Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Annual Report 2015

Safer Better Care

FOREWORD
by the Chairperson

Brian McEnery
(Chairperson)

Throughout 2015, the Health Information and Quality Authority continued to deliver on its commitment to play a significant role and contribution in ensuring that the Irish health and social care system is safe and of high quality, and that the experience of everyone who uses services progressively improves.

During 2015, we continued to implement our Corporate Plan 2013-2015. We advanced our key activities of regulation and the oversight of services, setting standards and providing strategic advice to Government and national provider organisations. Following extensive consultation and engagement with its stakeholders, the Board of HIQA submitted its new Corporate Plan 2016 – 2018 to the Minister for Health. This identifies HIQA's priorities for the next three years and describes the outcomes that HIQA intends to achieve and the activities to be undertaken to deliver on these outcomes over the next three years.

One critical initiative that we hope to lead on in the next three years is the roll-out of the first ever national patient experience survey. It is now acknowledged that, together with other patient safety indicators and information about the performance of services, information received directly from service users is a vital indicator of quality and safety, and work on this major initiative has already started.

Decision-making based on evidence and research is a central principle of HIQA. Health Technology Assessments (HTAs) delivered by HIQA ensure that decisions and formulation of policy in Irish healthcare are patient-focused and cost-effective. In 2015 we published a HTA recommending a change from a universal to a selective neonatal BCG vaccination strategy and advised that any change in strategy must be supported by a clear commitment to enhance systematic and comprehensive tuberculosis (TB) control measures.

Having assessed the clinical and cost-effectiveness of support interventions that help patients to manage aspects of long-term diseases, the HTA advised the HSE to prioritise investment in those interventions for which evidence of clinical effectiveness had been demonstrated. We also delivered a HTA of an economic evaluation of a national screening programme for atrial fibrillation in primary care. This found that a screening programme would likely be cost-effective in Ireland and would result in early detection and prevention of strokes.

In addition, we published the results of a HTA of the use of information technology for early warning and clinical handover systems to assist in the identification of the deteriorating patient.

We found that investment in electronic early warning systems should be linked with a training programme for assessing and treating the acutely deteriorating patient and the full potential of the systems realised by using the clinical data collected to assist in audit and governance functions.

HIQA strongly believes that eHealth is an important enabler for transforming healthcare In Ireland. We are committed to a programme of work that supports its implementation. Important steps towards Ireland's eHealth strategy were taken with the publication of standards for electronic prescribing and the electronic transfer of prescriptions in March 2015. Similarly, we published new standards for the introduction of Individual Health Identifiers in Ireland. The Individual Health Identifier is the cornerstone of eHealth systems and is key for implementing electronic health records and ePrescribing. These electronic systems will ensure patient safety by improving the sharing of healthcare information between healthcare practitioners.

In 2015 we continued to promote a culture of improved patient experience within residential services for older people. We carried out over 400 nursing home inspections and launched a new programme of thematic inspections focusing on dementia care. These inspections are aimed at encouraging and facilitating improvements for those in receipt of services. Following a change in Government policy in relation to compliance with physical environment standards, HIQA will continue to work closely with the HSE on bringing all nursing homes up to the required national standard, by the year 2021, which will promote and protect residents' quality of life, dignity and privacy.

While we are disappointed that critical environmental standards have not yet been met in some nursing homes to date, we welcome the commitment to invest in public nursing homes to bring them up to the required standards. Our revised *National Standards for Residential Care Settings for Older People in Ireland* are awaiting approval by the Minister for Health.

HIQA proceeded with our first cycle of registration for centres for adults and children with disabilities in 2015. 741 inspections were carried out by the Adult Social Care Team, with 402 centres registered by the end of the year. As a regulator, the rights and experiences of some of the most vulnerable service users remains our priority. Undoubtedly the regulation of residential services has highlighted a significant range of challenges; however, we have also experienced significant improvement in services as a result of our interventions.

In 2015 we carried out over 100 inspections into children's services. We are committed to ensuring that children's rights are upheld, particularly those in the care of the State. We published *National Standards for Special Care Units* to promote progressive improvements in quality and safety of care at these units. We also made four recommendations to the Child and Family Agency in relation to children living in direct provision centres. Our inspections have raised a number of concerns about the inconsistency of care provided to these children.

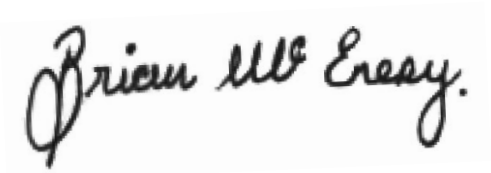
In May 2015 we published a patient safety investigation report into Midlands Regional Hospital, Portlaoise. Among the recommendations in the report was the creation of an independent patient advocacy service to ensure that patients' reported experiences are recorded, listened to and learned from, and the development of a national maternity strategy in order to ensure that the profile and models of maternity services meet the needs of women across the country. We are pleased to see that Ireland's first national maternity strategy has since been developed.

Healthcare Associated Infections are a frequent adverse event during healthcare delivery. Their prevention and control are a significant priority for us. In 2015 we carried out 39 unannounced inspections in public acute hospitals as part of our programme for monitoring against *National Standards for the Prevention and Control of Healthcare Associated Infections.* We also began a new programme of inspections focusing on hand hygiene, environmental cleanliness and care bundles to ensure that the value of antimicrobial agents currently in use is preserved for as long as possible through careful and expert usage.

During 2015, we also started on-site inspections of public acute hospitals looking at how they provide nutrition and hydration care.

I thank all the staff of HIQA for their hard work and commitment during 2015 and I thank the members of the Board for the advice and direction that they provide.

Together, we will carry on the task of promoting capacity, capability and confidence in the quality and safety of health and social care services in this country.



Brian McEnery
Chairperson

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CHAPTER 1
About the Health Information and Quality Authority

1.1 Introduction

The Health Information and Quality Authority's (HIQA) mission is to safeguard people who use health and social care services, to promote sustainable improvements and to support informed decisions about how services are delivered. All of HIQA's functions contribute towards driving continuous improvements in the safety and quality of care and support for people who use health and social care services.

This ninth Annual Report is published at a time when HIQA's *2013-2015 Corporate Plan* is ending and HIQA has expanded to meet new standards of regulation as envisaged in *Future Health: A Strategic Framework for Reform of the Health Service 2012-2015*, which was published by the Minister for Health in November 2012.

In 2015 we continued to regulate residential services for older people, children, and adults and children with disabilities. We continued to provide advice on decision-making and the assessment of new and existing health technologies. We also undertook a programme of work committed to advancing the use of individual health identifiers in Irish healthcare and highlighted the critical nature of health information to improve outcomes for patients. We continued to provide quality and safety development opportunities that support the improvement of services.

HIQA published a new three-year corporate plan in 2013, *Safer Better Care, Corporate Plan 2013-2015*. The objectives outlined in this Corporate Plan have shaped the work that we carried out in 2015. This Annual Report sets out how we progressed both those objectives and those from our 2015 Business Plan.

The Corporate Plan reflects HIQA's core values of putting people first, being fair and objective, focusing on excellence and innovation and being open and accountable. It outlines the priorities that are to be met to enable us to meet our strategic corporate objectives. It is the result of an extensive consultation process and takes context from the external environment in which we carry out our work. The Plan commits HIQA to working with our stakeholders collaboratively and constructively. There is also commitment to ensuring that new functions are properly planned, adequately resourced and cost-effective.

HIQA continues to learn in its ninth year as the regulator and driver of sustainable improvements in health and social care services in the Republic of Ireland. We learn from similar organisations and from healthcare challenges that arise in other jurisdictions. We strive to ensure that HIQA, and the wider Irish health and social care system, do not replicate issues of concern that are observed elsewhere.

This learning includes ensuring that robust systems are in place to effectively assess risks at local and national levels.

Our learning expands to undertaking reviews of good practice from other jurisdictions and recommending the implementation of new systems in the Irish healthcare setting. In 2015 we published standards to support the introduction of an eHealth strategy and Individual Health Identifiers in Ireland. The implementation of these recommendations should reduce fragmentation and duplication and ensure a more consistent approach to improving the quality of data in Ireland, resulting in improved patient safety across health and social care services.

While observing our objectives of safety and quality improvement, we continue to ensure the protection of patient privacy as we promote increased efficiency in the health service. We published our report on an investigation into the safety, quality and standards of services in Midland Regional Hospital, Portlaoise. This investigation was initiated as a result of the negative experiences of a number of patients and their families which highlighted significant deficiencies in the delivery of person-centered care at the hospital. In 2015 HIQA also signed a Memorandum of Understanding with the Office of the Ombudsman to facilitate the exchange of information and complaints which will work to improve health and social care services.

We continue to report publicly on the safety, quality and effectiveness of health and social care services. In so doing, HIQA enables the health and social care system to reduce the risk of harm and abuse to people who use services. We inform health policy and service-based decisions on investment and disinvestment. We share the learning from activities to ensure continuous improvement in the planning, management and delivery of services.

1.2 Our mandate and activities

The Health Information and Quality Authority (HIQA) is an independent authority established to drive high-quality and safe care for people using our 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.

HIQA aims to safeguard people and improve the safety and quality of health and social care services across its full range of functions.

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

- **Setting Standards for Health and Social Services** – Developing person-centred standards, based on evidence and best international practice, for health and social care services in Ireland

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

Our legal mandate

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

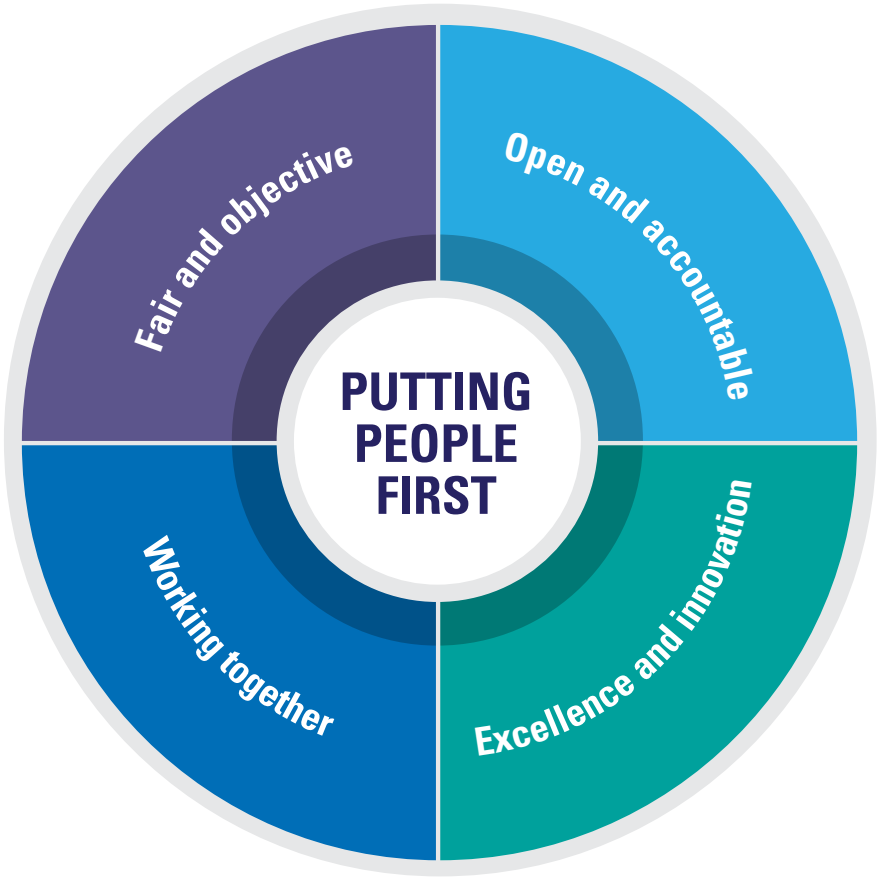
This Annual Report, which outlines the work of HIQA from 1 January to 31 December 2015, is presented in keeping with the statutory requirements of the Health Act 2007, and includes HIQA's arrangements for implementing and maintaining adherence to the Code of Governance for public bodies. It also includes the Annual Report of the Chief Inspector of Social Services and the Annual Governance and Compliance Report as required by the Health Act 2007.

