



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

**ANNUAL  
REPORT 2018**

*Safer Better Care*



# Foreword by the Chairperson



**Prof Pat O'Mahony**  
Chairperson

**I am pleased to introduce HIQA's 2018 Annual Report. This document outlines HIQA's achievements as we fulfilled the last year of our 2016–2018 Corporate Plan.**

In 2018, our Regulation Directorate carried out over 1,500 inspections to monitor and regulate the quality and safety of services. Throughout our work, we continued to increase our engagement with the people who use these services, their families and friends. Engagement with service users on their experience of care will continue to be a core strategic objective for HIQA over the next three years. This report details the significant levels of activity and the outcomes of our regulatory work across residential settings for older people and people with a disability.

We also published our investigation into Tusla's management of allegations of child sexual abuse, as requested by the Minister for Children and Youth Affairs. This resulted in a range of recommendations at local and national level, specifically highlighting areas where HIQA can work with the Department of Children and Youth Affairs in standards development and in the regulation of services for some of our most vulnerable children. We hope to develop overarching standards for children's social services in 2019 and will continue to monitor child protection and safeguarding within Tusla as they implement our recommendations.

We also published new *National Standards for Children's Residential Centres* and *National Standards for infection prevention and control in community services* in 2018, which describe what safe, effective and high-quality services should be doing to meet people's needs and protect them from harm.

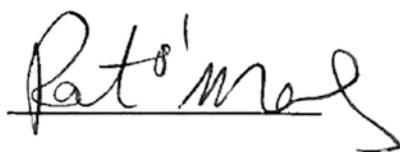
Safeguarding adults in health and social care services continues to be a key objective for HIQA. In 2018, we completed the development of *National Standards for Adult Safeguarding*, in collaboration with the Mental Health Commission. We look forward to this key piece of work being approved by the Minister for Health and adopted across health, mental health and social care services. In addition, our Standards Team commenced work with a range of partners to develop guidance for health and social care service providers on rights-based care. The development of guidance and other tools to support the implementation of standards will form a significant part of our work over the next three years.

Enabling decision-making based on evidence and research is a key objective for HIQA. In 2018, we provided advice to the Minister for Health and the health service on extending the HPV vaccine to boys. We also continue to collaborate with other bodies and key stakeholders nationally and internationally to support and inform healthcare decision-making, particularly under our HRB-CICER function. Ensuring a sound evidence base for policy development and the development of standards and guidelines is a critical part of HIQA's work. Our new Corporate Plan 2019–2021 details how we intend to work with academic, policy and other funding partners to build research capacity in all of our areas of work.

The Sláintecare Implementation Strategy lists the implementation of electronic patient summaries together with an electronic prescribing service as one of its 10 key strategic actions. We continued to support the introduction of electronic patient summaries and ePrescribing in Ireland through developing international reviews, recommendations to the Minister and national standards on information requirements needed to roll out the projects.

In order to improve the quality of data recorded in the health system, we published a data quality framework to support health and social care organisations to assess and improve the quality of the health data and information they collect. We also commenced a review programme of information management practices at HSE-run national data collections. This work aims to improve the quality of national health information and data, and ultimately contribute to the delivery of safe and reliable health and social care in Ireland.

I would like to thank all of HIQA's staff for their hard work and commitment to ensuring we fulfilled our mission and values during 2018, and also the members of the Board for the advice and direction that they provide. I look forward to the delivery of the objectives set out in our new Corporate Plan which will ensure that HIQA continues to make a positive and constructive contribution to the quality and safety of Ireland's health and social care services.



**Prof Pat O'Mahony**  
**Chairperson**

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# Chapter 1: About the Health Information and Quality Authority

## 1.1 Introduction

The Health Information and Quality Authority (HIQA) is the independent authority established in 2007 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 Annual Report outlines the work of HIQA from 1 January to 31 December 2018, 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, and our annual financial statements.

## 1.2 Our mandate and activities

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

Our mandate extends across a specified range of public, private and voluntary sector services. Reporting to the Minister for Health and engaging with the Minister for Children and Youth Affairs, HIQA has responsibility for the following:

- **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.

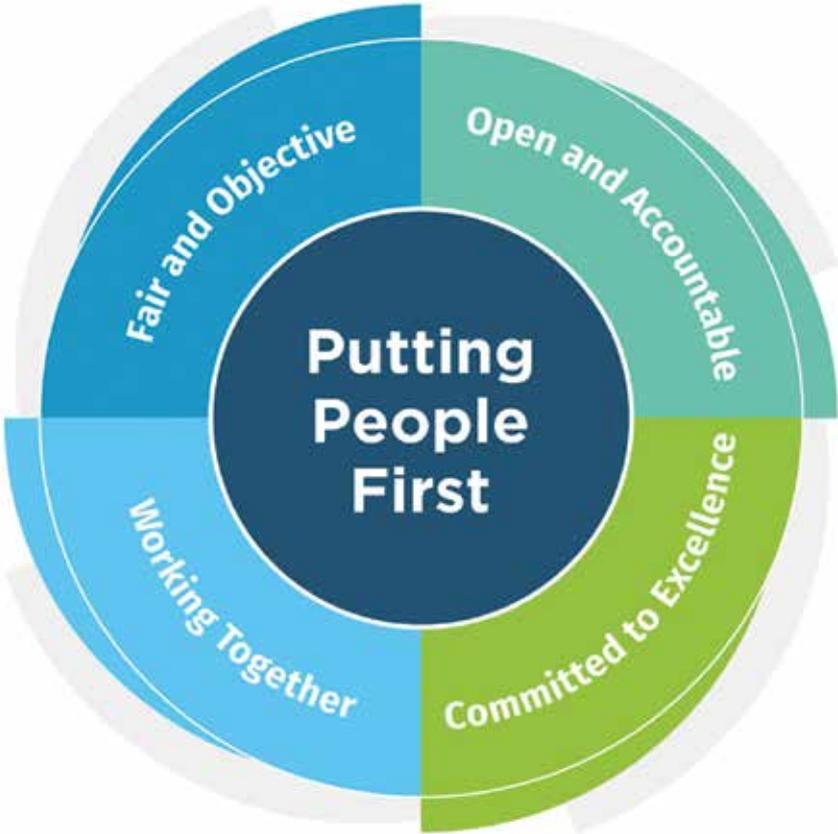
The statutory functions that provide the basis for HIQA’s work are outlined in the Health Act 2007, the Child Care Acts 1991 and 2001 (as amended), the Children Act 2001, the Education for Persons with Special Educational Needs Act 2004, and the Disability Act 2005.

### 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.

HIQA’s core values are to:

1. **Put people first** – HIQA puts the needs and the voices of people who use health and social care services at the centre of all of its work.
2. **Be fair and objective** – HIQA strives to be fair and objective in its dealings with people and organisations, and undertakes its work without fear or favour.
3. **Be open and accountable** – HIQA shares information about the nature and outcomes of its work, and accepts full responsibility for its actions.
4. **Be committed to excellence** – HIQA seeks to continually improve and strives for excellence in its work.
5. **Work together** – HIQA engages with those funding, planning, providing and using health and social care services in developing all aspects of its 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 2018 included:



*Prof Pat O'Mahony (Chairperson)*

Chief Executive of Clinical Research Development Ireland. Former Chairman of the Management Board of the European Medicines Agency. Former Deputy Secretary General and Head of Governance and Performance at the Department of Health. Former Chief Executive of the Health Products Regulatory Authority.



*Dr Deirdre Madden*

Professor of Law at University College Cork. Member of the Health and Social Care Professionals Council, CORU and former member of the Medical Council of Ireland. Chaired the Commission on Patient Safety and Quality Assurance.



*Caroline Spillane*

Director General of Engineers Ireland. Former CEO of the Medical Council of Ireland. Former Assistant National Director with the HSE and CEO of the Crisis Pregnancy Agency.



*Enda Connolly*

Former Chief Executive of the Health Research Board and former Executive Management Team member of IDA Ireland.



*Dr Jim Kiely*

Vice Chair of the Board of Tallaght University Hospital and a member of the Commencement, Transition and Integration Committee for the National Children's Hospital. Former Chief Medical Officer in the Department of Health.



*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.



*Mary Fennessy*

Social worker, formerly worked in children's health and social service in the UK and Ireland. Board member and Commissioner 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 Council regulatory body, CORU.



*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.



*Judith Foley*

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

The following members stood down from the Board in 2018:



*Brian McEnery*

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.

## 2.2 Board meetings

Under the Health Act 2007 the Board is required to meet six times annually. In total, HIQA's Board met 14 times during 2018 to progress various significant matters (see Chapter 5 for more detail on our Board's activities in 2018).

## 2.3 Board committees

Four Board committees with specific responsibilities support the activities of the Board in governing HIQA:

- 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.
- 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: 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 during 2018 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

# 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. This plan outlines the direction and focus of the organisation for the period and focuses on four core outcomes for people using health and social care services, which are:



These outcomes embody the reason HIQA exists and, importantly, what HIQA aims to achieve. To achieve these outcomes, we have set specific objectives, priorities and a range of commitments against our core activities:



In order to achieve our strategic objectives, we need:



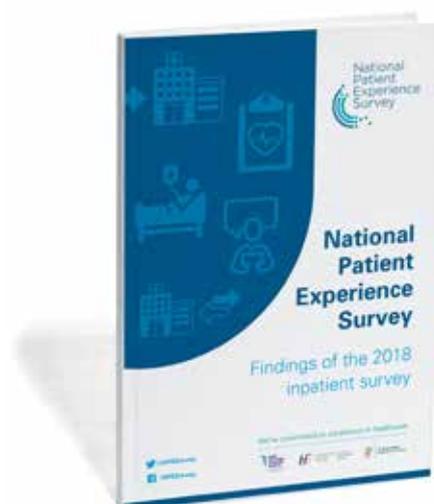
These objectives, priorities and commitments, articulated within the Corporate Plan, are met through objectives set out in our annual business plan. Progress in achieving these objectives is summarised in the next section. Following the approval of our Corporate Plan 2019–2021 by the Minister for Health, HIQA will publish a technical report on the progress in meeting the objectives detailed in our 2016–2018 Corporate Plan.

## 3.2 Summary of achievements from 1 January to 31 December 2018

- Completed an investigation into the management of allegations of child sexual abuse against adults of concern by the Child and Family Agency (Tusla) upon the direction of the Minister for Children and Youth Affairs. The investigation made four main recommendations for the Department of Children and Youth Affairs and for Tusla, in addition to other actions which Tusla must urgently take.
- Completed the registration of designated centres for people with disabilities, registering 1,183 centres between November 2013 and October 2018. During 2018, we carried out 859 inspections of centres for people with disabilities, monitoring against the regulations and standards, and ensuring the rights of residents were promoted and protected.
- Carried out 542 inspections of 444 nursing homes, with 15 nursing homes requiring three or more inspections during 2018. Inspections monitored compliance with regulations and standards, and promoted improvement through a specific thematic inspection programme centred on the care of residents with dementia.
- Carried out 65 inspections of children's services, including of statutory children's residential services, foster care services, special care units, Oberstown Children Detention Campus and child protection and welfare services. As a result of these inspections, we made recommendations to providers on improving the quality and safety of services to vulnerable children and young people.
- Commenced the registration and regulation of special care units as designated centres on 1 January 2018. All three special care units were inspected and registered by November 2018.
- Carried out 38 inspections in public hospitals and commenced a new programme of monitoring maternity services against the *National Standards for Safer Better Maternity Services*, which independently assesses the quality and safety of Ireland's maternity services.
- Furthered the implementation of ePrescribing in Ireland by publishing recommendations for the Minister for Health, and developing a national standard on information requirements for national community-based ePrescribing, in line with the actions set out in the Sláintecare Implementation Strategy.



- Published *Guidance on a data quality framework for health and social care services*, and an interactive data quality assessment tool, in October 2018 to support health and social care organisations to systematically assess, monitor, evaluate and improve the quality of the health data and information they collect.
- Completed an *International review of the methodologies for developing national standards and guidance* which informed a revised standards development process and put greater emphasis on the development of guidance and tools aimed at promoting and facilitating standards implementation across Ireland's health and social care services.
- Commenced Phase 1 of a review programme to assess compliance with the *Information Management Standards for National Data Collections* and published reviews of information management practices in the Hospital In-Patient Enquiry (HIPE) scheme and BreastCheck. Following these reviews, we made a series of recommendations aimed at improving governance and data quality in the data collections.
- Published the results of the 2018 National Patient Experience Survey. Over 13,000 people participated in the 2018 inpatient survey, with 84% of patients saying that they had a 'good' or a 'very good' overall experience in hospital in May 2018. In line with the partnership ethos of the programme, we worked with the HSE in promoting the delivery of a range of initiatives aimed at improving the experience of patients in the acute hospitals surveyed.
- Published advice for the Minister for Health on extending the HPV vaccination to boys following the completion of a health technology assessment (HTA) which established the clinical and cost-effectiveness of extending the current immunisation programme, and changing from a 4 to a 9-valent vaccine.
- Commenced a HTA of a pre-exposure prophylaxis (PrEP) programme for populations at substantial risk of sexual acquisition of HIV in Ireland.
- Provided evidence synthesis to support the development of a National Clinical Guideline on Adult type 1 diabetes mellitus published in June 2018.
- Published guidelines for the economic evaluation and budget impact analysis of health technologies in Ireland.
- Published *National Standards for Children's Residential Centres*, as approved by the Minister for Health in consultation with the Minister for Children and Youth Affairs.



- Published *National Standards for infection prevention and control in community services*, which are the first set of HIQA standards developed specifically for community health and social care services, such as ambulance services, homecare, GP practices, dental practices, residential centres, day care services and pharmacies.
- In partnership with the Mental Health Commission, ran a public consultation on *Draft national standards for adult safeguarding*, and held a seminar in May 2018 called '*Adult Safeguarding: Promoting Rights, Health and Wellbeing*' to raise awareness of the importance of adult safeguarding.
- Held a scoping consultation on the development of new guidance for a human rights-based approach in health and social care services.
- Held public consultations on our Draft Corporate Plan 2019–2021 and draft service charter.
- Attended the Joint Committee on Health in March to discuss the European Commission's proposed regulation on Health Technology Assessment.
- Attended the Joint Committee on Health in June to debate the General Scheme of the Patient Safety (Licensing) Bill.



*Mary Dunnion, HIQA's Director of Regulation and Chief Inspector of Social Services, speaking to the Joint Committee on Health on 13 June 2018.*

# HIQA's 2018 in numbers

**542**   
INSPECTIONS OF  
NURSING HOMES

**859**   
INSPECTIONS OF  
RESIDENTIAL SERVICES  
FOR PEOPLE WITH  
DISABILITIES

 **38**  
INSPECTIONS  
OF HOSPITALS

 **65**  
INSPECTIONS  
OF CHILDREN'S  
SERVICES

 **2**  
APPEARANCES AT  
OIREACHTAS  
COMMITTEES

**1** STATUTORY INVESTIGATION  
INTO THE MANAGEMENT  
OF ALLEGATIONS OF **CHILD  
SEXUAL ABUSE AGAINST  
ADULTS OF CONCERN**

**13,404**  
PARTICIPANTS IN THE  
NATIONAL PATIENT  
EXPERIENCE SURVEY 

**447,085**  
DOCUMENTS  
DOWNLOADED FROM  
[WWW.HIQA.IE](http://WWW.HIQA.IE) 

**2 SETS**  
OF NATIONAL  
STANDARDS  
PUBLISHED 

**2**   
REVIEWS OF  
INFORMATION  
MANAGEMENT  
PRACTICES IN HIPE  
AND BreastCheck

**10**  
PUBLIC  
CONSULTATIONS  
HELD 

**242**   
SUBMISSIONS  
RECEIVED ON DRAFT  
HTA TO EXTEND THE  
HPV VACCINE  
TO BOYS

# Chapter 4: Activity reports

This chapter of the Annual Report records the work that our directorates and teams carried out in 2018 to progress the strategic objectives outlined in HIQA's *Corporate Plan 2016–2018*. Overview reports on our work in regulating and monitoring designated centres for older people, designated centres for people with disabilities, healthcare services and children's services will be published in the first half of 2018.

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

HIQA was established to drive high-quality and safe care for people using our health and social care services. In order to achieve its statutory obligations set out in the Health Act 2007, as amended, HIQA established a Regulation Directorate. This Directorate functions under the stewardship of:

- the Office of the Chief Inspector of Social Services, which oversees the registration and regulation of designated centres for adults and children
- the Director of Regulation, which is responsible for monitoring the quality and safety of health and unregistered social services.

The Regulation Directorate is divided into four specialty pillars:

- 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.

The Office of the Chief Inspector and the Regulation Directorate meet our strategic objectives through regulatory inspection and monitoring 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. Regulatory compliance inspections of those centres which, by virtue of registration, are required to maintain compliance with legally binding regulations.
2. Monitoring inspections which monitor ongoing compliance with specified nationally mandated standards.
3. Thematic inspections which aim to drive quality improvement by focusing on national standards pertinent to aspects of care and quality of life, for example, dementia thematic inspections.

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, as set out in the regulations. Equally, residents, people who use services, relatives, staff, advocates or third parties who have direct contact with a patient, 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.

In addition, HIQA may undertake an investigation as to the safety, quality and standards of the services described in section 8(1) (b) of the Health Act if HIQA believes, on reasonable grounds, that there is a serious risk to the health or welfare of persons using those services. The Minister may also require HIQA to undertake an investigation in accordance with Section 9 of the Act.

### 4.1.1 Regulation of designated centres for older people

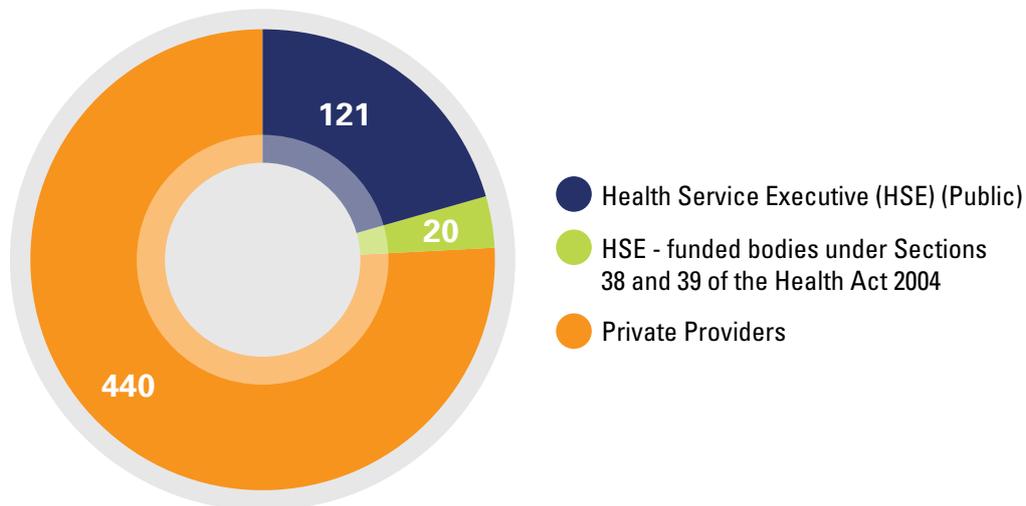
By 31 December 2018, there were 581 registered designated centres for older people (nursing homes), offering over 31,000 registered beds.

Nursing homes may be owned and operated by a number of legal entities, including:

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

The vast majority (76%) of nursing homes are owned and operated by private providers. Figure 1 sets out the profile of ownership of nursing homes at the end of 2018.

Figure 1 - Nursing homes classified by ownership<sup>1</sup>



<sup>1</sup> 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.

There has been a net increase of two nursing homes across the country this year. However, over the course of the year:

- 12 new centres opened
  - Three of these centres replaced three centres which closed
  - One new centre was created by two existing centres combining
  - Eight centres were new builds
- 10 centres closed
  - Three of these centres were replaced by new centres
- 20 centres extended their premises.

