inspections carried out in children's services in 2017

In addition to the above inspections, our regulatory programme also included the following:

- In February 2017, the Minister for Children and Youth Affairs requested that HIQA undertake a statutory investigation, under Section 9 of the Health Act 2007, into Tusla's management of allegations of child sexual abuse against adults of concern. This investigation has been ongoing throughout the year and a report on the findings of the investigation will be published in 2018.
- We continue to work with the Department of Children and Youth Affairs to plan for the registration and regulation of special care units as designated centres. In November 2017, HIQA was informed by Tusla that a new special care unit had opened, bringing the total number of units up from three to four. Following the commencement of the relevant legislation on 01 January 2018, each of the four special care units have become designated centres and will be subject to registration within the next 12 months.
- We continued to work with the Department of Children and Youth Affairs to plan for the transfer of the registration and inspection function for non-statutory children's residential centres from Tusla to HIQA.

4.1.6 Regulatory Practice Development and Business Services

The inspection activity carried out by the Regulation Directorate is supported by two teams — the Regulatory Practice Development and Business Services teams.

The work of the Regulatory Practice Development Unit is to coordinate the development of regulatory practice and methodological approaches within the Regulation Directorate. It facilitates associated training, professional development, and mentorship to support the delivery of confident and competent regulatory practice.

The Business Services team provides operational and administrative support, applying process improvement and project management methodologies.

During 2017, the Regulatory Practice Development and Business Services teams continued a project to review and improve the processes and procedures used by the inspection teams in their regulatory work.

During 2017, this project involved:

- development and delivery of an internal training programme covering all elements of HIQA's monitoring approach.
- development of our information system, including expansion of the functionality on the Provider Portal.
- stakeholder engagement, including eight information sessions for 2,000 providers and persons in charge of designated centres across the country during November and December 2017.

4.2 Health Technology Assessment

4.2.1 Background

Under the Health Act 2007, HIQA has a statutory role to evaluate the clinical and cost-effectiveness of health technologies and to provide advice to the Minister for Health and the Health Service Executive (HSE) in this regard. To this end, the Health Technology Assessment (HTA) Directorate undertakes a range of work to support and inform healthcare decision-making, and to enable safe and effective national health policies and health service decisions that are patient-focused and achieve best value for the resources available.

The HTA team produces a range of assessments on new and existing health technologies to inform health policy and service decisions. We develop national guidelines to inform the production of timely, consistent and reliable assessments that are relevant to the needs of the people using health and social care services. We also play a central role in capacity development in HTA through our work with the National Clinical Effectiveness Committee (NCEC) and by participating in a range of national and international activities.

4.2.2 HTA activity in 2017

HTA of smoking cessation interventions

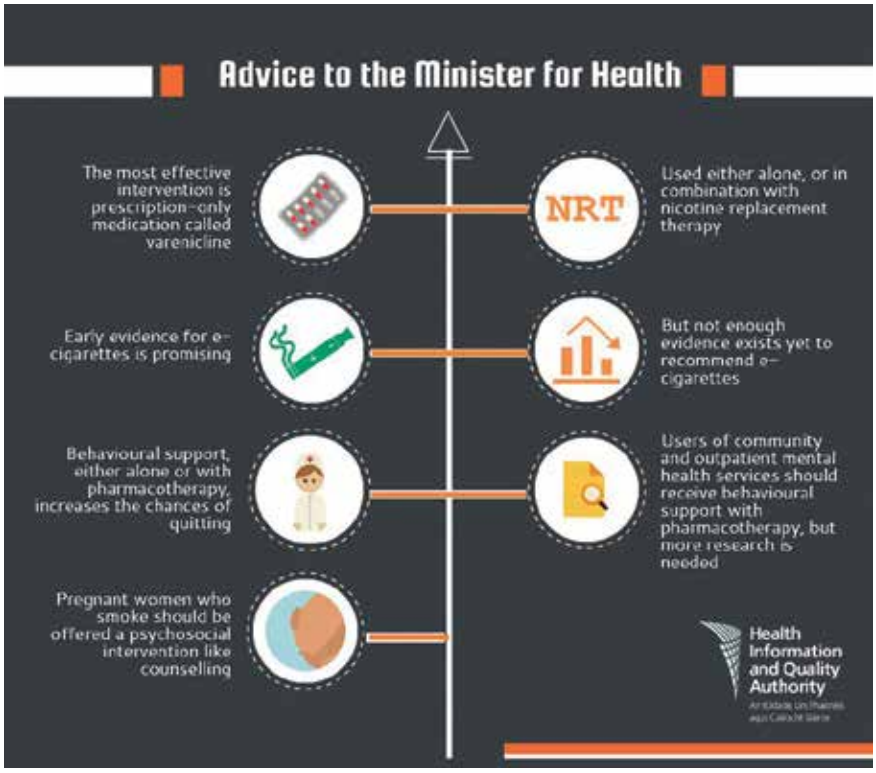
A HTA of smoking cessation interventions in Ireland was published by HIQA on 10 April 2017. The HTA was requested by the Department of Health's National Tobacco Control Advisor, in order to inform decisions regarding the best possible use of interventions for quitting smoking, and to contribute to the development of a national clinical guideline on smoking cessation in Ireland.

This HTA analysed the epidemiology of smoking and smoking cessation in Ireland, and the clinical effectiveness of each of the available types of aids to quit smoking for adult smokers, including pregnant women and people with serious mental illness. It also examined the cost-effectiveness of smoking cessation services, the organisational impact of potential changes that would help reduce smoking prevalence, as well as associated ethical and legal implications.

This was the first assessment to examine the cost-effectiveness of e-cigarettes, which have grown enormously in popularity as an aid to quit smoking in the last five years, despite there not being a well-developed evidence base to support their use as a quitting aid.

A public consultation was held in January 2017 before the report was finalised. HIQA received 48 submissions; 13 from individual respondents and 35 on behalf of organisations. These were reviewed in detail and a *Report on the results of the public consultation on the draft health technology assessment (HTA) of smoking cessation interventions* was published on the HIQA website.

HIQA advised the Minister for Health that the HSE should seek to increase the uptake of varenicline, either alone or in combination with NRT (nicotine patches), among smokers who wish to use pharmacological support in their attempt to quit. HIQA also advised the Minister to await the results of ongoing trials before deciding whether to recommend e-cigarettes. A decision to advocate e-cigarette use should take into consideration any additional information on the long-term safety of e-cigarettes use, and any emerging data in relation to concerns about the social normalisation of e-cigarettes leading to increased uptake among people who have never smoked, or later migration to tobacco cigarettes. An infographic illustrating the main findings of the report was also made available.



HTA of HPV testing as the primary screening method for the prevention of cervical cancer

This HTA was carried out following a request by CervicalCheck — Ireland's National Cervical Screening Programme, which forms part of the Health and Wellbeing Division of the Health Service Executive (HSE). Published on 29 May 2017, the HTA examined the clinical and cost-effectiveness of changing from the current policy of primary screening with liquid-based cytology to primary screening with human papillomavirus (HPV) testing.

The aim of a cervical screening programme is to reduce the incidence, morbidity and mortality from cervical cancer. Cervical cancer is the eighth most commonly diagnosed cancer (excluding non-melanoma skin cancer) in women in Ireland.

Infection with HPV is a necessary pre-requisite for the development of cervical cancer. Currently in Ireland, primary prevention of cervical cancer is through HPV vaccination, with secondary prevention through cervical screening.

The HTA examined the clinical effectiveness, safety, cost-effectiveness and budget impact of the different screening strategies, as well as the organisational, societal and ethical implications of any changes to the screening programme. The HTA assessed primary HPV testing followed by five different triage strategies. In addition, changing to a five-year screening interval, extending the screening age to 65, and the effectiveness of strategies by age were also assessed. In total, 32 strategies were evaluated in the context of both women vaccinated against HPV and women unvaccinated.

An economic model specific to the Irish setting was developed and a decision analysis model was built to compare the costs and benefits associated with these strategies.

The HTA advised the Minister for Health and the CervicalCheck that:

- the sequence of screening tests should be changed to primary HPV screening with liquid-based cytology follow-up testing,
- all eligible women aged 25 to 60 years should be screened every five years, including those vaccinated against HPV 16 and HPV 18,
- however, women aged under 30 years who have not been vaccinated against HPV could be provided with three-yearly primary HPV screening, as HPV infection is more common in this age group,
- screening coverage could be extended up to age 65 years for women who have only had access to CervicalCheck from age 50. Given the lower uptake of screening in older women, this should occur alongside a targeted campaign to maximise uptake of screening in those over 60.

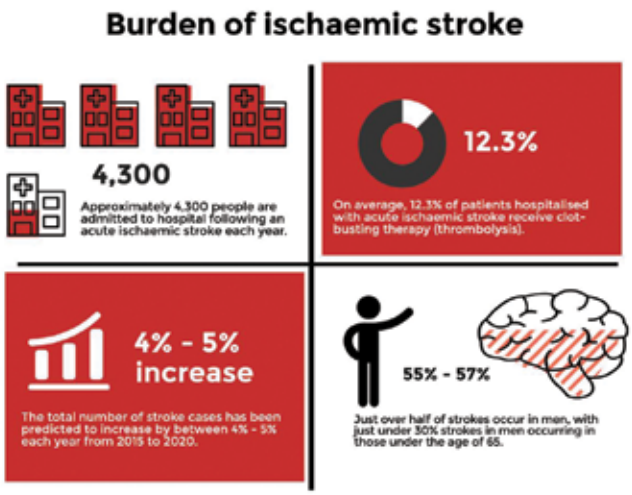
The HTA found that changing to primary HPV screening followed by liquid-based cytology triage testing at five-yearly intervals from age 25 to 60 would result in a net saving of up to €3 million for the cohort of women vaccinated against HPV 16 and HPV 18, €32 million for the unvaccinated cohort, and up to €35 million for the whole CervicalCheck population over an eight-year period from 2018 to 2025. The report and a plain English summary can be found on www.hiqa.ie.

HTA of endovascular therapy using mechanical thrombectomy devices for acute ischaemic stroke

Following a request from the HSE's National Clinical Programme for Stroke, HIQA conducted a HTA of a national emergency endovascular service providing mechanical thrombectomy for the treatment of acute ischaemic stroke in Ireland.

The HTA examined the clinical effectiveness, cost-effectiveness, budget impact, organisational issues, and ethical and social issues of adding mechanical thrombectomy to the current standard of care for eligible patients. Published in February 2017, the HTA will inform policy decisions about potential improvements to acute stroke services.

Based on a meta-analysis of six randomised controlled trials, the HTA found that mechanical thrombectomy in selected patients within six to 12 hours of the onset of stroke, using second-generation (stent retriever) devices and in addition to the current standard of care, is significantly more likely to result in functional ability. Evidence shows that mechanical thrombectomy significantly improves morbidity and function and may have a positive effect on health-related quality of life.



HIQA recommended the establishment of a national emergency service providing next-generation stroke therapy in two hospital sites in Ireland for selected stroke patients. This treatment would be in addition to the standard medical care for acute stroke. However, it was noted that providing a national service would have significant organisational and resource implications for the National Ambulance Service to ensure timely transfer and repatriation of patients without compromising the provision of ambulance services for other patients. It was also noted that in establishing a national service, it would be essential to develop quality key performance indicators and to put measures in place to audit and evaluate its effectiveness and safety.

HTA evaluating the treatment and transport options for Priority 1 transfer patients

In November 2017, HIQA provided advice to the Minister for Health and the HSE on the alternative options for the treatment and transport of Priority 1 transfer patients. Priority 1 transfer involves the transport by air from Ireland to another country within eight hours of a patient requiring emergent medical or surgical treatment, without which the patient's life or health is significantly endangered. The majority of patients who fulfil these criteria are children who require urgent transfer to the UK to undergo heart or liver transplant surgery.

Between 2012 and November 2016, all Priority 1 transfers, with one exception, were completed by the Air Corps or Irish Coast Guard. Due to staff capacity constraints with the Air Corps and regulatory requirements on the Irish Coast Guard, these services were no longer available to provide Priority 1 transfers between the hours of 7pm and 7.30am from 6 November 2017 onwards.

The Department of Health requested a rapid health technology assessment to evaluate the treatment and transport options for Priority 1 transfer patients. HIQA advised on immediate, short-term and long-term options for Priority 1 transfer patients.

- In the immediate-term, the optimal option is to engage a private provider to deliver a dedicated night-time service.
- In the short-term (within the next six months), the optimal option is to negotiate changes to the existing Irish Coast Guard contract to allow for 12-hour rosters at one or more bases, thereby enabling them to undertake night-time Priority 1 transfers. It was recommended that the cost of this option should be compared to the cost associated with the ongoing use of a commercial provider or of having a dedicated Irish Coast Guard crew on standby at the Dublin base.
- The preferred long-term alternatives were identified as those provided by the Irish Coast Guard or the Air Corps. The HTA highlighted that long-term design of an integrated aeromedical service for Ireland could provide resilience by leveraging access to multiple aircraft and aircrews from one or more providers and would provide a more coherent and efficient solution to the national aeromedical requirements. This would be a more sustainable approach and allow for more efficient use of resources than can be achieved by a service designed only for Priority 1 transfers.

The HTA concluded with advice that selection of options for transport and treatment of Priority 1 transfer patients should be guided by considering the affordability, impact on other state services and, crucially, the requirement to maximise the delivery of safe, effective patient-centred care.

HPV vaccination of boys

Following a request from the Department of Health, HIQA is currently undertaking a health technology assessment (HTA) on extending the national immunisation schedule to include human papillomavirus (HPV) vaccination of boys. HPV is the virus that causes cervical cancer in women, as well as anal, genital and oropharyngeal (throat) cancer in both men and women. HPV is also associated with the development of penile cancer in men, and is the cause of genital warts in both men and women. At present Ireland has a nationally-funded, school-based, girls-only HPV immunisation programme that commenced in 2010.

This HTA commenced in 2017 with systematic reviews of clinical efficacy, clinical effectiveness, and cost-effectiveness. Further work is set to include a review of safety, an economic evaluation, and a review of ethical, social and organisational issues in relation to extending the HPV vaccination programme to boys. The HTA is due to be completed and published in 2018.

4.2.3 Research published in 2017

Research by HIQA's HTA Directorate was published in numerous international publications in 2017. The team also engaged with stakeholders and presented on our work at multiple national and international conferences and meetings through presentations and posters.

International journal publications

Teljeur C, Moran P, Harrington P, Butler K, Corcoran B, O'Donnell J, Usher C, O'Flanagan D, Connolly K, Ryan M. *Economic evaluation of selective neonatal BCG vaccination of high-risk infants in Ireland.* Pediatric Infectious Disease Journal (in press)

Murphy L, Harrington P, Taylor SJ, Teljeur C, Smith SM, Pinnock H, Ryan M. *Clinical-Effectiveness of Self-Management Interventions in Chronic Obstructive Pulmonary Disease - An Overview of Reviews.* Chronic Respiratory Disease. 2017; 14(3):276-288.