1.3 Mission statement and 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 the activities of HIQA. Corporate values are intended to express what we believe is important, how we work and how we hope to be viewed by external stakeholders, as well as the ethos and approach which our staff are encouraged to observe. They form the basis of the culture of the organisation. Our five corporate values are stated right and are illustrated in Figure 1.

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

Figure 1: Core Values of HIQA



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. 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 come from a range of health and social care professions and industries and are recognised as having specific experience and expertise in matters connected with HIQA's functions.

The members of the Board during 2015 included:

Brian McEnery
(Chairperson)

Partner in BDO Accountants and Business Advisors. Member, ACCA Global Council.

Sheila O'Malley

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

David Molony

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

Una Geary

Consultant in Emergency Medicine at St James's Hospital, Dublin. Honorary lecturer in the School of Medicine, Trinity College Dublin.

Anne Carrigy

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

Bairbre O'Neill

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

Mary Fennessy

Formerly, head social worker Lucena Child and Adolescent Mental Health Services. Board member and Commissioner of the Commission to Inquire into Child Abuse. Chairperson of Mountjoy Prison Visiting Committee and Health Committee Member of the Pharmaceutical Society of Ireland. Serves on a committee of the Health and Social Care Professionals Council regulatory body CORU.

Judith Foley

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

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.

*** Joined the Board in July 2015*

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.

Stephen O'Flaherty**

Qualified accountant with the Association of Chartered Certified Accountants working with AIB Business Banking.

*** Joined the Board in July 2015*

The following members stood down from the Board in 2015:

Philip Caffrey

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

Samuel J. McConkey

Head of International Health and Tropical Medicine at the RCSI. Leads the Clinical Infectious Disease and Tropical Medicine service at Beaumont Hospital.

Gráinne Tuke

Solicitor, Deloitte.

Cillian Twomey

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

The Board is responsible for the appropriate governance of the Health Information and Quality Authority. It ensures that HIQA has effective systems of internal control, statutory and operational compliance and risk management. These provide the essential elements of effective corporate governance and compliance.

2.2 Board meetings

The Board is required under the Health Act 2007 to meet six times annually. Three additional Board meetings were held in 2015 for the purpose of progressing various significant matters (see Appendix 1 for the dates of these meetings and for the attendance of Board members).

2.3 Board committees

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

- **The Health and Social Care Governance Committee** supports the Board's oversight of the effectiveness and controls around the delivery of HIQA's health and social care functions.
- **The Information, Research and Technologies Committee** supports the Board's governance of HIQA's information and health technology assessment functions.
- **The Audit and Corporate Governance Committee** supports the Board in its assessment of the effectiveness and reliability of HIQA's systems of internal control and assurances on governance, risk management, the control environment and the accuracy and completeness of the financial statements.
- **The Remuneration and Nominations Committee** supports the Board by monitoring the organisational needs and managerial development of HIQA.

2.4 Organisational structure

HIQA's organisational structure reflects our core functions and activities of Regulation, Health Technology Assessment, Health Information and Safety and Quality Improvement together with the support services that enable us to achieve our corporate objectives. These include Corporate Services, Communications and Stakeholder Engagement, Legal Services 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 the core business functions.

The members of HIQA's Executive Management Team as of December 2015 include:

Phelim Quinn

Chief Executive.

Máirín Ryan

Director of Health Technology Assessment and Deputy Chief Executive.

Mary Dunnion

Chief Inspector of Social Services and Director of Regulation.

Rachel Flynn

Director of Health Information.

Marie Kehoe-O'Sullivan

Director of Safety and Quality Improvement.

Sean Angland

Acting Chief Operating Officer.

The following table outlines how we discharge our core business.

The purpose of each functional Directorate

REGULATION	Registering, monitoring and the scrutiny of designated health and social care services in line with legal requirements. We will continue the development of our approaches to regulation in line with emerging government policy, in the context of a challenging financial environment and in line with national and international principles of good regulation.
SAFETY AND QUALITY IMPROVEMENT	Actively supporting and enabling a culture of safety and quality improvement across and within the health and social care system; helping to build capability and capacity in the people providing services; developing national standards and guidance in consultation with stakeholders and the provision of quality improvement methodologies and tools; operating schemes aimed at ensuring safety and quality in the provision of services.
HEALTH INFORMATION	Identifying and advising on health information deficiencies; establishing an information governance framework and setting standards for health information and health information systems; evaluating and providing information on the provision of health and social services.
HEALTH TECHNOLOGY ASSESSMENT	Informing national decision making on the use of resources in our health services, specifically through the assessment (and supporting the assessment) of the clinical and cost-effectiveness of health technologies, in order to support the best outcome for the patient.

CHAPTER 3
Strategic objectives and achievements

3.1 Strategic objectives

In 2012 the Government delegated new regulatory functions to HIQA. This expanded HIQA's role. In 2013 we published a three-year Corporate Plan that set out our objectives for 2013-2015. The Corporate Plan sets out the framework and the objectives that enable us to meet existing and new obligations.

Our Corporate Plan is structured to include the outcomes that we aim to achieve our core activities, our strategic objectives and the key enablers for delivering the Plan.

HIQA has identified four outcomes that we wish to achieve in order to deliver our mission. These are described as follows:

- **Care is improved** – we enable sustainable improvement in safety and quality of health and social care services
- **People are safeguarded** – we act to reduce the risks of harm and abuse to people using health and social care services
- **People are informed** – we publicly report on the safety, quality and effectiveness of health and social care services
- **Policy and service decisions are informed** – we inform policy development and how services are delivered.

HIQA is committed to carrying out our functions efficiently and effectively, while prioritising areas where improvements in services are most needed. The Corporate Plan guides the incorporation of our new functions while ensuring that they are properly planned and cost-effective. The Corporate Plan reflects our awareness of the national economic context and its accompanying efficiency requirements.

HIQA's Business Plan 2015 set out targets to adopt and achieve as we commenced the final year of our Corporate Plan 2013-2015's strategic objectives.

The strategic objectives are summarised below and are also illustrated in Appendix 2.

Regulation:

- Conduct regulation programmes of health and social care services so that those services are driven to continuously improve, and in turn better safeguard people and achieve improved outcomes for service users
- Regulate effectively and efficiently and ensure that outcomes and impact on policy are communicated to all relevant stakeholders.

Supporting improvement:

- Develop person-centred standards and guidance
- Build capacity and support the implementation of sustainable improvements
- Share the learning from our activities to improve patient safety culture.

Health technology assessment:

- Conduct a number of relevant health technology assessments (HTAs) as efficiently as possible
- Act to embed HTA in national policy and service decision making.

Health information:

- Set standards to support eHealth
- Promote and enable the use of information to plan, manage and deliver health and social care services.

3.2 Summary of achievements from 1 January to 31 December 2015

- We continued the regulation of designated centres for children and adults with disabilities in 2015. Throughout the year we carried out 741 inspections, and registered 402 centres accommodating both adults and children.
- We continued our programme of regulation of designated centres for older persons. 411 inspections of 343 designated older persons' centres were completed in 2015. At least one inspection took place in 59% of the total number of registered centres. 49% of inspections of older persons' centres were unannounced.
- We published our annual overview report on the regulation of designated centres for older people for 2014, which indicated that while nursing homes have become safer for residents, many centres must now improve quality of life and quality of care for residents.
- We published an overview of our regulatory activity for children's services for 2014, highlighting our concerns about the inconsistencies in the safety and quality of these services nationally.
- We published our *Report of the investigation into the safety, quality and standards of services provided by the Health Service Executive to patients in the Midland Regional Hospital, Portlaoise* in May 2015. Our report found failures over a number of years by the Health Service Executive (HSE) at

a national, regional and local level to decisively address numerous clinical governance and management issues, which impacted upon the quality and safety of services provided at Portlaoise Hospital.

- We published new *National Standards for Special Care Units for Children.*
- We published a number of documents for public consultation including;
  - *Draft information governance and management standards for the health identifiers operator in Ireland*
  - *Health technology assessment of a selective BCG vaccination programme: Draft for public consultation*
  - *Draft Fire Precautions in Designated Centres*
  - *Draft Corporate Plan 2016-2018*
- We published two standards to support the development of an eHealth strategy in Ireland:
  - *Data model for an electronic medicinal product reference catalogue – a National Standard*
  - *ePrescription dataset and clinical document architecture standard*
- We carried out 39 unannounced inspections in public acute hospitals, as part of our programme for monitoring against the *National Standards for the Prevention and Control of Healthcare Associated Infections.* We also published a new guide to the monitoring programme, with particular emphasis on preventing Healthcare Associated Infections.
- We published an overview report of inspections in public acute hospitals against the *National Infection Prevention and Control Standards.*
- We published a new guide to our review of antimicrobial stewardship in public acute hospitals in 2015.
- We developed Communicating in Plain English guidance for providers of social care services for adults and children.
- We published a guide to our assessment of nutrition and hydration care in public acute hospitals.
- We continued to produce standards for the introduction of Individual Health Identifiers in Ireland. In 2015 we published *Information Governance and Management Standards for the health identifiers operator in Ireland* for establishing and managing the national database.

- We published *Guidance on Medicines Management* for designated centres to assist them in meeting regulations and implementing standards.
- We published the following health technology assessments (HTAs):
  - *Health technology assessment of the use of information technology for early warning and clinical handover systems*
  - *Health technology assessment of a national screening programme for atrial fibrillation in primary care*
  - *Health technology assessment of a selective BCG vaccination programme*
  - *Health technology assessment of chronic disease self-management support interventions*
- We continued to produce guidance on the undertaking of health technology assessments by publishing *Guidance on Budget Impact Analysis of Health Technologies in Ireland.*
- We published an overview report of the child protection and welfare services provided to children living in direct provision accommodation in four of the Child and Family Agency (Tusla) Service Areas: Louth/Meath; Midlands; Sligo/Leitrim/West Cavan; and Dublin North City.
- We published *Linking learning to National Standards* guidance to help hospitals and healthcare providers improve quality and safety by linking recommendations from previous HIQA investigations and reviews with the national standards that they are expected to meet.
- We signed a Memorandum of Understanding (MoU) between HIQA and the Office of the Ombudsman to facilitate the exchange of information and complaints between both offices in the best interests of the public and the health and social care services. The agreement will also establish procedures to assist members of the public in accessing the services of both organisations.
- We presented to the Joint Oireachtas Committee on Health and Children concerning the report into the safety, quality and standards of services provided by the HSE to patients in the Midland Regional Hospital, Portlaoise.

4.1 Regulation Directorate

577 centres for older persons

Registered by December 31st

561 INSPECTIONS

in centres for adults with disabilities

411 INSPECTIONS

IN **343** centres for older persons

114 INSPECTIONS

of children's services

60

inspections in public acute hospitals

CHAPTER 4
Activities by Directorate

This chapter of the Annual Report records the work that our Directorates carried out in 2015 to progress the strategic objectives outlined in HIQA's Corporate Plan 2013 - 2015.