As a result of the above changes, on 31 December 2018 there were 31,251 beds in designated centres for older people compared to 30,732 in 2017; an increase of 519 registered beds.

New nursing home beds become available in one of three ways:

1. The registration of a newly built centre<sup>2</sup>
2. The registration of a previously closed centre
3. An extension to an existing centre

In 2018, 529 previously unregistered beds became available when eight new privately owned and operated centres were registered. Table 1 details the number and geographical location of those beds and the month in which they were registered.

**Table 1 - Previously unregistered beds that became available by geographical location and month of registration**

Month of registration	Number of beds	Geographical location
March	18	Limerick
October	99	Wicklow
November	46	Galway
November	41	Limerick
December	27	Letterkenny
December	40	Letterkenny
December	95	Wexford
December	163	Dublin

2 A newly built centre may be a replacement of an existing centre.

In addition, 160 nursing home beds were registered to replace beds which had previously existed (75 in Wexford, 74 in Castlebar and 11 in Dublin). One of these centres is owned and operated by the HSE, while the other two are owned and operated by private providers.

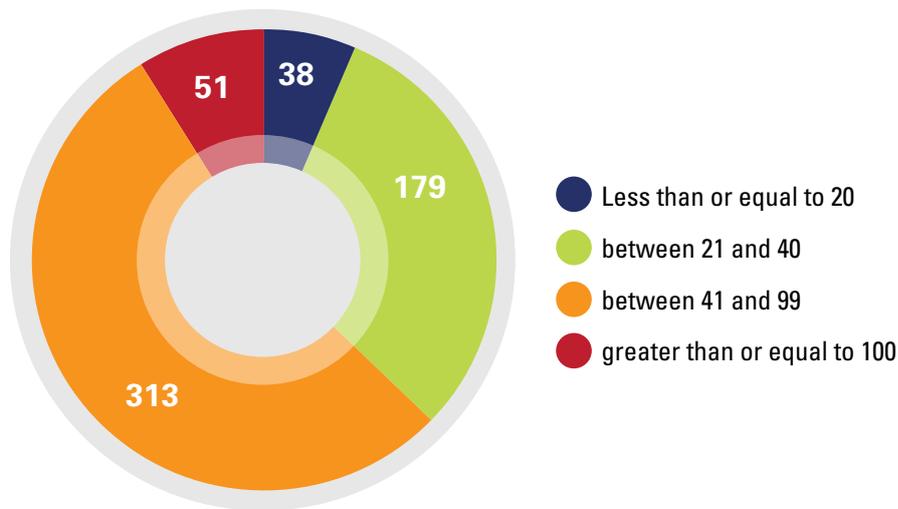
Table 2 details the current geographical distribution of nursing homes and the number of beds registered with the Office of the Chief Inspector at the end of 2018.

**Table 2 - Geographical distribution of nursing homes and the number of beds registered at 31 December 2018**

<b>Geographical area</b>	<b>Number of nursing homes</b>	<b>Number of registered beds</b>
Carlow	10	431
Cavan	11	524
Clare	16	900
Co. Dublin	35	2498
Cork	70	3672
Donegal	25	969
Dublin 1	1	45
Dublin 10	1	161
Dublin 11	8	609
Dublin 12	1	27
Dublin 13	1	78
Dublin 14	3	149
Dublin 15	4	261
Dublin 16	3	208
Dublin 17	2	237
Dublin 18	4	275
Dublin 20	4	339
Dublin 22	1	31
Dublin 24	3	306
Dublin 3	3	179
Dublin 4	8	385
Dublin 5	5	458
Dublin 6	7	467

Geographical area	Number of nursing homes	Number of registered beds
Dublin 6w	2	140
Dublin 7	2	79
Dublin 8	4	187
Dublin 9	7	580
Galway	43	1909
Kerry	23	1033
Kildare	23	1623
Kilkenny	16	698
Laois	6	302
Leitrim	6	257
Limerick	26	1306
Longford	4	291
Louth	13	652
Mayo	24	1055
Meath	20	1076
Monaghan	6	371
Offaly	11	610
Roscommon	14	717
Sligo	7	391
Tipperary	33	1261
Waterford	13	741
Westmeath	12	618
Wexford	18	1037
Wicklow	22	1108
<b>Total</b>	<b>581</b>	<b>31251</b>

**Figure 2 - Bed numbers in registered designated centres for older people, as of 31 December 2018**

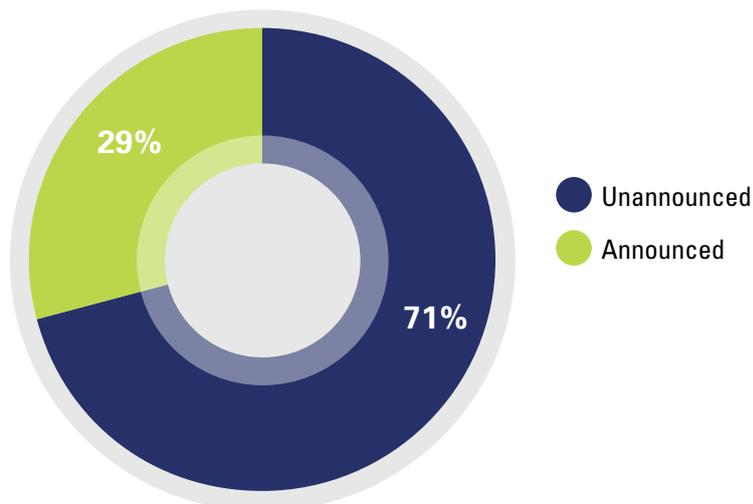


The percentage of centres with 100 or more beds was 8.8% in 2018, a modest increase from 8.1% in 2017.

All registered nursing homes are subject to inspection by authorised inspectors. An inspection of a nursing home may be announced or unannounced. In 2018, 29% of inspections of nursing homes were announced.<sup>3</sup>

Figure 3 shows the number of announced and unannounced inspections of nursing homes carried out in 2018.

**Figure 3 - Percentage of announced and unannounced inspections of nursing homes carried out in 2018**

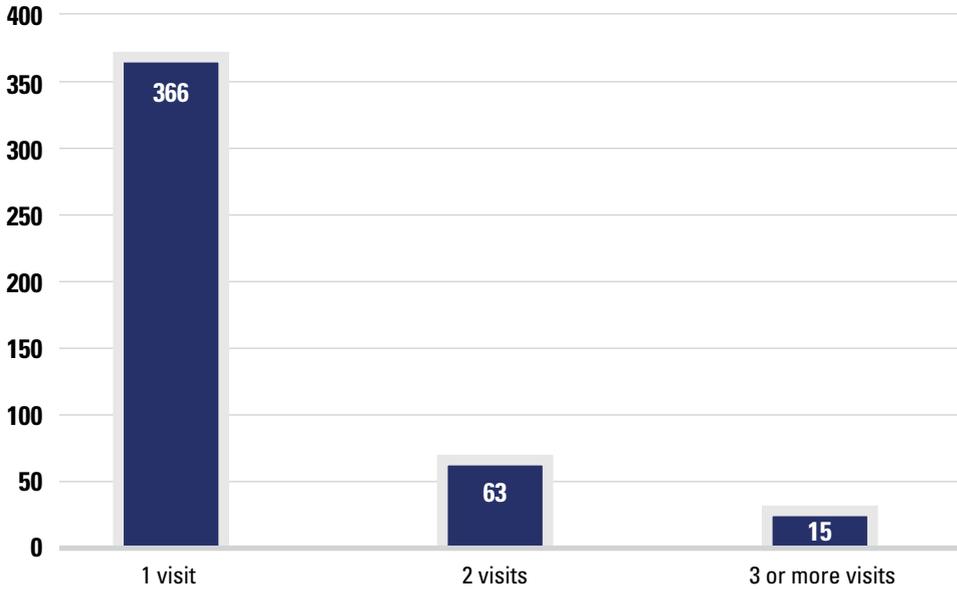


<sup>3</sup> Announced inspections are carried out to enable greater participation of residents and relatives in the inspection process by letting them know when inspectors will be present in the centre. An inspection may also be announced if the inspector requires a particular person to be available during the inspection.

During 2018, we carried out 542 inspections of 444 nursing homes. Inspections were carried out to inform an assessment of compliance with the regulations and national standards (418 inspections) or to drive improvement in the care of residents with dementia (124 inspections).

The vast majority of nursing homes inspected in any given year will receive two or fewer inspections during the course of that year. However, reported regulatory non-compliance and associated concerns about the care and welfare of residents in a small number of centres will generate more than two inspections. Fifteen nursing homes required three or more inspections during 2018. This represented 3.4% of all nursing homes inspected over the year.

**Figure 4 - Number of inspection visits per centre inspected in 2018**



## Stakeholder engagement

During 2018, we hosted four regional stakeholder engagement sessions with registered providers; two sessions were held in Dublin, one in Cork and one in Galway. Every registered nursing home in the country was invited to a session. The purpose of these sessions was to enhance our communication with providers and managers of nursing homes, to share information and to answer any questions that providers may have. These sessions were positively evaluated with constructive suggestions of how we might build on this initiative in 2019.

We also hosted four public sessions for residents, their relatives and interested members of the public to gain insight into the experiences of and areas of greatest concern for people who use services, and to provide information about the role of the Office of the Chief Inspector. The theme was 'A Day for your Say' and the majority of the 74 attendees were relatives of residents currently in residential care. We will build on the information received at these sessions to inform further public sessions in 2019.

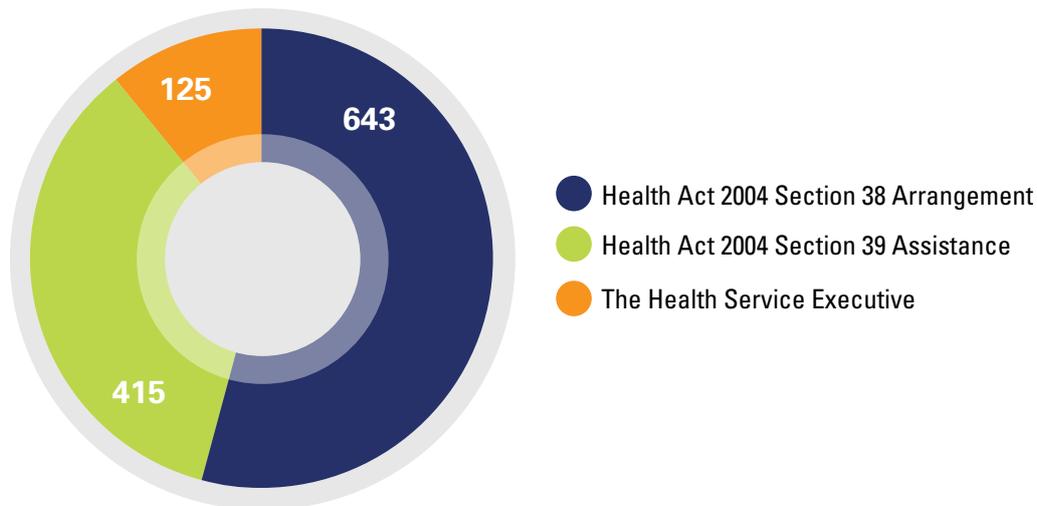
Other stakeholders we engaged with in 2018 included Nursing Homes Ireland, the advocacy group SAGE, the Competition and Consumer Protection Commission and the Irish Guide Dogs Association.

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

By 31 December 2018, there were 1,183 centres providing residential services to adults and children with disabilities. While the vast majority of these designated centres provide services to adults, 43 of them provide services to a mix of adults and children, the majority of which are respite centres that accommodate children and adults at different times. There are 73 centres specifically for children with a disability.

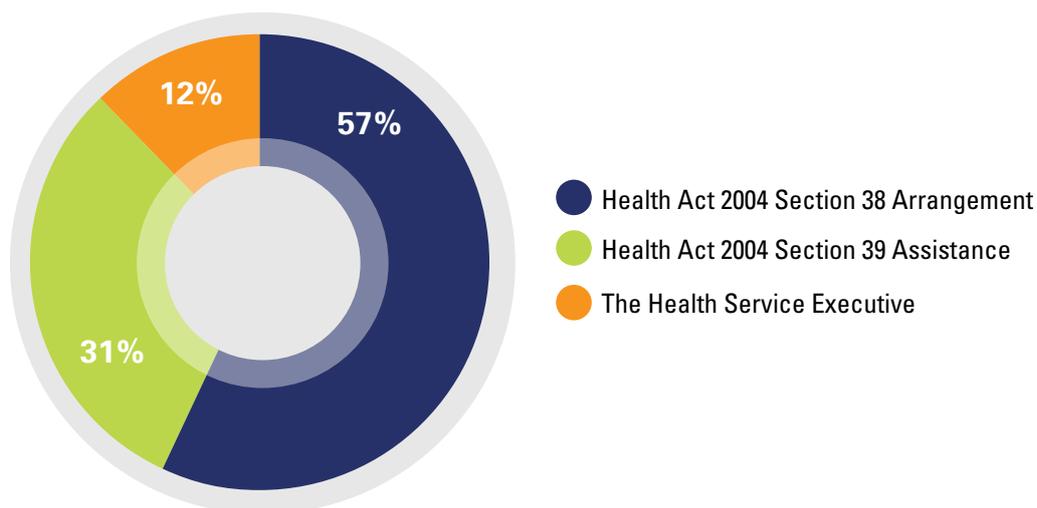
Designated centres for people with disabilities are provided by a number of different bodies.

**Figure 5 - Number of registered designated centres for people with disabilities (by provider type) at 31 December 2018<sup>4</sup>**



The 1,183 designated centres for people with disabilities provided 8,894 residential places. The HSE directly provided 1,085 (12%) of these places, with 5,082 places (57%) provided through a Section 38 HSE funding arrangement for non-HSE providers, and 2,727 places (31%) provided through Section 39 assistance by the HSE to providers. These included both long-term and respite placements for 8,287 adults, 287 either adult or children’s places, and 320 children’s places.

**Figure 6 - Percentage of places provided for people with a disability based on funding arrangement of the designated centre at 31 December 2018**



4 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.

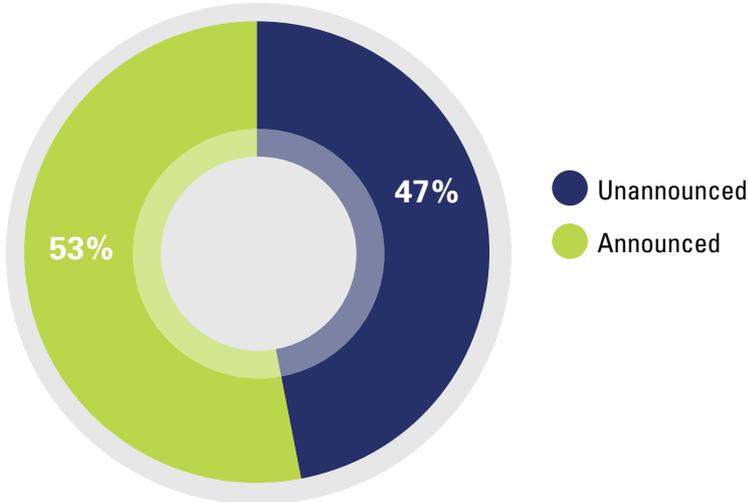
Following the commencement of regulation in the disability sector in November 2013, all residential centres for people with disabilities which met the criteria of a designated centre were required to notify the Chief Inspector that they were in operation. These centres were given Section 69(2) status and deemed registered under the Health Act.

Subsequently, providers were required to apply to register all centres by November 2016. In 2016, the Act was amended to extend this period to November 2018, due primarily to the disability sector not being ready for regulation.

The Chief Inspector made a registration decision on all centres within the legal time frame of 31 October 2018 as set out in the Health Act 2007, as amended. As well as registering 1,183 centres between November 2013 and October 2018, the Chief Inspector cancelled the registration of 10 centres during this period as the providers had failed to make sustained improvements to the safety and quality of life of residents.<sup>5</sup>

During 2018, we completed 859 inspections of 751 centres for people with disabilities. Inspections can be announced or unannounced and may take place at any time of day or night. Of the 859 inspections completed, 53% were announced with the remaining 47% unannounced.

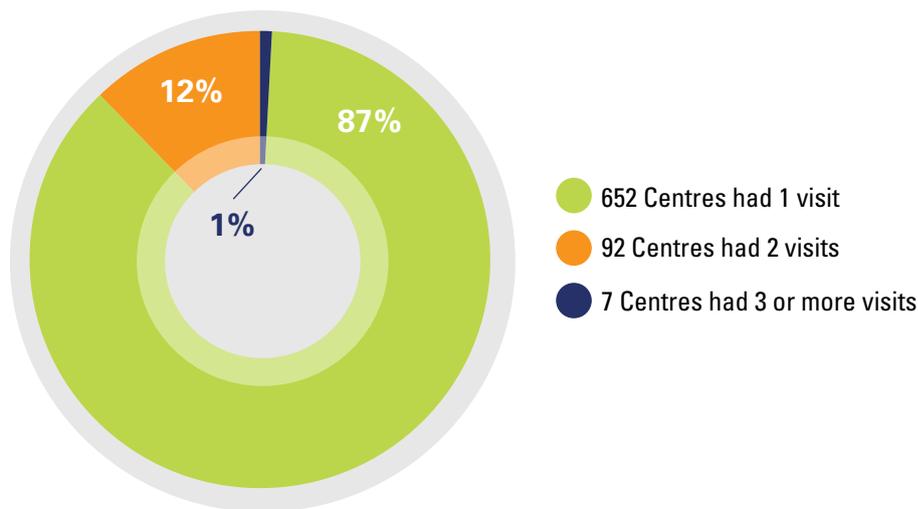
**Figure 7 - Percentage of announced and unannounced inspections of designated centres for people with disabilities carried out in 2018**



Of the 751 centres visited in 2018, 652 received one inspection. This indicates that they had a good level of compliance and that, where there were non-compliances, the provider responded appropriately. While 92 centres required two inspections to monitor compliance, seven centres required three or more follow-up inspections. This indicates there were significant concerns in relation to the quality of life for residents in those seven centres, requiring increased monitoring by inspectors.

<sup>5</sup> Under Section 64 of the Health Act 2007, the HSE was required to take over the operation of these centres while arrangements were made for another provider to be registered. Currently, eight of these centres are still being operated by the HSE while a new provider has been registered for one of the other centres and one of the centres was closed.

Figure 8 - Percentage of inspection visits per centre inspected in 2018



## Stakeholder engagement

During 2018, the Disability Team continued its programme of engagement with stakeholders. As well as meeting residents while on inspection, inspectors also attended six resident group or advocacy meetings across the country to listen to residents about their experience of inspection. Inspectors asked residents to describe what a good service looks like and to make suggestions of how inspectors could determine whether a good standard of care and support was being delivered by providers. These meetings were engaging and dynamic, and the learning from the meetings was presented to our inspection teams at our national team meeting. We intend to develop this engagement further during 2019.

The Disability Team also has an established Provider Representative Forum to exchange information and discuss areas of common interest. The forum consists of representatives from the National Federation of Voluntary Bodies, the Disability Federation of Ireland, the Not for Profit Business Alliance, the Health Service Executive in their role as service provider, and the Irish Council for Social Housing. The forum met three times during 2018.

In addition, during 2018 the HSE ran an information programme of four workshops across the country for providers, persons in charge and other managers. Inspectors contributed to the workshops through presentations and discussions on the topic of recognising good governance and effective risk management in centres, using findings from inspections to inform the discussions. This was a valuable opportunity to engage with a large number of service managers and providers, to hear their experiences and to provide information which may be of assistance in achieving ongoing quality improvement in centres for people with disabilities.