Ryan M, Moran P, Harrington P, Murphy L, O'Neill M, Whelan M, Teljeur C. *The contribution of stakeholder engagement to the impact of a HTA: an Irish case study.* International Journal of Technology Assessment in Health Care. 2017; 33(4):1-6.

Teljeur C, Moran P, Walshe S, Smith SM, Cianci F, Murphy L, Harrington P, Ryan M. *Economic evaluation of chronic disease self-management for people with diabetes: a systematic review.* Diabetic Medicine. 2017; 34(8):1040-1049

Teljeur C, Moran P, Harrington P, Ryan M. *HIQA's HTA of breast screening: highlighting some of the challenges posed by evaluations of screening programmes.* Value in Health. 2017; 20:1000-1002

Presentations

Teljeur C, Harrington P, Ryan M. *Do we know enough yet? A cumulative cost-effectiveness analysis of mechanical thrombectomy.* 2017 ISPOR 20th Annual European Congress, Glasgow.

Teljeur C, Harrington P, Ryan M. *HTA methodology at HIQA.* IQWiG im Dialogue 2017. Cologne.

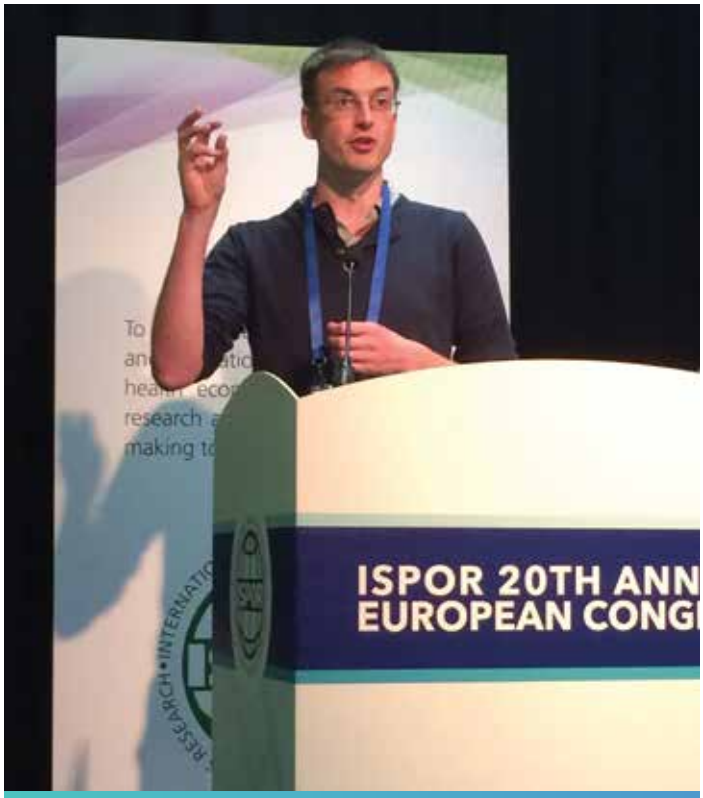
Murphy L, O'Neill M, Harrington P, Teljeur C, Ryan M. *Cost of care for cervical cancer treatment in Ireland: a health care payer perspective.* 2017 SPHeRE network 3rd Annual Conference, Dublin.

Moran P, Teljeur C, O'Murchu E, Cullinane F, O'Brien K, Murphy L, Harrington P, Ryan M. *Cost-Effectiveness Of E-Cigarettes For Smoking Cessation.* 2017 Health Technology Assessment, International (HTAi) Annual Meeting, Rome.

Teljeur C, Glynn R, Harrington P, Harbison J, Williams D, Ryan M. *Cost-Effectiveness Of Mechanical Thrombectomy For Endovascular Therapy.* 2017 Health Technology Assessment, International (HTAi) Annual Meeting, Rome.

Teljeur C, Glynn R, Harrington P, Harbison J, Williams D, Ryan M. *Cost-effectiveness of endovascular therapy using mechanical thrombectomy devices for acute ischaemic stroke.* 2017 3rd European Stroke Organisation Conference, Prague.

O'Neill M, Murphy M, Harrington P, Scroczynski G, Ryan M. *Cost-Effectiveness of Human Papillomavirus-based Primary Cervical Screening In Ireland.* 2017 Health Technology Assessment, International (HTAi) Annual Meeting, Rome.



HIQA's Chief Scientist, Dr Conor Teljeur, presenting at the ISPOR 20th Annual European Congress, Glasgow in November 2017.

Conference posters

Carty P, O'Neill M, Harrington P, Smith S, Ryan M. *NICE Contextualisation of clinical practice guidelines: the what and how of contextualising economic evidence for guideline development in Ireland.* 2017 National Patient Safety Office 2nd Annual Conference, Dublin.

Carty P, O'Neill M, Harrington P, Smith S, Ryan M. *NICE Contextualisation versus ADAPTE: an overview of adaptation processes of clinical practice guidelines.* 2017 National Patient Safety Office 2nd Annual Conference, Dublin.

O'Murchu E, Cullinane F, Moran P, Harrington P, Ryan M. *Clinical effectiveness of smoking cessation therapy during pregnancy.* 2017 ISPOR 20th Annual European Congress, Glasgow.

Teljeur C, Harrington P, O'Neill M, Moran P, Ryan M. *Cost-effectiveness analysis of interventions that have not shown clinical effectiveness.* 2017 ISPOR 20th Annual European Congress, Glasgow.

O'Murchu E, Moran P, Murphy L, Harrington P, Ryan M, Teljeur C. *Clinical and cost-effectiveness of smoking cessation interventions in Ireland.* 2017 SPHeRE network 3rd Annual Conference, Dublin.

4.2.4 Summary of other activities during 2017

Impact of HTA report (2017)

The purpose of HTA is to inform safe and effective health policies that are patient-focused and achieve best value. Given the resources required to complete a HTA, particularly in terms of staffing, the impact of HTA and its contribution to decision-making should be considered along with the resources used to deliver it.

Based on our pilot assessment of HTAs in 2015 and subsequent full assessment in 2016, we evaluated the impact of three full HTAs published by HIQA in 2017: mechanical thrombectomy in the treatment of acute ischaemic stroke; interventions for smoking cessation; and HPV testing for cervical cancer screening.

The evaluation highlighted potential changes to practice that may improve the impact of HIQA's HTAs. To address concerns in relation to the readability of the reports, we introduced plain English summaries for our HTAs in 2017. However, we acknowledge that further work is required in this regard.

Feedback from stakeholders is critical to developing an understanding of areas for improvement. It forms an important part of understanding whether our outputs are viewed positively by key stakeholders, and considered to be scientifically robust and unbiased.

Priortisation of HTA topics

The selection of which health technology assessments (HTAs) are undertaken by HIQA is of crucial importance in ensuring that we fulfil our role of supporting informed decisions on the efficient delivery of national health services.

A formal call for HTA requests was sent to the Department of Health and the HSE in October 2016. Further information was gathered through the Directorate's internal horizon-scanning process, informal communication with the existing network of HTA stakeholders and engagement with nominees to the HTA Prioritisation Advisory Group (PAG). The PAG comprises senior staff nominated from the major decision-making organisations within the public health service, including the HSE, the Department of Health and the National Clinical Effectiveness Committee.

We received 27 submitted requests for HTAs. These were reviewed and preliminary scoping undertaken. Following consultation with the requesters and the relevant clinical programmes, the list was refined and briefing documents prepared for each request to be considered in detail. Thirteen topics underwent the HTA prioritisation process in February and March 2017. Following discussions at two formal meetings of the PAG, the relative importance of each topic was rated according to a number of key criteria, including their clinical impact, economic impact, relevance to health policy and link to decision-making.

The advice arising out of the PAG meeting along with considerations of the feasibility of conducting a HTA on each topic, as well as any practical considerations (for example, resource requirements and time frame) were used to inform the work plan for the Directorate.

National HTA guidelines

Since 2010 HIQA has developed a suite of national HTA guidelines to support the production of evaluations that are timely, reliable, consistent and relevant to the needs of decision-makers and key stakeholders. With the support of the HTA Scientific Advisory Group, (which includes broad representation from key stakeholders in healthcare in Ireland) this suite of guidelines is regularly updated and expanded as necessary.

In line with the agreed programme of work, two guidelines were scheduled for update in 2017: economic evaluation and budget impact analysis. Both guidelines had been previously updated in 2014. A guidelines update plan was also discussed with the Scientific Advisory Group and agreed by the HTA group for updates required in 2018.

National Clinical Effectiveness Committee

The National Clinical Effectiveness Committee (NCEC) was established by the Minister for Health in 2010 to provide a framework for national endorsement of clinical guidelines and audit to optimise both public and private patient care within the Irish health system.

HIQA provides support to the NCEC through its membership of the Committee and by assisting with the prioritisation and appraisal of submitted guidelines. Support is also provided through the NCEC training programme. In 2017 HIQA developed an e-learning module on budget impact analysis and delivered economic training sessions for both the NCEC and guideline developers. We also provided expert input to NCEC appraisal and prioritisation teams for the following guidelines:

- Care of the Dying Adult Guideline,
- Type 1 Diabetes in Adults,
- Radiology Quality Improvement Programme,
- Emergency Medicine Early Warning System,
- Lung, Oesophageal and Ovarian Cancer Guidelines,
- Hepatitis C Screening,
- Identification, Diagnosis and Treatment of Tobacco Addiction.

HRB-CICER

In 2016, HIQA was awarded a contract for €2.25 million by the Health Research Board (HRB) to establish the HRB Collaboration in Ireland for Clinical Effectiveness Reviews (CICER). HIQA's main collaborator is the HRB Centre for Primary Care Research (HRB-CPCR) in the Royal College of Surgeons in Ireland (RCSI). Other collaborators include experts in systematic reviewing from the National University of Ireland Maynooth, national and international experts in economic evaluation and guideline development, Professor Michael Turner, Clinical Lead of the National Programme for Obstetrics and Gynaecology; and Professor Aine Carroll, Director of Clinical Strategy and Programmes, HSE.

HRB-CICER aims to deliver a high-quality evidence base with regard to systematic review of clinical-effectiveness and of cost-effectiveness, and budget impact analysis to support guideline developers in developing evidence-based recommendations included in national clinical guidelines and national clinical audits. These guidelines and audits are quality assured by the National Clinical Effectiveness Committee (NCEC) and mandated by the Minister for Health for implementation by the HSE. The collaboration also provides training in evidence synthesis and advises the NCEC on improvements in methodological developments in evidence generation, and on research gaps with regard to the evidence base and how best they may be addressed.

Recruitment for HRB-CICER commenced in April 2017. The service support provided by HRB-CICER is planned by an executive committee. The following services were provided in 2017:

- a review of economic evidence to support the Type 1 diabetes guideline,
- a systematic review of international clinical guidelines to support the risk in pregnancy guideline,
- a partial systematic review for oral nutritional support to support the development of the under nutrition in acute hospitals guideline,
- a budget impact analysis for the Type 1 Diabetes guideline.

Three tailored training sessions were provided to guideline development groups on data extraction, quality assessment and GRADE.

In 2017, work began on the following:

- an update of the original systematic review which was used to develop the Irish Maternity Early Warning System guideline, including an additional review question on audits of early warning systems,
- a modified Delphi Consensus on risk factors during pregnancy to support development of a new guideline on classification of risk during pregnancy,
- an update of an earlier systematic review to support the National Early Warning System, including two new clinical questions on barriers to implementation and modified warning systems in specific sub-populations.

A quality assurance framework for HRB-CICER, which outlines the methodological approach and describes quality assurance processes, has been developed. Guidance and oversight to this framework is provided by the HRB-CICER expert advisory group which comprises the 16 member co-applicant and collaborator team.

Building capacity and capability in health technology assessment

HIQA has continued to engage with external stakeholders, and to provide training and education opportunities to support the development of national expertise in the conduct and interpretation of HTA.

Support and training opportunities were provided to a broad range of stakeholders including work placements for public health doctors, external stakeholder training (patient representatives, NCEC-related, undergraduate, postgraduate and other), collaboration with colleagues from the RCSI and National University of Ireland Galway on academic projects, and through training and education support for members of the HTA team to build on their expertise.

Six newly recruited technical staff started work in the HTA directorate in 2017, four of whom were recruited as part of HRB-CICER. Two HRB-CICER team members applied for and obtained places on the Structured Population and Health-services Research Education (SPHeRE) PhD programme, which runs for four years, bringing the number of the Directorate currently enrolled in this programme to three.

Stakeholder engagement

Stakeholder engagement throughout the HTA process is essential to deliver a high-quality, timely and relevant assessment that informs decision-making and leads to improved care for patients. Stakeholder engagement during the HTA process can also ensure accuracy, and allow for an early warning system and learning to take place during the HTA process. Stakeholder engagement is also a control in our risk register to ensure we prioritise the right HTAs, meet decision-makers' needs and adequately engage for optimal results and transparency. In 2017, we held a public consultation to elicit the views of our stakeholders on the HTA of smoking cessation interventions, receiving 48 submissions.

Through our engagement with a diverse range of stakeholders, HIQA incorporates the skills, experience and opinions of external stakeholders to inform priorities for the ongoing HTA programme of work, and to facilitate and inform projects that are underway.

Our work is informed by our Scientific Advisory Group (comprising broad representation from key stakeholders in healthcare in Ireland as well as methodological experts from the field of HTA). In addition, we engage with stakeholders through contributing to a number of advisory groups and networks run by external stakeholders. These include the Technology Review Group of the National Cancer Control Programme, the HSE HTA Working Group, the National Trauma Steering Group, the SPHeRE Steering Group and the Medicinal Cannabis Expert Reference Group. When combined with ongoing horizon scanning, this engagement helps to inform the HTA prioritisation process by identifying potential high priority topics in a timely manner.