4.1 Report of the Office of the Chief Inspector of Social Services (Regulation Directorate)

4.1.1 Background

The Regulation Directorate within HIQA is responsible for regulating and scrutinising the quality and safety of specified adult and children's health and social care services across Ireland. The Directorate encompasses the office and role of the Chief Inspector of Social Services (formerly the Social Services Inspectorate). This section of the report constitutes the report of the Chief Inspector of Social Services and relates to our responsibilities to report on the activities of the office under section 37 of the Health Act 2007. The Directorate operates in two distinct divisions:

1. **Regulation of adult social care services** – The registration and inspection of designated centres for older and dependent persons and designated centres for adults with disabilities in line with the provisions of the Health Act 2007.
2. **Regulation and scrutiny of healthcare and children's services** – The monitoring of health and children's services in line with the relevant standards, the registration and inspection of designated centres for children with disabilities in line with the provisions of the Health Act 2007, the inspection of children's residential services in line with the Child Care Act 1991 and the inspection of detention schools under the Children Act 2001.

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

Explanation of the five different types of inspections:

- **'Full 18 outcome' inspections** set out the centre's compliance with all of the standards and regulations. This type of inspection is typically carried out to inform a registration or renewal decision
- **Monitoring inspections** monitor ongoing compliance with regulations and standards. A specific number of outcome areas are considered during these inspections, but not the full 18 outcomes

- **Follow-up inspections** assess whether the provider has implemented required actions
- **Single/specific issue inspections** are based on a notification or on information received
- **Thematic inspections** focus on end-of-life care/food and nutrition/dementia care.

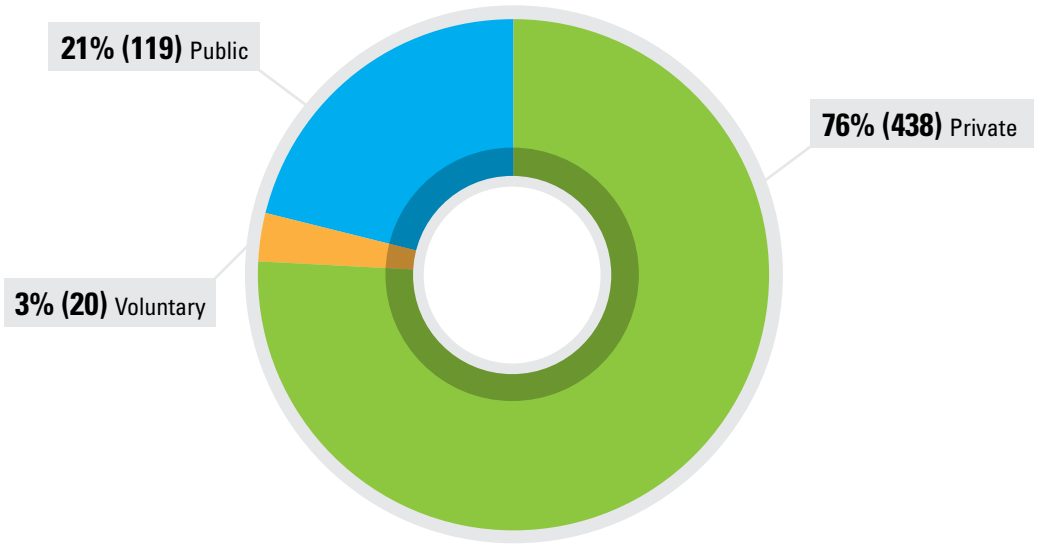
4.1.2 Regulation of Designated Centres for Older Persons

As of 31 December 2015, there were 577 active registered designated centres for older persons, providing 30,106 registered beds in this sector.

In 2015 208 providers of designated centres for older and dependent persons were granted a renewal of their registration. A further 48 centres had applied and were awaiting a final decision. HIQA was not satisfied that the physical environment in the centres concerned was adequate and had issued a notice of proposal to register with conditions. The providers made representations as per the Health Act 2007 (as amended) and the representations were under consideration.

There were 33 applications to vary or remove a condition of registration granted in 2015. Importantly, at a time of high demand in the healthcare system, HIQA also facilitated the expedition of 1,047 new beds into the sector.

Figure 2: Number and percentage of registered designated centres for older people (by provider type), as of 31 December 2015



In 2015 we completed 411 inspections of 343 centres. At least one inspection took place in over half of the total number of centres.

Inspections may be announced or unannounced and are planned as part of our annual schedule of monitoring and registration renewal. In 2015, 49% of inspections were unannounced. The majority of announced inspections related to the registration renewal programme. While we appreciate that unannounced inspections provide a perception of greater assurance to the public, announced inspections are used to enable greater participation of residents and relatives by letting them know when we will be present in the service.

Figure 3: Number and type of inspections carried out between 1 January 2015 and 31 December 2015

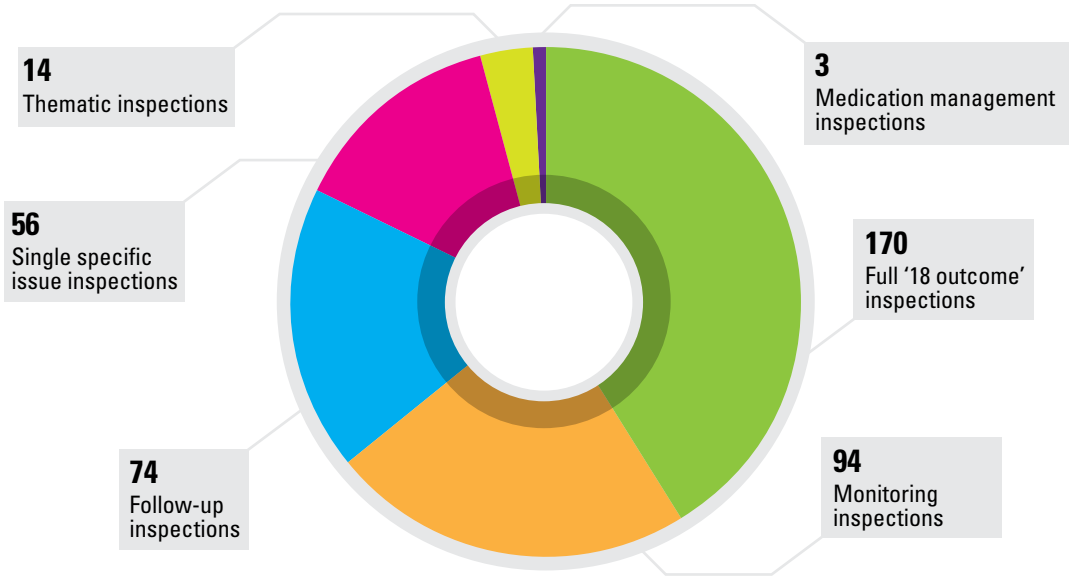


Table 1 below lists the numbers and percentages of inspection visits to designated centres on an overall centre basis and as proportions of overall visits. Our responsive regulation approach targets our inspection resource at the centres which are the least compliant, or where we have identified potential risk.

Of the 343 registered centres which received monitoring or registration inspections in 2015, 84% received one inspection, 13% received two and the remaining 3% received three or more inspections.

Table 1

Number of visits to centres				
Number of visits to centres	**Number of centres**	**As a % of centres**	**Total visits**	**As a % of visits**
1 visit	287	83.67%	287	69.83%
2 visits	45	13.12%	90	21.90%
3 visits	10	2.92%	30	7.30%
4 visits	1	0.29%	4	0.97%
TOTAL	**343**	**100%**	**411**	**100%**

Thematic inspection and monitoring programme

In 2014 we introduced inspections based on particular themes to encourage and facilitate improvement within residential services for older people. In 2015 we commenced a three year programme focused on dementia care.

To facilitate quality improvement, HIQA published evidenced-based guidance which identified the essential elements required to provide safe, high-quality care to people with dementia. We also held seminars for 900 providers and persons in charge in Dublin and Cork.

80 centres were monitored via the completion and return of a provider self-assessment. Focused thematic inspections took place in 14 designated centres to validate the self-assessment exercise. The remaining centres will be inspected over the next two years of the programme.

Inspection of these centres also enabled us to examine any issues or risks identified with other standards or regulations. A report on our work within adult social care services in 2015, including the outcomes of the thematic inspections, will be published in an overview report in 2016.

Concerns and Notifications

Information on the quality, safety and experience of residents is vital in the regulation of older person's services. We receive, analyse and risk assess information from a range of sources. This includes notifications from providers, as specified under regulations, about specific events which may occur in centres.

We also receive a number of concerns from people who may be residents, relatives, staff, advocates or third parties who have direct contact with a resident or residents. All information is used to inform our monitoring and inspection programme.

Over the course of 2015 we received 10,572 regulatory notifications, which included 6,187 notifications that alerted HIQA to potential risks to the health, safety or wellbeing of residents.

We also received 516 concerns relating to the services provided to older persons. All concerns were risk rated and appropriate action taken by HIQA. The information generally related to:

- Health and social care needs
- Safeguarding and safety
- Suitable staffing
- Governance and management
- Health and safety risk management

- Complaints procedures
- Medication management
- Resident rights, dignity and consultation
- Safe and suitable premises.

4.1.3 Regulation of centres for persons (adult services and mixed children and adult services) with disabilities

HIQA continued with its first cycle of the registration programme for centres for people with disabilities during 2015. During the year there continued to be fluctuations in the number of designated centres as providers reconfigured their services in preparation for registration and as a small number of new services were developed.

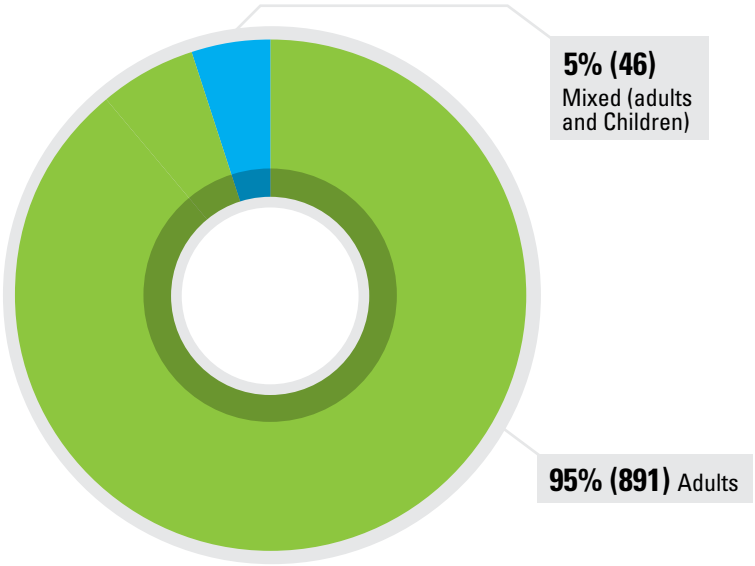
However, the pace at which centres were registered was impacted by the requirement on HIQA to assign significant resources to respond to centres where there was a risk to the safety of residents. A significant number of centres required more than two inspections during 2015. HIQA engaged in a range of regulatory actions, including going to court in relation to one centre to cancel the provider's registration and bringing another provider to court to apply specific restrictive conditions on the registration of another centre.

A common theme in centres where inspectors found poor care practices was inadequate arrangements for governance and oversight, and a failure by providers to identify and take action in response to unacceptable care practices.

As of 31 December 2015, there were 89 providers of designated centres for persons (children and adults) with disabilities. There were 937* designated centres.