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

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

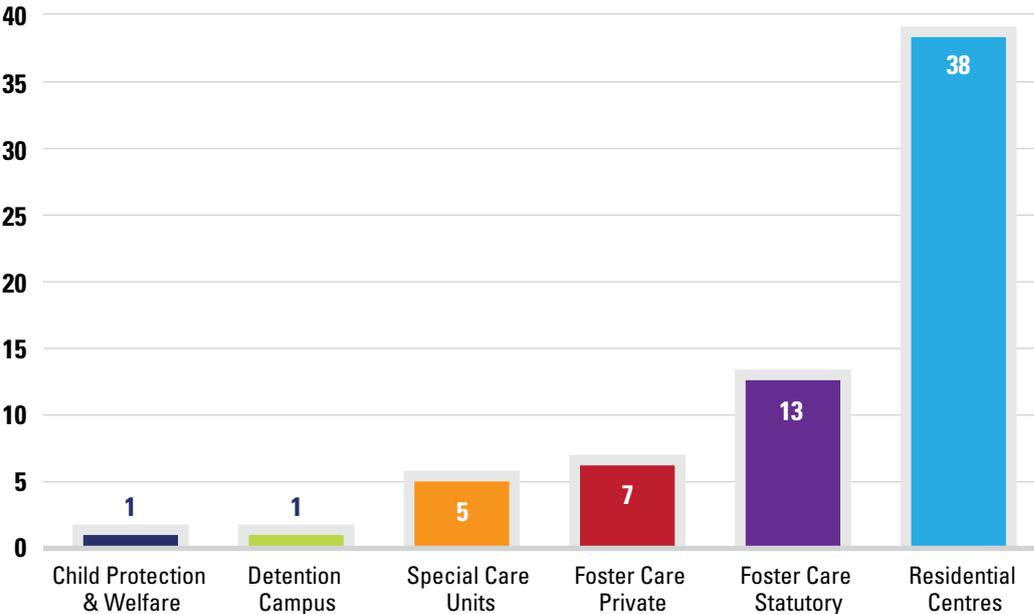
- children's residential centres (statutory)
- foster care (statutory and private)
- special care units (statutory designated centres)
- Oberstown Children Detention Campus
- child protection and welfare services (statutory).

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 2018 included:

- Inspections of 36 statutory residential centres for children. This included 35 full inspections, and three follow-up inspections, all of which were unannounced monitoring inspections.
- Three announced inspections were carried out of statutory foster care services to complete a focused programme of inspection that commenced in 2017. This programme examined the recruitment, assessment, approval, and supervision and review arrangements in place for foster carers. Furthermore, 10 announced follow-up inspections were completed in statutory foster care services to assess the progress made since an earlier inspection in 2017 or 2018, and desktop reviews were completed for the remaining seven service areas.
- Six announced focused inspections were carried out in private foster care services to examine the recruitment, assessment, approval, and supervision and review arrangements in place for foster carers. In addition, one risk-based follow-up inspection took place.
- Five announced inspections of the four special care units took place during 2018. Four of these inspections were to inform a registration decision.
- One annual unannounced inspection was carried out of Oberstown Children Detention Campus.
- One risk-based child protection and welfare thematic inspection took place, which focused on assessing the arrangements in place for the management of child protection and welfare referrals to the point of completing a further assessment.

Figure 9 - HIQA's inspections of children's services in 2018



During 2018, HIQA's Children's Team:

- received and assessed 94 pieces of unsolicited information from staff, children who use services, their families and members of the public. All information received is used to inform our monitoring programme.
- received 17 notifications 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 assessed and risk rated and used to inform our monitoring programme.
- received 13 National Review Panel reports relating to deaths or serious incidents that occurred between 2012 and 2016, involving children in care and or children known to the child protection and welfare service.

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

- In June 2018, HIQA published the findings of the statutory investigation carried out under Section 9 of the Health Act 2007, *Report of the investigation into the management of allegations of child sexual abuse against adults of concern by the Child and Family Agency (Tusla) upon the direction of the Minister for Children and Youth Affairs*. The investigation made four main recommendations for the Department of Children and Youth Affairs and Tusla, in addition to other actions which Tusla must urgently take.

These include the Department establishing an expert quality assurance and oversight group to support and advise on the implementation of these recommendations, and the Department and Tusla seeking the assistance of the higher education and training bodies to create formal career-paths for students and graduates to reinforce child protection and welfare services.

- We commenced the registration and regulation of special care units as designated centres on 1 January 2018. Three special care units were registered in November 2018 and Tusla took the decision to close the fourth special care unit at the end of 2018.
- 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.
- During 2018, we also developed assessment and judgment frameworks for focused inspections of foster care services and children's residential centres in 2019, to reflect the new *National Standards for Children's Residential Centres* (2018).
- We commenced a literature review to inform the design and development of a thematic child protection and welfare inspection methodology.



*Mary Dunnion, Director of Regulation, and CEO Phelim Quinn, launching the Report of the investigation into the management of allegations of child sexual abuse against adults of concern by the Child and Family Agency (Tusla) upon the direction of the Minister for Children and Youth Affairs on 19 June 2018.*

## Stakeholder engagement

During 2018, the Children's Team continued its programme of engagement with various stakeholders. Inspectors met with 122 children while on inspections in children's statutory residential centres, special care units and Oberstown Children Detention Campus. Inspectors also met with or spoke with foster carers and parents as part of our inspection activity.

The team also worked with the Participation Hub within the Department of Children and Youth Affairs to develop a training programme for inspectors towards further enhancement of engagement skills with children during inspection activity.

The Director of Regulation and the Children's Head of Programme met with the Assistant Secretary, Child Policy and Tusla Governance Division of the Department of Children and Youth Affairs during 2018 to exchange relevant updates and exchange information on actual and potential risk across the sector; and discuss progress on regulatory developments, such as new commencements.

A representative from the Children's Team also attended stakeholder meetings in the Department of Children and Youth Affairs in relation to the National Strategy on Children and Young People's Participation in Decision-Making.

The team liaised with the Assistant Chief Inspector in the Department of Education and Skills (DoES) to identify shadowing opportunities for inspectors. An inspector from both agencies had the opportunity to shadow an inspection with the other agency in July and October 2018.

To prepare for the commencement of regulation of special care units, we met with Tusla's Chief Operations Officer and National Director of Children's Residential Centres to discuss the regulation of special care units, and held briefing session with key stakeholders from the four special care units.

Tusla presented to the Children's Team on its progress with implementing its new national approach to child protection and welfare — a key child safety commitment from Tusla following HIQA's investigation into the management of child sexual abuse allegations. We also received a presentation from Tusla on a new therapeutic model of care being introduced into special care units and residential centres that focuses on promoting the wellbeing of and building the capacities of traumatised children. In addition, a Senior Lecturer in Social Work/Deputy Director of the Master of Social Work Programme and Research Associate from University College Cork presented to the Children's Team on international research findings in relation to child protection and welfare services in December 2018.

The team presented on the role of HIQA to students on the University College Cork (UCC) Masters of Social Work programme and Dublin Institute of Technology (DIT) Masters in Social Care Leadership and Management programme.

Other stakeholders we engaged with in 2018 included EPIC (Empowering People in Care), and we presented at the Irish Foster Care Association's Annual Conference in 2018.

#### 4.1.4 Solicited (regulatory notifications) and unsolicited information received relating to designated centres

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. Such information can be solicited in the form of notifications that registered providers are required to submit to us or unsolicited information received from a wide range of sources through HIQA's information handling centre.

The purpose of this information is to identify harmful events that have impacted or may impact on the health, safety and wellbeing of residents. All information received 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), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the Health Act 2007 (Care and Welfare of Children in Special Care Units) Regulations 2017 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 2018, we received 30,486 notifications:

- 12,056 related to nursing homes
- 18,237 related to services for people with disabilities
- 193 related to special care units.

While 27,555 such notifications were received in 2017, the increase in 2018 can be partially attributed to changes made to the reporting process for NF39 notifications,<sup>6</sup> an overall increase in the total number of registered disability centres in 2018, and the commencement of regulation of special care units.

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<sup>6</sup> NF39 notifications previously submitted as one notification are now required to be reported as five separate notifications. NF39s notify HIQA of any occasion where a restraint was used, any occasion of fire alarm activation, any recurring pattern of theft or burglary, any injury to a resident that did not require notification within 3 days or any death(s) other than those notified under NF01.

Figure 10 - Regulatory notifications received from nursing homes in 2018

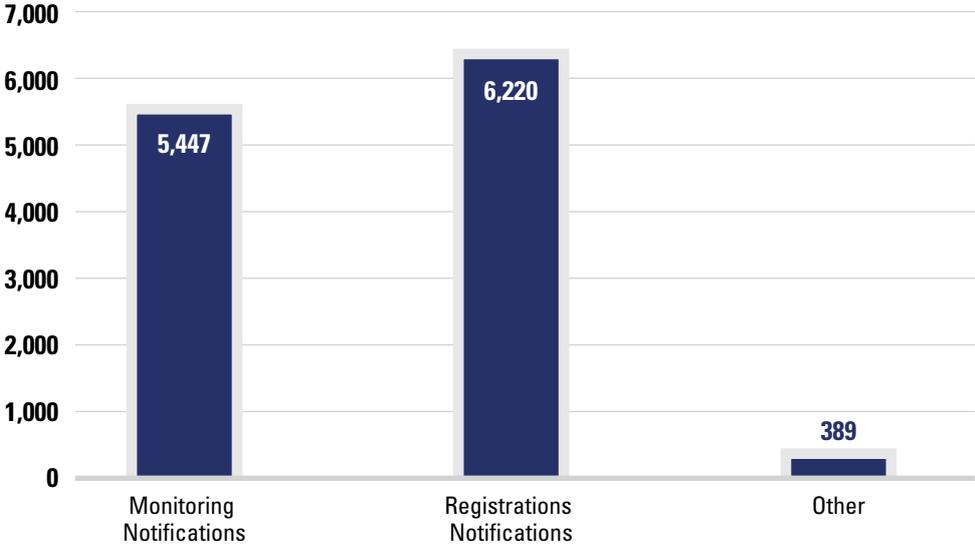
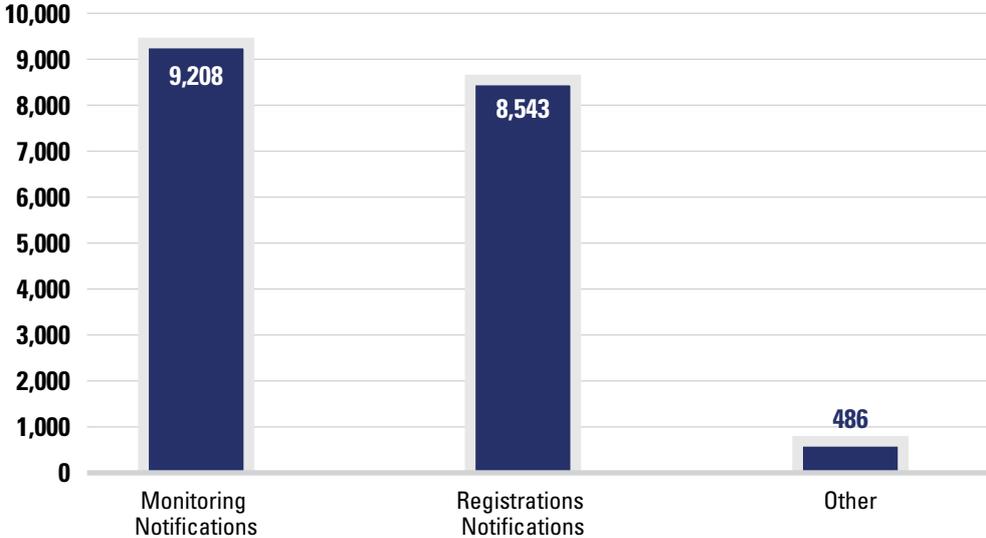
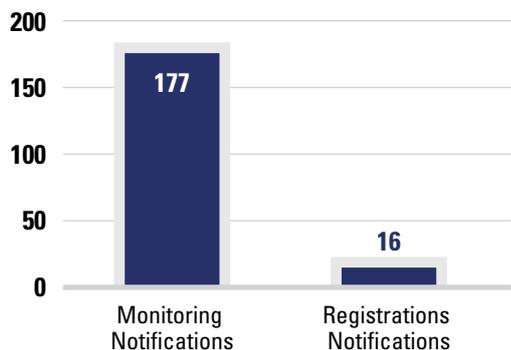


Figure 11 - Regulatory notifications received from services for people with disabilities in 2018



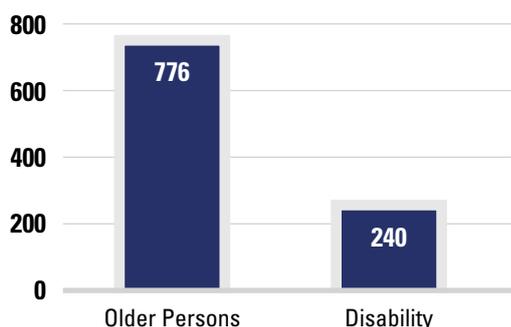
**Figure 12 - Regulatory notifications received from special care units in 2018**



We also receive concerns about services from members of the public and other sources. 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. During 2018, we received 1,016 pieces of unsolicited information relating to designated centres for older people and people with disabilities. An additional two pieces of information were received in relation to special care units.

The types of unsolicited information we receive include concerns relating 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.

**Figure 13 - Pieces of unsolicited information received for older people's and disability services in 2018**



HIQA continues to receive more unsolicited information in relation to nursing homes, reflecting the public's familiarity with the role of HIQA in relation to nursing homes. However, the figures reflect a moderate decrease in the unsolicited information received for both nursing homes and disability centres relative to the previous year (1,118 concerns in 2017).

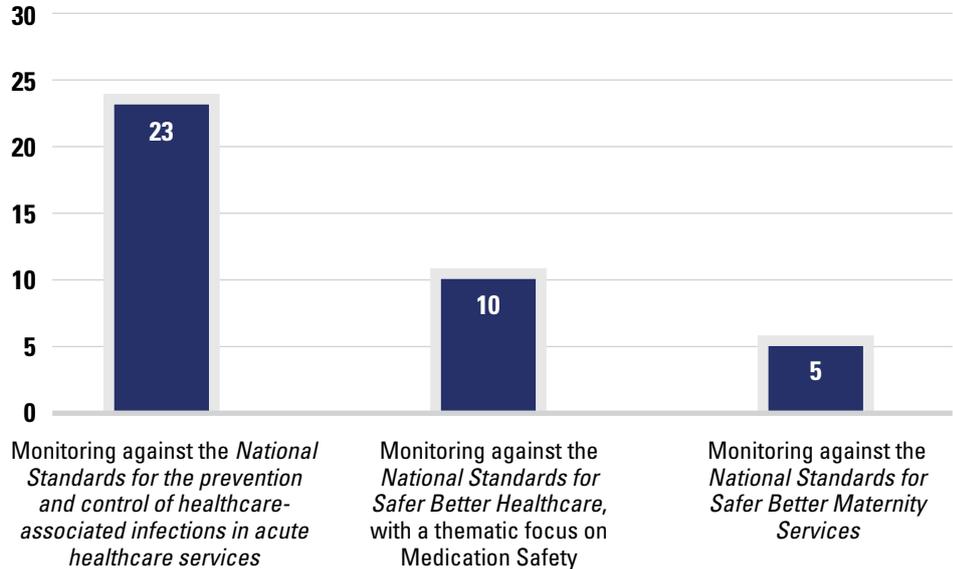
### 4.1.5 Provision of an assurance programme of the quality and safety of defined healthcare services in Ireland

Under the Health Act 2007, as amended, 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 2018, our Healthcare Team carried out 38 inspections. These included:

- 23 on-site monitoring assessments against the *National standards for the prevention and control of healthcare-associated infections in acute healthcare services*. During 2018, this programme was further refined to include a specific focus on decontamination of reusable medical devices.
- 10 inspections as part of the monitoring programme against the *National Standards for Safer Better Healthcare*, with a specific thematic focus on the area of medication safety. This inspection programme included the re-inspection of four hospitals previously inspected in 2017 to determine the degree of progress achieved in the intervening time period.
- Five inspections under a new programme of monitoring against the *National Standards for Safer Better Maternity Services*. Under the first phase of this programme, all 19 hospitals providing maternity services were required to complete and return a self-assessment tool based upon the National Standards as devised by HIQA. Following the completion of this self-assessment exercise, HIQA commenced on-site inspections, and we intend to complete inspections of all hospitals providing maternity services in 2019. We also intend to conduct a national overview of compliance with the National Standards during 2019.

Figure 14 - Number of healthcare services inspections conducted in 2018





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

- Our Concerns Team received 343 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 continued a substantive project to prepare to take on a new function as a competent authority in the area of medical exposure to ionising radiation. A medical exposure to ionising radiation is when a patient receives ionising radiation as part of their diagnosis or treatment; for example an X-ray at a dentist, a CT scan at a hospital, a mammogram, or radiotherapy received as part of cancer treatment. This will provide HIQA with regulation and enforcement powers in both publicly-funded and private healthcare providers for the first time. It is estimated that in excess of 1,100 healthcare providers will be impacted by this legislation.

## Stakeholder engagement

Engagement with stakeholders in 2018 included regular meetings with colleagues in the Department of Health, and a new regular meeting was established with HSE senior management to discuss risk-related matters as identified by HIQA during our work.

In preparation for the commencement of functions under new medical exposure to ionising radiation legislation, we engaged extensively with a number of relevant bodies including the Environmental Protection Agency (EPA), the National Radiation Safety Committee and the HSE Medical Exposures to Ionising Radiation Unit (MERU). HIQA also engaged with other regulators who have responsibilities under this legislation internationally throughout 2018, including the Heads of European Regulatory Competent Authorities (HERCA).

We established a special-purpose External Advisory Group to assist HIQA in the development of a new programme of monitoring against the *National Standards for Safer Better Maternity Services*.

HIQA's standing advisory group in the area of medication safety met in 2018 to provide advice related to the enhancement of our medication safety monitoring programme.

The Healthcare Team also assisted the National Patient Experience Survey through contribution to their advisory group.

We engaged with other healthcare regulators throughout 2018, including the Medical Council, and the Pharmaceutical Society of Ireland (PSI). We provided assistance to the PSI for the development of standards in the area of governance for community pharmacies.

Internationally, during 2018 the Healthcare Team also engaged with the Royal College of Emergency Medicine in the UK at a joint regulator and college meeting, as well as with other healthcare monitoring state agencies across Europe at a meeting convened by AGE.NAS, an Italian organisation with similar functions to HIQA.

#### 4.1.6 Regulatory Practice Development and Business Services

The regulatory and monitoring activities carried out by the Office of the Chief Inspector and the Regulation Directorate are supported by two teams: the Regulatory Practice Development Unit (RPDU) and Business Services Team.

The Business Services Team provides business intelligence, operational and administrative support for the Regulation Directorate. It is also responsible for ensuring that we continuously look for efficiencies and improvements to the processes that we use in carrying out our regulatory activities.

The RPDU has a lead role in coordinating the development of regulatory practice and methodological approaches within the Regulation Directorate. RPDU develops and facilitates regulatory training and professional development for staff. During 2018, we:

- Designed, developed and delivered a comprehensive blended training programme to regulatory staff on the enhanced Authority's Monitoring Approach.
- Developed a learning and support strategy for regulatory staff for the next five years.
- Developed a quality improvement thematic programme on restrictive practices in designated centres which will be rolled out in 2019. This included valuable input from an expert advisory group convened for this programme.
- Explored a quality improvement thematic programme for fire safety in designated centres. We will publish guidance on fire safety in designated centres in 2019, focusing on the appropriate management of risk and quality improvement.
- Started developing *A Regulation Handbook* – a guide for providers and staff of designated centres. This guide aims to help providers understand the legislative framework in which they provide services, so that they can provide the best possible care. This will be published in 2019.
- Contributed to the development of a range of policy and research documents including submissions to the Joint Oireachtas Committee on Health, and a submission to the consultation on the deprivation of liberty safeguards.