4.2.5 International networks

European Network for Health Technology Assessment (EUnetHTA)

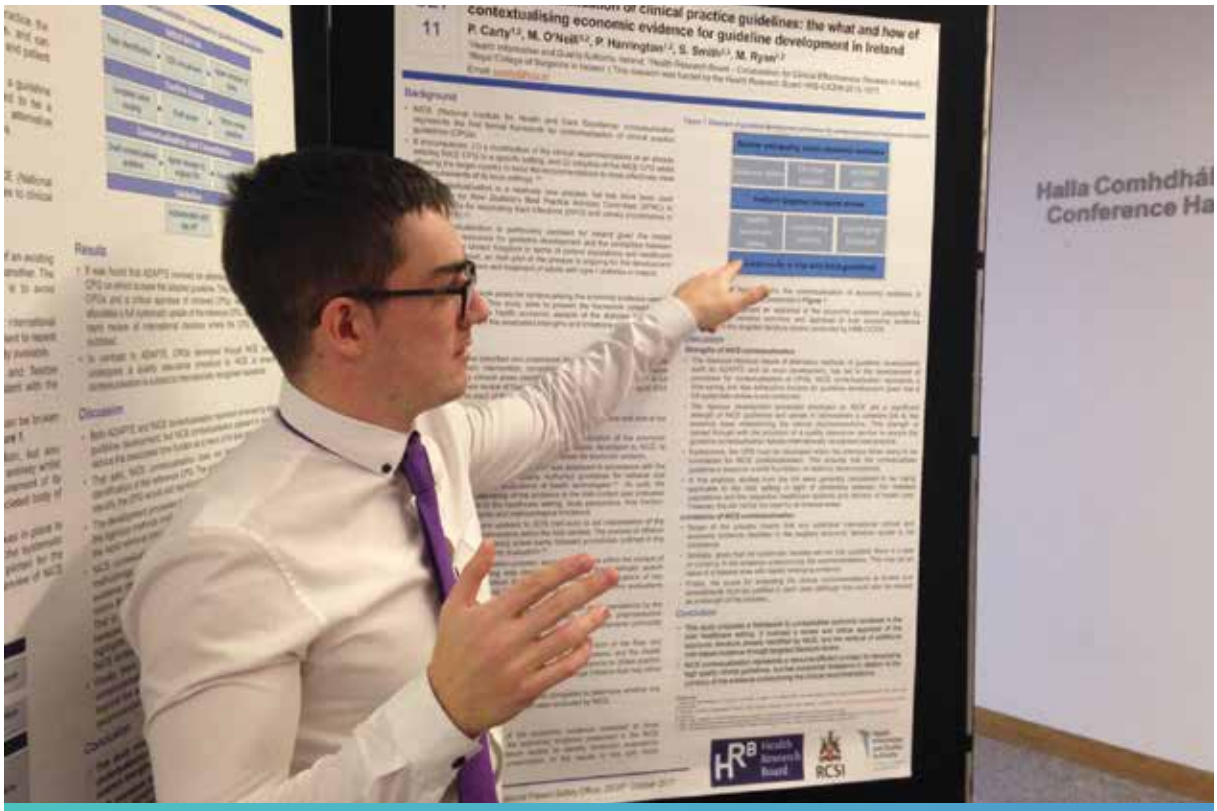
EUnetHTA, the European network of HTA, is a collaboration of 79 HTA organisations from all 28 EU member states and Norway and Switzerland. HIQA has been nominated by the Department of Health to represent Ireland in EUnetHTA since 2008. The network aims to bring about effective and sustainable HTA collaboration that creates added value at European, national and regional levels. A series of Joint Actions have been undertaken to foster inter-agency cooperation, improve HTA output and avoid duplication of effort. This work has also informed the establishment of a permanent Europe-wide network of HTA agencies.

HIQA's Director of HTA and Deputy Chief Executive, Dr Máirín Ryan, was elected as Chair of the EUnetHTA Assembly for a period of two years commencing in October 2016. The Assembly is responsible for setting strategy and monitoring attainment of objectives by EUnetHTA. Dr Ryan is also a member of the EUnetHTA Executive Board.

HIQA contributed extensively to planning for the third Joint Action to support European HTA collaboration from 2016 to 2019, and is participating actively in four of the work packages. The objectives of work package 6 of the third Joint Action are to:

- develop and establish quality management (QM) for the HTA collaboration at European level in order to improve efficiency and quality of joint work,
- maintain and further develop Standard Operating Procedures (SOP) in the context of joint work,
- provide and develop necessary methodologies and tools for joint work,
- and provide training for quality management and methodologies and tools.

In 2017, the HTA Directorate provided text to a concept paper on quality management and is contributing sections to a guideline on the quality appraisal of economic evaluations.



Paul Carty from the HRB-CICER team presenting at the National Patient Safety Office Annual Conference 2018.

Health Technology Assessment Network (HTAN)

Ireland is represented by HIQA's Director of HTA, Dr Máirín Ryan, on the Health Technology Assessment Network (HTAN). This is a permanent network of HTA agencies which was established by the European Commission to foster sustained strategic and scientific collaboration in HTA across the EU. Dr Ryan participated in a European Commission Expert Group on assessing the impact of a sustainable mechanism for EU cooperation in HTA from 2020 onwards.

Other international collaborations

In order to increase HIQA's capacity to efficiently produce high-quality HTA, we continue to engage with other HTA agencies and build on existing relationships. This includes cooperation between agencies in sharing ongoing and completed assessments so as to minimise duplication of effort.

UMIT, the Austrian Health and Life Sciences University, provided expertise on cervical cancer modelling for our HTA on cervical screening. The assessment was also informed by the Belgian Health Care Knowledge Centre (KCE). The HTA on smoking cessation was informed by several Cochrane reviews. Members of other HTA agencies have acted as peer reviewers for HIQA assessments and as international HTA experts on expert advisory groups convened by HIQA.

HIQA is a member of both Health Technology Assessment international (HTAi) and the International Network of Agencies for Health Technology Assessment (INAHTA). The Director of HTA currently serves on the International Scientific Programme Committee for HTAi 2018 in Vancouver.

In Ireland, members of the HTA Directorate provided lectures to undergraduate and postgraduate courses in Trinity College Dublin, University College Cork and University College Galway.

4.2.6 Research ethics

It is expected that HIQA will take on a new function in research ethics governance, although details of HIQA's new role in this area are still to be clarified. During 2017, we continued to work closely with the Department of Health on developments with the relevant pieces of legislation.

The legislation relating to clinical trials on medicinal products for human use is changing dramatically at European level, with a new EU regulation on clinical trials expected to come into force in 2019. During 2017, we participated in the Department of Health's working group on implementation of this EU regulation, together with the Health Products Regulatory Authority.

4.3 Health Information and Standards

The Health Information and Standards Directorate is responsible for setting standards and guidance for health and social care and health information, evaluating information and making recommendations about deficiencies in health information to the Minister for Health. In addition, we conducted the first ever National Patient Experience Survey in 2017.

4.3.1 National standards and guidance for health and social care

HIQA develops national standards and guidance for health and social care services. Working in conjunction with a wide range of stakeholders, we aim to improve the quality and safety of health and social care services through setting standards and publishing guidance. Standards promote practice that is up to date, evidence based, effective and consistent. Standards also help the people who provide health and social care services to identify strengths and highlight areas that may need improvement. Standards also aim to show people what safe, high-quality care should look like and what to expect from a service.

National Standards for the prevention and control of healthcare-associated infections in acute healthcare services

We published revised national standards for public acute hospitals to protect patients and staff from acquiring and spreading healthcare-associated infections. The standards were launched by our Chief Executive Phelim Quinn at the Infection Prevention Control Ireland (IPCI) Conference in May 2017.

Healthcare-associated infections have a huge impact on patients and their families, causing serious illness, long-term disability and death. There are also significant impacts on acute services due to the cost implications of healthcare-associated infections such as prolonged patient stays, isolation requirements and ward closures.

On average, one in 20 people are affected by a healthcare-associated infection within an acute healthcare setting. A significant proportion of such infections are known to be avoidable, if effective structures, systems and processes are in place to manage the potential risks. The standards apply to all public acute hospitals funded by the Health Service Executive (HSE) and reflect up-to-date infection prevention and control best practice to reduce healthcare-associated infections.

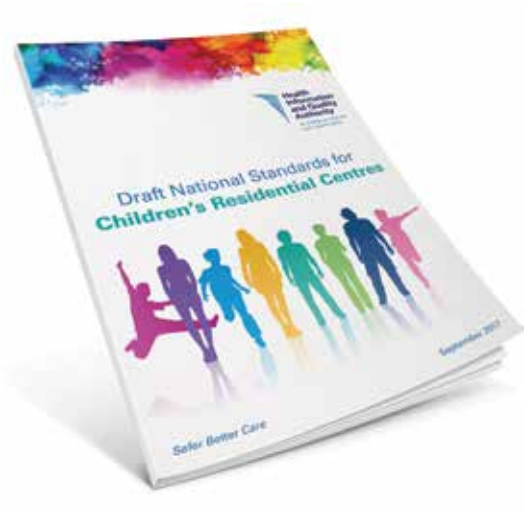
National Standards for the Conduct of Reviews of Patient Safety Incidents

National Standards for the Conduct of Review of Patient Safety Incidents were launched by the Minister for Health in October 2017 at the National Patient Safety Office Conference. This is the first set of standards that HIQA has jointly developed with the Mental Health Commission.

The standards set out a framework for best practice in the conduct of reviews of patient safety incidents in acute hospitals under HIQA's remit and mental health services under the remit of the Mental Health Commission. The standards encourage an open approach to incidents and put the people using services, and their families, at the centre of the review process. They emphasise the need to support and involve patients in the review of patient safety incidents and set timelines for services to follow when a patient safety incident occurs. The standards acknowledge that while sometimes things go wrong, lessons can be learned and shared across services, both locally and nationally, to improve patient safety.

Pictured at the launch of the National Standards for the Conduct of Reviews of Patient Safety Incidents at the 2nd National Patient Safety Officer Conference in October 2017 were Patricia Gilheaney from the Mental Health Commission, Rachel Flynn from HIQA, Minister for Health Simon Harris, Phelim Quinn from HIQA, and Rosemary Smyth from the Mental Health Commission. Photo: National Patient Safety Office.

Draft National Standards for Children's Residential Centres



Children's residential centres are homes for children and young people who come into care when they cannot live with their own family. As of June 2017, over 350 children and young people lived in residential care in Ireland. Residential care can be provided by statutory (Tusla), voluntary (not-for-profit) or private providers. Private sector providers and voluntary providers are contracted by Tusla to provide residential care.

During 2017, HIQA developed draft standards based on international best practice and in consultation with children living in residential care, their families and those involved in their care. These standards describe what a child-centred, safe and effective children's residential centre should look like. The standards aim to be a framework for improvement for staff, and a guide for children and their families as to what they should expect from a centre.

Draft standards were published for a six-week public consultation in September 2017. The standards were finalised and submitted to the Minister for Health in early 2018. Once approved and mandated by the Minister, all children's residential centres will be required to implement the National Standards.

Draft National Infection Prevention and Control Standards for Community Services

Following the publication of revised *National Standards for the prevention and control of healthcare-associated infections in acute healthcare services* in May 2017, HIQA commenced the development of a similar set of standards for health and social care services in the community to meet the specific needs of these services.

Healthcare-associated infections are increasingly prevalent in community care settings. A significant proportion of such infections are avoidable if measures are taken to identify and address the work practices, equipment and environmental risks that can lead to infection. Good infection prevention and control practices, such as hand hygiene and ensuring that equipment and the care environment are kept clean, are essential in all health and social care settings. Putting such measures in place reduces the risk to people using health and social care services of acquiring an infection.

The draft standards have been informed by a review of national and international evidence, engagement with an advisory group made up of a diverse range of interested and informed parties, and focus groups with the people who use services and front-line staff across a variety of disciplines. Draft standards will be published for public consultation in early 2018.

4.3.2 Health information function

The Health Information and Standards Directorate seeks to improve patient safety and quality of care by providing leadership in defining the health information landscape in Ireland. In 2017, we did this by conducting two major national seminars, developing standards and guidance on sharing information and ensuring the governance and privacy of information, and optimising the use, coverage and quality of information. We also began a programme of reviewing compliance with HIQA's information management standards for national data collections.

Seminars

National health information seminars – 'Better Data, Better Decisions'

One of our corporate objectives for 2016 to 2018 is to provide leadership in defining the health information landscape in Ireland by influencing policy and legislation through engaging with informed and interested parties and developing recommendations. During 2017, the Health Information and Standards Directorate held two health information seminars entitled 'Better data, better decisions' to engage with the national health information community and influence policy and legislation.

Speakers from the second national health information seminar on 4 October 2017 from left to right: Barbara Foley (HIQA), Richard Corbridge (Chief Information Officer, HSE), Tobi Henderson, Canadian Institute for Health Information, Phelim Quinn (HIQA), Minister for Health Simon Harris TD, Natalie Banner (Wellcome Trust), Rachel Flynn (HIQA), and Muiris O'Connor (Department of Health).

Members of our Health Information Quality team pictured at the second health information seminar: Julie Arnott, Maria Ryan, Rachel Flynn, Aoife Healy, Barbara Foley and Cathy Duggan.

The first of these national health information seminars was held on 1 March 2017. This marked the first in a series of public events to celebrate HIQA's 10-year anniversary. The seminar had a diverse programme of speakers, who emphasised the benefits of data quality and the importance of the optimal use of health data and information in decision-making. Speakers included Mona Heurgren, Director of the Swedish National Board of Health and Welfare; and the Director of the National Cancer Registry, Professor Kerri Clough-Gorr. The seminar also provided an opportunity for those working in national data collections in Ireland to meet, engage with, and learn from one another, with over 150 delegates attending on the day.

The second seminar was held on 4 October 2017, and was a collaborative event with the Department of Health and the Office of the Chief Information Officer in the Health Service Executive (HSE). The seminar, which was opened by the Minister for Health Simon Harris TD, was attended by over 270 attendees who heard how Ireland can develop a coherent and integrated approach to health information.

Barbara Foley from HIQA's Health Information team presented on our work to drive improvements in national health information. International speakers, Tobi Henderson from the Canadian Institute for Health Information (CIHI) and Natalie Banner from the Wellcome Trust (UK) presented an international perspective on health information.

Health information standards

Information management standards for national health and social care data collections

In March 2017, we published standards on information management for national data collections. The standards were developed in line with HIQA's standards development process, and significant stakeholder engagement was undertaken to inform the content, including meetings of an advisory group of experts and key stakeholders, and a public consultation on the draft standards. The standards aim to improve the quality of national health information, which will contribute to the delivery of safe and reliable healthcare. The standards provide a framework of best practice in the collection of health and social care data. To complement the information management standards, HIQA is developing a set of quality improvement tools to aid national data collections in achieving compliance with the standards.

General Practice Messaging Standard - Version 4.0

The *General Practice Messaging Standard* was updated in 2017, building on previous versions of the standard. It specifies the structure and content of electronic messages sent between general practitioners (GP), hospitals and out-of-hours GP services.

The updated standard defines new messaging requirements in areas such as sharing antenatal care records between GPs and hospital clinics; defining the structured clinical information that should be shared between healthcare practitioners about women attending antenatal care appointments. It also defines requirements for radiology ordering, emergency department and outpatient clinic letters, and the electronic messaging of certain cardiology results to GPs.

This standardises the transmission of these electronic messages between GPs, hospitals and out-of-hours care, making accurate information available in a timely manner to healthcare practitioners providing patient care, leading to safer better care for patients.

Developing eHealth interoperability standards for Ireland – public consultation

We undertook a public consultation from 15 August to 22 September 2017 to encourage key partners and interested parties to tell us where they felt there was a need for technical interoperability standards, to inform our future programme of work.