**This figure refers to the total number of designated centres for people with disabilities. During 2015, the Adult Social Care Section of the Directorate was responsible for the regulation of adult services, and mixed children and adult services which is a total of 937 centres. The children's team monitor and regulate the children's centres.*

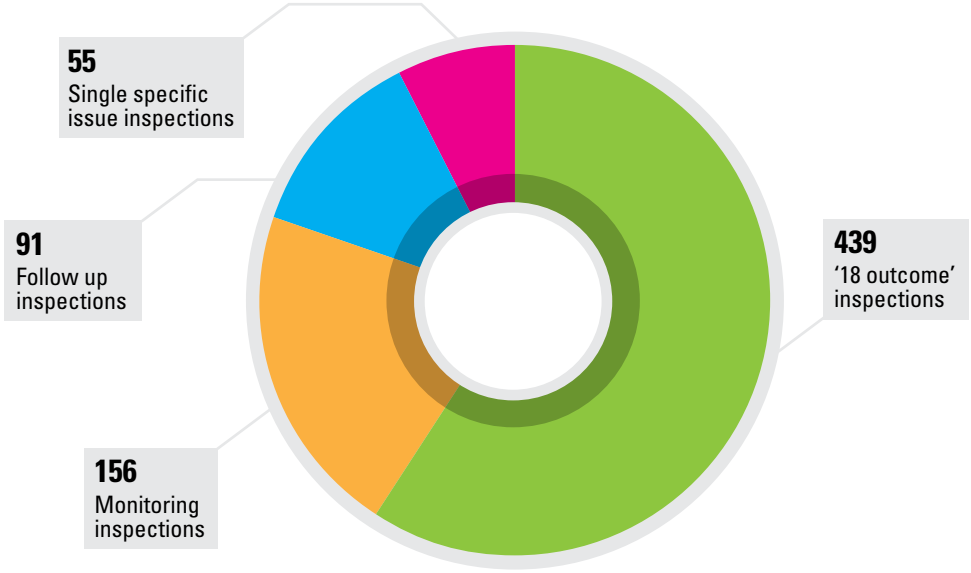
Figure 4: Number and percentage of active designated centres for persons (adult services and mixed children and adult services) with disabilities as regulated by the Adult Social Care Team, as at 31 December 2015



By December 2015, 741 inspections had taken place by the Adult Social Care Team during the year.

By 31 December 2015, 402 centres had been registered and providers had been informed of the proposed outcome of their application to register for a further 71 centres.

Figure 5: Number and type of inspections carried out between 1 January 2015 and 31 December 2015



Number of inspections in centres

Of the 937 centres regulated by the Adult Social Care Section, 561 centres (60%) were inspected in 2015. The following table sets out the percentage of centres that received more than two inspections during the year. The number of centres requiring more than two inspections indicates the level of ongoing non-compliance in those centres.

Table 2

Number of inspections in Centres	Number of Centres	As a % of centres inspected	Number of inspections	As a % of overall number of inspections
Centres with 1 inspection	444	79.14%	444	59.92%
Centres with 2 inspections	81	14.44%	162	21.86%
Centres with 3 inspections	22	3.92%	66	8.91%
Centres with 4 inspections	10	1.78%	40	5.40%
Centres with 5 inspections	1	0.18%	5	0.67%
Centres with 6 inspections	2	0.36%	12	1.62%
Centres with 12 inspections	1	0.18%	12	1.62%
Total	**561**	**100.00%**	**741**	**100.00%**

Handling of concerns

Information on the quality, safety and experience of residents is vital in the regulation of services. We receive, analyse and risk assess information from a range of sources. This includes notifications from providers relating to specific events set out in the regulations.

Residents, relatives, staff, advocates or third parties who have direct contact with a resident or residents also submit information to HIQA through our Concerns Helpline. All information is used to inform our assessment of compliance and risk within services and further informs our monitoring and inspection programme.

During 2015 we received 11,088 regulatory notifications, which included 4,896 notifications that alerted HIQA to potential risks to the health, safety or wellbeing of residents.

We also received 189 concerns relating to concerns about the care and support of persons with disabilities. The information generally related to:

- Resident rights, dignity and consultation
- Governance and management
- Workforce
- Admissions and contract for the provision of services
- Health and Safety and Risk Management

- Healthcare needs
- Medication management
- Social care needs.

Stakeholder engagement

We maintained a significant programme of communication and engagement with important stakeholders and organisations. We held seminars for service providers in both the older person and disability sectors. These provided information to assist providers to manage the registration process for their centres. HIQA also met with the Service User Representative Panel during the year. Members of this panel include advocacy groups and service providers who represent people with a disability living in designated centres.

Regulating effectively and efficiently

In 2015 we continued to fulfill our commitment to ensure our processes and methods reflect best practice in regulation and public administration. We commit to ensuring that we meet our core values of putting people first, being fair and objective, open and accountable, and developing excellence and innovation in regulatory practice.

We published a number of guidance documents for providers, specifically on:

- Draft fire Precautions in Designated Centres, guidance for Registered Providers and Persons in Charge of Designated Centres for Older People
- Medicines Management Guidance.

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

Our national children's team inspects a wide range of services provided to children on a statutory, voluntary and private basis. These services include:

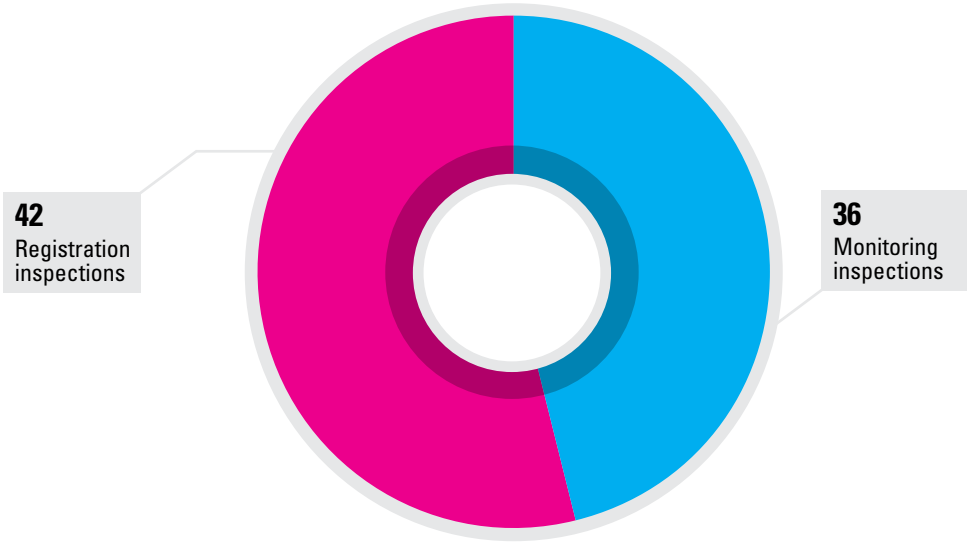
- Designated centres for children with disabilities
- Children's residential services (statutory)
- Special care units
- Children detention schools
- Child protection and welfare services
- Foster care services (statutory and private).

In 2015 the children's team carried out a total of 114 inspections of these various services and took several opportunities to influence social care practice at different forums.

Regulatory and monitoring activity

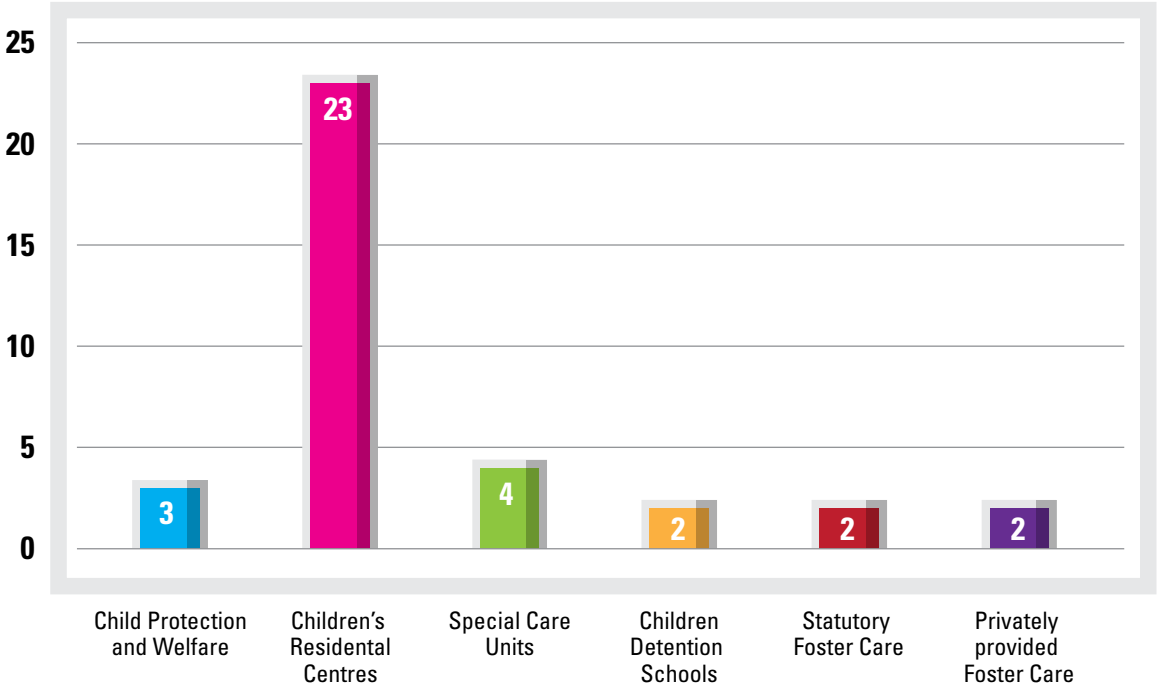
During 2015, the national children's team had responsibility for the registration and monitoring of 62 designated centres for children with a disability. At the year's end, 30 designated centres for children with a disability were successfully registered and a further 13 had been inspected for the purpose of registration. Over the course of the year the team carried out 78 inspections; 42 for the purpose of registration and 36 for monitoring purposes. A number of centres were inspected on more than one occasion to drive improvement, primarily in areas such as assessments of need, governance, risk management and quality assurance systems. Inspectors expect to find improvement in these areas in the coming year.

Figure 6: Monitoring and registration inspections completed within the 12 month period from 1 January 2015



In relation to the other services that fall under our regulatory remit, the team carried out 36 inspections as set out in Figure 7 below.

Figure 7: Monitoring inspections completed within the 12 month period from 1 January 2015



Child protection and welfare

In 2015 there were three inspections against the *National Standards for the Protection and Welfare of Children 2014*, and the following is a summary of key findings:

- Day-to-day social work practice was generally good and many children benefited from social work interventions
- Social work departments faced significant challenges in the delivery of consistently safe and timely services
- Response times to children at risk varied across social work offices and were closely linked with limited resources and or poor management of available resources
- Waiting lists existed across social work departments and although efforts were made to reduce or eradicate these, they were not always adequate or effective
- Some children identified as at significant risk of ongoing harm were not consistently allocated a social worker
- Community-based resources for children were limited in some service areas.

Children's residential centres

During 2015, the national children's team carried out 23 inspections of children's residential centres provided by the Child and Family Agency (Tusla). Thirteen of these were risk-based monitoring inspections and generally, the quality of care provided to children was good. However, there was a need to improve systems in relation to the management of risk and quality assurance.

In 2014 the national children's team began a series of 20 focused inspections on how behaviours that challenge were managed in statutory residential centres for children. This project was concluded in 2015 and positive findings in relation to these inspections included:

- The majority of children were in education and said they felt safe in their placement
- Staff were proactive in the promotion of children's rights
- Children had opportunities to reflect on their behaviour and ways to manage it
- Relationship-based models were effective in the management of behaviours that challenge
- Restrictive practices were used as a last resort.

Areas of improvement were identified and they included a need for:

- Increased safeguards for children who are placed at risk as a result of their behaviour
- Better care planning for children who display high-risk behaviours
- Timely access to special care services for children who require secure accommodation
- Improved systems of management and leadership skills.

Foster Care

The national children's team carried out an inspection of two statutory and two private foster care services against the National Standards for Foster Care 2003. The main findings in relation to these services were:

- The majority of children received good quality care and were well looked after in their foster care placements
- Foster care resources were limited in some service areas and special foster care placements were not always available
- There were some delays in the assessment of foster carers
- Record keeping was not always adequate
- Care planning for some children required improvement

- Responses to child protection concerns reported to Tusla were not always recorded or followed up in private foster care services
- Management systems required improvement.