## 4.2 Health Technology Assessment

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 Directorate produces a range of assessments of 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 produce evidence to inform the development of National Clinical Guidelines and National Clinical Audit, and to inform the development of specific health policies by the Department of Health. We also play a central role in developing capacity for evidence synthesis to support healthcare decision-making through our work with external groups such as the National Clinical Effectiveness Committee (NCEC) and by participating in a range of national and international activities.

### 4.2.1 HTA activity in 2018

#### **HTA of HPV vaccination of boys**

The HTA on extending the national human papillomavirus (HPV) immunisation programme to include HPV vaccination of boys was published on 7 December 2018, following approval by HIQA's Board. The HTA was submitted as advice to the Minister for Health, the National Immunisation Office, the National Immunisation Advisory Committee and the Health Service Executive (HSE) to inform decision-making about the immunisation programme.

The Evaluation Team commenced work on the HTA following a formal request from the Department of Health. Girls in their first year of secondary school are currently offered the 4-valent vaccine, which protects against four types of HPV. The HTA examined the clinical and cost-effectiveness of extending the HPV vaccine to include boys, and examined both the 4-valent and 9-valent vaccines (that protect against nine types of HPV). The final report and recommendations were informed by a review of epidemiology, four systematic reviews, an economic evaluation, an ethical and organisational analysis, intensive engagement with an expert advisory group and a six-week public consultation.

The six-week consultation took place between 24 July and 7 September 2018, receiving 242 separate submissions; 217 from individual respondents and 25 on behalf of organisations or institutions. The report on *The Results Of The Public Consultation On The Draft Health Technology Assessment (HTA) Of Extending The National Immunisation Schedule To Include HPV Vaccination Of Boys* was published online alongside the main report.

The HTA advised that the National Immunisation Schedule switches from the 4-valent vaccine to the 9-valent vaccine, which protects against an additional five types of HPV, and that the vaccine is extended to boys of the same age.



The graphic features a white background with a red vertical bar on the left and a dark blue horizontal bar at the bottom. The text 'HIQA ADVISES' is prominently displayed in the upper left. To the right, there is a photograph of a person holding a blue document titled 'Health Technology Assessment (HTA) of extending the national immunisation schedule to include vaccination of boys'. Below the photo, a list of recommendations is provided, each preceded by a red downward-pointing triangle. The website address 'WWW.HIQA.IE' is centered in the dark blue bar at the bottom.

**HIQA  
ADVISES**

The following would be an efficient use of resources:

- **Change** to the 9-valent vaccine.
- **Extend** the vaccine to include boys to provide better protection for everyone.

**WWW.HIQA.IE**

### **HTA of C-reactive protein point-of-care testing**

Following a request from the Department of Health, HIQA commenced work on a HTA of C-reactive protein point-of-care testing to guide antimicrobial prescribing in primary care.

C-reactive protein (CRP) is a biomarker that is often elevated in a person's blood in the presence of a bacterial infection. CRP point-of-care testing (POCT) in the primary care setting has the potential to guide antibiotic prescribing in patients presenting to their general practitioner (GP) with symptoms of acute respiratory tract infections and for whom there is clinical uncertainty regarding the presence of a bacterial infection. Antimicrobial resistance is a growing and significant threat to public health, and it is widely recognised that antibiotic resistance is driven by excessive and inappropriate antibiotic prescribing. By supporting appropriate prescribing, CRP POCT has the potential to make an important contribution to reducing antimicrobial resistance.

At present, GPs can access CRP testing through hospital laboratories, but the turnaround time from testing to results can be many hours. As such, it does not support decision-making regarding prescribing within a typical consultation. A point-of-care test can provide results within 15 minutes, enabling an immediate impact on prescribing.

This HTA commenced in 2018 with systematic reviews of clinical effectiveness and safety, diagnostic test accuracy, analytical performance, cost-effectiveness, an economic evaluation and a review of organisational issues. A draft HTA will be published for consultation in early 2019.

### **HTA of Pre-Exposure Prophylaxis (PrEP) programme**

HIQA commenced work on a HTA of a Pre-Exposure Prophylaxis (PrEP) programme for populations at substantial risk of sexual acquisition of HIV in 2018, following a formal request from the HSE's National Clinical Lead for Sexual Health Services and endorsed by the Department of Health.

PrEP is a form of HIV prevention whereby HIV medications (most commonly two antiretrovirals used in combination: tenofovir and emtricitabine) are taken by HIV-negative individuals to prevent infection. An expert advisory group comprising representatives from key stakeholder groups has been convened and will advise the Evaluation Team during the course of the assessment.

The HTA aims to establish the clinical and cost-effectiveness of providing a PrEP programme in Ireland. The HTA will also estimate the organisational and resource implications of a PrEP programme and will consider the wider ethical or societal implications that the introduction of PrEP may have for patients, the general public and the healthcare system. A targeted and public consultation will be undertaken, and it is anticipated that the HTA will be published in 2019.

### **National HTA guidelines**

Since 2010, the HTA Directorate has developed and published 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 to meet the needs of HTA activity in Ireland.

In line with the agreed programme of work, the clinical effectiveness guidelines were updated in 2018. The guideline had been previously updated in 2014. During 2018, we also published updated guidelines for budget impact analysis and economic evaluation of health technologies.

## 4.2.2 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 (HRB-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 national and international experts in systematic reviewing, economic evaluation and clinical guideline development.

HRB-CICER aims to deliver a high-quality evidence base with regard to systematic review of clinical-effectiveness, systematic review 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 they may be best addressed.

The service support provided by HRB-CICER is planned by an executive committee. Two guidelines supported by HRB-CICER were successfully quality assured by the NCEC in 2018.

### **National Clinical Guideline on Adult Type 1 Diabetes Mellitus**

A national guideline on the management of Adult Type 1 Diabetes Mellitus was developed through contextualisation of the *Type 1 diabetes in adults: diagnosis and management* guideline, published by the National Institute for Health and Care Excellence (NICE) in the United Kingdom in 2015. As part of the contextualisation process, HRB-CICER reviewed the economic literature underpinning the 2015 NICE guideline to ensure that the economic evidence was relevant to the Irish healthcare setting. A budget impact analysis was conducted to quantify the resource implications to the HSE of implementation of the guideline. The guideline was launched by the Minister for Health on 25 June 2018.



*Pictured at the launch by the Minister for Health, Simon Harris TD, on 25 June of a new guideline from the National Clinical Effectiveness Committee (NCEC) aimed at improving the quality and safety of treating Type 1 diabetes, were: Dr Kevin Moore, Chair of the Guideline Development Group; Paul Carty from our HRB-CICER team; Professor Sean Dinneen, National Clinical Lead for Diabetes; and Niamh Smyth, Programme Manager for National Clinical Programme for Diabetes.*

## **National Clinical Guideline on Irish Maternity Early Warning System**

The Irish Maternity Early Warning System (iMEWS) is a bedside tool developed for use in maternity care to assess basic maternal physiological parameters and, in doing so, assist in the identification of women with developing, established or deteriorating critical illness. This is the first NCEC national guideline to be updated; the original guideline was published in 2014. To support the development of the update, HRB-CICER performed a systematic review of clinical effectiveness, economic literature and relevant audits. A budget impact analysis of the implementation of the iMEWS guideline was also conducted to quantify the resource implications to the HSE of implementing the guideline. The guideline will be launched in early 2019.

We also provided the following to guideline development groups in 2018:

- a modified Delphi consensus on risk factors in pregnancy to support the development of the Clinical Risk in Pregnancy guideline
- a systematic review of economic literature for diagnosis and staging of ovarian cancer to support the development of the guideline for the Diagnosis and Staging of Ovarian Cancer
- a preliminary cost analysis of the implementation of the guideline for the Diagnosis and Staging of Ovarian Cancer

- a systematic literature review of three economic questions to support the development of the chronic obstructive pulmonary disease (COPD) guideline in adults
- a budget impact analysis of implementation of the chronic obstructive pulmonary disease COPD guideline
- a systematic literature review of five clinical questions to support the update to the National Early Warning System (NEWS) guideline.

In 2018, work began on the following:

- a qualitative systematic literature review to support the update to the National Early Warning System (NEWS) guideline
- a systematic literature review of five economic questions to support the development of a chronic obstructive pulmonary disease (COPD) in adults guideline
- a systematic literature review of screening for under-nutrition in the acute setting to support development of a new guideline on nutrition screening and oral nutrition support
- a systematic review of economic literature for risk classification in pregnancy to support the development of the clinical risk in pregnancy guideline
- a systematic review to support the adaptation of the NICE guideline on the care of the dying adult, with the addition of three new clinical questions.



*Pictured above are Dr Miriam Bell of the HSE National Deteriorating Patient Recognition and Response (EWS) Improvement Programme, and members of the HRB-CICER team in HIQA Dr Sinead O'Neill, Dr Barbara Clyne and Shelley O'Neill delivering their workshop on the use of GRADE at the 2018 National Patient Safety Office conference.*

During 2018, tailored training was provided to a total of 56 participants on the use of GRADE (Grading of Recommendations Assessment, Development and Evaluation). We trained the National Early Warning System guideline development group on using GRADE for assessing the evidence and grading of recommendations. A workshop on the use of GRADE was provided at the National Patient Safety Office conference in October and a full day of training on the use of GRADE was provided in November to multiple guideline development groups.

### 4.2.3 HRB-CICER – Evidence for Policy Team

Our Evidence for Policy (EfP) Team was established within the Directorate in 2018 following a request from the National Patient Safety Office (NPSO) in the Department of Health. The EfP Team is responsible for the effective implementation of evidence synthesis programmes to deliver high-quality evidence to support the development of policy by the Department of Health and is funded through an extension by the HRB of the grant agreement for HRB-CICER.

Recruitment for the EfP Team commenced in August 2018. The new team will synthesise clinical evidence to support the National Review of Specialised Cardiac Services and will conduct a cost of illness study on antimicrobial resistance in Ireland to support Ireland's National Action Plan on Antimicrobial Resistance 2017–2020.

Work on an evidence synthesis to support the National Review of Specialised Cardiac Service commenced in October 2018.

### 4.2.4 Research published in 2018

Research by HIQA's HTA Directorate was published in Irish and international publications during 2018. 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 PS, 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* 2018; 37(8):759-767.

Teljeur C, Harrington P, Glynn R, Ryan M. *Acute ischaemic stroke: a systematic review of the cost-effectiveness of emergency endovascular therapy using mechanical thrombectomy*. *Irish Journal of Medical Science* 2018.

Glynn R, Teljeur C, Harbison J, Williams DJ, Harrington P, Ryan M. *Clinical effectiveness of emergency endovascular therapy using mechanical thrombectomy in acute ischaemic stroke: a systematic review*. *Irish Journal of Medical Science* 2018.

## Presentations

Carty P, O'Neill M, Smith S, Ryan M. *Modelling the Prevalence of Type 1 Diabetes in Adults using Paediatric Incidence Rates in Ireland*. 2018 SPHeRE 4th Annual Conference, Dublin.

Ryan M. *Connecting The Dots: Essential Elements Of An Efficient HTA Ecosystem*. 2018 HTAi Annual Meeting, Vancouver.

Ryan M, Teljeur C, Harrington P. *Organisational HTA: HIQA's Health Technology Assessment of Mechanical Thrombectomy in Stroke*. 2018 HTAi Annual Meeting, Vancouver.

Teljeur C, Harrington P, Ryan M. *Comparing approaches to univariate sensitivity analysis*. 2018 HTAi Annual Meeting, Vancouver.

Tyner B, O'Neill M, Jordan K, Clyne B, Smith S, Ryan M. *Facilitating formal decision-making when following the ADAPTE framework: A modified-Delphi approach to classify risk in pregnancy for a national clinical guideline*. 2018 Guidelines International Network (GIN) Annual Meeting, Manchester.

## Conference posters

Carty P, O'Neill M, Harrington P, Smith S, Ryan M. *Adult Type 1 Diabetes Mellitus National Clinical Guideline: Budget impact analysis*. 2018 National Patient Safety Office 3rd Annual Conference, Dublin.

Carty P, Murphy L, Kilgallen N, Gibbons H, O'Neill M, Leen B, Duffy C, O'Toole E, Harrington P, Smith S, Ryan M. *Diagnosing and staging of patients with ovarian cancer: A systematic literature review of cost-effectiveness of genetic testing*. 2018 National Patient Safety Office 3rd Annual Conference, Dublin.

Carty P, O'Neill M, Harrington P, Smith S, Ryan M. *Budget impact analysis of the Adult Type 1 Diabetes Mellitus National Clinical Guideline in Ireland*. 2018 ISPOR 21st Annual European Congress, Barcelona.

Clyne B, O'Neill M, Power K, Jordan K, Smith SM, Ryan M. *GRADE Evidence to Decision (EtD) Frameworks: case study of use during a guideline update*. 2018 National Patient Safety Office 3rd Annual Conference, Dublin.

Clyne B, Jordan K, O'Neill M, Power K, Carty P, Smith SM, Ryan M. *A systematic review of economic studies of maternity early warning systems*. 2018 National Patient Safety Office 3rd Annual Conference, Dublin.

Clyne B, Jordan K, O'Neill M, Power K, O'Neill S, Smith S, Ryan M. *A systematic review of clinical audits of early warning systems to inform national clinical guideline updates*. 2018 National Patient Safety Office 3rd Annual Conference, Dublin.

Clyne B, Jordan K, O'Neill M, Power K, O'Neill S, Smith S, Ryan M. *A systematic review of clinical audits of early warning systems to inform national clinical guideline updates*. 2018 Guidelines International Network (GIN) Annual Meeting, Manchester.

Clyne B, Jordan K, O'Neill M, Power K, Carty P, Smith SM, Ryan M. *A systematic review of economic studies of maternity early warning systems*. 2018 Improving maternal health – from evidence into action, Dublin.

O'Neill M, Carty P, Clyne B, Harrington P, O'Neill SM, Teljeur C, Tyner B, Smith SM, Ryan M. *Development of a quality assurance framework for evidence generation to support to clinical guideline development groups*. 2018 Guidelines International Network (GIN) Annual Meeting, Manchester.

O'Neill SM, Tyner B, Clyne B, O'Neill M, Bell M, Casey A, Walsh R, Carty P, Smith SM, Ryan M. *The Effect of Adult Early Warning Systems Education on Healthcare Professional's Knowledge, Performance and Self-Confidence in Acute Healthcare Settings: A Systematic Review*. Rapid Response Conference, 2018, Manchester.

O'Neill SM, O'Neill M, Clyne B, Smith SM, Bell M, Casey A, Walsh R, Ryan M. *The Process of a Mixed-Methods Systematic Review: Integrating Quantitative and Qualitative Findings to Inform a National Clinical Guideline (NCG) of Early Warning Systems*. 2018 Guidelines International Network (GIN) Annual Meeting, Manchester.

O'Neill SM, Tyner B, Clyne B, O'Neill M, Bell M, Casey A, Walsh R, Carty P, Smith SM, Ryan M. *The Effect of Adult Early Warning Systems Education on Healthcare Professional's Knowledge, Performance and Self-Confidence in Acute Healthcare Settings: A Systematic Review*. 2018 National Patient Safety Office 3rd Annual Conference, Dublin.

Plunkett T, Carty P, O'Neill M, Harrington P, Smith S, Ryan M. *Management of Chronic Obstructive Pulmonary Disease (COPD) in adults – A systematic review of cost-effectiveness*. 2018 National Patient Safety Office 3rd Annual Conference, Dublin.

Teljeur C, Harrington P, Ryan M. *Hasty HTA: Delivering Health Technology Assessments under severe time constraints*. 2018 HTAi Annual Meeting, Vancouver.

Tyner B, O'Neill M, Carty P, Clyne B, Smith S, Ryan M. *Systematic review of clinical guidelines on risk classification in pregnancy*. 2018 SPHeRE 4th Annual Conference, Dublin.

Tyner B, O'Neill M, Jordan K, Clyne B, Smith S, Ryan M. *Facilitating formal decision-making when following the ADAPTE framework: A modified-Delphi approach to classify risk in pregnancy for a national clinical guideline*. 2018 National Patient Safety Office 3rd Annual Conference, Dublin.

## 4.2.5 Summary of other activities during 2018

### Prioritisation 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.

Topics are included for assessment on the Directorate work plan following a robust process to appraise, select and prioritise topics based on a number of key criteria, including their clinical impact, economic impact, relevance to health policy, and link to decision-making. This work is supported by the HTA Prioritisation Advisory Group which 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.

A scheduled reprioritisation exercise was undertaken in 2018 to examine the current priority of HTAs on the work plan and to consider other requests received since the last formal call for topic requests was undertaken in October 2016.

The three remaining topics on the existing work plan were considered during the reprioritisation exercise. Confirmation was sought that each remaining topic was still a priority to undergo a HTA to inform an investment or policy decision, and briefing documents were updated to take account of any additional evidence generated in the interim. Six requests for HTAs were received on an ad hoc basis since the last prioritisation exercise, five of which were considered eligible for inclusion. Briefing documents were prepared for these topics. Eight topics underwent the HTA reprioritisation process in May and June 2018. Following discussions at a formal meeting of the Prioritisation Advisory Group, 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 Prioritisation Advisory Group 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 updated biennial work plan for the Directorate.

### 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. In 2018, HIQA provided expert input to NCEC appraisal and prioritisation teams for the following guidelines and audits:

- Type 1 Diabetes in Adults
- Radiology Quality Improvement Programme
- Emergency Medicine Early Warning System
- Oesophageal Cancer Guideline
- Ovarian Cancer Guidelines
- Prescribing of Psychotropic Medication in People with Dementia.

### **Building capacity and capability in health technology assessment**

We continue 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 evidence synthesis and HTA.

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

The HTA Directorate participated in two grant applications which were successfully awarded by the Health Research Board. HIQA is a co-applicant on the Health Research Board (HRB) Collaborative Doctoral Award (CDA) led by Professor Susan Smith, Royal College of Surgeons in Ireland, entitled *Managing complex multimorbidity in primary care: a multidisciplinary doctoral training programme*. We collaborate on the Evidence Synthesis Ireland initiative led by Professor Declan Devane, NUIG, which aims to strengthen Ireland's capabilities in evidence synthesis to promote evidence-informed health decision-making and is funded by the HRB and the Public Health Agency, Northern Ireland. HIQA will be one of its four placement sites for successful applicants to undertake training in systematic review and other evidence synthesis skills.

In 2018, a member of the HTA team applied for and obtained a place on the Structured Population and Health-services Research Education (SPHeRE) PhD programme, bringing the number of people in the Directorate currently enrolled in this programme to four.

## Stakeholder engagement

Stakeholder engagement throughout the HTA process is essential to delivering 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.

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 contribute 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 Rare Diseases Technology Review Committee, 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.

During 2018, we contributed to a number of stakeholder events, including presenting to the National Centre for Pharmacoeconomics Annual Meeting, Pharmacists in Industry, Education and Research (PIER) network and at the Annual Conference of the Irish Medical and Surgical Trade Association.



*Yves Verboven (MedTech Europe), Dr Máirín Ryan (HIQA), Minister for Health Simon Harris TD, Justin Carty (IMSTA) and Mark McIntyre (IMSTA and Boston Scientific), pictured at the Irish Medical and Surgical Trade Association's Annual Conference in April 2018.*

## 4.2.6 International networks

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

EUnetHTA is a collaboration of 83 HTA organisations from all 28 EU member states, 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 has been undertaken to foster interagency 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, stood down as Chair of the EUnetHTA Assembly in 2018 after serving a two-year term. The Assembly, comprised of all EUnetHTA partner agencies, is responsible for setting strategy and monitoring attainment of objectives by EUnetHTA. Dr Ryan was subsequently elected to the EUnetHTA Executive Board.