We received 24 submissions, which could be broken down to a total of 117 comments. Each comment was then initially classified into themes including terminologies, messaging, networking and security, ePrescribing, datasets, and electronic health records.

In December, we published a statement of outcomes document, detailing the feedback received during the public consultation process.

Having identified the themes that emerged from the public consultation, HIQA is now prioritising the work items (according to clearly identified criteria in association with our eHealth Standards Advisory Group) and developing a work plan.

Health information guidance

Five quality improvement tools for national data collections

In March we published *Five quality improvement tools for national data collections* to complement the information management standards. This document sets out five tools national data collections can use to improve their information management practices and work towards meeting standards:

- Statement of Purpose
- Statement of Information Practices
- Data Quality Framework
- Data Quality Statement
- Data Dictionary

Guidance on Privacy Impact Assessment for health and social care

In October 2017, we published updated guidance on how to carry out Privacy Impact Assessments in health and social care. A user-friendly toolkit was also published to accompany the guidance.

Privacy Impact Assessments (PIAs) form a fundamental part of information governance in assuring that individuals' rights to privacy and confidentiality are appropriately protected. PIAs are used across all sectors but are particularly important in the context of personal health information, as this is regarded as being sensitive information and merits higher protection under privacy legislation. In light of the enactment of General Data Protection Regulation (GDPR) in May 2018, HIQA revised the *Guidance on Privacy Impact Assessment in health and social care* to reflect the legislative changes. The guidance and accompanying toolkit outline a step-by-step process for undertaking a PIA and the important factors to be considered at each stage of the process.

Guidance on a Data Quality Framework for health and social care

During 2017, the Health Information Quality team began work on developing guidance for a Data Quality Framework for health and social care services. In order to improve data quality, it is essential to assure and measure data quality to identify what needs to be improved. The guidance aims to outline the approaches that health and social care services can take to systematically assess, monitor, evaluate and improve data quality.

We prepared a background paper, reviewed international experience and best practice with regard to data quality frameworks and prepared an initial draft Data Quality Framework to support health and social care services to systematically assess, monitor, evaluate and improve the quality of their data.

An expert working group was convened as a subgroup of the National Data Collections Advisory Group to contribute to the development of the guidance. The first meeting was held in October 2017, where international expert, Tobi Henderson, from the Canadian Institute of Health Information presented.

Work will continue on the completion of the guidance during 2018, and will include a public consultation.

Guidance on Terminology Standards for Ireland

We published an updated version of the Guidance on Terminology Standards for Ireland previously published in 2013. The revised guidance reflects changes to international terminology standards and a significant change at national level — specifically, the purchase of a national Systematized Nomenclature of Medicine — Clinical Terms® (SNOMED CT®) licence for Ireland. Specific guidance is included on the approach to be adopted to support the correct implementation of the SNOMED CT licence in Ireland, in accordance with national standards and international best practice.

Terminology standards, which are a fundamental part of any eHealth ecosystem, ensure that healthcare systems understand and use data in the same way. The use of terminology standards can improve the quality of data in health and social care information systems. Terminology standards support the safe exchange of health information between healthcare professions, thereby ensuring the right information is available to healthcare professionals. Patients and clinicians can see improvements in the accuracy and validity of information in medical records when terminology standards are used.

Guidance on Messaging Standards for Ireland

In 2017, we also updated *Guidance on Messaging Standards for Ireland.* This was a revision of the 2012 guidance published by HIQA and includes information on a new standard called the HL7 Fast Healthcare Interoperability Resources (FHIR).

Messaging standards facilitate the sharing of clinical, administrative and patient information in a timely manner, ensuring the right information is available to healthcare professionals and ensuring that patients get the correct treatment at the appropriate time. They enable information to be shared electronically between healthcare practitioners. Messaging standards can increase the time healthcare professionals spend on frontline delivery of services to patients by reducing reliance on traditional means of information sharing, such as record transcribing and hard copy posting of referrals and diagnostic results.

Information management standards review programme

During 2017, the Health Information and Standards Directorate commenced a structured review programme of assessing compliance with HIQA's information management standards. The programme aims to improve information management practices of national health and social care data collections in Ireland by assessing compliance with the standards in individual national data collections. Ultimately, the review programme will drive improvements by identifying areas of good practice and areas where improvements are necessary across national data collections. Prior to commencing the new programme, a *Guide to the Health Information and Quality Authority's review of information management practices in national health and social care data collections* was published.

Furthermore, we published a S*elf-assessment tool for national health and social care data collections* based on the information management standards. The tool enables national health and social care data collections to determine the extent to which they are compliant with the standards.

Due to the large number of national data collections in Ireland, the review programme is being carried out using a phased approach. Phase 1 includes the national data collections within the Health Service Executive (HSE). Prioritisation criteria were developed to determine the schedule for reviews in the first phase of the programme, which included the quality and safety impact, the policy impact and other operational factors which may impact on the review programme.

There are four main stages involved in the review process: a self-assessment tool; an information request; on-site assessments; and reporting of the findings. HIQA commenced two detailed reviews of assessing compliance with the information management standards in 2017. These will be published once completed.

Catalogue of national health and social care data collections

The Health Information and Standards Directorate published a revision of the *Catalogue of national health and social care data collections* in October 2017.

National data collections gather large volumes of data to provide information on Irish health and social care services, and this revised catalogue combines information about data collections in a single location.

The Catalogue was first published by HIQA in 2010 and this is the third revision. The Catalogue is an important resource and details the information currently being gathered by Irish national health and social care data collections. This enables all stakeholders, including the general public, patients, clinicians, researchers, and healthcare providers to readily access information about health and social care data collections in Ireland. It will also support decision-making, planning of services, policy-making and high-quality research.

Fourteen new data collections have been included in this update, with 120 data collections identified. In addition, the categories of national data collections have been updated for ease of navigation. The updated Catalogue is available on the HIQA website as a document and as an online tool.

4.3.3 National Patient Experience Survey

In addition to HIQA's functions set out in the Health Act 2007, the Health Information and Standards Directorate is responsible for implementing the National Patient Experience Survey.

National Patient Experience Survey 2017

The National Patient Experience Survey is a nationwide survey that offers patients the opportunity to describe their experiences of public acute healthcare in Ireland. The survey is a partnership between the Health Information and Quality Authority (HIQA), the Health Service Executive (HSE) and the Department of Health. As HIQA is the lead partner, the National Patient Experience Survey team is located within HIQA.

During the month of May 2017, 26,635 people were invited to participate in the first ever National Patient Experience Survey in Ireland. The survey consisted of 61 questions about admission to hospital; care on the ward; examinations, diagnosis and treatment; discharge or transfer, and other aspects of care. Fifty eight questions were structured tick-box responses, and the final three were open-ended questions providing the opportunity for written responses. The findings of the survey will help inform the development, planning, design and delivery of improved patient-centred care in public hospitals.

The National Patient Experience Survey team engaged with patients, the public and hospital staff during the duration of the survey. A dedicated website, www.patientexperience.ie, as well as social media channels were set up to communicate with all stakeholders. Information sessions and workshops took place with hospital staff, and senior management from HIQA and the HSE visited the hospitals to promote participation in the survey. Promotional materials such as banners, posters, napkins and pop-up stands were displayed in each of the participating hospitals.

Pictured at the launch of the National Patient Experience Survey in April 2017: Minister for Health Simon Harris TD, HIQA CEO Phelim Quinn, and Rachel Flynn, HIQA's Director of Health Information and Standards, and Programme Director of the National Patient Experience Survey.

In total, 13,706 people took part in this survey, resulting in a response rate of over 51%.

HIQA CEO Phelim Quinn visited a number of hospitals around the country to promote the first National Patient Experience Survey in May 2017. Pictured with Tallaght Hospital staff nurses Eileen Finn and Raichelamma Varghese.

Results of the 2017 survey

The Taoiseach, Leo Varadkar TD and Minister for Health, Simon Harris TD launched the results of the first National Patient Experience Survey in December 2017. A national report and 39 reports from participating hospitals were published to provide in-depth analysis of the results.

Rachel Flynn, HIQA's Director of Health Information and Standards and Programme Director of the National Patient Experience Survey, presenting the findings from the 2017 inpatient survey.

The results of this first inpatient experience survey show that although many patients experienced good care, there is room for improvement in key areas.

Key areas identified for improvement are:

1. Waiting times in the emergency department — Only 30% of people said that they were admitted to a ward within the target waiting time of six hours. Long waiting times have been linked with negative health outcomes and as a result pose a threat to patient safety.

2. Communication on the ward — 49% of patients said that they could not always find a member of staff to talk to about their worries or fears. Patients needed doctors to have more time to discuss their care and treatment.

3. Involving patients in decisions about their care — 36% of patients said that they were not involved as much as they would have liked to be in the decisions about their care.

4. Discharge or transfer showed the greatest need for improvement — better communication with patients in relation to the side effects of medication, the danger signals to watch out for after discharge or how patients should care for themselves at home were identified.

Key areas identified as areas of good experience include:

1. Clear answers from doctors and nurses — 97% of people said that nurses and 94% of people said that doctors always or sometimes answered questions in a manner that they could understand.

2. Respect and dignity — 82% of people said they were always treated with respect and dignity throughout their hospital stay.

3. Confidence and trust in the hospital staff — 83% of people who answered this question said that they always had confidence and trust in the hospital staff that treated them.

HIQA will use the findings to inform our monitoring programmes and standard development programme.

The second National Patient Experience Survey will take place in May 2018.

4.3.4 Business intelligence

The Health Information and Standards Directorate is responsible for delivering and advancing the use of information in HIQA through its business intelligence function.

HIQA's business intelligence function is central in providing an analytical basis to inform regulatory operations. Business intelligence provides operational data to support inspections, reviews and investigations which underpin the regulatory interactions between HIQA and the services we regulate. The development of robust risk-based regulatory systems and processes allows HIQA to prioritise and target our regulatory interventions efficiently and effectively. Business intelligence also develops operational data and reports to support other corporate functions including finance, corporate reporting and risk reporting. In 2017, the team developed reports to support the Regulation Directorate as well as other functions within HIQA.

4.3.5 Stakeholder engagement

Stakeholder engagement is essential to ensure the Health Information and Standards Directorate delivers high-quality and representative work. Each set of standards and recommendations are developed in conjunction with a standards advisory group and our standards development process often includes undertaking focus groups with the people who use services.

We undertook a public consultation on each set of standards developed by the team. Health and social care standards have a specific advisory group convened for each set of standards. Technical standards are developed in association with our eHealth Standards Advisory Group. The National Patient Experience Survey operates through a Steering Group (including membership from patient advocacy group Patient Focus), an Advisory Group and a working group.

We also undertook a significant amount of work in conjunction with stakeholders through our engagement on consultative committees and working groups in 2017. Members of the team chaired the SNOMED CT Governance Group and the Access to Information Steering Group. We contributed to the work of external agencies through our membership of the Access to Information Working Group and the National Standards Authority of Ireland's Health Informatics Standards Committee.

Members of the directorate attended and presented posters at a number of conferences and events throughout the year. Five of our posters were displayed at the 2nd National Patient Safety Office Conference in Dublin Castle in October 2017, demonstrating work that has been completed or is currently underway, and generating significant interest from conference delegates.

At the Health Informatics Society of Ireland (HISI) national conference, in November 2017, the Health Information team held a full workshop session dedicated to HIQA's ongoing projects. There were three presentations at this workshop session where our work generated significant interest from those in attendance. In addition, a member of the team delivered a presentation in the academic papers session of the conference. We also had two posters on display at this conference, sharing information about our ongoing work.

4.4 Operations

HIQA's Operations team seeks to ensure that HIQA has effective systems, infrastructure and resources in place to support the efficient delivery of our business plan objectives. In 2017, work continued to strengthen and develop these functions.

4.4.1 Human Resources

The Human Resources team supports employee relations, policy development, recruitment, payroll and pensions, performance management and organisational development. It does this through working in partnership with managers and staff and through the provision of professional expertise.

In 2017, HIQA implemented a new Human Resources Information System. The new platform replaced a range of manual processes with automated systems. The Human Resources Information System is integrated with a payroll system and there are a range of further modules that will be implemented during 2018.

We carried out an employee engagement survey to measure current employee sentiment across a range of themes in October. This followed on from an initial survey carried out in 2015. The survey showed an improvement in many areas since 2015, demonstrating a more engaged workforce and staff now increasingly aligned to the organisation's strategy and future direction. The survey identified a number of areas for improvement, such as learning and development and premises, that will be addressed through HIQA's People Strategy.

In September, the National Standards Authority of Ireland carried out its annual audit of HIQA's certification to the Excellence Through People scheme. This confirmed HIQA's continued certification, recognising commitment to improving engagement with employees, improving people management processes, and providing confidence that business plans are implemented successfully.

4.4.2 Financial management

Throughout the year, HIQA continued to manage our financial resources in line with governance requirements. Annual fees were collected on time, and the use of budgeting and ongoing forecasting enabled secure management of actual expenditure against planned and available resources.

HIQA's internal financial controls were audited during the year by our internal audit provider. No material concerns were identified. There were further upgrades to the financial software that processes financial transactions and provides management information to support decision-making.

HIQA's annual accounts for 2017 were submitted to the Comptroller and Auditor General in accordance with the timescales set out in the Health Act 2007 and can be found in Chapter 5.

4.4.3 Quality management

During 2017, HIQA started to develop a Quality Management System. We started to fully document all processes and draw up procedures which support a consistent approach to all our work. All controlled documents were moved to our document management system and significant work was also carried out on hard copy records.

We also completed work on improvement mechanisms to ensure that HIQA learns necessary lessons, corrects any problems and prevents reoccurrence. To this end the in-house audit team carried out a number of quality assessments and audits.

4.4.4 Information systems

We also worked to enhance our information and communication technology (ICT) systems delivering additional functionality, capacity, and reliability as well as enhanced security.

Substantial development was undertaken to enhance HIQA's enterprise information system to support new regulatory activity, processes and controls. This ongoing work seeks to deliver efficiency and drive a digital first approach to engagement with our stakeholders. Additional work was carried out to design and plan for the new regulatory functions which HIQA plans to undertake in 2018.

A new managed service contractor was appointed and there was a renewed focus on streamlining internal processes to ensure best practices are being followed. Governance, by an organisation-wide Information Systems Programme Board, continues to ensure that the information systems team's focus is aligned with HIQA's corporate and business plans.

Preparatory work continued for the introduction of the General Data Protection Regulation in May 2018, with the development of an information governance strategy and implementation plan. Data protection systems were improved and staff received training in this area.

As an information-dependent organisation, HIQA depends on ICT and information. During the year, plans progressed for the identification of additional resources in this area as well as for a realignment of structures to better meet the requirements of the organisation. These changes will be implemented in early 2018.

4.4.5 Energy Consumption

We continue to work towards reducing our use of energy.