Secure Accommodation

The children's team carried out four inspections of special care units in 2015. Three of these were annual full inspections and the fourth was a triggered inspection that assessed the use of single separation[1] in one special care unit. The triggered inspection identified key areas for improvement in the use of single separation including:

- Single separation was not always used as a last resort
- Policies and procedures in relation to the use of single separation were not always followed and they required review and change
- There was a lack of managerial oversight of day-to-day practice
- The rights of some children were not always promoted when they were singly separated.

Findings of the triggered inspection informed the full inspection of all special care units later in 2015 and there were some positive findings in relation to the use of single separation. Inspectors found that policies and procedures had been revised and were in the process of being implemented nationally. There was a re-focus on the promotion of children's rights when singly separated. Cultural changes had taken place that meant exploring effective alternatives to this practice were the main objective. Incidences of single separation had decreased nationally, but some children remained separated from their peers for protracted periods of time. This is an area of practice that will be closely monitored by the children's team in 2016.

Receipt of information

The children's team assessed and responded to 100 pieces of information, as well as notifications about high-risk incidents in designated centres for children with disabilities. In accordance with our policies, all information was risk assessed with associated regulatory action as required.

During 2015, we received data on a quarterly basis from Tusla. This provided figures and information on foster care and child protection and welfare services, both at a service area and national level. This data, along with all other relevant information gathered throughout the year on these services, informed our regulatory response and ensured services were prioritised on the basis of risk.

1 Single separation is defined as the isolation of a seriously disruptive young person, for as short a period as possible, to give them an opportunity to regain self-control. Department of Health and Children's National guidelines on the use of single separation in special care units (2003).

Influencing practice

In 2015 the children's team took the opportunity to influence current social care practice. Following two years of regulating designated centres for children with a disability, it became apparent that the identification and reporting of child protection concerns for this cohort of children required improvement. Two team members presented on this area of practice to social care students in one major college and to the National Federation of Voluntary Bodies.

The team concluded its focused inspection relating to the management of behaviour that challenges of 20 statutory residential centres against the *National Standards for Children's Residential Centres*. The overarching findings and implications for current and future practice were presented to Tusla.

Following HIQA's findings over several inspections on the use of single separation in special care units and children detention schools, the children's team submitted a paper for consideration to the Department of Children and Youth Affairs on the use of restrictive practices in secure care settings.

As part of its assurance programme for regulating children's services, the children's team elected to monitor the quality of service provided by Tusla for children and families living in direct provision accommodation against the *National Standards for the Protection and Welfare of Children 2014.* The findings of this inspection were presented at the 'Lost Childhoods' conference in June 2015.

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

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

Monitoring programmes against the *National Standards for the Prevention and Control of Healthcare Associated Infections*

During 2015, HIQA conducted 39 unannounced inspections in public acute hospitals, as part of our programme for monitoring against the *National Standards for the Prevention and Control of Healthcare Associated Infections* (PCHCAI). This included seven re-inspections that were carried out following high-risk findings that had been observed by the inspection team during an initial inspection. When compared to 2014, the seven re-inspections in 2015 represented a significant increase. This increase may be accounted for by the greater focus on inspecting hospital areas known to represent a higher likelihood of risk.

Inspections were conducted with a particular focus on PCHCAI Standard 3 which relates to environmental hygiene, Standard 6 which relates to hand hygiene practice and Standard 8 which relates to the management of invasive devices. During the inspections, concerns or issues identified relating to other standards were also recorded.

The monitoring programme was expanded in 2015 to include a focus on progress in implementing quality improvement plans developed as a result of last year's inspections and assessment of progress in implementing infection prevention care bundles including peripheral vascular catheter and urinary catheter care bundles (Standard 8 which relates to the care of invasive medical devices). In addition, areas which were inspected during 2014 were revisited to assess the level of progress made by each hospital in implementing quality improvement plans.

Evidence of compliance with the PCHCAI Standards and good practice were observed in all hospitals inspected in 2015. However in all these hospitals, areas for further improvement were also highlighted. Variable compliance in environmental hygiene was seen in most hospitals inspected in 2015. A significant number of hospitals inspected required improvements in the cleanliness of the clinical environment. Infrastructural deficiencies and maintenance issues were frequently observed in 2015 which impacted on the hospitals' ability to effectively clean the environment and comply with the Standards. Similar to the findings of the 2014 inspections, suboptimal cleaning of frequently-used patient equipment was seen in the majority of hospitals inspected in 2015.

Progress was observed in hand hygiene training and compliance with the Health Service Executive (HSE) national target of 90% for national hand hygiene audits. The implementation of the World Health Organisation (WHO) multimodal strategy was evident in all hospitals inspected, and hospitals generally demonstrated that there was an institutional commitment to achieving and embedding good hand hygiene practices at all levels.

HIQA identified examples of good practice in relation to the implementation of infection prevention care bundles in some hospitals. However, implementation is not yet fully embedded in all hospitals in line with national guidelines and further work is needed to fully spread these patient safety interventions across the system. There is considerable scope for shared learning from the experience of those who have already achieved full implementation.

Full details of reports can be found at **www.hiqa.ie.**

Receipt and analysis of information and concerns

We receive, analyse and risk assess information and concerns that are brought to our attention by a range of sources.

In 2015 the number of concerns about healthcare services received by HIQA increased by 15%. This information was used to assist the deployment of our resources to the areas of highest risk.

The majority of concerns received were used to inform HIQA's ongoing monitoring and investigation programmes. However, in some cases HIQA wrote to local, regional or national HSE Managers in order to seek assurances as to a specific system of care.

During 2015 we continued to explore more effective means of receiving and analysing performance and other information from local and national sources. We continued to engage with the HSE in relation to providing an agreed suite of data on a quarterly basis. This data was used to inform our ongoing monitoring activity.

Three year assurance programme

As part of a proactive programme of monitoring of service providers against the *National Standards for Safer Better Healthcare*, HIQA identified five priorities for assessment or review. During 2015 we progressed this as follows:

1 A second programme of monitoring against the *National Standards for the Prevention and Control of Healthcare Associated Infections* commenced. This programme focuses on the way hospitals manage the use of antibiotics in order to optimise patient outcomes, minimise adverse events, mitigate the rise of resistance, and ensure efficiency and safety in the use of antibiotics. This regulatory activity will allow us to determine a detailed system-wide understanding of antimicrobial stewardship measures in all acute hospitals.

During phase 1 of this programme of monitoring, a self assessment questionnaire was completed by all 49 public hospitals and the results were collated and analysed. Phase 2, consisting of interviews with national HSE managers with responsibility for antimicrobial stewardship and announced inspections in 14 hospitals. The results of this programme of monitoring are currently being compiled and will be published in April 2016.

2 A thematic monitoring programme against the *National Standards for Safer Better Healthcare* focusing on nutrition and hydration commenced in 2015. This programme of monitoring focused on the arrangements that are in place to ensure that all patients utilising the general acute healthcare services are adequately assessed, managed and evaluated to effectively meet their individual hydration and nutritional needs. During phase 1 of this thematic monitoring programme all public hospitals, excluding standalone maternity and paediatric hospitals, were requested to complete a self assessment questionnaire; the results of which were collated and analysed. Phase 2, consisting of unannounced inspections in 13 hospitals, is currently under way. Seven of these inspections were completed before the end of 2015. The results of this monitoring programme will be published in 2016.

Statutory investigation

We completed a statutory investigation into the safety, quality and standards of services provided by the Health Service Executive (HSE) to patients in the Midland Regional Hospital, Portlaoise. The report, which was published in May 2015, made a series of local and national recommendations aimed at improving the quality and safety of care at the Midland Regional Hospital, Portlaoise and across wider healthcare services.

The findings of the *Report of the investigation into the safety, quality and standards of services provided by the Health Service Executive to patients in the Midland Regional Hospital, Portlaoise* reflected an ongoing failure on the part of the HSE to evaluate the services provided at Portlaoise Hospital against the risks and recommendations identified in previous local and national reviews and investigations conducted by HIQA and the HSE. The findings highlighted issues and recommendations that had been identified on a number of occasions previously in both internal HSE reviews and independent HIQA investigations. This investigation concluded that Portlaoise Hospital was allowed to continue operating despite a number of substantial governance and management issues in relation to the quality, and safety of services. Sufficient action was not taken by the HSE at a national, regional or local level to address these issues.

As a consequence of this statutory investigation HIQA recommended that:

- the HSE address the risks and deficiencies identified within this report in order to improve the quality, safety and experience of patient care in Portlaoise Hospital. The report also recommended that where similar risks and deficiencies existed in other hospitals, these were also addressed as a matter of urgency. The HSE at a national level must oversee the necessary improvements with performance management arrangements.
- the newly appointed management team for the Dublin Midlands Group define the services that will be delivered at Portlaoise Hospital and ensure that they are safe and resourced appropriately, and prioritise the development of speciality-based clinical networks between Portlaoise Hospital and larger hospitals within the Dublin Midlands Hospital Group.
- the national maternity strategy be developed and published as a matter of urgency. The purpose of this strategy should be to agree and implement standard, consistent, modern-day models of maternity care in order to ensure that all pregnant women have choice and access to the right level of safe care and support on a 24-hour basis. In the interim, inherent risks identified in this report must be urgently addressed and the necessary changes implemented.*
- the process of incorporating the maternity services at Portlaoise Hospital into a clinical network with the Coombe Women and Infants University Hospital must be concluded as a matter of priority.

* A national maternity strategy, National Maternity Strategy 2016 - 2026, was published on 27 January 2016.

- the creation of an independent patient advocacy service to ensure that patients' reported experiences are recorded, listened to and learned from, and reports published.
- the Minister for Health should, as a priority, establish an oversight committee in the Department of Health to ensure the implementation of the recommendations in this report.

At the conclusion of this investigation, HIQA committed to working with relevant clinical and professional organisations and patient advocacy groups to develop a set of service-specific draft standards for maternity services in Ireland for public consultation, which will be a subset of HIQA's *National Standards for Safer Better Healthcare.*

Finally, HIQA acknowledged the courage and fortitude of all patients and families who made contact with us to outline their experience of care within Portlaoise Hospital. It should be acknowledged that their efforts, harnessed with the required actions of those charged with delivering services, should ensure a better experience for those availing of services at Portlaoise Hospital in the future.

Linking Learning to National Standards

In June 2015 HIQA published new guidance to help hospitals and healthcare providers improve quality and safety by linking recommendations – from previous HIQA investigations and reviews into healthcare services – with the *National Standards for Safer Better Healthcare* which they are expected to meet. This document communicates some of the learning from investigations and reviews to generate an awareness of how the Standards relate to real-world care delivery.

Findings and recommendations of HIQA investigations and reviews are intended to be used by all healthcare services to inform and improve practice. This document connects recommendations in seven HIQA reports with a corresponding and overarching national standard. This is done to generate an awareness of how the National Standards relate to real-world care delivery. It also identifies that recommendations are repeatedly linked to the same Standards.

When reviewing these in their totality, a number of common issues emerge in relation to services provided in public acute hospitals. These issues require uniform implementation across the system. Cumulative findings require acute hospitals to ensure that:

- the model of service is well planned, clearly articulated and fully understood by all those involved in providing that service, so that care delivery is integrated, efficient and reliable
- there is effective corporate and clinical governance
- care provided is evidence based
- the quality and safety of care provided is effectively monitored
- where services fail to meet the desired standard, and an investigation occurs, that learning generated from this process is effectively shared and recommendations enacted.