HIQA contributed extensively to planning for the third Joint Action to support European HTA collaboration 2016–2020, 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 in the context of joint work
- provide and develop necessary methodologies and tools for joint work
- provide training for quality management and methodologies and tools.

HIQA's contribution to this work is led by our Chief Scientist, Dr Conor Teljeur. In 2018, HIQA provided text and support to the development of a guideline on the quality appraisal of economic evaluations. We also began the process of updating existing EUnetHTA methodological guidelines on clinical effectiveness, and direct and indirect comparisons.

The objective of work package 4 of the third Joint Action is to produce joint assessments and develop, refine and implement processes that facilitate efficient and timely production and implementation of high-quality assessments for a range of health technologies. HIQA's contribution to this work is led by our Head of Assessment, Dr Patricia Harrington.

In 2018, the HTA Directorate acted as a reviewer for one rapid relative effectiveness assessment (REA) and lead author for another as part of its commitment to EUnetHTA.

This REA, of C-reactive protein point-of-care testing to guide antibiotic prescribing for respiratory tract infections in primary care settings, will be used as the basis for a national assessment and to inform decision-making in Ireland. Co-authored by colleagues from Austria, it is scheduled to be published by EUnetHTA in January 2019.

As an experienced member of the EUnetHTA network, the HTA Directorate acts as an activity centre leader and in this capacity coordinated production of another REA and contributed to the refinement and review of production processes.

New Medical Device Regulation (MDR) and the In-Vitro Diagnostics Regulation (IVDR) to strengthen the regulation of these technologies came into force in May 2017. The regulations have a staggered transitional period, with full application after five years. The Directorate contributed to a EUnetHTA taskforce workshop on HTA and Medical Device Regulation to explore possibilities for synergies between those responsible for governance of MDR/IVDR (Competent Authorities), market authorisation (Notified Bodies) and reimbursement decision support (HTA bodies) to ensure timely access for European consumers to safe and effective medical devices and in-vitro diagnostics.

HIQA hosted a meeting of the Executive Board of EUnetHTA in May 2018.



*Meeting of the Executive Board of EUnetHTA (European Network of HTA) in our Dublin office in May 2018. Pictured are representatives of the various HTA agencies, including Our Deputy Chief Executive and Director of Health Technology Assessment (HTA) Dr Máirín Ryan, who are members of EUnetHTA from across the EU.*



*Dr Máirín Ryan, Director of HTA, pictured at the Health Technology Assessment international (HTAi) 2018 Annual Meeting with Dr Stirling Bryan, Vancouver Coastal Health and University of British Columbia.*

### **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.

### **Other international collaborations**

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

The HTA of HPV vaccination in boys was informed by work from the National Institute of Public Health Norway. Members of other HTA agencies act 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, Dr Máirín Ryan, served on the International Scientific Programme Committee for HTAi 2018 in Vancouver. The Directorate contributed a plenary presentation, a panel, an oral presentation and two posters to HTAi 2018.

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

### 4.2.7 Research ethics

It had been expected that HIQA would take on a new function in research ethics governance. HIQA worked closely with the Department of Health on developments with the relevant pieces of legislation, including the forthcoming EU Clinical Trials Legislation, which requires significant changes at a national level in relation to how clinical trials on medicinal products for human use are approved.

Up to June 2018, we continued our participation in the Department of Health's working group on implementation of the new EU Clinical Trials Regulation, along with the Health Products Regulatory Authority. This working group identified that a new national research ethics committee would be needed to best meet the requirements of all of the associated relevant legislation, rather than to continue with a national model consisting of a number of institution-based research ethics committees with a supervisory body.

In June 2018, HIQA and the Department of Health agreed that HIQA would not be required to take on the role of supervisory body for a national research ethics committee. This decision was partly based on HIQA's review of research ethics committee models in other jurisdictions, which found that, in general, where there was a single national body there was no accompanying supervisory body.

## 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.

### 4.3.1 National Patient Experience Survey Programme

#### National Patient Experience Survey 2018

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. The purpose of the survey is to inform the development, planning, design and delivery of improved patient-centred care in public hospitals.

During the month of May 2018, 26,752 people were invited to participate in the second National Patient Experience Survey. 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. As this was the second time the survey was conducted, it was possible to compare patient experience between 2017 and 2018.



*The Minister for Health, Simon Harris TD, and HIQA's Director of Health Information and Standards and Programme Director of the survey, Rachel Flynn, pictured at the launch of the 2018 National Patient Experience Survey results on 26 November 2018.*

The National Patient Experience Survey Team engaged with patients, the public and hospital staff during the survey. A dedicated website, [www.patientexperience.ie](http://www.patientexperience.ie), as well as social media channels were used 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. The team also presented the findings of the first survey at multiple national and international conferences.

The results of the second National Patient Experience Survey were launched in November 2018. A national report and 39 reports from participating hospitals were published to provide in-depth analysis of the results.

Some improvements in patient experience were found in the 2018 survey, particularly in relation to care on the ward and discharge or transfer. The survey results helped to identify areas where improvements are needed, as well as areas of good experience.

**Key areas identified for improvement are:**

**Waiting times in the emergency department:**

only **31% 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 pose a threat to patient safety.



**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.



**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:

### Cleanliness of rooms or wards:

**96% of people** said that the room or ward they were in was very clean or fairly clean.



### Respect and dignity:

**84% of people** said they were always treated with respect and dignity throughout their hospital stay.



### Confidence and trust in the hospital staff:

**82% of people** who answered this question said that they always had confidence and trust in the hospital staff that treated them.



## National Care Experience Programme Strategic Plan, 2019–2021

In 2018, the steering committee began development of a strategic plan to guide the expansion of the survey programme over the next three years. The strategy moves beyond the current National Patient Experience Survey towards developing a National Care Experience Programme. This will entail broadening the coverage of the survey programme across a range of groups, becoming a centre of excellence for care experience surveys, continuing to listen to service users in order to improve care, and ensuring the information we produce is reliable and available to those that need it. The strategy will be published in 2019.

Significant progress has already been made towards achieving the objectives of the strategy, with the establishment of a partnership with NUIG to provide in-depth analysis of qualitative comments from the National Patient Experience Survey. In addition, a scoping process is underway to identify further survey areas to explore in the next three years, beyond the current inpatient survey.

### National survey of maternity experience

A survey exploring experiences of maternity service users is currently under development. The survey is being developed in collaboration with a team in National University of Ireland Galway (NUIG), and reflects a commitment made in the National Maternity Strategy to develop a maternity experience survey.



A systematic review of relevant literature has been completed; with seven focus groups and 10 one-to-one interviews with relevant stakeholders held in 2018. In total, 75 stakeholders from a diverse range of backgrounds took part. A review of international maternity surveys is nearing completion and the process to select questions for the final questionnaire will commence in 2019. The first national survey of maternity experience is planned for early 2020.

### **4.3.2 Health Information**

Information is fundamental to a reliable and safe healthcare system. Having access to quality information is critical to all organisations and professionals that are involved in the provision of patient, health and social care. The Health Information function comprises two different business areas: the Technical Standards Team and the Quality Team.

The Health Information function seeks to improve patient safety and quality of care by developing standards, recommendations and guidelines in health information. We are responsible for analysing the existing quality and coverage of health information, identifying gaps, and making recommendations to fill those gaps.

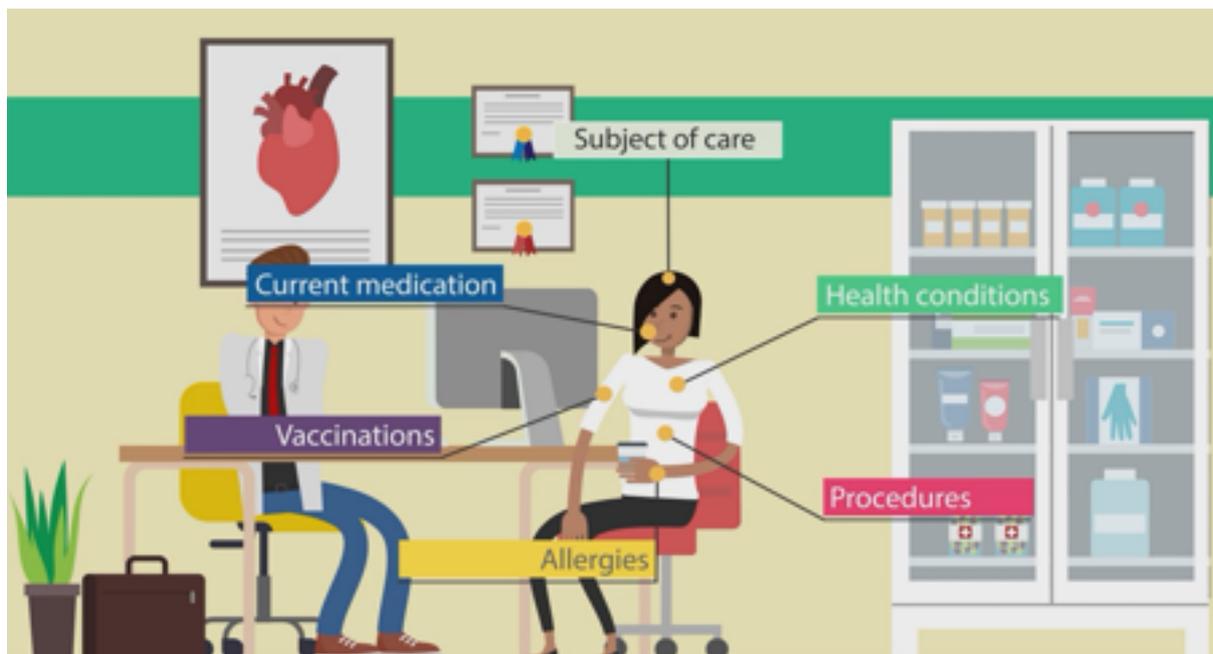
#### **4.3.2.1 Health Information Technical Standards**

Throughout 2018, the Technical Standards Team continued to engage with external stakeholders through membership of the National Standards Authority of Ireland Health Informatics Standards Committee, Access to Information's Governance group, Access to Information's National Patient Portal Project and the OPEN NCP project which aims to share patient's prescriptions and national patient summaries electronically with other European countries.

The Sláintecare Implementation Strategy is the Government's plan for delivering a sustainable and equitable health and social care service over the next 10 years. The strategy lists the implementation of patient summaries together with an electronic prescribing (ePrescribing) service as one of the 10 key strategic actions that underpin the Sláintecare vision. In order to advance the eHealth agenda as set out in the eHealth Strategy and the Sláintecare programme of work, our Technical Standards Team focused on two major eHealth programmes in 2018: community-based ePrescribing and electronic patient summaries.

#### **National electronic patient summary**

The team developed a *National Standard on information requirements for a national electronic patient summary*. Electronic patient summaries contain the most relevant, up-to-date and useable clinical information available to authorised healthcare professionals in situations such as emergencies or out-of-hours care. An electronic patient summary can improve patient care and support clinical processes by providing timely, accurate information needed to enable better communication among clinicians, patients and other healthcare staff. It can support the continuity of patient care between healthcare settings.



*The clinical information that can be included in a national electronic patient summary record.  
Watch our animation to find out more.*

In consultation with the eHealth Standards Advisory Group and based on international and national evidence and best practice, the team drafted information requirements. Information requirements are the minimum set of data items recommended for electronic patient summaries in Ireland, such as a patient's demographics, health condition, current medications, allergies, procedures and vaccinations. The draft information requirements were available for a six-week public consultation, during which we received a total of 44 submissions. In addition, the team conducted focus groups and interviews with patients, GPs, and other healthcare professionals to discuss their experience and to obtain their opinion as to what type of information should be included in a national electronic patient summary for Ireland. Engaging both patients and healthcare practitioners in the process ensures that their requirements inform the final standards.

The *National Standard on information requirements for a national electronic patient summary* was approved by HIQA's Board and submitted to the Minister for Health in December 2018. HIQA looks forward to the HSE implementing a standards-based national electronic patient summary in Ireland.

### **Community-based electronic prescribing**

The team carried out an international review of ePrescribing programmes which found that ePrescribing can make a huge difference to patients, prescribers and pharmacists. The international evidence gathered was used to draft a set of recommendations about an Irish ePrescribing programme, in consultation with a specially convened advisory group, covering areas such as the programme governance structure and the engagement of stakeholders.

The draft recommendations were made available for public consultation for a six-week period, which received 29 submissions.

Submissions were analysed and used to update HIQA's *Recommendations for the national, community-based ePrescribing programme in Ireland*. The recommendations were approved by our Board before being submitted to the Minister for Health and published in September 2018. These recommendations will help ensure that an ePrescribing programme will deliver the benefits that are expected, and sets out high-level recommendations around legislative and regulatory requirements, governance, data privacy, stakeholder engagement, and a standard-based, phased implementation approach.

To further advance the implementation of ePrescribing in Ireland, we also developed a national standard to define the information required to be collected to roll out ePrescribing in community services. In consultation with the eHealth Standards Advisory Group and based on international and national evidence and best practice, we drafted information requirements for public consultation. During the consultation, 25 submissions were received and informed an update to the draft standard. Following approval by HIQA's Board, the *National Standard on information requirements for national community-based ePrescribing* was submitted to the Minister for Health and published on [www.hiqa.ie](http://www.hiqa.ie) in December 2018. HIQA looks forward to the HSE rolling out a standards-based implementation of ePrescribing in Ireland.



*Aoife Healy and Dr Barbara Foley, from HIQA's Health Information Quality Team, at the launch of the guidance at the National Patient Safety Office Conference in Dublin Castle.*

## SNOMED CT

SNOMED CT is the most comprehensive electronic dictionary of clinical terms currently available and covers many aspect of healthcare including diseases, symptoms, procedures and medical devices. It was developed to improve the quality of clinical data in patient records, and in turn help improve the overall quality of care received by patients. The Technical Standards Team worked closely with the HSE in 2018 to progress the adoption and implementation of SNOMED CT in Ireland by chairing the SNOMED CT Governance group. A work plan for the roll out of SNOMED CT was agreed and implemented, culminating in an initial release of an Irish edition of SNOMED CT in November 2018.

### 4.3.2.2 Health Information Quality

#### **Guidance on a data quality framework for health and social care**

In October 2018, the Health Information Quality Team launched *Guidance on a data quality framework for health and social care* at the National Patient Safety Conference. The guidance outlines an approach that health and social care organisations can undertake to systematically assess, monitor, evaluate and improve the quality of their data and information, thus ensuring that it is fit for purpose.

An expert working group was convened to provide advice on the development of the guidance. The Working Group met three times, with members of the group sharing valuable insight into their own quality improvement initiatives and assisting HIQA to determine the elements required for inclusion in the guidance document.

Specialist expert advice was also sought from the Canadian Institute for Health Information (CIHI), which has had a data quality framework in place for a number of years. A member of CIHI's data quality team took part in the first meeting of the Working Group.

A targeted consultation was carried out in relation to the draft guidance, with 38 responses received. The feedback from the targeted consultation was analysed, considered and used to inform the final guidance.

In line with HIQA's guidance development process, we also undertook a detailed review of the international literature, the findings of which were published as a *Background paper to support guidance for a data quality framework for health and social care*. The review determined current practices internationally in relation to the use of data quality frameworks, the components they include and the dimensions under which data quality is assessed by international organisations. This background document contributed to informing the development of the final guidance.

An interactive Data Quality Assessment Tool was also published to accompany the guidance, providing a detailed set of criteria that organisations can use to comprehensively assess their data sources. This was developed based on the five internationally recognised key dimensions of data quality.

## Dimensions of data quality

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### **Relevance**

Relevant data meet the current and potential future needs of users.



### **Accuracy and reliability**

The accuracy of data refers to how closely the data correctly describes what it was designed to measure. Reliability refers to whether that data consistently measures, over time, the reality that it was designed to represent.



### **Timeliness and punctuality**

Timely data are collected within a reasonable agreed time period after the activity that it measures. Punctuality refers to whether data are delivered or reported on the dates promised, advertised or announced.



### **Coherence and comparability**

Coherent and comparable data are consistent over time and across providers and can be easily combined with other sources.



### **Accessibility and clarity**

Data are easily obtainable and clearly presented in a way that can be understood.

The Health Information Quality Team is also currently finalising two digital learning modules on data quality frameworks. The first module will explain the benefits of good-quality data and information for the health and social care sector; the second module is more detailed and aims to support organisations in applying a data quality framework in practice, as well as assessing and reporting on the quality of their data.

### **Review of compliance with information management standards**

During 2018, we continued to carry out a structured review programme of assessing compliance with the *Information management standards for national health and social care data collections*. Complying with the standards will improve the quality of national health information and data, and will ultimately contribute to the delivery of safe and reliable health and social care in Ireland.

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 reviewing the national data collections within the HSE. Prioritisation criteria (which include the quality and safety impact, the policy impact and other operational factors which may impact on the review programme) were developed to determine the schedule for reviews in the first phase of the programme.

There are four main stages involved in the review process:

1. completing a self-assessment tool
2. an information request
3. on-site assessments
4. reporting of the findings.

In 2018, HIQA published detailed reviews of compliance with the standards in two major national data collections; while a third review of a national data collection commenced.

### **Review of information management practices at BreastCheck**

In March 2018, HIQA published a *Review of information management practices at BreastCheck*, which is one of four screening programmes within the National Screening Service. The review made 11 recommendations that, if implemented effectively, will drive improvements in information management at BreastCheck as well as the other three screening programmes within the National Screening Service.

The review found that while BreastCheck is undertaking a significant amount of work to improve the quality of the data collected within the screening units, the development of an overarching data quality framework to further enhance this work is required. In addition, information governance arrangements need to be strengthened to ensure adherence to relevant policies and procedures and compliance with legislation, including the General Data Protection Regulation (GDPR).



BreastCheck is an extremely valuable national health data collection and it is internationally recognised that the appropriate sharing and effective use of information can bring enormous benefits. In line with this, HIQA also recommends that BreastCheck should make data and information more accessible in a timely manner to all stakeholders, including women using the service.

### **Review of information management practices in the Hospital In-Patient Enquiry scheme (HIPE)**

In October 2018, we published a *Review of information management practices in the Hospital In-Patient Enquiry (HIPE) scheme* which is the main health information system used in Ireland to inform healthcare planning, delivery and funding; health promotion; and research. Information management is particularly important for HIPE given the use of its data for planning and funding, the significant quantity of data produced, the vast number of stakeholders involved in generating the data, the complexity of the data flow pathway and the significant cost associated with generating the data.

The review made nine recommendations that, if implemented effectively, will drive improvements in information management at HIPE. In particular, the review identified shortcomings in relation to national oversight structures and arrangements in place for the governance, leadership and management of HIPE at a senior level within the HSE. In the absence of clear governance arrangements, effective risk management and performance management have been limited, posing potential challenges to the overall functioning and use of HIPE.

While the review identified that improvements had been made to data quality initiatives and clinical coding over the past number of years, the approaches to solving the overall information management issues of HIPE had not developed. From an information management perspective, the flow of HIPE data should be seen as one continuous process which starts at the clinical documentation stage to the point where the data are ready for use by key stakeholders to inform decision-making.

### **Review of information management practices in the HSE Primary Care Reimbursement Service (PCRS)**

A *Review of information management practices at the Primary Care Reimbursement Service (PCRS)* commenced in 2018 and will be published in early 2019. The PCRS is responsible for making payments and reimbursement services to healthcare providers including GPs, dentists, pharmacists and optometrists and ophthalmologists for the free or reduced costs services they provide to the public. The data held by the PCRS is a rich source of information for the public, clinicians, policy-makers and researchers that can be used to improve the quality of services being provided to people in Ireland. This review aims to improve information management practices at the PCRS by assessing the organisation's compliance with the standards and ultimately drive improvement by identifying areas of good practice, as well as areas where improvements are needed.