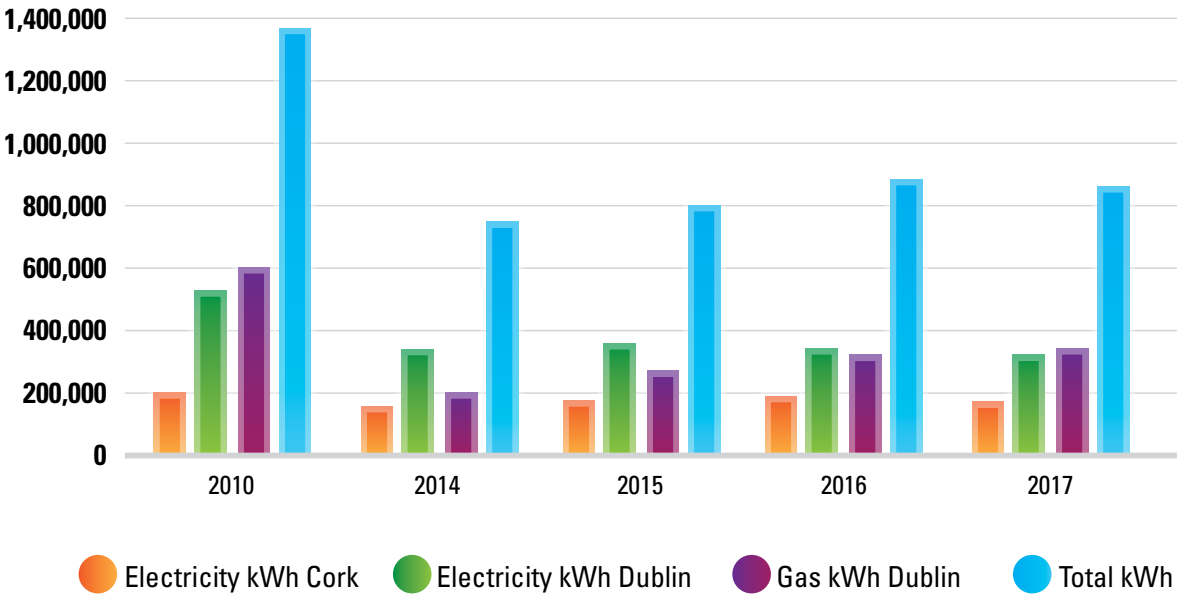
Cork

Use of energy in Cork has decreased by 20.01% since 2010, going from 215,128kWh in December 2010 to 171,973 in December 2017. This resulted in a reduction of CO emissions by the same percentage over the same time frame.

HIQA achieved an additional saving of 9.5% in 2017.

Dublin

Since joining the programme in 2010, HIQA has reduced its overall energy consumption (gas and electricity) in the Smithfield office by 38.8% reducing our energy unit consumption from 1,121,883kWh to 686,942kWh. Of this reduction, 35% was electricity and the remainder was gas.



4.4.6 Health and safety

HIQA remains committed to protecting the safety, health and welfare of all employees and visitors in our offices. We continue to invest resources in our Health and Safety programme which enables colleagues to actively participate in the management of their own health and safety. Staff safety representatives sit on the Health and Safety Committee which meets quarterly. A range of health and safety training was delivered during the year. There were no reportable accidents in 2017.

4.4.7 Environment

Over the last year, our offices recycled 11,236 kilos of paper which equates to saving approximately 203 trees. We are currently investigating additional opportunities for recycling in our offices.

4.4.8 Planning

HIQA's *Corporate Plan 2016-2018* was published in April 2016. The Corporate Plan is underpinned by an annual Business Plan that sets out the business objectives to be delivered each year. The Business Plan for 2017 was the second plan of the three-year corporate planning cycle. At every regular meeting of the Board, a report on achievement of business objectives is provided. A draft business plan will be sent for consideration by the Minister for Health within 30 days of receipt of HIQA's financial determination for 2018.

4.5 Communications and Stakeholder Engagement

4.5.1 Background

HIQA consistently communicates with the public and our wide range of stakeholders on all aspects of our broad remit. The Communications and Stakeholder Engagement team provides timely and accurate information to the public, while maintaining an independent and impartial voice.

All reports and recommendations published during 2017 applied HIQA's core values of openness and transparency. We continued to work with the media and other stakeholders to ensure information on our work is reported accurately and appropriately, and the public are informed and facilitated to access and understand what we do.

4.5.2 Functions

The Communications and Stakeholder Engagement team delivers nine functions to meet HIQA's communications needs. These are:

- press and media relations
- publishing and publication management
- stakeholder engagement and consultation
- public and parliamentary affairs
- online communications
- internal communications
- National Patient Experience Survey communications lead
- Freedom of Information
- management of complaints.

4.5.3 Press and media relations

HIQA's work was reported by international, national and local media organisations across print, broadcast and online publications in 2017. We responded to all media queries in a timely manner.

HIQA issued 38 press releases during 2017. These included significant media events such as the publication of a health technology assessment (HTA) of smoking cessation, the launch of the National Patient Experience Survey, national standards for the conduct of reviews of patient safety incidents and for the prevention and control of healthcare-associated infections, a HTA of treatment and transport options for Priority 1 transfer patients and results from a Red C national poll on health and social care services. We also published three public information videos to accompany press releases.

4.5.4 Publishing and publication management

HIQA continues to promote the use of plain English and accessible language in all our publications, through staff training and in-house editing. In 2017, we provided in-house report writing and plain English training to 35 members of staff.

We publish our reports and publications on our website www.hiqa.ie in a timely manner, where they can be easily downloaded. In 2017, we published 45 different documents including; standards, annual reports, HTAs and guidance documents. We also designed infographics for a number of our publications to make them more accessible.

Over 1,400 inspection reports were published on our website in 2017. We also issued 111 publication statements to accompany the publication of inspection reports of health and social care services.

Type of inspection report	Total number published
Healthcare	63
Children (excluding disability)	41
Disability (including children)	732
Nursing homes	596
Total	**1,432**

4.5.5 Stakeholder engagement and consultation

Engaging the public in consultations is an important part of HIQA's work. In 2017, we held public consultations before finalising a number of standards and guidelines, including:

- *Draft National Standards for Children's Residential Centres*
- *Draft Guidelines for the Budget Impact Analysis of Health Technologies in Ireland*
- *Draft Guidelines for the Economic Evaluation of Health Technologies in Ireland*
- *Developing eHealth Interoperability Standards for Ireland: A Consultation Document*
- *Draft Health technology assessment (HTA) of smoking cessation interventions*

During consultation, interested parties were invited to submit their views and feedback on the draft documents. These views informed the final standards which were then approved by the HIQA Board.

During the year, we continued to publish our stakeholder and public newsletter, HIQA News, which had 3,566 subscribers by the end of 2017. During the year, we also moved from quarterly publication of HIQA News to publishing an issue every two months.

The team also assisted in organising and hosting a number of events and information seminars for stakeholders, including eight seminars on HIQA's enhanced monitoring approach, HIQA 10 – a health reform lecture to mark 10 years of HIQA, and two national health information seminars.

Pictured at a lecture held in Trinity College Dublin in May to mark HIQA's 10th year in existence were: Department of Health Secretary General Jim Breslin, HSE Director General Tony O'Brien, HIQA Chief Executive Phelim Quinn, and Dr Rafael Bengoa, an international expert on healthcare reform who gave the keynote address at the event.

In May 2017, we also published findings from a national opinion poll carried out by Red C to ascertain public attitudes towards health and social care in order to inform our future work. The survey found that 63% of people in Ireland have witnessed poor provision of health and social care services.

4.5.6 Public and parliamentary affairs

HIQA is accountable to the Government and the Houses of the Oireachtas, and as such ensures that detailed, accurate and up-to-date information is provided to public representatives and officials in a prompt and consistent manner.

We communicate directly with the Minister for Health and the Minister for Children and Youth Affairs, ministers of state at the Department of Health, Government departments, Oireachtas committees and opposition spokespersons.

We received and responded to 26 parliamentary questions last year. Parliamentary questions serve an important purpose in ensuring that HIQA's work is transparent, accountable, and accurately and fairly reported.

Parliamentary questions answered by HIQA in 2017 related to:

- Corporate Services 16 (61%)
- Regulation 8 (31%)
- CEO's office 1 (4%)
- Standards 1 (4%).

All questions were responded to on time and in full. We also replied to one formal information request from the Department of Health on an issue relating to our regulation function. The range and variety of questions asked from across the political spectrum demonstrates general engagement and interest on behalf of elected representatives in our work.

In addition, we continue to engage with the spokespersons of the main opposition parties in the areas of health and social care (older people, disability and children's services). HIQA also receives direct queries from public representatives and their offices on an ongoing basis.

In 2017, HIQA actively participated in public consultations on areas within our remit. Based on our experience of the Irish health and social care system, we made submissions to the Department of Health on the health service capacity review, on a proposed scheme of regulation for homecare services, on personalised budgets for people with disabilities and on a draft health information policy framework.

Last year, HIQA had several opportunities to present to Oireachtas Committees on our work. On 1 February 2017 we appeared before the Committee on the Future of Healthcare to discuss healthcare reform, while in May 2017 we attended public sessions of both the Joint Committee on Health and Joint Committee on Children and Youth Affairs to present on the regulation of services for people with disabilities, and on foster care services, respectively. In autumn, we appeared before the Committee of Public Accounts on two occasions to present on our financial statements for 2016 and on organisational governance and management of conflict of interests. Finally, in November 2017, we updated the Joint Committee on Children and Youth Affairs on our role in the monitoring and inspection of Oberstown Children Detention Campus.

Members of HIQA's Executive Management Team pictured at the Oireachtas Committee on the Future of Healthcare on 1 February 2017: Rachel Flynn, Phelim Quinn, Mary Dunnion and Máirín Ryan. Photo by Tom Burke.

In 2017, we also published two research papers which were submitted to the Minister for Health and the Department of Health. These documents outlined how the definition of a designated centre, under the Health Act 2007, does not capture all of the current and emerging models of care in Ireland for older people and people with disabilities.

4.5.7 Online communications

The Communications and Stakeholder Engagement team manages all online channels including our website, intranet and social media sites such as our Twitter and Facebook pages.

HIQA's website continues to be an important source of information for our stakeholders and the general public. In February, we launched our newly developed website. Responding to feedback from the public, the website now has a dedicated reports and publications area, advanced keyword search and is mobile responsive. We had a 12% increase in new mobile users to the website during 2017.

The five most popular sections of www.hiqa.ie were the homepage, our latest inspection reports section, careers, standards and quality, and 'find a centre'.

There were 322,879 downloads of documents from our site in 2017. The top four most-downloaded documents were:

1. *National Standards for Residential Care Settings for Older People in Ireland*
2. *National Standards for Residential Services for Children and Adults with Disabilities*
3. *Your guide to the National Standards for Residential Care Settings for Older People in Ireland*
4. *National Standards for Safer Better Healthcare*

HIQA continues to use social media to engage with our stakeholders including our Facebook page, our Twitter account and LinkedIn page. Our interactions and connections on social media work to build a community interested in the work of HIQA and seek input from stakeholders. In 2017, HIQA's number of Twitter followers increased by 30%. The number of likes of HIQA's Facebook page increased by 14% over the year. In 2017, the Communications team filmed 14 videos and published these on social media to increase awareness of HIQA's work and make our work more accessible to our stakeholders.

HIQA's Communications team is also responsible for the National Patient Experience Survey social media accounts. See Section 4.5.9 for more.

4.5.8 Internal communications

We maintain and support internal communication across HIQA. Regular staff meetings and our intranet were the primary sources of internal communication about HIQA's activities, and staff were kept updated on all changes and developments within the organisation. Daily news updates are circulated to all staff and Board members. The monthly, internal staff e-zine is used to keep staff up to date on HIQA's work and team news.

4.5.9 National Patient Experience Survey communications lead

HIQA's Communications team leads on all public messaging around the National Patient Experience Survey. In 2017, along with our partners the Health Service Executive (HSE) and Department of Health, we devised and implemented a communications strategy with the primary aim of maximising participation in the survey. As a new initiative, a national information campaign was required to raise public awareness and garner support.

The team developed branding, a dedicated website and social media accounts; promotional materials such as napkins, posters and pull-up banners; and an information pack for hospital staff. The campaign launch on 1 May 2017 used an integrated social media campaign, with the event streamed on Facebook Live and live tweeted. An animation video explaining the survey was also created in-house and this can be viewed on YouTube. Five national press releases and 22 targeted regional press releases were issued as part of the awareness campaign.

For the launch of the results of the first National Patient Experience Survey in December 2017, the team created a national report, 39 regional hospital reports, 39 infographics, and an animated video.

4.5.10 Freedom of Information

HIQA received a total of 50 Freedom of Information (FOI) requests in 2017 and carried one request over from 2016. Of this total of 51 requests, nine were granted, 21 were part-granted, 10 were refused, three were handled outside of the FOI process or withdrawn, three were transferred to another government agency and five were carried over into 2018.

All requests were responded to in accordance with the requirements of the Freedom of Information Act 2014. HIQA carried out refresher training for a number of decision makers during 2017 while a number of new decision makers were appointed and also received training.

4.5.11 Complaints

HIQA welcomes comments, suggestions and complaints about its performance and conduct in the discharge of its statutory duties and responsibilities. This feedback may come from service providers, patients, carers, relatives, private and voluntary organisations, statutory agencies and the general public. HIQA welcomes all feedback and regards complaints as opportunities to review practice, procedures and identify areas for improvement. We also wish to resolve complaints in an effective and timely manner, and use an early resolution approach to complaints wherever possible.

The Complaints Policy was reviewed in May 2017. During 2017, 12 complaints were received by HIQA and dealt with during that period.

4.6 Chief Executive's Office

4.6.1 Background

The Chief Executive's Office provides oversight, direction and support to enable HIQA to deliver its objectives within a governance framework. This includes providing effective support for the Board and its committees so that the key functions of strategy and monitoring performance are delivered in a manner that ensures HIQA meets its statutory requirements.

4.6.2 Board and committee meetings

The Board held 12 meetings during 2017. Six meetings are statutorily required and the Board held six additional meetings to progress specific items of business such as consideration of terms of reference for the commencement of investigations requested by the Minister for Health, without undue delay.

Board committees

Board committees assist and support the Board by providing more detailed oversight in core areas relating to the functions and operations of HIQA.