4.2 Health Technology Assessment

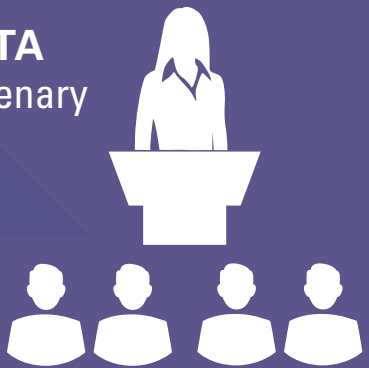
We advised the **Minister for Health** on the impact of changing to a selective

We completed an **economic evaluation** of national screening for

We assessed investment in **self-management support interventions** for a range of

CHRONIC DISEASES

The **Director of HTA** gave the opening plenary presentation at the **Annual Meeting of HTAi** in Oslo



4.2 Health Technology Assessment

4.2.1 Background

The Health Act 2007 accorded HIQA 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). 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 national health service decisions that are patient-focused and achieve best value for the resources available.

Work by the Directorate includes the development of a suite of national guidelines to inform the production of timely, consistent and reliable assessments that are relevant to the needs of our stakeholders, and the production of a range of assessments to inform national health policy and health service decisions. The directorate also plays a central role in capacity development in HTA through its work with the National Clinical Effectiveness Committee and its participation in a range of national and international activities.

4.2.2 Health technology assessments undertaken in 2015

Health Technology Assessment of Electronic Early Warning and Clinical Handover Systems

In March 2015, HIQA published an assessment of the effectiveness of electronic early warning systems and electronic clinical handover systems in hospital in-patients. Requested by the Chief Medical Officer of the Department of Health, the assessment aimed to examine the effectiveness and safety of such systems, review their cost-effectiveness and examine and outline key determinants that support successful outcomes from such systems. Failure to identify the acutely deteriorating patient is considered a major cause of avoidable morbidity and mortality.

A range of Information and Communications Technology (ICT) options are available to support detection of the deteriorating patient and to facilitate clinical handover of patients. Electronic early warning systems are tools that facilitate the automatic calculation of early warning scores by combining patient vital sign data with computer learning algorithms. These scores are used to prompt the escalation of care according to local protocol parameters.

Electronic clinical handover systems are standard electronic templates developed in-house with locally agreed key domains for effective clinical handover. If implemented, these ICT tools need to be appropriately integrated into the existing care setting and adequately resourced. They offer innovation in improving quality, safety and standardisation of care for patients by supporting the implementation of the national clinical guidelines on early warning scores and clinical handover which have been quality assured by the National Clinical Effectiveness Committee.

Through a systematic review and critical appraisal of the evidence, the HTA examined the use of information technology for early warning and clinical handover systems to assist in the identification of the deteriorating patient. We concluded that integrating information technology into clinical effectiveness processes would require significant capital investment, but it has the potential to improve patient safety and efficiency of care and increase acute hospital bed capacity through a reduction in average length of stay. The assessment found the evidence to support the introduction of electronic early warning scores and clinical handover systems to be of variable quality. The estimated reduction in length of stay presented was extrapolated from the study that most closely represented the Irish context and which reported on the impact of an electronic early warning system on length of stay.

Based on the systematic review of the literature and indicative costs, it is suggested that implementation of the systems has the potential to substantially increase hospital bed capacity, but would require a significant capital investment as well as ongoing maintenance costs; between €1 million to €1.3 million for a single hospital, and €40.1 million to €51.4 million over five years for national implementation. Strong leadership and adequate resources, such as the appropriate level of trained staff to manage the identified deteriorating patient were noted to be critical to successful implementation and improvements in patient outcomes. The report highlighted that investment in electronic early warning systems should be linked with a training programme for the assessment and treatment of the acutely deteriorating patient and the full potential of the systems realised by using the clinical data collected to assist in audit and governance functions. Other potential benefits included increased efficiencies gained from reduced vital sign recording time; as much as 1.6 times faster than that of a paper-based system. This means more clinician time would be available to deliver care to patients. Coupled with improved accuracy of recording of vital signs and handover information, these efficiency gains can contribute to a safer patient environment.

It was noted that there has been limited diffusion of these systems in Ireland to date. The introduction of electronic early warning and clinical handover systems has been shown to be an efficient, accurate and auditable way of recording patient vital sign parameters in other countries. The report noted that all electronic early warning and clinical handover systems should be developed in line with National Clinical Effectiveness Committee quality-assured National Clinical Guidelines and that implementation of ICT systems should be considered in the context of a standards-based approach, the wider ICT agenda and the eHealth Strategy. For example, timing of implementation may be part of a larger move towards electronic health record systems.

Health Technology Assessment of Screening for Atrial Fibrillation

In August 2015 HIQA published a HTA of screening for atrial fibrillation in primary care. An agreement to undertake this assessment was made following discussions with the National Clinical Programme for Stroke, which previously completed a pilot atrial fibrillation screening project to assess the feasibility of a national programme. Implementation of an atrial fibrillation screening programme is among the recommendations contained in the National Cardiovascular Policy 2010-2019.

The purpose of the HTA was to examine the clinical and cost-effectiveness of screening for atrial fibrillation in primary care as well as the budget impact and resource implications of a national screening programme in Ireland. Atrial fibrillation is the most common abnormal heart rhythm seen in general practice and it is associated with a five-fold increase in the risk of stroke. Strokes related to atrial fibrillation are also more severe, with twice the death rate of non-atrial fibrillation-related strokes and greater functional deficits for those who do survive. There are about 8,000 strokes in Ireland each year; approximately one third of these are associated with atrial fibrillation. Screening aims to detect atrial fibrillation as early as possible, so that treatments can be commenced to reduce the risk of stroke.

The report concluded that a national screening programme based on annual opportunistic pulse palpation in primary care for over 65s is likely to be cost-effective in Ireland. Based on the assumption that those detected by screening have a comparable risk of stroke to those detected through routine care, screening was found to lead to reductions in the incidence and severity of atrial fibrillation-related strokes. It was estimated that screening from age 65 onwards would result in the detection of one additional case of atrial fibrillation for every 22 people screened, and one stroke avoided for every 270 people screened over the same period.

The total incremental cost to the HSE was estimated at €3.7 million over the first five years. This includes the additional costs associated with screening ECGs (electrocardiogram) and atrial fibrillation drug therapy in diagnosed cases, as well as the cost savings resulting from a gradual decrease in stroke incidence over a period of five years.

The report was submitted to the HSE as advice to inform decision-making in relation to the potential implementation of primary care screening.

Health Technology Assessment of BCG Vaccination Programmes

In 2015, we conducted a HTA in relation to proposed changes to the national neonatal BCG vaccination programme, in response to a request from the Department of Health.

At present, Ireland has a policy of universal BCG vaccination of infants. The purpose of the HTA was to determine the clinical benefits, cost-effectiveness, budget impact, and organisational and ethical implications associated with switching from universal vaccination to a selective neonatal BCG vaccination policy that targets infants at higher risk of developing tuberculosis (TB). The final report incorporated feedback from a public consultation process and was submitted to the Minister for Health as advice.

On the basis of the available evidence, HIQA recommended a change from a universal to a selective national neonatal BCG vaccination strategy, but advised that any change in strategy must be supported by a clear commitment to enhanced systematic and comprehensive TB control measures. It noted that the most efficient method of delivering a selective programme needs to be determined to ensure best use of available resources and to minimise the impact of discontinuing universal vaccination.

The report noted that Ireland is one of only two Western European countries that has a policy of universal neonatal vaccination despite not being considered a country with a high incidence of TB using the World Health Organisation (WHO) definition (greater than or equal to 40 cases per 100,000 population). The other country is Portugal. We acknowledged that the annual number of cases of TB in Ireland has dropped from over 600 in the early 1990s to under 400 since 2012; 324 cases were reported in 2014. The average annual number of cases in children aged less than 15 years has also been in decline. For 2012 to 2014 this figure was 11.7 cases. A range of TB control measures used in Ireland has contributed to the ongoing decline in TB incidence. Key TB control measures include: surveillance and case detection, treatment of TB and latent TB infection, contact tracing, and BCG vaccination.

Selective vaccination involves vaccinating only the population at higher risk of developing TB. In Ireland the population at higher risk comprises children born to parents from a country with a high incidence of TB, those in contact with patients with active respiratory TB, and children from the Traveller community in Ireland. These groups constitute approximately 13.4% of births in Ireland annually. Infants identified as being at higher risk were estimated to have a risk of contracting TB three times higher than that of the general population. A move from universal to selective vaccination would greatly reduce the number of infants vaccinated from approximately 61,000 to 8,000 per annum. The majority of infants vaccinated incur minor side effects while one in 1,200 infants incur side effects that require medical follow up. A switch to selective vaccination would significantly reduce the number of children experiencing adverse effects.

A policy of selective vaccination is estimated to reduce the cost of vaccination by over €1 million. Switching from universal to selective vaccination would lead to lower total vaccine and administration costs; however, as TB control measures must be enhanced in tandem with this change, any budget savings are unlikely to be realised. The report noted that a change to one element of TB control would have consequences for the adequacy of the overall approach to TB control. To avoid additional cases of TB, a reduction in protection due to a change in the BCG vaccination policy will have to be balanced by enhancing other aspects of TB control. The report advised therefore that sufficient resources for enhanced TB control and public awareness efforts must be provided before any change in national vaccination policy and strategy is made.

Health Technology Assessment of Chronic Disease Self-Management Support Interventions

In December 2015, we published a HTA on the clinical and cost-effectiveness of both generic self-management support interventions for chronic diseases, and disease-specific interventions for asthma, diabetes, chronic obstructive pulmonary disease (COPD) and cardiovascular disease (stroke, hypertension, ischaemic heart disease and heart failure). The HTA was requested by the HSE to inform the development of a chronic disease self-management support framework for the Irish health service.

Chronic diseases are long-term conditions that are managed rather than cured, and which are responsible for a significant proportion of premature deaths and healthcare utilisation. Many of these conditions can be prevented or delayed by reducing key risk factors such as

smoking, obesity, excessive alcohol consumption, physical inactivity, hypertension and high cholesterol. An estimated 30% of adults living in Ireland are affected by chronic diseases. The burden of chronic disease is increasing in part due to an aging population, with estimates that the number of adults with chronic diseases will increase to 40% by 2020.

Self-management support interventions help patients to manage aspects of their chronic disease through education, training and support. Self-management support interventions can include different components (for example education, training, provision of information or equipment) and be delivered in different formats such as education and exercise programmes, health coaching, web-based interventions, motivational interviewing, telemedicine, outreach nursing programmes, cardiac rehabilitation and pulmonary rehabilitation. Interventions may be targeted at a specific disease (disease-specific) or generic; the latter are not tailored for any specific disease or diseases and could in theory be used in populations with a range of chronic conditions.

The HTA reviewed evidence from 159 systematic reviews, incorporating results from over 2,000 randomised controlled trials. We concluded that evidence for the effectiveness of chronic disease support interventions paints a complex picture. Good evidence of clinical effectiveness was found for some disease-specific interventions, leading to improved health and or reduced healthcare utilisation over the short-term. However, limited or no evidence of effectiveness was found for others; for example, generic self management support programmes not tailored to a specific chronic disease.

On the basis of the evidence assessed, we advised that the HSE should prioritise investment in those interventions for which there is good evidence of clinical effectiveness. We noted that international evidence suggests that most self-management support interventions are relatively inexpensive to implement and that in some instances, self-management support interventions could lead to modest savings. However, we cautioned that the budget impact of these interventions could be substantial due to the potentially large number of eligible patients. The report recommended the development of an agreed definition of chronic disease self-management support interventions and the standardisation of implementation and delivery at a national level. Together with routine and ongoing evaluation, this would help ensure that these interventions are delivering benefits to patients.

4.2.3 Health technology assessments commenced in 2015

Health Technology Assessment of Smoking Cessation Interventions

Following a request from the Department of Health, we commenced work on a HTA to examine the clinical and cost-effectiveness of a range of smoking cessation interventions in December 2015. The assessment will inform decisions in relation to the optimal use of smoking cessation interventions by the HSE.