### 4.3.3 Health and social care standards and guidance

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

HIQA also has a role in promoting safety and quality in the provision of health and social care services for the benefit of the health and welfare of the public. We do this by developing additional resources and guidance to help people to understand and implement national standards, as well as to help staff make improvements in a particular area.

During the development of national standards and guidance, stakeholder engagement is essential to help improve the quality and safety of health and social care services. Each set of standards and guidance is developed in conjunction with a standards advisory group, focus groups are held with interested parties including front-line staff and people using services, and the general public is invited to submit their feedback during two consultation periods. Through this engagement with a diverse range of stakeholders, HIQA ensures that the voices of all interested parties are heard and that they have the opportunity to ensure that their experiences and opinions help shape the development of national standards and guidance.

#### International review

In 2018, we carried out an international review of how 13 organisations across nine jurisdictions develop standards and guidance. The review found that:

- There is a move towards having high-level national standards across health and social care services, rather than having multiple standards for specific services.
- Many jurisdictions place major emphasis on the development of supporting material and guidance, which helps staff and service providers to understand and implement standards across services.
- Many jurisdictions have a fully transparent prioritisation process that ensures requests to develop national standards and guidance are reviewed, assessed and progressed, as appropriate, in a transparent and consistent manner.
- Many organisations work in partnership with service providers, regulators and people using services to identify and support national strategic priorities through standards and guidance development.

- All jurisdictions considered public and patient involvement as a critical requirement at every stage of the standards and guidance development process, especially the initial project stages. This ensures all interested parties and topic experts have the opportunity to feed into the development process in a transparent and inclusive way.
- Measuring and reporting on the impact of national standards and guidance across the health and social care system proved challenging for many jurisdictions. However, this helps organisations to identify areas for improvement, increases transparency around the standards development process, and provides a system that evaluates the organisation's practices.
- Most jurisdictions place a strong emphasis on effective dissemination, communication and promotion of the national standards and related material to health and social care services. This aims to maximise uptake and application across services, as well as to increase awareness among people using services, their families, and the public.



The findings of this review, along with engagement with key stakeholders, informed a revision to HIQA's standards development methodology. One key change has been the addition of a public scoping consultation early in the standards development process to ensure stakeholders are engaged from the very outset of the project. A number of process documents and online learning resources were also developed by the team to help people undertaking similar work. These include:

- Online resources on *How National Standards are developed* and *Designing, facilitating and analysing focus groups in health information and standards research*.
- *Evidence synthesis process: Methods in the development of National Standards, Guidance and Recommendations for the Irish health and social care sector, September 2018.*
- *Conducting focus groups: Methods in the development of National Standards, Guidance and Recommendations for the Irish health and social care sector, September 2018.*

The international review has also informed a new focus on improving communication and dissemination of our material, increased stakeholder engagement throughout the process and developing resources to aid understanding and to support the implementation of national standards and guidance across health and social care services.

We are also implementing a comprehensive process when identifying, selecting and prioritising topics for development into national standards and guidance. This will ensure proposed topics are reviewed, assessed and progressed, as appropriate, in a transparent and consistent manner.

HIQA has convened a Standards and Guidance Programme Advisory Group to advise on the overall work programme and to support and promote the prioritisation process. The Advisory Group is comprised of representatives from the National Patient Forum, HSE, Tusla, Department of Children and Youth Affairs, Department of Health and HIQA's Regulation Directorate. The first meeting of the Group took place in December 2018 with future meetings planned to take place biannually.

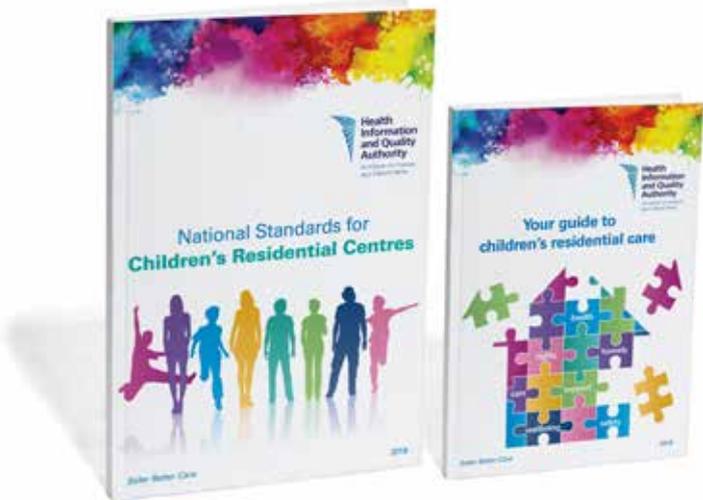
### **National Standards for Children's Residential Centres**

In 2018, the Minister for Health, in consultation with the Minister for Children and Youth Affairs, approved the *National Standards for Children's Residential Centres*. These replace the 2001 Department of Health and Children standards.

A children's residential centre is a home for children who come into the care of the State to ensure that their needs are met when they cannot live with their own family. As of October 2018, over 400 children 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.

These Standards aim to improve the care and support provided to each child living in residential care, to make sure they experience a service that meets their individual needs. The Standards and *Your guide to children's residential care*, which is aimed specifically at children who are living in care, are based on international best practice and were developed in consultation with children with experience of residential care, their families and those involved in their care.

The Standards and guide describe what a safe and effective children's residential centre should look like and create a basis for improving the quality and safety of children's residential care by identifying strengths and highlighting areas for improvement. They can also be used by children living in residential care and their families to understand what they should expect from a service and what their rights are on their journey through care.



## National Standards for infection prevention and control in community services

We published *National Standards for infection prevention and control in community services* in 2018. This is the first time HIQA has developed standards specifically for community health and social care services, including ambulance services, homecare, GP practices, dental practices, residential centres, day care services and pharmacies. The National Standards were informed by a review of national and international standards, guidelines and guidance documents and engagement with people who work in community services and the people who use these services.



Healthcare-associated infections can have a huge impact on people, causing anxiety and upset, serious illness, long-term disability and death. A number of these infections are no longer confined to the hospital setting and are increasingly prevalent in health and social care services in the community. A significant proportion of such infections are avoidable, if effective structures, systems and processes are in place to manage the potential risks. The National Standards cover important areas such as communicating well with people who use community health and social care services, involving people in decisions about their care, providing care in a clean and safe environment and prescribing antimicrobial medication in a safe manner.

Members of our Standards Team promoted the standards at various conferences, including the One Health event on 20 November 2018 to mark European Antibiotics Awareness Day.



*Pictured at the One Health event, from left to right, are members of HIQA's Advisory Group: Helen Murphy, Health Protection Surveillance Centre (HPSC); Rosarie Lynch, Head of Patient Safety Surveillance, National Patient Safety Office; Professor Martin Cormican, Health and Wellbeing Division, Health Service Executive (HSE); Linda Weir, HIQA; Dr Karen Burns, HPSC; Dr Nuala O'Connor, ICGP GP Lead HSE Clinical Programme HCAI-AMR; Rachel Flynn, HIQA's Director of Health Information and Standards; and Mary McKenna, HCAI and AMR Clinical Programme, HSE.*



*Rosemary Smyth, Interim Chief Executive, Mental Health Commission; Phelim Quinn, CEO, HIQA; and Patricia Rickard-Clarke, Chair of Safeguarding Ireland at the 'Adult Safeguarding: Promoting Rights, Health and Wellbeing' seminar in May 2018.*

Supporting materials have also been developed to aid understanding and support implementation of the National Standards. This included a short animation outlining what infection prevention and control is and what measures people and services can take to prevent the spread of infection; a one-page summary poster of the 20 standards; and an information leaflet outlining what people can do to prevent the spread of infections.

In 2019, we will work with stakeholders to develop an online educational resource for front-line staff to support understanding and implementation of the standards in their settings.

### **Draft national standards for adult safeguarding**

All adults have a right to be safe and live a life free from harm. Adult safeguarding means putting measures in place in services to reduce the risk of harm, to promote people's human rights and their health and wellbeing, and to empower people to protect themselves. People using any health and social care service in Ireland should expect that their risk of harm is reduced and that their rights, health and wellbeing are being promoted and protected.

During 2018, HIQA, in partnership with the Mental Health Commission (MHC), developed *Draft national standards for adult safeguarding* based on international best practice and in consultation with people using health and social care services, advocates, health and social care professionals and policy-makers.





HIQA and the MHC held a seminar in May 2018 called 'Adult Safeguarding: Promoting Rights, Health and Wellbeing' which brought together over 200 delegates, including national and international speakers with expertise in the area. Focus group sessions were also held to discuss delegates' experiences and to find out what the standards should address.

Draft standards were published for a seven-week public consultation in August 2018. The standards were finalised and approved by the Boards of HIQA and the MHC in 2018, and were submitted to the Minister for Health in early 2019. It is expected that all health and social care services will adopt these national standards to promote improvements in the prevention of harm and response to adult safeguarding concerns.

### **Draft Guidance to support a human rights-based approach in health and social care services**

A human rights-based approach to care involves empowering people who use services to know and claim their rights. It also involves increasing the ability and accountability of staff working in health and social care services to respect, protect and fulfil the human rights of people using services. Using this kind of approach can improve outcomes for people using services and aid the delivery of better quality, person-centred care by services.

During 2018, part funded by the Irish Human Rights and Equality Commission, HIQA commenced the development of a draft guidance to support a human rights-based approach to care in health and social care services. This practical and accessible evidence-based guidance will aim to help practitioners understand what a human rights-based approach to care is and to identify ways to ensure the human rights of people using services remain at the centre of service provision.

We carried out HIQA's first public scoping consultation to inform the development of the guidance. Response to the consultation was positive, with 51 individuals and organisations providing feedback. In addition to the scoping consultation, we carried out a review of national and international literature, which will be published in early 2019. The draft guidance will be published for public consultation in 2019.

#### **4.3.4 Lectures and presentations provided by members of the Directorate**

The National Patient Experience Survey Team attended multiple conferences and events over the course of the year to present on the survey results, including at:

- The 22nd Annual NUI, Galway Health Promotion Conference in June.
- The 35th International Conference of the International Society for Quality in Health Care (ISQua), held in Kuala Lumpur in September.



*Rachel Flynn, Director of Health Information and Standards and Programme Director of the National Patient Experience Survey, presenting at the IPPOSI annual conference on 8 October 2018.*

- The 2018 Irish Platform for Patient Organisations, Science & Industry (IPPOSI) Conference in October.
- Lessons from CervicalCheck and the future of women's health, held in November.
- The 2nd Saolta Health Care Group Patient Experience Conference, held in Galway in December.

Members of the Directorate also presented at the following conferences and events:

- The Standards Team promoted its work at the 22nd Annual Health Promotion Conference, in NUIG, showcasing how people who use services are involved during the development of national standards for health and social care services. Over 170 delegates with a background in health and social care attended.
- The annual Health Informatics Society of Ireland (HISI) conference took place in early November, focusing on the eHealth landscape in Ireland. Deirdre Laffan gave a presentation on the Recommendations for a National Community Based ePrescribing Project, and Dr Kevin O'Carroll presented on information requirements for a national patient summary record. Dr Barbara Foley also presented on a systematic approach to improving the quality of national health information in Ireland.
- We presented at an Infection Prevention and Control event for nurses and midwives in Letterkenny on HIQA's standards development function and the *National Standards for Infection Prevention and Control in Community Services*.

- The Standards Team also presented on the *National Standards for children’s residential centres* to over 120 social care professionals in attendance at the 2018 Social Care Ireland Conference, Athlone.
- A Masters Programme lecture was given at Trinity College Dublin on the *National Standards for the prevention and control of healthcare-associated infections in acute healthcare services*, 2017.
- A lecture was given to the Sphere PhD programme on the work of the Health Information and Standards Directorate in HIQA.
- A lecture and interactive session was given to the University College Cork Masters in Public Health programme and Masters in Digital Health programme on the specific work of the Health Information Quality function in HIQA.
- A lecture was given to third year Physiotherapy students at Trinity College Dublin on *Health Information and Patient Experience Surveys — An overview of HIQA’s role and work to date*.

### **Conference posters**

#### *Infection Prevention Control Ireland Annual Conference, 27 April 2018*

- Weir L, Keane C, McKenna F, Gannon J, Flynn R. Development of draft national infection prevention and control standards for community services – findings to date. 2018 Infection Prevention Control Ireland (IPCI) Annual Conference, Dublin.

#### *22nd Annual Health Promotion Conference, 7 June 2018*

- Weir L, Behan L, O’Dwyer V, Flynn R. Involving people who use services in developing National Standards for Health and Social Care Services. 2018 22nd Annual Health Promotion Conference.
- O’Dwyer V, Murphy S, Hyland D, Hamilton E, Frowein K, Kehoe-O’Sullivan M, Smyth R. The National Standards for the conduct of reviews of patient safety incidents. 2018 22nd Annual Health Promotion Conference.

#### *National Patient Safety Office 3rd Annual Conference, 17 and 18 October 2018*

- Foley B, Healy A, Flynn R. Guidance on a Data Quality Framework for health and social care – a tool to assess data quality to inform patient safety. 2018 National Patient Safety Office 3rd Annual Conference, Dublin.
- Foley B, Boland T, Ryan M, Flynn R. Review programme for national health data collections – driving improvements in the quality and use of health information in Ireland. 2018 National Patient Safety Office 3rd Annual Conference, Dublin.
- O’Dwyer V, Behan L, Weir L, Flynn R. An international review of standards and guidance development for health and social care services. 2018 National Patient Safety Office 3rd Annual Conference, Dublin.



*Standards Lead Judy Gannon presenting a poster at the 3rd Annual National Quality, Clinical Risk and Patient Safety conference on 21 September 2018.*

- Dolphin L, Connolly D, Weir L, Frowein K, Murray A, Donati J, Smyth R, Flynn R. Person-centred communication in adult safeguarding. 2018 National Patient Safety Office 3rd Annual Conference, Dublin.
- Weir L, Keane C, McKenna F, Gannon J, Flynn R. National Standards for infection prevention and control in community services: Statement of Outcomes. 2018 National Patient Safety Office 3rd Annual Conference, Dublin.
- Foley C, Huss T, O'Carroll T, Mason T, O'Ceallaigh D, Flynn R. Hearing the patient's voice: Insights from the National Patient Experience Survey. 2018 National Patient Safety Office 3rd Annual Conference, Dublin.

*3rd Annual Quality, Clinical Risk and Patient Safety Conference, 21 September 2018*

- Dolphin L, Connolly D, Weir L, Frowein K, Murray A, Donati J, Smyth R, Flynn R. The development of National Safeguarding Standards. 2018 Annual Quality, Clinical Risk & Patient Safety Conference, Dublin.
- Weir L, Keane C, McKenna F, Gannon J, Flynn R. National Standards for infection prevention and control in community services. 2018 Annual Quality, Clinical Risk & Patient Safety Conference, Dublin.

*Health Informatics Society of Ireland Conference 2018, 6 and 7 November 2018*

- Oral presentation: Foley B. A systematic approach to improve and promote the quality of national health information in Ireland. 2018 Health Informatics Society of Ireland 23rd HISI Annual Conference and Scientific Symposium, Dublin.

- Foley B, Healy A, Flynn R. Guidance on a Data Quality Framework for health and social care – a tool to assess data quality to inform patient safety. 2018 Health Informatics Society of Ireland 23rd HISI Annual Conference and Scientific Symposium, Dublin.
- Boland T, Foley B, Ryan M, Flynn R. Review programme for national health data collections – driving improvements in the quality and use of health information in Ireland. 2018 Health Informatics Society of Ireland 23rd HISI Annual Conference and Scientific Symposium, Dublin.

*4th Annual SPHeRE Network Conference, 11 January 2018*

- Foley C, Huss T, Boland T, O'Carroll T, O'Ceallaigh D, Flynn R. Hearing the patient's voice: Insights from the National Patient Experience Survey. 2018 4th Annual SPHeRE Network Conference.

*National Forum on Integrated Care, 5 December 2018*

- Boulger J, Foley C, Huss T, O'Carroll T, Flynn R. The implementation, impact and outcomes of the National Patient Experience Survey. 2018 National Forum on Integrated Care.

*Inaugural conference on Professionalism in Healthcare, Royal College of Surgeons, 12 April 2018*

- Huss T, Foley C, O'Carroll T, Flynn R. Professionalism in the public acute hospital setting: Lessons from the National Patient Experience Survey. 2018. Inaugural conference on Professionalism in Healthcare, Royal College of Surgeons, Dublin, Ireland.

## 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 business plan objectives. In 2018, work continued to strengthen and develop these functions.

### 4.4.1 Human Resources

Our Human Resources function supports employee relations, policy development, recruitment, payroll and pensions, performance management and organisational development. It does this by providing professional expertise and enabling managers and staff to deliver their objectives.

Recognising that the successful delivery of HIQA's strategy is dependent on having its human resources in place, we focused on workforce planning in 2018. In July, a detailed Workforce Plan was submitted to the Department of Health setting out HIQA's workforce requirements into the future. We also continued to provide responsive, quality, timely recruitment and resourcing services to the organisation; working to ensure that our processes and systems delivered high-quality services. We launched 52 recruitment competitions in 2018 resulting in 39 appointments.

During the year, extensive work was carried out on the development of a competency framework for HIQA. This was designed and developed with input and expertise from people across the organisation, and is a bespoke framework that takes into account what is important in our work and for our people. It will provide a foundation to make many of the things we do easier and more consistent, including how we define and articulate roles, how we recruit, how we plan development and provide career options and pathways.

HIQA was successful in retaining National Standards Authority of Ireland (NSAI) Excellence Through People (ETP) accreditation in 2018. The focus of ETP is to get organisations to view their people as a key source of competitive advantage. HIQA uses the ETP model to help achieve business improvement by:

- Putting the right human resource systems in place to maximise employee contribution
- Aligning people practices with the goals of the organisation
- Maximising the investment in human resource management.

HIQA was awarded certification to Gold Standard at the end of 2018.

Raising awareness on workplace health and wellbeing and promoting associated initiatives was a key focus for Human Resources in 2018. We developed and implemented a more structured and focused approach to employee wellbeing and introduced a variety of programmes and online resources to support staff members in managing and improving their overall health and wellbeing.



The programme was tailored to meet the different health and wellbeing requirements of a diverse workforce with offerings relating to lifestyle, nutrition, health screening and physical activity.

#### **4.4.2 Financial management**

Throughout 2018, HIQA continued to manage its 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, with no material concerns 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 2018 were submitted to the Comptroller and Auditor General in accordance with the timescales set out in the Health Act 2007.

#### **4.4.3 Quality management**

During 2018, HIQA continued to develop its Quality Management System. Structures were further developed to improve internal communications and to support the organisation to document its processes and procedures to ensure a consistent approach to all our work. Guidance was developed and training was provided relevant to the quality improvement cycle. Significant progress was made on improving HIQA's system for managing all controlled documents. To support continuous improvement, the in-house audit team carried out a number of quality assessment and audits.