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

- **Regulation Committee** oversees the effectiveness, governance, compliance and controls around the delivery of HIQA's regulatory functions. This committee met four times throughout 2017.
- **Audit, Risk and Governance Committee** supports the Board in relation to its responsibilities for issues of risk, control and governance and associated assurance. The Audit, Risk and Governance Committee is independent from the financial management of the organisation. In particular the committee ensures that the internal control systems including audit activities are monitored actively and independently. The committee reports to the Board after each meeting, and formally in writing annually. This committee met seven times during 2017.
- **Standards, Information, Research and Technology Committee** oversees the governance arrangements, including compliance and controls, for the functions of standards development, health information and health technology assessment functions. This committee met three times during 2017.
- **Resources Oversight Committee** monitors the resource requirements of HIQA to ensure that they are aligned with HIQA's corporate strategy including oversight of resource related risks. In addition, it oversees organisational needs and managerial performance. This committee met four times in 2017.

4.6.3 Corporate governance

The Board of HIQA is responsible for HIQA's system of internal control and for annually reviewing the effectiveness of the internal controls, including financial, operational, compliance controls and risk management.

To deliver on this responsibility, the Audit, Risk and Governance Committee takes an active role in coordinating the assurances derived from various sources as follows:

- Internal audit work
- Audit by Comptroller and Auditor General
- Risk management
- Review of financial controls
- Review of financial statements.

In addition, a process is in place where the Executive Management Team provides an annual assurance statement to the Board which sets out the controls covering HIQA's functions. Regular corporate performance reports are provided to the Board, including corporate risks. The Chief Executive provides a report at each Board meeting. The Board committees report to the Board.

Compliance with the Code of Practice for the Governance of State Bodies

During 2017, HIQA revised its Code of Governance, Code of Business Conduct and related governance policies and procedures to ensure its compliance with the revised Code of Practice for the Governance of State Bodies. Two reviews were undertaken which affirmed compliance with the Code of Practice; an internal audit review and an assessment by the National Standards Authority of Ireland which resulted in the achievement of the SWiFT3000 Governance Standard.

A detailed governance report is included with the annual financial statements for 2017.

Chapter 5:
Annual financial statements for the year ended 31 December 2017

Index:

General information

Address
Unit 1301,
City Gate,
Mahon,
Cork
T12 Y2XT

Bankers
Ulster Bank
95 Main Street
Midleton
Co Cork
P25 RW67

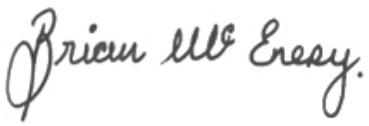
Auditors
Comptroller and Auditor General
3A Mayor Street Upper
Dublin 1
D01 PF72

Solicitors
Beauchamps
Riverside Two
Sir John Rogerson's Quay
Dublin 2
D02 KV6

Chairperson's Report
For the year ended 31 December 2017

This report addresses the requirements in the Code of Practice for the Governance of State Bodies 2016 set out in the Business and Financial Reporting Requirements, Section 1.9 which outlines the items for inclusion in the Chairperson's Comprehensive Report to the Minister.

- A statement on internal control is included in this report
- I confirm that there were no commercially significant developments affecting HIQA during the year, including the establishment of subsidiaries or joint ventures and share acquisitions.
- There are no undisclosed off-balance sheet financial transactions.
- I affirm that all appropriate procedures for financial reporting, internal audit, procurement, travel and asset disposals are in place.
- I affirm that Codes of Business Conduct for Directors and Employees have been put in place and are adhered to.
- I affirm that Government policy on the pay of the Chief Executive and all other HIQA employees is being complied with.
- I affirm that Government guidelines on the payment of Directors' fees, as conveyed by the Department of Health, are being complied with. A schedule of fees and expenses is included in the Governance Statement and Board Members Report.
- There are no significant post-balance sheet events to report.
- I confirm that the Public Spending Code, suitably modified for the circumstances of HIQA, is being complied with.
- There are procedures in place for the making of protected disclosure in accordance with the Protected Disclosures Act 2014. A report on protected disclosures is included in the annual report.
- I confirm that Government travel policy requirements are being complied with in all respects.
- I confirm that HIQA has complied with its obligations under taxation law.
- During 2017, HIQA has had two legal disputes with another state agency, the Health Service Executive (HSE). HIQA took regulatory proceedings against the HSE under the Health Act 2007 to impose restrictive conditions on the registration of a designated centre for people with disabilities. In another case the HSE appealed against a regulatory decision in respect of a designated centre for older people.
- I confirm that the Code of Practice for the Governance of State Bodies 2016 has been adopted. I consider that HIQA can demonstrate substantive compliance with the Code and as set out in the Statement on Internal Control is continuing to work towards full compliance.



Brian McEnery
Chairperson

Date: 24 April 2018

Statement on Internal Control

1. Scope of responsibility

On behalf of the Health Information and Quality Authority (HIQA) I acknowledge the Board's responsibility for ensuring that an effective system of internal control is maintained and operated. This responsibility takes account of the requirements of the Code of Practice for the Governance of State Bodies 2016, and adherence to HIQA's own Code of Governance.

2. Purpose of the system of internal control

The system of internal control is designed to manage risk to a tolerable level rather than to eliminate it. The system can therefore only provide reasonable, and not absolute, assurance that assets are safeguarded, transactions authorised and properly recorded and that material errors or irregularities are either prevented or detected in a timely way.

The system of internal control, which accords with guidance issued by the Department of Public Expenditure and Reform, has been in place in HIQA for the year ended 31 December 2017 and up to the date of approval of the financial statements except for the internal control issues outlined below.

3. Capacity to Handle Risk

HIQA has an Audit, Risk and Governance Committee comprising six Board members and one external member, with financial and audit expertise, one of whom is the Chairperson. The Committee met seven times in 2017.

HIQA has also established an internal audit function which is adequately resourced and conducts a programme of work agreed with the Audit, Risk and Governance Committee.

A risk management policy has been approved by the Board, which sets out HIQA's risk appetite, the risk management processes in place, and the roles and responsibilities of staff in relation to risk. This policy has been issued to all staff who are expected to work within HIQA's risk management policies, to alert management on emerging risks and control weaknesses, and assume responsibility for risks and controls within their own area of work.

4. Risk and control framework

HIQA has implemented a risk management system which identifies and reports key risks and the management actions being taken to address and, to the extent possible, to mitigate those risks.

Statement on Internal Control *(continued)*

A risk register is in place which identifies the key risks facing HIQA. Risks have been identified, evaluated and graded according to their significance, and are reviewed and updated by the Audit, Risk and Governance Committee at each meeting. These assessments are used to plan and allocate resources to ensure risks are managed to an acceptable level.

The risk register details the controls and actions needed to mitigate risks and responsibility for operation of controls assigned to specific staff. I confirm that a control environment containing the following elements, is in place:

- procedures for all key business processes have been documented,
- financial responsibilities have been assigned at management level with corresponding accountability,
- there is an appropriate budgeting system with an annual budget which is kept under review by senior management,
- there are systems aimed at ensuring the security of the information and communication technology systems,
- there are systems in place to safeguard the assets.

Ongoing monitoring and review

Formal procedures have been established for monitoring control processes and control deficiencies are communicated to those responsible for taking corrective action, to management and to the Board, where relevant, in a timely way. I confirm that the following ongoing monitoring systems are in place:

- key risks and related controls have been identified and processes have been put in place to monitor the operation of those key controls and report any identified deficiencies,
- reporting arrangements have been established at all levels where responsibility for financial management has been assigned, and
- there are regular reviews by senior management of periodic and annual performance and financial reports which indicate performance against budgets and or forecasts.

5. Procurement

I confirm that HIQA has procedures in place to ensure compliance with current procurement rules and guidelines. Matters arising regarding controls over procurement are highlighted under internal control issues below.

Statement on Internal Control *(continued)*

6. Review of effectiveness

I confirm that HIQA has procedures to monitor the effectiveness of its risk management and control procedures. HIQA's monitoring and review of the effectiveness of the system of internal control is informed by the work of the internal and external auditors, the Audit, Risk and Governance Committee and senior management within HIQA who are responsible for the development and maintenance of the internal control framework.

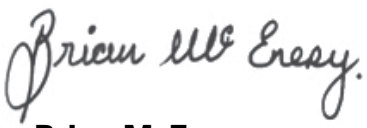
I confirm that the Board conducted an annual review of the effectiveness of the internal controls for 2017, in January 2018.

7. Internal control issues

During 2017, expenditure of €252,000 was incurred in relation to services where the procedures employed did not comply with procurement guidelines. The reason for the non-compliance is as follows:

- Pending the finalisation of procurement frameworks by the Office of Government Procurement (OGP) HIQA maintained existing contracts to the value of €61,000 in place. In all instances, as soon as new OGP frameworks were in place HIQA used these to ensure that its procurement was fully compliant.
- HIQA uses agency staff to carry out a range of work. When HIQA procured a new employment agency in 2016 it continued to contract with existing agencies, to the value of €103,000 for agency staff that were already in place. As the assignments of these staff ended they were in all cases replaced by staff from the newly procured employment agency. The use of the remaining legacy agency staff will cease as their assignments are completed in 2018.
- The requirement to design 39 additional reports, to the value of €62,000 arising out of the 2017 National Patient Experience Survey, when timescales did not allow for the necessary procurement activities.
- Legal costs were incurred with a legacy firm, to the value of €26,000 on the basis of historic knowledge of the relevant policies and procedures. The matter has now concluded and this is not expected to re-occur.

On behalf of the Board,



Brian McEnery
Chairperson

Date: 24 April 2018

Governance Statement and Board Members' Report

1. Governance

The Board of the Health Information and Quality Authority (HIQA) was established under the Health Act 2007. The functions of the Board are set out in section 8 of the Act. The Board is accountable to the Minister for Health and is responsible for ensuring good governance. The Board performs this task by setting strategic objectives and targets and taking strategic decisions on all key business issues. The regular day-to-day management, control and direction of HIQA are the responsibility of the Chief Executive and the senior management team.

The Chief Executive and the senior management team must follow the broad strategic direction set by the Board, and must ensure that all Board members have a clear understanding of the key activities and decisions related to the entity, and of any significant risks likely to arise. The Chief Executive acts as a direct liaison between the Board and management of HIQA.

2. Board responsibilities

The work and responsibilities of the Board are set out in HIQA's Code of Governance which also contains the matters specifically reserved for Board decision. Standing items considered by the Board include:

- declaration of interests,
- reports from committees,
- financial reports and management accounts,
- performance reports, and
- reserved matters as arise.

Section 35 of the Health Act requires the Board of HIQA to keep, in such form as may be approved by the Minister for Health with consent of the Minister for Public Expenditure and Reform, all proper and usual accounts of money received and expended by it.

In preparing these financial statements, the Board of HIQA is required to:

- select suitable accounting policies and apply them consistently,
- make judgments and estimates that are reasonable and prudent,
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that it will continue in operation, and
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements.

Governance Statement and Board Members' Report
(continued)

The Board is responsible for keeping adequate accounting records which disclose, with reasonable accuracy at any time, its financial position and enables it to ensure that the financial statements comply with section 35 of the Health Act 2007. The Board is responsible for approving the annual plan and budget. An evaluation of HIQA's performance against the annual plan and budget is carried out annually and on an ongoing basis.

The Board is also responsible for safeguarding its assets and taking reasonable steps for the prevention and detection of fraud and other irregularities. The Board considers that the financial statements of HIQA give a true and fair view of the financial performance and the financial position of HIQA at 31 December 2017.

3. Board structure

The Board consists of a Chairperson and 11 ordinary members, all of whom are appointed by the Minister for Health.

Name	Role	Tenure commenced	Tenure expires
Brian McEnery	Chairperson of the Board	15/05/2013	14/05/2018
David Molony	HIQA Board member	24/09/2012	23/09/2017
Sheila O'Malley	HIQA Board member	24/09/2012	23/09/2017
Una Geary	HIQA Board member	14/02/2013	13/02/2018
Anne Carrigy	HIQA Board member	15/02/2013	14/02/2018
Bairbre O'Neill	HIQA Board member	31/03/2014	30/03/2019
Mary Fennessy	HIQA Board member	07/04/2014	07/04/2019
Judith Foley	HIQA Board member	07/04/2014	07/04/2019
Molly Buckley	HIQA Board member	29/07/2015	28/07/2020
Paula Kilbane	HIQA Board member	29/07/2015	28/07/2020
Stephen O'Flaherty	HIQA Board member	29/07/2015	28/07/2020
Martin Sisk	HIQA Board member	29/07/2015	28/07/2020

The tenure of two board members, David Molony and Sheila O'Malley expired on 23 September 2017 with tenure for two additional board members, Una Geary and Ann Carrigy expiring on 13 February 2018 and 14 February 2018 respectively. The four open board positions were appointed to Doctor James Kiely, Professor Deirdre Madden, Caroline Spillane and Enda Connolly by the Minister for Health on 26/02/2018.

Governance Statement and Board Members' Report
(continued)

Two evaluations were carried out during 2017, both of which reviewed Board governance. One focused on compliance with the Code of Practice for the Governance of State Bodies and the second was in regard to the National Standards Authority assessment of governance, following which HIQA achieved SWiFT Governance certification.

An external evaluation of the Board was carried out in 2016.

4. Committees of the Board

The Board has established four committees, as follows:

a) **Audit Risk and Governance Committee:** comprises six Board members and one independent member. The role of the Audit Risk and Governance Committee is to support the Board in relation to its responsibilities for issues of risk, control and governance and associated assurance. The Committee is independent from the financial management of the organisation. In particular the Committee ensures that the internal control systems including audit activities are monitored actively and independently. The Committee reports to the Board after each meeting, and formally in writing annually.

b) **Resource Oversight Committee:** monitors the resource requirements of HIQA to ensure that they are aligned with HIQA's corporate strategy including oversight of resource related risks. In addition, it oversees organisational needs and managerial performance.

c) **Regulation Committee:** oversees the effectiveness, governance, compliance and controls around the delivery of HIQA's regulatory functions.

d) **Standards, Information, Research and Technology Committee:** oversees the governance arrangements, including compliance and controls, for the functions of standards development, health information and health technology assessment functions.

Governance Statement and Board Members' Report *(continued)*

5. Schedule of attendance, fees and expenses for Board members

A schedule of attendance at Board and Committee meetings in 2017 is set out below, including the fees and vouched expenses paid to each member:

	Statutory Board meeting	Extra Board meetings	Audit, Risk and Governance Committee	Regulation Committee	Standards, Information Research and Technology Committee	Resource Oversight Committee	Fees	Vouched expenses
Number of meetings	6	6	7	4	3	4		
Brian McEnery (Chairperson)	4	5	n/a	n/a	n/a	1	€20,520	€443
David Molony*	2	0	n/a	1	2	n/a	€8,747	€726
Sheila O'Malley*	3	1	5	n/a	n/a	4	€8,747	€466
Una Geary	5	6	n/a	4	3	n/a	-	€375
Anne Carrigy	3	5	4	4	n/a	n/a	€11,970	€401
Bairbre O'Neill	5	6	5	n/a	n/a	4	€11,970	-
Mary Fennessy	6	6	n/a	4	3	n/a	€11,970	-
Judith Foley	5	3	n/a	n/a	2	2	-	-
Stephen O'Flaherty	6	5	7	n/a	n/a	4	€11,970	€158
Paula Kilbane	5	6	n/a	2	2	n/a	€11,970	€384
Martin Sisk	5	6	6	2	n/a	n/a	€11,970	-
Molly Buckley	6	4	6	3	n/a	n/a	€11,970	€604
***Board tenure expired September 2017**							**€121,804**	**€3,557**

Fees were paid to Board members at the approved standard rates for the periods involved. The standard annual rate (set by the Department of Public Expenditure and Reform) for the Chairperson from 1 January 2010 onwards is €20,520. The standard annual rate for a Board member from 1 January 2010 onwards is €11,970.