The Terms of Reference for the assessment have been agreed with the HSE and an Expert Advisory Group comprising key stakeholder groups will be convened. Work on the HTA is expected to conclude in late 2016 with the submission of a final report to the Minister for Health and the HSE for their consideration.

Health Technology Assessment of Primary HPV DNA Testing for Cervical Cancer Screening

Following a request from the National Screening Service, HIQA commenced work in December 2015 on a HTA to examine the clinical and cost-effectiveness of primary HPV DNA testing for cervical cancer screening. The assessment will inform decisions in relation to potential changes to the existing cervical cancer screening programme.

The Terms of Reference for the assessment were agreed with the National Screening Service and an Expert Advisory Group comprising key stakeholder groups will be convened. Work on the HTA is expected to conclude in late 2016 with the submission of a final report to the National Screening Service for its consideration.

4.2.4 Summary of other activities during 2015

Scoping Reports

Following a request from the Chief Medical Officer in the Department of Health, a systematic review was undertaken to assess the available evidence on cost-effectiveness of HPV immunisation of boys (gender-neutral HPV immunisation) to inform a decision on a prospective extension of the Irish HPV immunisation programme to include boys.

Scoping of three other requests was also commenced to inform a prioritisation process for the ongoing programme of HTA work.

National HTA Guidelines

HIQA has developed a suite of national HTA guidelines to promote the production of assessments that are timely, reliable, consistent and relevant to the needs of decision makers and key stakeholders. In consultation with the HTA Scientific Advisory Group, this suite of guidelines is updated and added to as necessary.

In July 2015 we published a guidance document to describe best practice with regard to the conduct of budget impact analysis. This guidance supports our published *Guidelines for Budget Impact Analysis of Health Technologies in Ireland.*

The document was designed to provide more detailed advice and examples to aid and support all those involved in the conduct or use of HTA in Ireland, such as HIQA, the National Centre for Pharmacoeconomics, the Department of Health and the HSE, and health technology suppliers preparing applications for reimbursement. It is also intended to support clinical guideline developers as well as other practitioners within the HSE tasked with conducting budget impact analysis of health technologies.

This guidance document was developed in consultation with the HTA Scientific Advisory Group of HIQA, which included broad representation from key stakeholders in healthcare in Ireland and methodological experts from the field of HTA.

National Clinical Effectiveness Committee

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

As part of ongoing capacity development in the field of HTA, HIQA provides support to the NCEC through its membership of the Committee, assisting with the prioritisation and appraisal of submitted guidelines and directly to clinical guideline developers seeking national endorsement for their guidelines.

As part of the NCEC training programme, HIQA delivered economic training sessions for both the NCEC committee and guideline developers. We also provided direct support to the developers of eight clinical guidelines mandated by the Minister and to two other guideline development groups. These included: diagnosis, staging and management of patients with breast cancer, prostate cancer, lung cancer and gestational trophoblastic disease; pharmacological management of cancer pain in adults; management of constipation in palliative care; clinical handover in acute hospitals; paediatric early warning systems; management of acute asthma attacks in adults; and hepatitis C screening.

The Director of HTA presented at the NCEC Annual Symposium on the links between clinical research and HTA.

Building capacity and capability in health technology assessment

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

Support and training opportunities of varying intensity were provided to a broad range of stakeholders including;

- internship opportunities for graduate students in related fields
- work placements for public health doctors
- external stakeholder training (patient representatives, NCEC-related, undergraduate, postgraduate, specialist registrars in public health training in collaboration with Royal College of Physicians for Ireland [RCPI] and others)
- collaboration with colleagues from the Royal College of Surgeons in Ireland (RCSI), University College Dublin and University of Limerick on academic projects
- and through training and education support for members of the HTA team to build on their expertise.

HIQA commenced work on a process to evaluate the impact of HTA advice on health policy and health service decision making. A pilot framework was developed and reviewed at international forums with a view to developing a sustainable basis against which the impact of HTA can be captured and audited.

Stakeholder engagement

Through its 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.

The four assessments published in 2015 were each supported by a specifically convened Expert Advisory Group that comprised representation from key stakeholders including policymakers, service providers, clinicians, patient groups and national and international HTA experts.

Public consultations were undertaken for one full HTA and for one new HTA guidance document. A six-week public consultation period was provided for the HTA of selective BCG vaccination programme.

This HTA provoked extensive public and media interest. A total of 16 submissions that comprised 146 comments were obtained, 10 on behalf of healthcare organisations and six submitted in a personal capacity. These comments were considered in detail and revision to the draft report was made as necessary.

We also contributed to a number of advisory groups and networks run by external stakeholders including the Technology Review Group of the National Cancer Control Programme, the HSE HTA Working Group, the National Trauma Steering Group and the Central Statistics Office (CSO)/Department of Health Project Board for the national System of Health Accounts. Such stakeholder engagement when combined with ongoing horizon scanning also helps to inform the HTA prioritisation process by identifying potential high priority topics for the work plan in a timely manner.

The work of the Directorate was also informed during 2015 by its Scientific Advisory Group (comprising broad representation from key stakeholders in healthcare in Ireland as well as methodological experts from the field of HTA).

4.2.5 International networks

European Network for Health Technology Assessment (EUnetHTA)

The Department of Health has nominated HIQA as the National HTA body for the European Union funded Joint Action projects on HTA (EUnetHTA). The objective of this organisation is to realise an effective and sustainable HTA collaboration that brings added value at the European, national and regional level. Work has been undertaken in the form of a series of Joint Actions intended to foster inter-agency cooperation, improve HTA output and avoid duplication of effort. This work has also informed the establishment of a permanent Europe-wide network of HTA agencies. Joint Action 2, a three-year project that brought together 33 HTA agencies and institutional producers of HTA, was completed in December 2015. We actively contributed as an associate partner to three of eight work packages.

During 2015 HIQA was lead author of a pilot rapid assessment of endovascular therapy using mechanical thrombectomy devices for acute ischaemic stroke. This report, co-authored with the Interdisciplinary Centre for HTA and Public Health University of Erlangen-Nurnberg, Germany was published in December 2015 on the EUnetHTA website following a series of internal and external reviews by dedicated peer reviewers, external medical experts, manufacturers and patient representatives. The assessment comprised four domains: a description and review of the technical characteristics of the mechanical thrombectomy devices; the health problem and current use of the technology; and systematic reviews of the clinical effectiveness and safety of the technology, the latter two of which were authored by HIQA. The pilot assessment noted that the evidence suggests that mechanical thrombectomy using second generation (stent retriever) devices used in combination with standard care (intravenous thrombolysis where appropriate) is of benefit in terms of morbidity and function in selected patients with acute ischaemic stroke.

The evidence also suggested that mechanical thrombectomy is safe with regard to all-cause mortality at 90 days, symptomatic intracranial haemorrhage and recurrent ischaemic stroke when compared with standard medical care alone, in selected patients. It noted insufficient evidence to determine the applicability of the findings to the more heterogeneous patient cohort that present with acute ischaemic stroke in the real-world setting and who may arrive outside the time frame for treatment and, or are managed in non-specialised institutions or units.

HIQA's Director of HTA is the vice-Chairperson of the Plenary Assembly of EUnetHTA and is a member of the Executive Committee. During 2015, HIQA led on the update of two methodological guidelines and the work assessing the impact of HTA. We also contributed extensively to the planning for the third Joint Action to support European HTA collaboration from 2016 to 2019.

Health Technology Assessment Network

Ireland is represented by HIQA's Director of HTA on the Health Technology Assessment Network. This is a permanent network of HTA agencies established by the European Commission with an objective to foster sustained strategic and scientific collaboration in HTA across the EU.

Other international collaborations

In order to increase its capacity to efficiently produce high-quality HTAs, HIQA continues to engage with other HTA agencies, building and leveraging off existing relationships. Examples include cooperation between agencies in sharing ongoing and completed assessments so as to minimise duplication of effort. Draft reports were provided to, and obtained from, agencies including the Norwegian Knowledge Centre for the Health Services on topics such as the effectiveness of hyperbaric oxygen therapy and HPV vaccination in boys. The HTA on chronic disease self-management was informed by a HTA commissioned by the National Institute for Health Research in the UK, with the lead author of the report acting as a member of our Expert Advisory Group. Members of other HTA agencies have also been asked as peer reviewers for HIQA assessments and as international HTA experts on Expert Advisory Groups convened by HIQA.

Members of the HTA Directorate contributed reports and feedback to two early advice dialogues with technology manufacturers through the Shaping European Early Dialogues (SEED) project and to the Committee for Human Medicinal Products (CHMP) scientific advisory group. HIQA is also a member of both the Health Technology Assessment international (HTAi) and the International Network of Agencies for Health Technology Assessment (INAHTA). The latter facilitates international exchange of information to facilitate adaptation of HTA for local application.

The Director of HTA gave the opening plenary presentation at the Annual Meeting of HTAi in Oslo in 2015. She co-chaired selection of the Issues Panels for the 18th Annual European Congress of the International Society for Pharmacoeconomics and Outcomes Research (ISPOR) in Milan in 2015. She also participated in ISPOR's Roundtable on HTA. Members of the HTA team presented one podium presentation and three poster presentations at ISPOR's European Congress as well as contributing as dedicated reviewers for submitted abstracts. During 2015, HTAs undertaken by HIQA were the topics of two papers, and two letters by the HTA team were published in international peer-reviewed journals.

4.2.6 Research ethics

HIQA is expecting to take on a new role of Supervisory Body of research ethics committees under the Health Information and Patient Safety Bill and under legislation pertaining to clinical trials on medicinal products for human use.

In 2015 we continued to work with the Department of Health on the content of the Research Ethics section of the Health Information and Patient Safety Bill, and the Revised General Scheme of this Bill was published on the website of the Department of Health in November 2015.

Clinical trials legislation is changing dramatically at European level. During 2015, we continued our participation in the working groups of the European Commission and the European Medicines Agency which are preparing for implementation of the new legislation.

During 2015 we have also continued to engage with national stakeholders in relation to our expected new function in research ethics.

4.3 Health Information

We developed recommendations on

PATIENT SAFETY INTELLIGENCE

Received 70

responses to our public consultation on **Health Identifier Operator Standards** public consultation

We continued to develop standards to support an **eHealth strategy** in Ireland

Formed a partnership with the

Department of Health

and the

HSE

for a National Patient Experience Survey

4.3 Health Information Directorate

4.3.1 Background

The Health Information Directorate comprises of three different business areas; Improvement of the Quality of Health Information, Technical Standards and Business Intelligence. For that reason, our stakeholders comprise of both external stakeholders and the internal HIQA team.

Under section (8)(1)(k) of the Health Act 2007, HIQA has responsibility for setting standards for all aspects of health information and monitoring compliance with those standards. In addition, under section 8(1)(j), HIQA is charged with evaluating the quality of the information available on health and social care and making recommendations in relation to improving its quality and filling-in gaps where information is needed but is not currently available.

We seek to improve patient safety and quality of care by developing standards, recommendations and guidelines in health information. These include standards for definitions, standards for sharing information, standards for ensuring the governance and privacy of information and standards for optimising the use, coverage and quality of information. We continually monitor trends in other countries to ensure that we are using effective methodologies to inform and improve patient safety and quality of care.

Information on the availability, accessibility, effectiveness and efficiency of our health services is fundamental to a reliable and safe healthcare system. Having good information and using it well are the keys to good decision-making and lead to improved services at operational and planning levels.

The Health Information Directorate is responsible for analysing the existing quality and coverage of health information, identifying gaps and making recommendations to fill those gaps. We set out standard definitions for information, to ensure meaningful comparability and to help avoid duplication of effort. Equally important are standards that support the ability of health information systems to communicate and facilitate efficient sharing of health information.

Business Intelligence is core to informing operations, collating findings, identifying trends and providing essential material for inspections, reviews, investigations and risk analysis. The Business Intelligence team works to ensure that maximum benefit is gained from the data within HIQA and external sources that can inform and improve HIQA's regulation and quality improvement programmes of work.