#### **4.4.4 Health and safety**

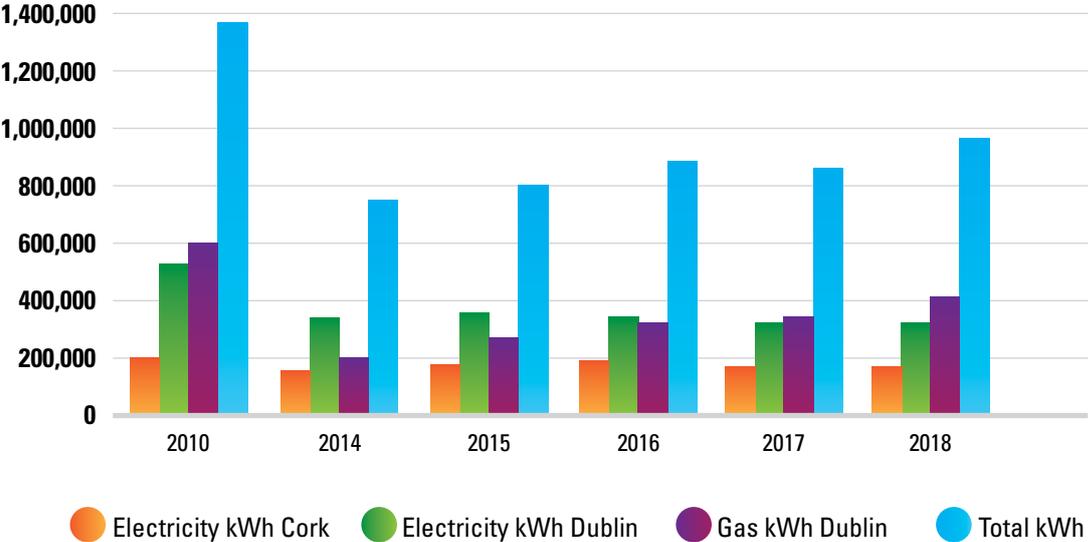
HIQA remains committed to protecting the safety, health and welfare of all employees and visitors to our offices. We continue to invest resources in our Health and Safety programme which enables colleagues to actively participate in the management of their own health and safety. Staff safety representatives sit on the Health and Safety Committee, which meets quarterly. A range of health and safety training was delivered during the year. There was one reportable incident in 2018.

HIQA made significant improvements to the working environment for staff in 2018, including a major reorganisation of space in the Dublin office. Plans were also developed for upgrades to HIQA's other office facilities.

### 4.4.5 Energy consumption and environment

HIQA continues to work towards meeting the 2020 target of 33% energy reduction across the public sector. In 2018, we successfully identified and managed a number of challenges to this reduction, which were the result of building works and additional tenants taking up occupancy in the Dublin office. These challenges resulted in a significant increase in both electricity and gas usage in quarter one of 2018. A number of steps were taken to address these issues, and to bring HIQA back on course to achieving its target by 2020.

Over the last year, our offices recycled 9,115 kilos of paper which equates to saving approximately 164 trees.



### 4.4.6 Planning

During 2018, HIQA worked on the development of its Corporate Plan 2019–2021. We undertook extensive engagement with stakeholders inside and outside the organisation to develop a strategy that sets out a clear direction for the coming three years and the steps we will take to fulfil our mission. Following approval by the Board, the plan was submitted to the Department of Health in December 2018.

The Business Plan for 2018 was the third plan of the 2016–2018 three-year corporate planning cycle. At every regular meeting of the Board a comprehensive report on performance and achievement of business objectives was 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 2019.

## 4.5 Communications and Stakeholder Engagement

### 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, in line with our communications and stakeholder engagement principles.

All reports and recommendations published during 2018 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.

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

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

#### 4.5.1 Press and media relations

HIQA issued 27 press releases during 2018. These included significant media events, such as the publication of the *Report of the investigation into the management of allegations of child sexual abuse against adults of concern by the Child and Family Agency (Tusla) upon the direction of the Minister for Children and Youth Affairs*, a health technology assessment (HTA) into extending the HPV vaccine to boys, the 2018 National Patient Experience Survey results, *National Standards for infection prevention and control in community services*, and *National Standards for Children's Residential Centres*.

During the year, our work was reported by international, national and local media organisations across print, broadcast and online publications. We responded to all media queries in a timely manner, and arranged media interviews to publicise our work.

## 4.5.2 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.

Our reports and publications are published on [www.hiqa.ie](http://www.hiqa.ie) in a timely manner, where they can be easily downloaded. We published 58 different publications during 2018, including standards, annual reports, HTAs and guidance documents. We also designed posters, booklets, banners and 47 infographics for a number of our publications and events to make them more accessible.

Over 1,161 inspection reports were published on our website in 2018. We issued 84 publication statements to accompany the publication of these inspection reports of health and social care services.

Type of inspection report	Total number published
Healthcare	42
Children (excluding disability)	44
Disability (including children)	584
Nursing homes	491
<b>Total</b>	<b>1,161</b>

## 4.5.3 Stakeholder engagement and consultation

We liaise with stakeholders, including the general public, patients, residents, service providers and advocacy groups to promote awareness and understanding of HIQA, and to collaborate on health and social care projects.

Engaging the public in consultations is an important part of HIQA's work. In 2018, we held 10 public consultations to find out what was important to our stakeholders before finalising a number of standards, HTAs, guidelines and strategies. Public consultations were held on:

- Draft Guidelines for Evaluating the Clinical Effectiveness of Health Technologies in Ireland
- Draft service charter for consultation
- Draft Corporate Plan 2019–2021 for Consultation
- Scoping consultation to inform the development of guidance to support a rights-based approach in health and social care services
- Information requirements for a national patient summary – draft standard for public consultation
- Draft national standards for adult safeguarding

- Draft HTA of extending the national immunisation schedule to include HPV vaccination of boys
- Draft Standard for consultation: Information requirements for community-based ePrescribing
- Draft recommendations for the national, community-based ePrescribing programme in Ireland
- Draft national infection prevention and control standards for community services

During consultation, members of the public, health and social care staff, industry experts and interested parties were invited to submit their views and feedback on the draft documents. These views informed the final documents which were then approved by HIQA's Board.

During the year, we continued to publish our public newsletter, HIQA News, every two months, with six issues in 2018. Our newsletter can also be read at [www.hiqanews.com](http://www.hiqanews.com).

Furthermore, we assisted teams across the organisations in organising and hosting a number of events and information seminars for stakeholders, including sessions for nursing home providers and persons in charge, as well as residents and their relatives.

#### **4.5.4 Public and parliamentary affairs**

HIQA is accountable to both the Government and the Houses of the Oireachtas. We engage 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.

HIQA provides accurate and up-to-date information to public representatives and officials in a prompt and consistent manner. One way of doing so is through the parliamentary questions process, which serves an important purpose in ensuring that HIQA's work is transparent and accountable.

In 2018, we received and responded to 18 parliamentary questions within the specified deadline. These related to:

- Corporate Services – 7 (39%)
- Regulation – 10 (55.5%)
- CEO's Office – 1 (5.5%)

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

In 2018, HIQA participated in 10 public consultations on a broad range of issues. These include the Department of Health's consultation on the deprivation of liberty safeguards, a consultation on the HSE's Draft Adult Safeguarding Policy 2018, and the Competition and Consumer Protection Commission's consultation on contracts of care in long-term residential care services for older people.

Last year, HIQA also had the opportunity to present to the Joint Committee on Health. We appeared before the committee in March to discuss the European Commission's proposed regulation on Health Technology Assessment, and again in June to debate the General Scheme of the Patient Safety (Licensing) Bill.

#### **4.5.5 Online communications**

HIQA's website continues to be an important source of information for our stakeholders and the general public. There has been a 25% increase in overall visitors to the website from 2017 to 2018, with a further 40% increase in new mobile users.

The five most popular sections of [www.hiqa.ie](http://www.hiqa.ie) were the homepage, our latest inspection reports, careers, standards and quality, and our national standards.

There were 447,085 .pdf documents downloaded from our site in 2018. The top four most downloaded documents are:

1. *National Standards for Residential Services for Children and Adults with Disabilities*
2. *National Standards for Residential Care Settings for Older People in Ireland*
3. *2017 – National Standards for the prevention and control of healthcare-associated infections in acute healthcare services*
4. *Guide to the National Standards for Residential Care Settings for Older People in Ireland*

HIQA continues to use social media to engage with our stakeholders, including our Facebook page, 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 2018, the number of HIQA's Twitter followers increased by 28%. The number of likes of HIQA's Facebook page increased by 22% over the year, while the number of followers of the LinkedIn page increased by 124%.

In 2018, we filmed 10 videos and created seven animations. We published these on social media to increase awareness of HIQA's work and make our work more accessible to our stakeholders. We also used Facebook Live during the year to stream a live press conference and a seminar on adult safeguarding.

HIQA's Communications Team also has responsibility for the National Patient Experience Survey social media accounts.

#### 4.5.6 National Patient Experience Survey communications lead

The second National Patient Experience Survey took place in May 2018, following the inaugural survey in 2017. As the lead partner in the initiative, HIQA's Communications Team led on the implementation of a multifaceted communications strategy to maximise participation in the survey.

Communicating the purpose and importance of the survey to the public, patients, healthcare professionals and other stakeholders was a priority in the inaugural year, and remained so in 2018. Our aim was to build on the enthusiasm and positive response to the first year of the survey, reach new audiences and establish the National Patient Experience Survey as a driver of meaningful improvements in Irish healthcare.

The communications strategy involved face-to-face engagement with key hospital staff; the production of promotional materials for display in participating hospitals and public areas; and integrated traditional, social and digital media campaigns. In November, to publicise the results of the 2018 survey, one national and 39 hospital-specific press releases were issued, alongside 39 infographics and an animation presenting the results.

In June 2018, HIQA won 'Best Healthcare Campaign' at the Public Relations Institute of Ireland's (PRII's) Awards for Excellence in Public Relations for the extensive communications campaign undertaken to promote the first survey in 2017.



Members of HIQA's 2018 Communications Team who worked on the National Patient Experience Survey with the PRII 'Best Healthcare Campaign' award: Trudi Mason, Suzanne O'Brien, Clare O'Byrne, Cormac Farrell and Zoë Forde.

### **4.5.7 Internal communications**

We maintain and support internal communications across HIQA, and worked to implement staff feedback on internal communications throughout the year. Staff were kept up to date on all changes and developments within the organisation through our monthly staff e-zine, emails, staff meetings, and our Intranet. Daily news updates are circulated to all staff and Board members.

### **4.5.8 Freedom of Information**

HIQA received a total of 66 Freedom of Information (FOI) requests in 2018 and five were carried over from 2017. Of this total of 71 requests, 10 were granted, 36 were part-granted, six were refused, seven were handled outside of the FOI process or withdrawn, three were transferred to another government agency and nine were carried over into 2019.

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 2018 while a number of new decision-makers were appointed and also received training.

### **4.5.9 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 November 2018. During 2018, seven complaints were received by HIQA, a decrease of five from 2017. All complaints were dealt with in accordance with the policy and the agreed timelines.

## 4.6 Chief Executive's Office 2018

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 performance monitoring are delivered in a manner that ensures HIQA meets its statutory requirements.

### 4.6.1 Board and committee meetings

The Board held 14 meetings during 2018. Six meetings were statutorily required, and eight additional meetings were scheduled to progress specific items of business, such as consideration of the investigation report into the management of allegations of child sexual abuse against adults of concern by Tusla and progressing the development of the 2019–2021 Corporate Plan.

#### 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:

- **Regulation Committee** oversees the effectiveness, governance, compliance and controls around the delivery of HIQA's regulatory functions. This committee met four times in 2018.
- **Audit, Risk and Governance Committee** assists the Board in its assessment of the effectiveness of the systems established by Management of HIQA by reviewing the comprehensiveness and reliability of internal controls, and assurances on governance, risk management, the control environment and the accuracy and completeness of the financial statements. This committee met seven times in 2018.
- **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 twice in 2018.
- **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 three times in 2018.

## 4.6.2 Corporate governance

The Board of HIQA is responsible for HIQA's system of internal controls and for annually reviewing the effectiveness of the internal controls, including financial, operational and 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, such as:

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

In addition:

- The Executive Management Team provides an annual assurance statement to the Board which sets out the controls covering the totality of HIQA's functions.
- Regular corporate performance reports are provided to the Board, including corporate risks.
- The Chief Executive provides a report to the Board at each meeting of the Board.
- The Board committees report to the Board.

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

HIQA has a 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.

HIQA holds the SWiFT 3000 Governance Standard from the National Standards Authority of Ireland.

A detailed Annual Governance and Compliance report is included with the annual financial statements for 2018.

# Chapter 5: Annual Financial Statements

## Year Ended 31 December 2018

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## General information

<b>Address</b>	Unit 1301, City Gate, Mahon, Cork T12 Y2XT
<b>Bankers</b>	Ulster Bank 95 Main Street Midleton Co Cork P25 RW67
<b>Auditors</b>	Comptroller and Auditor General 3A Mayor Street Upper Dublin 1 D01 PF72
<b>Solicitors</b>	Beauchamps Riverside Two Sir John Rogerson's Quay Dublin 2 D02 KV6

## Chairperson's Report

### For the year ended 31 December 2018

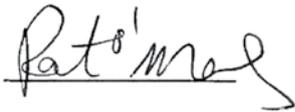
This report addresses the requirements in the Code of Practice for the Governance of State Bodies 2016 set out in the Business and Financial Reporting Requirements, Section 1.9, which outlines the items for inclusion in the Chairperson's Comprehensive Report to the Minister for Health.

- 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 2018, HIQA concluded 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.

## Chairperson's Report

For the year ended 31 December 2018

- I confirm that the Code of Practice for the Governance of State Bodies 2016 has been adopted and 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.



**Pat O'Mahony**  
Chairperson

Date: 17 April 2019

## 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 2018 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 four Board members which has financial and audit expertise. The Committee met seven times during 2018.

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 regularly reviewed and updated by the Audit, Risk and Governance Committee. 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.

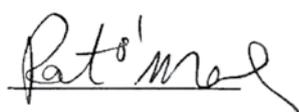
I confirm that the Board conducted an annual review of the effectiveness of the internal controls for 2018. It concluded that it was satisfied with the effectiveness of the internal control system.

### 7. Internal control issues

During 2018, expenditure of €141,000 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 €43,000 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.
- After it transpired that the successful vendor of a completed procurement competition, could not in fact supply the laptops to the quoted technical specification, it was necessary for HIQA to purchase laptops, to the value of €12,000 from its existing vendor, so as to have equipment for its new hires. A second competition was completed as soon as possible and all subsequent purchases were made from the successful vendor from the second competition.
- HIQA uses agency staff to carry out a range of work. In all cases agency staff have been procured through contracts established by competitive procurement processes. During the year there remained in place agency staff through a contract with a supplier that predated the currently procured incumbent. As assignments of staff under these legacy arrangements ended, they were replaced by staff from the current procured employment agency. During 2018, expenditure to the value of €86,000 was incurred on such agency staff. All such arrangements have now ceased.

On behalf of the Board,



**Pat O'Mahony**  
Chairperson

Date: 17 April 2019

# 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 follow the broad strategic direction set by the Board, and ensure that all Board members have a clear understanding of the key activities and decisions related to the entity, and of any significant risks as they 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 2018.

### 3. Board structure

The Board consists of a Chairperson and 9 ordinary members, all of whom are appointed by the Minister for Health.

Name	Role	Tenure commenced	Tenure expires
<b>Pat O'Mahony</b>	Chairperson of the Board	03/10/2018	02/10/2023
<b>Mary Fennessy</b>	HIQA Board Member	07/04/2014	06/04/2019
<b>Judith Foley</b>	HIQA Board Member	07/04/2014	06/04/2019
<b>Molly Buckley</b>	HIQA Board Member	29/07/2015	28/07/2020
<b>Paula Kilbane</b>	HIQA Board Member	29/07/2015	28/07/2020
<b>Stephen O'Flaherty</b>	HIQA Board Member	29/07/2015	28/07/2020
<b>Martin Sisk</b>	HIQA Board Member	29/07/2015	28/07/2020
<b>James Kiely</b>	HIQA Board Member	26/02/2018	25/02/2023
<b>Caroline Spillane</b>	HIQA Board Member	26/02/2018	25/02/2023
<b>Enda Connolly</b>	HIQA Board Member	26/02/2018	25/02/2023

Former Board members

Name	Role	Tenure commenced	Tenure expires
<b>Brian McEnery</b>	Former Chairperson of the Board	15/05/2013	14/05/2018
<b>Una Geary</b>	HIQA Board Member	14/02/2013	13/02/2018
<b>Ann Carrigy</b>	HIQA Board Member	15/02/2013	14/02/2018
<b>Bairbre O'Neill</b>	HIQA Board Member	31/03/2014	14/09/2018*
<b>Deirdre Madden</b>	HIQA Board Member	26/02/2018	23/01/2019*

\*Voluntary resignation by board member

## Governance Statement and Board Members' Report

*(continued)*

The tenure of two board members, Una Geary and Ann Carrigy expired on 13 February 2018 and 14 February 2018 respectively. Two board members, Bairbre O'Neill and Deirdre Madden voluntarily resigned from the board on 14 September 2018 and 23 January 2019 respectively. A new Chairperson, Pat O'Mahony was appointed by the Minister for Health on 3 October 2018. Four new board members, James Kiely, Deirdre Madden, Caroline Spillane and Enda Connolly were appointed by the Minister for Health on 26 February 2018.

HIQA holds the SWiFT 3000 Governance certification from the National Standards Authority Ireland. The SWiFT 3000 certification is the National Standards Authority of Ireland (NSAI) standard for the assessment of corporate governance. The objective of the assessment is to assess an organisation's corporate governance frameworks and specifically the level of compliance against relevant codes of practice, including the code of Practice for the Governance of State Bodies 2016 and emerging best practice.

An evaluation of Board performance was carried out in 2018.

### 4. Committees of the Board

The Board has established four committees, as follows:

- a) Audit Risk and Governance Committee:** 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. The Committee is currently seeking an external person to become an independent member.
- 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 2018 is set out below, including the fees and vouched expenses paid to each member:

#### (a) Current Board Members

	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	8	7	4	2	3		
Pat O'Mahony <sup>1</sup>	1 out of 1	1 out of 1	N/A	N/A	N/A	1 out of 1	2,884	-
Enda Connolly <sup>2</sup>	5 out of 5	5 out of 6	3 out of 5	N/A	2 out of 2	N/A	7,263	-
James Kiely <sup>3</sup>	5 out of 5	6 out of 6	1 out of 1	N/A	2 out of 2	2 out of 2	7,263	91
Caroline Spillane <sup>4</sup>	5 out of 5	5 out of 6	4 out of 5	1 out of 3	N/A	N/A	7,263	112
Mary Fennessy	5 out of 6	6 out of 8	N/A	4 out of 4	N/A	N/A	9,120	200
Judith Foley	1 out of 6	4 out of 8	N/A	N/A	0 out of 2	1 out of 1	-	-
Stephen O'Flaherty	5 out of 6	8 out of 8	7 out of 7	N/A	N/A	3 out of 3	9,120	592
Paula Kilbane	5 out of 6	8 out of 8	N/A	4 out of 4	N/A	N/A	9,120	275
Martin Sisk <sup>5</sup>	6 out of 6	7 out of 8	1 out of 2	1 out of 1	2 out of 2	2 out of 2	9,120	2,028
Molly Buckley	6 out of 6	5 out of 8	2 out of 2	3 out of 4	N/A	N/A	9,120	414
<b>Total</b>							<b>70,273</b>	<b>3,712</b>

1 Appointed 03 October 2018

2 Appointed 26 February 2018

3 Appointed 26 February 2018

4 Appointed 26 February 2018

5 Expenses' payment relate to expenses incurred in this and prior years

## Governance Statement and Board Members' Report

(continued)

### (b) Former Board Members

	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	8	7	4	2	3		
Brian McEnergy <sup>6</sup>	2 out of 2	6 out of 6	N/A	N/A	N/A	1 out of 1	7,838	-
Una Geary <sup>7</sup>	1 out of 1	1 out of 1	N/A	1 out of 1	N/A	N/A	-	112
Anne Carrigy <sup>8</sup>	0 out of 1	1 out of 1	1 out of 2	1 out of 1	N/A	N/A	1,458	252
Bairbre O'Neill <sup>9</sup>	2 out of 2	4 out of 7	5 out of 6	N/A	N/A	2 out of 2	6,854	-
Deirdre Madden <sup>10</sup>	3 out of 5	4 out of 6	N/A	3 out of 3	1 out of 2	N/A	-	190
David Molony <sup>11</sup>							-	337
<b>Total</b>							<b>16,150</b>	<b>891</b>

6 Tenure expired 15 May 2018

7 Tenure expired 13 February 2018

8 Tenure Expired 14 February 2018

9 Resigned 14 September 2018

10 Appointed 26 February 2018 and resigned 23 January 2019

11 Tenure expired 23 September 2017 but claimed expenses in 2018 related to board tenure

Fees were paid to Board members at the approved standard rates for the periods involved. Up to 30 April 2018, board member fees were paid in accordance with the standard annual rates (set out by the Department of Public Expenditure and Reform) for State Bodies, where the annual rates for the Chairperson is €20,520 and €11,970 for a board member. However, from 1 May 2018, the standard rates deemed applicable to HIQA, are €11,970 for the Chairperson and €7,695 for a board member. These revised rates are payable from 1 May 2018.