Since 1 November 2011, fees ceased to be paid to Board members employed in the public service. This is based on the 'One Salary One Person Principle' directive, issued by the Department of Public Expenditure and Reform. As a result, two of HIQA's Board members, during the year were not in receipt of fees (Una Geary and Judith Foley).

In addition to vouched expenses paid directly to Board members, a further €1,989 was paid by HIQA for hotel accommodation. In these cases no subsistence was claimed by the Board member.

Governance Statement and Board Members' Report
(continued)

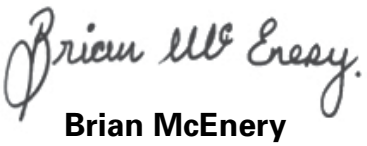
6. Disclosures required by Code of Practice for the Governance of State Bodies

The Board is responsible for ensuring that HIQA has complied with the requirements of the Code of Practice for the Governance of State Bodies (2016). The disclosures required by the Code are provided in the notes 1 to 20 to the financial statements.

7. Statement of compliance

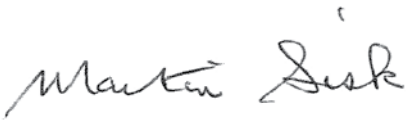
The Board has adopted the Code of Practice for the Governance of State Bodies (2016) and has put procedures in place to ensure compliance with the Code. A review of HIQA's compliance with the Code during 2017 demonstrated substantial compliance. As well as the procurement matters referred to in the Statement on Internal Control, HIQA is currently working on the development of its customer charter as required by the Code.

On behalf of the Board,

Signed: 

Brian McEnery
Chairperson

Date: 24 April 2018

Signed: 

Board Member

Date: 24 April 2018

Comptroller and Auditor General Report

Report for presentation to the Houses of the Oireachtas Health Information and Quality Authority

Qualified opinion on financial statements

I have audited the financial statements of the Health Information and Quality Authority for the year ending 31 December 2017 as required under the provisions of section 5 of the Health Act 2007. The financial statements have been prepared in accordance with Financial Reporting Standard (FRS) 102 — The Financial Reporting Standard applicable in the UK and the Republic of Ireland and comprise

- the statement of income and expenditure and retained revenue reserves
- the statement of capital income and expenditure
- the statement of financial position
- the statement of cash flows and
- the related notes, including a summary of significant accounting policies.

In my opinion, except for the non-compliance with the requirements of FRS102 in relation to retirement benefit entitlements referred to below, the financial statements give a true and fair view of the assets, liabilities and financial position of the Health Information and Quality Authority at 31 December 2017 and of its income and expenditure for 2017 in accordance with FRS 102.

Basis for qualified opinion on financial statements

In compliance with the directions of the Minister for Health, the Health Information and Quality Authority accounts for the costs of retirement benefit entitlements only as they become payable. This does not comply with FRS 102 which requires that the financial statements recognise the full cost of retirement benefit entitlements earned in the period. The effect of the non-compliance on the Health Information and Quality Authority's financial statements for 2017 has not been quantified.

I conducted my audit of the financial statements in accordance with the International Standards on Auditing (ISAs) as promulgated by the International Organisation of Supreme Audit Institutions (INTOSAI). My responsibilities under those standards are described in the appendix to this report. I am independent of the Health Information and Quality Authority and have fulfilled my other ethical responsibilities in accordance with the standards.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Comptroller and Auditor General Report
(continued)

Report on information other than the financial statements, and on other matters

The Health Information and Quality Authority has presented certain other information together with the financial statements. This comprises the annual report, the chairperson's report, the statement on internal control and the governance statement and board members' report. My responsibilities to report in relation to such information, and on certain other matters upon which I report by exception, are described in the appendix to this report.

I have nothing to report in that regard.

Patricia Sheehan
For and on behalf of the
Comptroller and Auditor General

May 2018

Comptroller and Auditor General Report
(continued)

Responsibilities of Board members

The governance statement and board members' report sets out the Board members' responsibilities. The Board members are responsible for

- the preparation of financial statements in the form prescribed under section 35 of Health Act 2007
- ensuring that the financial statements give a true and fair view in accordance with FRS102
- ensuring the regularity of transactions
- assessing whether the use of the going concern basis of accounting is appropriate, and
- such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Responsibilities of the Comptroller and Auditor General

I am required under section 35 of the Health Act 2007 to audit the financial statements of the Health Information and Quality Authority and to report thereon to the Houses of the Oireachtas.

My objective in carrying out the audit is to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement due to fraud or error. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the ISAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with the ISAs, I exercise professional judgment and maintain professional scepticism throughout the audit. In doing so,

- I identify and assess the risks of material misstatement of the financial statements whether due to fraud or error; design and perform audit procedures responsive to those risks; and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

Comptroller and Auditor General Report
(continued)

- I obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the internal controls.
- I evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures.
- I conclude on the appropriateness of the use of the going concern basis of accounting and, based on the audit evidence obtained, on whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Health Information and Quality Authority's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my report. However, future events or conditions may cause the Health Information and Quality Authority to cease to continue as a going concern.
- I evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

I communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

Information other than the financial statements

My opinion on the financial statements does not cover the other information presented with those statements, and I do not express any form of assurance conclusion thereon.

In connection with my audit of the financial statements, I am required under the ISAs to read the other information presented and, in doing so, consider whether the other information is materially inconsistent with the financial statements or with knowledge obtained during the audit, or if it otherwise appears to be materially misstated. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

Comptroller and Auditor General Report
(continued)

Reporting on other matters

My audit is conducted by reference to the special considerations which attach to State bodies in relation to their management and operation. I report if there are material matters relating to the manner in which public business has been conducted.

I seek to obtain evidence about the regularity of financial transactions in the course of audit. I report if there is any material instance where public money has not been applied for the purposes intended or where transactions did not conform to the authorities governing them.

I also report by exception if, in my opinion,

- I have not received all the information and explanations I required for my audit, or
- the accounting records were not sufficient to permit the financial statements to be readily and properly audited, or
- the financial statements are not in agreement with the accounting records.

Statement of Income and Expenditure and Retained Revenue Reserves
For the year ended 31 December 2017

	Notes	2017 €€	2016 €
€			
Income			
Department of Health (Vote 38, subhead E1)		12,300,000	11,550,000
Annual and registration fees	2	7,069,901	6,843,784
Other income	3	627,770	467,830
		19,997,671	**18,861,614**
Expenditure			
Staff costs	4	14,887,024	14,078,274
Travel and subsistence	9	837,478	805,205
Professional fees	10	603,918	504,657
Publication expenses		101,837	28,644
Support costs	11	1,724,267	1,137,721
Establishment expenses	12	1,751,986	1,788,022
		19,906,510	**18,342,523**
Surplus for the year		91,161	519,091
Surplus as at 1 January		840,547	321,456
Surplus at 31 December		**931,708**	**840,547**

The Statement of Income and Expenditure and Retained Revenue Reserves includes all gains and losses recognised in the year with the exception of depreciation and amortisation which are included in the Statement of Capital Income and Expenditure.

The Statement of Cash Flows and Notes 1 to 20 form part of these financial statements.

On behalf of the Health Information and Quality Authority,

Signed: Brian Mc Enery

Brian McEnery
Chairperson

Date: 24 April 2018

Signed:

Phelim Quinn
Chief Executive

Date: 24 April 2018

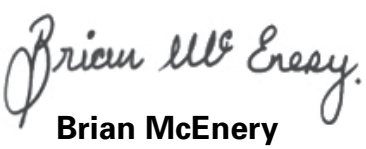
Statement of Capital Income and Expenditure For the year ended 31 December 2017

	Notes	2017 €€	2016 €
€			
Income			
Department of Health (Vote 38, subhead L)		549,493	719,746
Amortisation of Capital Fund Account		559,822	1,002,523
		1,109,315	**1,722,269**
Expenditure			
Leasehold interest	13	-	8,721
Fixtures and fittings	13	7,676	6,887
Computer equipment	13	541,817	704,138
Depreciation	13	559,822	510,752
Leasehold improvement cost write off on termination of lease	13	-	491,771
		1,109,315	**1,722,269**
Surplus/(Deficit) for the Year		**-**	**-**
Opening (deficit)/surplus		-	-
Surplus/(Deficit) for Year		**-**	**-**

The Statement of Income and Expenditure and Retained Revenue Reserves includes all gains and losses recognised in the year with the exception of depreciation and amortisation which are included in the Statement of Capital Income and Expenditure.

The Statement of Cash Flows and Notes 1 to 20 form part of these financial statements.

On behalf of the Health Information and Quality Authority,

Signed: 

Brian McEnery
Chairperson

Date: 24 April 2018

Signed: 

Phelim Quinn
Chief Executive

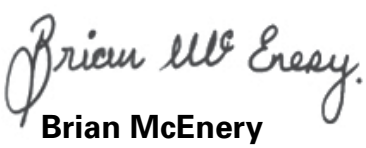
Date: 24 April 2018

Statement of Financial Position As at 31 December 2017

	Notes	2017 €€	2016 €
€			
Fixed Assets			
Tangible Assets	13	2,144,014	2,154,357
Current Assets			
Receivables	14	656,218	581,963
Cash and cash equivalents	16	1,801,705	1,876,151
		2,457,923	2,458,114
Less Current Liabilities			
Payables falling due within one year	15	(1,526,215)	(1,617,567)
Net Current Assets		**931,708**	**840,547**
Total Assets less Current Liabilities		**3,075,722**	**2,994,904**
Capital and Reserves			
Revenue Reserves		931,708	840,547
Capital Account	17	2,144,014	2,154,357
		3,075,722	**2,994,904**

The Statement of Cash Flows and Notes 1 to 20 form part of these financial statements.

On behalf of the Health Information and Quality Authority,

Signed: 

Brian McEnery
Chairperson

Date: 24 April 2018

Signed: 

Phelim Quinn
Chief Executive

Date: 24 April 2018

Statement of Cash Flows
For the year ended 31 December 2017

Reconciliation of Operating Surplus to Net Funds Inflow from Operating Activities

		2017	2016
	€	€	€
€			
Operating Surplus		91,161	519,091
(Increase)/Decrease in receivables		(74,255)	15,172
(Decrease)/Increase in payables and accruals		(91,352)	511,253
Interest received		(62)	(173)
Net Cash Flow from Operating Activities		**(74,508)**	**1,045,343**
Cash Flows from Investing Activities			
Purchase of fixed assets		549,493	719,746
Capital grants received		(549,493)	(719,746)
Net Cash Flows from Investing Activities		**0**	**0**
Cash Flows from Financing Activities			
Interest received		62	173
Net Cash Flows from Financing Activities		**62**	**173**
Net (Decrease)/Increase in Cash and Cash Equivalents		**(74,446)**	**1,045,516**
Cash and cash equivalents at 1 January		1,876,151	830,635
Cash and Cash Equivalents at 31 December		**1,801,705**	**1,876,151**

On behalf of the Health Information and Quality Authority,

Signed: Brian Mc Enery

Brian McEnery
Chairperson

Date: 24 April 2018

Signed:

Phelim Quinn
Chief Executive

Date: 24 April 2018

Notes to the Financial Statements For the year ended 31 December 2017

1. Accounting Policies

The basis of accounting and significant accounting policies adopted are set out below. They have all been applied consistently throughout the year and for the preceding year.

1. (a) Statement of Compliance

The financial statements of HIQA for the year ended 31 December 2017 have been prepared in accordance with FRS102 (the financial reporting standard applicable in the UK and Ireland), as modified by the directions of the Minister for Health in relation to superannuation. In compliance with the directions of the Minister for Health, HIQA accounts for the costs of superannuation entitlements only as they become payable (see (j) and (k)). This basis of accounting does not comply with FRS102, which requires such costs to be recognised in the year in which entitlement is earned.

1. (b) Basis of Preparation

The financial statements are prepared under the accruals method of accounting and under the historical cost convention in the form approved by the Minister for Health with the concurrence of the Minister for Public Expenditure and Reform, in accordance with Section 35 of the Health Act 2007.

The following accounting policies have been applied consistently in dealing with items which are considered material in relation to HIQA's financial statements.

1. (c) Income

(i) Oireachtas grants

The amount brought to account represents the actual grants received in the accounting period. Grant income applied for capital purposes resulting in additions to fixed assets is capitalised in the capital account.

(ii) Annual fee income

Annual fees from providers of Designated Centres for Older Persons are recognised three times every year in accordance with Statutory Instrument 245 of 2009, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009 and Statutory Instrument 493 of 2013, Health Act 2007(Registration of Designated Centres for Older People) (Amendment) Regulations 2013.

Notes to the Financial Statements For the year ended 31 December 2017

Annual fees from providers of Designated Centres for Persons with Disabilities are recognised three times every year in accordance with Statutory Instrument 366 of 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulation 2013.

(iii) Application to register or vary fees

Applications to register or vary fees are recognised on receipt of the relevant fee, in accordance with Statutory Instrument 245 of 2009, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009 and Statutory Instrument 366 of 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulation 2013.

(iv) Other grants

Other grants, such as EU project funded grants are recognised on an accruals basis.

1. (d) Employee - short-term benefits

Short-term benefits such as holiday pay are recognised as an expense in the year and benefits that are accrued at year-end are included in the payables figure in the Statement of Financial Position.

1. (e) Receivables

Receivables are recognised at fair value, less a provision for doubtful debts. The provision for doubtful debts is a specific provision and is established when there is objective evidence HIQA will not be able to collect all amounts owed to it. All movements in the provision for doubtful debts are recognised in the Statement of Income and Expenditure and Retained Revenue Reserves.

Annual fee debt is only written off on the basis of management assessment of the probability of non-collection and the cost of collection versus the debt outstanding. All amounts for debt written off are recognised in the Statement of Income and Expenditure and Retained Revenue Reserves.

1. (f) Operating lease

Rental expenditure under operating leases is recognised in the Statement of Income and Expenditure and Retained Revenue Reserves over the life of the lease. Expenditure is recognised on a straight line basis over the lease period.

Notes to the Financial Statements For the year ended 31 December 2017

1. (g) Capital funding

HIQA's fixed assets are funded from a combination of capital grants and allocations from current revenue. Funding sourced from grants is transferred to a capital account which is amortised in line with the depreciation of the related assets.

1. (h) Property, plant and equipment and depreciation

Property, plant and equipment are stated at cost less accumulated depreciation, adjusted for any provision for impairment. Depreciation is provided on all property, plant and equipment at rates estimated to write off the cost less estimated residual value of each asset on a straight line basis over their estimated useful lives, as follows:

- Leasehold interest — Life of the lease
- Furniture and fittings — 20%
- Computer equipment — 33.33%

Asset acquisitions, regardless of the source of funds, are capitalised with the exception of assets funded from revenue (non-capital) grants with a value below the following threshold:

- Equipment or furniture and fittings - Less than €3,809
- Computer or ICT equipment - Less than €1,270

Residual value represents the estimated amount which would currently be obtained from disposal of an asset, after deducting the estimated costs of disposal, if the asset were already of an age and in the condition expected at the end of its useful life.

If there is objective evidence of impairment of the value of an asset, an impairment loss is recognised in the Statement of Income and Expenditure and Retained Revenue Reserves.

1. (i) Superannuation

In accordance with Section 27 of the Health Act 2007, HIQA has established a superannuation scheme which has been approved by the Department of Health.

Notes to the Financial Statements For the year ended 31 December 2017

The scheme is a defined benefit superannuation scheme for employees. No provision has been made in respect of benefits payable. Contributions from employees who are members of the scheme are credited to the income and expenditure account when received. Pension payments under the scheme are charged to the income and expenditure account when paid. By direction of the Minister for Health, no provision has been made in respect of benefits payable in future years.

1. (j) Single public service pension scheme

All new entrants into the public sector with effect from 1 January 2013 are members of the single public service pension scheme, where all employee pension deductions are paid to the Department of Public Expenditure and Reform. Pension payments under the scheme are charged to the income and expenditure account when paid. By direction of the Minister for Health, no provision has been made in respect of benefits payable in future years.

1. (k) Critical accounting judgments and estimates

The preparation of the financial statements requires management to make judgments, estimates and assumptions that affect the amounts reported for assets and liabilities as at the Statement of Financial Position date and the amounts reported for revenues and expenses during the year. However, the nature of estimation means that actual outcomes could differ from these estimates. The following judgment has had the most significant effect on amounts recognised in the financial statements:

Depreciation and residual values

HIQA has reviewed the asset lives and associated residual values of all fixed assets, and in particular the useful economic life and residual values of fixtures and fittings, and have concluded that assets lives and residual values are appropriate.

Notes to the Financial Statements For the year ended 31 December 2017

2. Annual and Registration Fee Income

	2017	2016
	€€	€
€		
Annual fees	6,743,001	6,635,984
Registration fees	326,900	207,800
	7,069,901	**6,843,784**

3. Other Income

	2017	2016
	€€	€
€		
Superannuation contributions	439,588	452,292
EU and other grants	35,076	15,097
CICER project income	151,373	-
Interest received	62	173
Miscellaneous income	1,671	268
Total	**627,770**	**467,830**

4. Staff Costs

	2017	2016
	€€	€
€		
Wages and salaries	11,577,355	10,660,820
Pensions	494,694	728,780
Allowances	-	747
Agency staff	1,642,263	1,559,542
Board members' fees	121,805	128,250
Employers' pay related social insurance (PRSI)	1,050,907	1,000,135
Total	**14,887,024**	**14,078,274**

Pension related deductions of €558,045 (2016, €577,168) were made from staff salaries and remitted to the Department of Health.

Notes to the Financial Statements
For the year ended 31 December 2017

5. Remuneration

5.a Aggregate Employee Benefits

	2017	2016
	€€	€
€		
Employee short-term benefits	11,439,875	10,661,567
Outstanding annual leave entitlement	134,328	155,643
Termination benefits	137,480	-
Employer's contribution to social welfare	1,050,907	1,000,135
	12,762,590	**11,817,345**

The total number of staff employed, whole time equivalents, at year end was 213 (2016, 196).

5.b Short-term Benefits

	2017	2016
	€€	€
€		
Basic pay	11,439,875	10,660,820
Allowances	-	747
	11,439,875	**10,661,567**

5.c Termination Benefits

	2017	2016
	€€	€
€		
Termination benefits charged to income and expenditure	137,480	-
	137,480	**-**

Legal costs of €9,895 were also incurred in relation to concluding the termination agreement.

Notes to the Financial Statements For the year ended 31 December 2017

5.d Key Management Personnel

Management personnel in HIQA consist of members of the Board, the Chief Executive, the Director of Health Technology Assessment and Deputy Chief Executive, the Director of Regulation, the Director of Health Information and Standards, and the Acting Chief Operations Officer. The total value of employee benefits for key management personnel is set out below:

	2017	2016
	€€	€
€		
Salary	619,066	719,602
Board member fees	121,804	128,250
	740,870	**847,852**

This does not include the value of retirement benefits earned in the period. The key management personnel are members of HIQA's pension scheme and their entitlements in that regard do not extend beyond the terms of the model public service pension scheme.

HIQA's executive directors were reimbursed €29,750 (2016, €24,981) for travel, subsistence and other expenses incurred while carrying out their duties.

5.e Chief Executive Salary and Benefits

	2017	2016
	€€	€
€		
Salary	146,123	143,535
	146,123	**143,535**

The Chief Executive is a member of HIQA's pension scheme and his entitlements do not extend beyond the terms of HIQA's public service pension scheme. The value of retirement benefits earned in the period is not included above.

Notes to the Financial Statements For the year ended 31 December 2017

6. Employee Short-Term Benefits

Employees' short-term benefits in excess of €60,000 are categorised into the following bands:

	2017 Number€	2016 Number
€		
€60,000 - €70,000	74	51
€70,001 - €80,000	33	17
€80,001 - €90,000	11	6
€90,001 - €100,000	2	3
€100,001 - €110,000	3	1
€110,001 - €120,000	0	1
€120,001 - €130,000	0	0
€130,001 - €140,000	2	2
€140,001 - €150,000	2	1

Total employer pension contributions paid during the year was nil (2016, nil).

For the purposes of this disclosure, short-term employee benefits in relation to services rendered during the reporting period include salary, overtime allowances and other payments made on behalf of the employee, but exclude employer's PRSI.

7. Hospitality Expenditure

The Income and Expenditure Statement includes the following hospitality expenditure:

	2017 €€	2016 €
€		
External Hospitality	2,928	1,146
Staff Hospitality	2,160	-
Total	**5,088**	**1,146**

Notes to the Financial Statements For the year ended 31 December 2017

8. Average Headcount

	2017	2016
	€€	€
€		
Regulation	150	140
Health Technology Assessment	10	9
Health Information and Standards	16	14
Support staff	32	29
	208	**192**

As at 31 December, HIQA had employed 213 whole time equivalent staff (2016 196).

9. Travel and Subsistence

	2017	2016
	€€	€
Domestic		
Board	5,546	5,543
Employees	810,146	772,385
International		
Board	-	-
Employees	13,139	17,996
External professional services*	8,647	9,281
	837,478	**805,205**

Board travel and subsistence includes €3,557 paid directly to Board members in 2017 (2016, €3,414). The balance of €1,989 (2016, €2,129) relates to expenditure paid by HIQA on behalf of the Board members in relation to hotel accommodation. Where hotel accommodation was provided by HIQA, no subsistence was claimed by the Board member.

*This cost relates to travel and subsistence costs which were incurred by HIQA as part of the contractual cost associated with the receipt of certain professional services.

Notes to the Financial Statements For the year ended 31 December 2017

10. Professional Fees

Consultancy costs include the cost of external advice to management and exclude outsourced 'business-as-usual' functions.

	2017	2016
	€€	€
Consultancy		
General legal advice	79,801	30,727
Statutory investigations and reviews	10,298	-
Financial and actuarial advice	3,014	-
Human resources	5,288	8,454
Standards development and health technology assessments	5,412	6,050
Governance and strategy	64,190	86,538
Other	-	14,740
Total consultancy	**168,003**	**146,509**
Other professional services		
ICT professional services	104,827	106,051
Organisational development	113,210	42,270
Human resources and payroll implementation	29,962	25,000
Staff survey and poll services	23,555	-
Facilitation and coaching services	10,220	59,797
External accreditations	9,994	3,229
Pension support services	8,580	13,184
Procurement services	443	12,392
Other	7,100	17,722
Total professional services	**307,891**	**279,645**
Legal		
Legal fees – legal proceedings*	128,024	78,503
Total	**128,024**	**78,503**
Total professional fees	**603,918**	****504,657**

Notes to the Financial Statements For the year ended 31 December 2017

10. Professional Fees (continued)

*The table provides details of expenditure in the reporting period in relation to a range of legal proceedings. It includes two disputes with the Health Service Executive that were heard in court.This does not include expenditure incurred in relation to general legal advice received by HIQA which is disclosed in consultancy costs above.

All consultancy costs incurred were charged to the Income and Expenditure Account.

**Some prior year expenditure has been reclassified, so as to be consistent with current year disclosures.

11. Support costs

	2017	2016
	€€	€
€		
Recruitment	149,088	*124,821
Staff training and development	153,434	94,964
Membership and subscriptions	57,367	71,369
Telephone	131,748	134,124
IT support and supplies	1,011,943	508,378
Internal audit and accountancy	72,330	78,744
External audit	13,000	11,400
Postage and stationery	116,317	85,803
Media monitoring	9,634	11,453
Couriers	6,031	1,663
Prompt payment interest and charges	507	698
VAT - interest and penalties	-	12,870
Bank charges	2,868	1,434
Total	**1,724,267**	**1,137,721**

* Some prior year expenditure has been reclassified, so as to be consistent with current year disclosures.

Notes to the Financial Statements For the year ended 31 December 2017

12. Establishment Expenses

	2017	2016
	€€	€
Rent	1,170,074	1,238,393
Building service charge	94,447	94,703
Insurance	6,349	2,108
Repairs and maintenance	68,745	64,178
Meeting room hire	16,753	10,277
Stakeholder events and catering	62,537	40,743
Light and heat	112,361	128,489
Cleaning and refuse	84,559	75,111
Security	121,646	116,232
Record retention and storage	5,863	4,911
Health and safety	8,652	12,877
Total	**1,751,986**	**1,788,022**

Notes to the Financial Statements For the year ended 31 December 2017

13. Fixed assets

	Leasehold interest	Fixtures and fittings	Computer equipment	Total
	€€	€	€	€
Cost or valuation				
Balance at 1 January 2017	2,067,364	635,580	2,793,878	5,496,822
Additions	-	7,676	541,817	549,493
Disposals	-	-	(130,729)	(130,729)
Cost or valuation at 31 December 2017	2,067,364	643,256	3,204,966	5,915,586
Accumulated depreciation				
Balance at 1 January 2017	782,438	560,198	1,999,829	3,342,465
Depreciation charge for the period	109,126	41,143	409,553	559,822
Accumulated depreciation on disposal	-	-	(130,715)	(130,715)
Accumulated depreciation at 31 December 2017	891,564	601,341	2,278,667	3,771,572
Net book value at 31 December 2017	1,175,800	41,915	926,299	2,144,014
Net book value at 31 December 2016	1,284,926	75,382	794,049	2,154,357

Notes to the Financial Statements For the year ended 31 December 2017

14. Receivables

	2017	2016
	€€	€
Annual fee receivables	164	57,994
Prepayments	486,190	455,475
Sundry receivables	169,864	68,494
	656,218	**581,963**

15. Payables (amounts falling due within one year)

	2017	2016
	€€	€
Payables	41,951	87,803
Prepaid income	126,683	20,691
Prepaid project income	225,210	477,744
Trade accruals	547,623	530,242
Payroll deductions	450,420	345,443
Holiday pay accrual	134,328	155,644
	1,526,215	**1,617,567**

Notes to the Financial Statements For the year ended 31 December 2017

16. Capital Account

	2017	2016
	€€	€
Opening balance at 1 January	2,154,357	2,439,293
Movement for period		
Expenditure from capital grant	549,493	719,746
Disposals	(130,729)	(1,224,008)
Amount amortised in line with depreciation for the period	(559,822)	(510,752)
Leasehold improvement cost write off on lease termination	-	(491,771)
Accumulated depreciation on disposals	130,715	1,221,849
Balance at 31 December	**2,144,014**	**2,154,357**

17. Capital Commitments

	2017	2016
	€€	€
Contracted for	7,012	156,166
	7,012	**156,166**

Notes to the financial statements For the year ended 31 December 2017

18. Leasehold Commitments

HIQA is currently occupying three leased premises (Cork, Dublin and Galway). In all cases the lease agreement is between the landlord and the Office of Public Works.

The lease in respect of City Gate, Mahon, Cork was entered into in 2008 for a term of 20 years and one month. The annual rent payable is €370,420. As a result of agreements entered into as part of the decentralisation programme, this rent is paid by The Office of Public Works and is not recouped from HIQA.

The lease in relation to Smithfield in Dublin was entered into 2008 for a 20-year term. The annual rent payable is €1,177,560.

The lease in relation to Headford Road in Galway was entered into on 1 February 2016 for a 10-year term. The annual rent payable is €13,750.

19. Board Members' Interests

The Authority has procedures for dealing with conflicts of interest, in accordance with guidelines issued by the Department of Public Expenditure and Reform.

20. Approval of Financial Statements

These financial statements were approved by the Board on 24 April 2018.

Appendix 1: Annual protected disclosures report

This is the Health Information and Quality Authority's annual protected disclosures report, as required under the Protected Disclosures Act 2014.

The Minister for Public Expenditure and Reform has, under section 7 (2) of the Protected Disclosures Act 2014, prescribed the Chief Executive of the Health Information and Quality Authority as an appropriate recipient of disclosures of relevant wrongdoings relating to all matters relating to the standards of safety and care of persons receiving health and social care services in the public and voluntary health care sectors and social care services in the case of the private health care sector, as provided for by the Health Act, 2007. Any such disclosures made can only be dealt with in a way that is consistent with, and appropriate to the role, statutory rights and duties of HIQA.

In 2017, 327 items of concern in relation to health and social care services HIQA monitors were categorised as having been received from an employee of a service provider. In accordance with our policy, HIQA treats these items of concern as potential protected disclosures. This information was logged and risk assessed and in each case used to inform the most appropriate intervention by HIQA as a regulator of health and social care services and in compliance with its duties under the Protected Disclosures Act 2014.

An anonymous complaint allegedly from a member of HIQA staff was received in November 2017. It was managed under the internal protected disclosure policy and in accordance with legal advice on the presumption that it could constitute a protected disclosure.

Published by the Health Information and Quality Authority.

For further information please contact:

Health Information and Quality Authority
Dublin Regional Office
George's Court
George's Lane
Smithfield
Dublin 7
D07 E98Y

Phone: +353 (0) 1 814 7400
Email: info@hiqa.ie
URL: www.hiqa.ie

© Health Information and Quality Authority 2018