## Governance Statement and Board Members' Report

(continued)

Fees are not paid to Board members employed in the public service, under the 'One Salary One Person Principle' directive, issued by the Department of Public Expenditure and Reform. As a result, three of HIQA's Board members, during the year were not in receipt of fees (Una Geary, Judith Foley, and Deirdre Madden).

In addition to vouched expenses paid directly to Board members, a further €2,640 was paid by HIQA for hotel accommodation. In these instances no subsistence was claimed by the Board member.

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

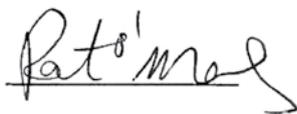
The Board is responsible for ensuring that HIQA has complied with the requirements of the Code of Practice for the Governance of State Bodies 2016. The disclosures required by the Code are provided in the notes 5 to 7 and 9 to 10 to the financial statements.

### 7. Statement of compliance

The Board has adopted the Code of Practice for the Governance of State Bodies 2016 and HIQA's compliance with the Code demonstrated substantial compliance with a small number of outstanding points to be addressed. A follow up review of outstanding recommendations during 2018 showed that these points have been addressed. Apart from the procurement matters referred to in the Statement on Internal Control, the Board believes that HIQA is compliant with the Code.

On behalf of the Board,

Signed:



**Pat O'Mahony**  
Chairperson

Date: 17 April 2019

Signed:



**Caroline Spillane**  
Board Member

Date: 17 April 2019

## 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 2018 as required under the provisions of section 35 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 FRS 102 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 2018 and of its income and expenditure for 2018 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 2018 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. 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.

**Andrew Harkess**  
**For and on behalf of the**  
**Comptroller and Auditor General**

**24 April 2019**

# 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

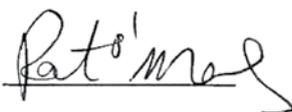
For the year ended 31 December 2018

	Notes	2018 €€	2017 €€
<b>Income</b>			
Department of Health (Vote 38, subhead E1)		13,200,000	12,300,000
Annual and registration fees	2	7,210,829	7,069,901
Other income	3	1,270,653	927,770
		<b>21,681,482</b>	<b>20,297,671</b>
<b>Expenditure</b>			
Staff costs	4	15,943,111	14,887,024
Travel and subsistence	9	808,053	837,478
Professional fees	10	659,904	603,918
Publication expenses		101,803	101,837
Support costs	11	2,137,718	2,024,267
Establishment expenses	12	1,850,073	1,751,986
		<b>21,500,662</b>	<b>20,206,510</b>
Surplus for the year		180,820	91,161
Surplus as at 1 January		931,708	840,547
Surplus at 31 December		<b>1,112,528</b>	<b>931,708</b>

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:   
**Pat O'Mahony**  
 Chairperson

Date: 17 April 2019

Signed:   
**Phelim Quinn**  
 Chief Executive

Date: 17 April 2019

## Statement of Capital Income and Expenditure

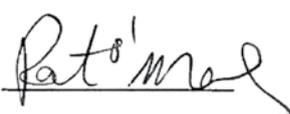
For the year ended 31 December 2018

€	Notes	2018 €€	2017 €
<b>Income</b>			
Department of Health (Vote 38, subhead L)		603,783	549,493
Amortisation of Capital Fund Account		668,954	559,822
		<b>1,272,737</b>	<b>1,109,315</b>
<b>Expenditure</b>			
Fixtures and fittings	13	71,433	7,676
Computer equipment	13	532,350	541,817
Depreciation	13	668,954	559,822
		<b>1,272,737</b>	<b>1,109,315</b>
<b>Surplus/(Deficit) for the Year</b>		-	-
Opening (deficit)/surplus		-	-
<b>Surplus/(Deficit) for Year</b>		-	-

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: 

**Pat O'Mahony**  
Chairperson

Date: 17 April 2019

Signed: 

**Phelim Quinn**  
Chief Executive

Date: 17 April 2019

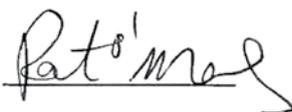
## Statement of Financial Position

As at 31 December 2018

€	Notes	2018 €€	2017 €
<b>Fixed Assets</b>			
Tangible Assets	13	2,078,843	2,144,014
<b>Current Assets</b>			
Receivables	14	1,164,938	656,218
Cash and cash equivalents		1,540,854	1,801,705
		<u>2,705,792</u>	<u>2,457,923</u>
<b>Less Current Liabilities</b>			
Payables falling due within one year	15	(1,593,264)	(1,526,215)
<b>Net Current Assets</b>		<b>1,112,528</b>	<b>931,708</b>
<b>Total Assets less Current Liabilities</b>		<b><u>3,191,371</u></b>	<b><u>3,075,722</u></b>
<b>Capital and Reserves</b>			
Revenue Reserves		1,112,528	931,708
Capital Account	16	2,078,843	2,144,014
		<b><u>3,191,371</u></b>	<b><u>3,075,722</u></b>

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:   
**Pat O'Mahony**  
 Chairperson

Date: 17 April 2019

Signed:   
**Phelim Quinn**  
 Chief Executive

Date: 17 April 2019

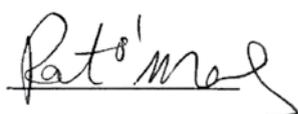
## Statement of Cash Flows

For the year ended 31 December 2018

### Reconciliation of Operating Surplus to Net Funds Inflow from Operating Activities

€	2018 €	2017 €
€		
Operating Surplus	180,820	91,161
(Increase)/Decrease in receivables	(508,720)	(74,255)
(Decrease)/Increase in payables and accruals	67,049	(91,352)
Interest received	(80)	(62)
<b>Net Cash Flow from Operating Activities</b>	<b>(260,931)</b>	<b>(74,508)</b>
<b>Cash Flows from Investing Activities</b>		
Purchase of fixed assets	603,783	549,493
Capital grants received	(603,783)	(549,493)
<b>Net Cash Flows from Investing Activities</b>	<b>-</b>	<b>-</b>
<b>Cash Flows from Financing Activities</b>		
Interest received	80	62
<b>Net Cash Flows from Financing Activities</b>	<b>80</b>	<b>62</b>
<b>Net (Decrease)/Increase in Cash and Cash Equivalents</b>	<b>(260,851)</b>	<b>(74,446)</b>
Cash and cash equivalents at 1 January	1,801,705	1,876,151
<b>Cash and Cash Equivalents at 31 December</b>	<b>1,540,854</b>	<b>1,801,705</b>

On behalf of the Health Information and Quality Authority,

Signed: 

**Pat O'Mahony**  
Chairperson

Date: 17 April 2019

Signed: 

**Phelim Quinn**  
Chief Executive

Date: 17 April 2019

# Notes to the Financial Statements

## For the year ended 31 December 2017

### 1. Accounting Policies

#### 1. (a) General Information

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. (b) Statement of Compliance

The financial statements of HIQA for the year ended 31 December 2018 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. (c) 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. (d) Income

(i) Oireachtas grants

The amount brought to account in the Statement of Income and Expenditure and Retained Revenue Reserves represents the actual grants received in the accounting period. Capital grants in respect of approved capital expenditure are accounted for in the Capital Income and Expenditure account on an accrual basis.

(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 2018

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 accrual basis.

#### **1. (e) 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. (f) 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.

# Notes to the Financial Statements

## For the year ended 31 December 2018

### 1. (g) 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.

### 1. (h) 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. Capital grants in respect of approved capital expenditure are accounted for in the Capital Income and Expenditure Statement on an accrual basis.

### 1. (i) 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.

## Notes to the Financial Statements

### For the year ended 31 December 2018

#### **1. (j) 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.

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 Statement of Income and Expenditure and Retained Revenue Reserves when received. Pension payments under the scheme are charged to the Statement of Income and Expenditure and Retained Revenue Reserves when paid. By direction of the Minister for Health, no provision has been made in respect of benefits payable in future years.

#### **1. (k) 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 Statement of Income and Expenditure and Retained Revenue Reserves when paid. By direction of the Minister for Health, no provision has been made in respect of benefits payable in future years.

#### **1. (l) 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 2018

#### 2. Annual and Registration Fee Income

	<b>2018</b>	<b>2017</b>
	€€	€
€		
Annual fees	6,822,423	6,743,001
Registration fees	388,406	326,900
	<b><u>7,210,829</u></b>	<b><u>7,069,901</u></b>

#### 3. Other Income

	<b>2018</b>	<b>2017</b>
	€€	€
€		
Superannuation contributions	440,958	439,588
EU and other grants	36,611	35,076
Mental Health Commission	99,625	-
Irish Human Rights Equality Commission	24,273	-
HRB Collaboration in Ireland for Clinical Effectiveness Reviews project income	369,266	151,373
Health Service Executive grant for National Patient Experience Program	300,000	300,000
Interest received	80	62
Miscellaneous income	(160)	1,671
<b>Total</b>	<b><u>1,270,653</u></b>	<b><u>927,770</u></b>

#### 4. Staff Costs

	<b>2018</b>	<b>2017</b>
	€€	€
€		
Wages and salaries	12,526,070	11,577,355
Pensions	425,797	494,694
Agency staff	1,733,720	1,642,263
Board members' fees	86,423	121,805
Employers' pay related social insurance (PRSI)	1,171,101	1,050,907
<b>Total</b>	<b><u>15,943,111</u></b>	<b><u>14,887,024</u></b>

Pension related deductions of €643,509 (2017, €558,045) were made from staff salaries and remitted to the Department of Health.

## Notes to the Financial Statements

### For the year ended 31 December 2018

#### 5. Remuneration

##### 5. (a) Aggregate Employee Benefits

	<b>2018</b>	<b>2017</b>
	€€	€
€		
Employee short-term benefits	12,526,070	11,439,875
Outstanding annual leave entitlement	108,265	134,328
Termination benefits	-	137,480
Employer's contribution to social welfare	1,171,101	1,050,907
	<u><b>13,805,436</b></u>	<u><b>12,762,590</b></u>

The total number of staff employed, whole time equivalents, at year end was 231 (2017, 213)

##### 5. (b) Short-term Benefits

	<b>2018</b>	<b>2017</b>
	€€	€
€		
Basic pay	12,526,070	11,439,875
Allowances	-	-
	<u><b>12,526,070</b></u>	<u><b>11,439,875</b></u>

##### 5. (c) Termination Benefits

	<b>2018</b>	<b>2017</b>
	€€	€
€		
Termination benefits charged to income and expenditure	-	137,480
	<u>-</u>	<u><b>137,480</b></u>

## Notes to the Financial Statements

### For the year ended 31 December 2018

#### 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:

	<b>2018</b>	<b>2017</b>
€	€€	€
Salary	624,954	619,066
Board member fees	86,423	121,804
	<u><b>711,377</b></u>	<u><b>740,870</b></u>

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 €25,912 (2017, €29,750) for travel, subsistence and other expenses incurred while carrying out their duties.

#### 5. (e) Chief Executive Salary and Benefits

	<b>2018</b>	<b>2017</b>
€	€€	€
Salary	151,500	146,123
	<u><b>151,500</b></u>	<u><b>146,123</b></u>

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 2018

#### 6. Employee Short-Term Benefits

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

	<b>2018</b>	<b>2017</b>
€	<b>Number€</b>	<b>Number (Note 1)</b>
€60,000 - €70,000	56	56
€70,001 - €80,000	26	18
€80,001 - €90,000	14	8
€90,001 - €100,000	4	5
€100,001 - €110,000	4	1
€110,001 - €120,000	0	0
€120,001 - €130,000	1	0
€130,001 - €140,000	0	2
€140,001 - €150,000	1	1
€150,001 - €160,000	1	1

**Note 1** 2017 comparative have been amended to reflect numbers for benefits received, rather than annualised salaries. Total employer pension contributions paid during the year was nil (2017, 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 and Retained Revenue Reserves Statement includes the following hospitality expenditure:

	<b>2018</b>	<b>2017</b>
€	<b>€€</b>	<b>€</b>
External Hospitality (Note 1)	2,296	2,928
Board and Staff Hospitality	924	2,160
<b>Total</b>	<b><u>3,220</u></b>	<b><u>5,088</u></b>

**Note 1** Included in 2018 External Hospitality is an amount for €1,808, which was refunded in full by the European Network for Health Technology Assessment.

## Notes to the Financial Statements

### For the year ended 31 December 2018

#### 8. Average Headcount

	<b>2018</b>	<b>2017</b>
€	€	
Regulation	151	150
Health Technology Assessment	12	10
Health Information and Standards	18	16
Support staff	36	32
	<u><b>217</b></u>	<u><b>208</b></u>

As at 31 December, HIQA had employed 231 whole time equivalent staff (2017, 213).

#### 9. Travel and Subsistence

	<b>2018</b>	<b>2017</b>
	€€	€
<b>Domestic</b>		
Board	7,243	5,546
Employees	768,906	810,146
<b>International</b>		
Employees	25,872	13,139
External professional services*	6,032	8,647
	<u><b>808,053</b></u>	<u><b>837,478</b></u>

Board travel and subsistence includes €4,603 paid directly to Board members in 2018 (2017, €3,557). The balance of €2,640 (2017, €1,989) 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 2018

#### 10. Professional Fees

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

	2018	2017
	€€	€
<b>Consultancy</b>		
General legal advice	-	12,066
Financial and actuarial advice	-	3,014
Human resources	11,255	5,288
Governance and strategy	84,874	64,190
<b>Total consultancy</b>	<b>96,129</b>	<b>84,558</b>
<b>Other professional services</b>		
Legal advice	63,929	67,735
ICT professional services	53,666	104,827
Statutory investigations and reviews	4,920	10,298
Standards development and health technology assessments	40,633	5,412
Organisational development	123,344	113,210
Human resources and payroll implementation	42,397	29,962
Staff survey and poll services	-	23,555
Facilitation and coaching services	11,181	10,220
External accreditations	-	9,994
Pension support services	8,610	8,580
Procurement services	7,528	443
Other	6,798	7,100
<b>Total professional services</b>	<b>363,006</b>	<b>391,336</b>
<b>Legal Costs</b>		
Legal fees – legal proceedings (Notes 1 and 2)	200,769	128,024
<b>Total</b>	<b>200,769</b>	<b>128,024</b>
<b>Total professional fees</b>	<b>659,904</b>	<b>603,918</b>

## Notes to the Financial Statements

### For the year ended 31 December 2018

#### 10. Professional Fees (continued)

**Note 1** 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.

**Note 2** Included in legal proceedings are costs related to a Judicial Review, for which party to party costs were awarded to HIQA against the applicant. HIQA will seek to have these costs assessed and approved by the Taxing Master, so that the costs can be recovered.

All consultancy costs incurred were charged to the Statement of Income and Expenditure and Retained Revenue Reserves.

#### 11. Support costs

	<b>2018</b>	<b>2017</b>
€	€€	€
Recruitment	197,656	149,088
Staff training and development	184,878	153,434
Membership and subscriptions	63,312	57,367
Telephone	113,559	131,748
IT support and supplies (Note 1)	1,380,775	1,311,943
Internal audit and accountancy	84,041	72,330
External audit	13,000	13,000
Postage and stationery	87,985	116,317
Media monitoring	8,795	9,634
Couriers	1,696	6,031
Prompt payment interest and charges	580	507
Bank charges	1,441	2,868
<b>Total</b>	<b>2,137,718</b>	<b>2,024,267</b>

**Note 1** In 2017 a receipt of €300,000 had been netted against the related cost in IT support and supplies. This receipt is now reflected separately in Other Income (Note 3).

## Notes to the Financial Statements

For the year ended 31 December 2018

### 12. Establishment Expenses

	2018 €€	2017 €
Rent	1,196,763	1,170,074
Building service charge	105,100	94,447
Insurance	6,496	6,349
Repairs and maintenance	72,879	68,745
Meeting room hire	8,991	16,753
Stakeholder events and catering	49,139	62,537
Light and heat	122,806	112,361
Cleaning and refuse	133,094	84,559
Security	130,470	121,646
Record retention and storage	3,778	5,863
Health and safety	20,557	8,652
<b>Total</b>	<b>1,850,073</b>	<b>1,751,986</b>

## Notes to the Financial Statements

### For the year ended 31 December 2018

#### 13. Fixed assets

	Leasehold interest €€	Fixtures and fittings €	Computer equipment €	Total €
<b>Cost or valuation</b>				
Balance at 1 January 2018	2,067,364	643,256	3,204,966	5,915,586
Additions	-	71,433	532,350	603,783
Disposals	-	-	(118,683)	(118,683)
Cost or valuation at 31 December 2018	2,067,364	714,689	3,618,633	6,400,686
<b>Accumulated depreciation</b>				
Balance at 1 January 2018	891,564	601,341	2,278,667	3,771,572
Depreciation charge for the period	109,126	36,964	522,864	668,954
Accumulated depreciation on disposal	-	-	(118,683)	(118,683)
Accumulated depreciation at 31 December 2018	1,000,690	638,305	2,682,848	4,321,843
Net book value at 31 December 2018	<b>1,066,674</b>	<b>76,384</b>	<b>935,785</b>	<b>2,078,843</b>
Net book value at 31 December 2017	<b>1,175,800</b>	<b>41,915</b>	<b>926,299</b>	<b>2,144,014</b>

## Notes to the Financial Statements

### For the year ended 31 December 2018

#### 14. Receivables

	<b>2018</b>	<b>2017</b>
	€€	€
Annual fee receivables	1,405	164
Prepayments	537,215	486,190
Health Service Executive – National Patient Experience Survey	300,000	-
Department of Health – Capital Grants receivable	83,115	21,783
Project Debtors	112,915	-
Payroll Receivables	74,137	72,942
Other receivables	56,151	75,139
	<b>1,164,938</b>	<b>656,218</b>

#### 15. Payables (amounts falling due within one year)

	<b>2018</b>	<b>2017</b>
	€€	€
Payables	92,189	41,951
Prepaid income	50,097	126,683
Prepaid project income	17,714	225,210
Trade accruals	897,296	547,623
Payroll deductions	427,703	450,420
Holiday pay accrual	108,265	134,328
	<b>1,593,264</b>	<b>1,526,215</b>

## Notes to the Financial Statements

### For the year ended 31 December 2018

#### 16. Capital Account

	<b>2018</b>	<b>2017</b>
	€€	€
Opening balance at 1 January	<u>2,144,014</u>	<u>2,154,357</u>
<b>Movement for period</b>		
Expenditure from capital grant	603,783	549,493
Disposals	(118,683)	(130,729)
Amount amortised in line with depreciation for the period	(668,954)	(559,822)
Accumulated depreciation on disposals	<u>118,683</u>	<u>130,715</u>
<b>Balance at 31 December</b>	<b><u>2,078,843</u></b>	<b><u>2,144,014</u></b>

#### 17. Capital Commitments

	<b>2018</b>	<b>2017</b>
	€€	€
Contracted for	<u>134,950</u>	<u>7,012</u>
	<b><u>134,950</u></b>	<b><u>7,012</u></b>

## Notes to the financial statements

### For the year ended 31 December 2018

#### 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 17 April 2019.



# 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 2018, 311 items of concern in relation to health and social care services that 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.

No internal protected disclosures were received in 2018.









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