4.3.2 Improvement of the quality of health information

4.3.2.1 Recommendations on the coordination of patient safety intelligence in Ireland

Following the 2014 report of the Chief Medical Officer of the Department of Health on perinatal deaths at Midland Regional Hospital, Portlaoise, the Health Information Directorate developed recommendations on the coordination of patient safety intelligence in Ireland.

4.3.2.2 International review of patient safety surveillance systems

To inform the recommendations on patient safety, we carried out an international review of patient safety surveillance systems during 2015. The international review outlines new evidence on reporting and learning systems for patient safety incidents in Europe. It examines the approaches undertaken in four international jurisdictions and regions, namely British Columbia (Canada), Denmark, England and Scotland. A variety of approaches exist for reporting patient safety incidents. England and Denmark use national reporting and learning systems, while there are well-established provincial systems in Canada, such as British Columbia's Patient Safety and Learning System.

The importance of coordinating and sharing patient safety intelligence was a key theme to emerge. For example, in the National Health Service (NHS) England, Quality Surveillance Groups have been established to pool patient safety information and intelligence from key organisations to ensure that different parts of the service are working together and provide a shared view of risks to quality. A network called "Sharing Intelligence for Health and Care Group" was also established in Scotland in 2014.

The findings of this international review were presented as a poster at the National Patient Safety Conference and as an oral presentation at the Health Informatics Society of Ireland (HISI) conference, both in November 2015.

4.3.2.3 'As Is' analysis of patient safety systems and structures in Ireland

The Health Information Directorate also carried out an 'As Is' analysis of patient safety systems and structures during 2015. This analysis documents the systems that are currently in place for reporting, analysing and implementing learning from patient safety incidents and adverse events at a national level. The report identifies current sources of national patient safety information such as the National Incident Management System (NIMS) which is currently moving into phase two of implementation. An important finding identified was the need for governance and coordination of national patient safety intelligence in Ireland. While patient safety data and information gathering is undertaken by many single agencies, this is not part of an overall process of pooling intelligence to create a risk profile for the healthcare system.

4.3.2.4 Development of recommendations on the coordination of patient safety intelligence

Following the completion of these documents, an Expert Advisory Group was convened to access expert opinion on patient safety surveillance in Ireland. Two advisory group meetings were held to assist in the development of finalised recommendations on the coordination of patient safety intelligence in Ireland. The three documents (the finalised recommendations, the international review and the 'As Is' analysis) are due to be published in early 2016.

4.3.2.5 Assessment and judgement framework for monitoring against standards for national health and social care data collections

During 2015, we commenced a scoping exercise on the development of an assessment and judgement framework and supporting processes for monitoring against standards for national health and social care data collections. The project involves developing internal processes to support HIQA's monitoring approach against standards for national health and social care data collections. This work will continue into 2016.

4.3.2.6 International Networks

The Health Information Directorate contributed significantly to the work of the European Union (EU) Patient Registries Initiative ("PARENT") as a collaborating partner. The work of this EU Joint Action was completed during 2015, with a final meeting held in Valencia in October 2015, attended by a member of our team.

The objective of the PARENT Joint Action was to support EU member states in developing comparable and interoperable patient registries in fields of identified importance (for example, chronic diseases, rare diseases and medical technology). The project aimed to rationalise and harmonise the development and governance of patient registries, thus enabling analyses of secondary data for public health and research purposes. It was recognised that improvements in the use of existing health registries data, as well as improvements in processing data from their primary sources, are essential components to achieve this.

HIQA's Health Information Directorate was a key collaborator in the project and contributed extensively to the final deliverables of the Joint Action which included the development of a Europe-wide 'Registry of Registries' and *Methodological guidelines and recommendations for efficient and rational governance of patient registries*, which included a user-friendly Wiki-tool for accessing the guidelines. Links to all of the PARENT documentation can be accessed at www.patientregistries.eu.

4.3.2.7 Health Information and Patient Saftey Bill

The Government approved the drafting of the Health Information and Patient Safety Bill on 10 November 2015. This is a critical piece of legislation which will establish the legal framework to enable HIQA to fulfil its statutory obligations in relation to health information, amongst other functions. The Health Information Directorate has contributed significantly to the framing of this Bill.

In relation to health information, we will have a formalised role in setting standards on 'prescribed data matching programmes' and 'prescribed health information resources' and will also monitor compliance with these standards, as laid out in the General Scheme.

The finalised Bill is expected to be drafted during 2016.

4.3.3 Technical standards

4.3.3.1 ePrescribing and electronic transfer of prescriptions

ePrescribing was identified in the National eHealth Strategy (2013) as a key priority for Ireland. The benefits of ePrescribing initiatives have been documented and an increasing number of countries adopt the use of ePrescribing and the electronic transfer of prescriptions. The benefits of ePrescribing include a reduction in medication, prescription and transcription errors, with a corresponding improvement in patient safety.

The creation of multiple standards are required in order to support the implementation of electronic transfer of prescriptions, including an electronic medicinal product reference catalogue, and messaging and document standards to define the information which should be transmitted between prescriber and dispenser.

In January 2015 we published two standards in this category, the *Data model for an electronic medicinal product reference catalogue – a National Standard* and the *ePrescription dataset and clinical document architecture standard.*

An electronic medicinal product reference catalogue is an electronic dictionary of medications available for prescribing and dispensing. The catalogue aims to provide a consistent approach to the identification and naming of medicines prescribed and dispensed. A data model is a formal description of the classes and attributes associated for a given use case, in this instance a catalogue of medicinal products. Data models provide a structure for data used within information systems and provide formal definitions for the structure of the data.

The purpose of ePrescription dataset and clinical document architecture standard is to provide a standard for the creation of an ePrescribing dataset and subsequently define the specification for an electronic prescription that can be exchanged between primary care and community pharmacy.

4.3.3.2 Information Governance and Management Standards for the Health Identifiers Operator

The Health Identifiers Act 2014 provides legislation for the establishment of two national registers: the National Register of Individual Health Identifiers and the National Register of Health Service Providers Identifiers. The National Register of Individual Health Identifiers will contain an individual health identifier (IHI) and associated demographic information for each person who is being, has been or may avail of a health service in Ireland. The National Register of Health Service Providers Identifiers will contain a health services provider identifier (HSPI) for each health services provider that offers health services in Ireland.

HIQA published *Information Governance and Management Standards for the Health Identifiers Operator* in July 2015. These standards support the introduction of health identifiers into the Irish health system by providing information governance and management standards that the health identifiers operators must implement. Implementing these standards will promote trust among service users and health service providers that the National Registers have been established in accordance with the law and in line with best practice. In turn, this creates confidence that health service providers can be uniquely identified and can uniquely identify the service users to whom they are providing services, which ultimately leads to improvements in patient safety.

We selected four appropriate themes for inclusion in these standards, which have been adapted from HIQA's framework for standards development. The themes selected were:

- person-centred
- leadership, governance and management
- use of information
- workforce.

These four themes are designed to work together. Collectively, they describe how the health identifier operators provide a high-quality, safe and reliable service to service users and health services providers.

4.3.3.3 National Standards for Diagnosis and Adverse Reaction Datasets and Clinical Document Architecture (CDA) Templates

Safe and reliable health and social care depends on access to, and use of, information that is accurate, valid, reliable, timely, relevant, legible and complete. The development of patient summaries, electronic discharge summaries, electronic referrals and other document types like ePrescription documents are outlined in the national eHealth Strategy (2013) as a key priority area to support the implementation of eHealth initiatives, in particular an electronic health record for Ireland.

The development of national standard datasets helps to standardise how information is recorded and facilitates easier sharing of information within and between health and social care services. The diagnosis and adverse reaction datasets are part of a suite of data specifications that HIQA is currently developing to support the standardisation of national patient summaries.

The purpose of this project is to develop datasets, technical specifications and CDA[2] templates for diagnosis and adverse reactions. The development of standard datasets and CDA templates is an important step towards improving the delivery of safe, person-centred care. The main benefit of developing CDA templates is that they can be reused throughout different types of patient summaries. For example, a CDA template can be defined once and then used in both a patient referral document and a patient's discharge summary document. These standards will be published in early 2016.

4.3.3.4 Revision of the National Standard Demographic Dataset and Guidance for use in health and social care settings in Ireland (2013)

In 2012 HIQA and a number of stakeholders identified the absence of a national standard demographic dataset as a crucial deficiency in the Irish health and social care sector. At that time there was no standardised or agreed guidance on the collection of demographic data. The lack of a national demographic dataset had resulted in each health and social care provider designing their own rules for the data elements they wished to collect on each individual. The outcome was a variety of approaches to the data elements collected and the formats that these elements took, with the possibility for many permutation and combinations for each data element. In 2013, HIQA published the *National Standard Demographic Dataset and Guidance for use in health and social care settings in Ireland.*

As a consequence of comments received in relation to the *National Standard Demographic Dataset and Guidance for use in health and social care settings in Ireland (2013)*, the Health Identifiers Act (2014) and the introduction of postcodes nationally in 2015, we undertook a revision of the Standard. A draft document for consultation was produced and a public consultation was held on this in late 2015. Over 40 submissions were received and analysed, and have contributed to the development of the *Revision of the National Standard Demographic Dataset and Guidance for use in health and social care settings in Ireland* which will be published in early 2016.

4.3.4 Business Intelligence

In 2015 HIQA commenced the implementation of its Business Intelligence strategy.

One of the major components of this strategy involved "using the right tools to deliver information".

2 The Clinical Document Architecture Standards is an internationally-recognised standard specific to healthcare and defines how information can be shared between healthcare practitioners' information systems in a standard.

During the course of the year the Business Intelligence team developed a major suite of regulatory reports, thereby beginning the process of creating reports that display information in a consistent way to promote and develop a culture of using information and to get better value from that information.

In addition, the Business Intelligence team began the process of assisting staff to become more self-sufficient by providing power users with data models and a self-service data tool. This has allowed users to input data and generate their own analysis, thereby gaining further insight into our rich corporate data sources. The Business Intelligence team also developed dashboards and reports to support the children's team for the first time, and for finance, risk and performance reporting.

4.3.4.1 National Patient Experience Survey

In 2014 we conducted an international review to identify how international regulators use data. The review identified that patient experience data is an excellent proxy for the quality of care that patients receive.

As a result of those findings, we conducted an in-depth review of the patient experience model and methodologies that are in place internationally. The review found that conducting a national patient experience survey is considered best practice and that a partnership approach is the most efficient and effective model to have in place.

A partnership approach was agreed with the Department of Health and the Health Service Executive (HSE), with HIQA as the lead partner. HIQA and the HSE developed a business case outlining the resource commitment required to ensure the success of the project. The business case was presented to the Chief Medical Officer of the Department of Health, the Director General of the HSE and the Chief Executive Officer of HIQA in August 2015. The final business case was submitted to the Department of Health in October 2015.

The findings from the international review were presented at the Health Informatics Society of Ireland's 2015 conference. The international review of the model and methodology used to implement a National Patient Experience Survey will be published in 2016.

This work will continue into 2016, where the central team will be established and the model and methodology to implement a national patient experience in Ireland will be developed.

4.4 Safety and Quality Improvement

We promoted the importance of **COMMUNICATING IN PLAIN ENGLISH** for service providers

Delivered training in **quality improvement** to over

200

health and social care service staff

Began development of **NEW**

copies of our guidance documents at the **National Patient Safety Conference**

4.4 Safety and Quality Improvement

4.4.1 Background

The Safety and Quality Improvement Directorate completed its third full year of work in 2015. During the year we developed standards for quality and safety, and supported and promoted a culture of patient safety and quality improvement across and within Ireland's health and social care system.

By developing national standards and guidance in consultation with stakeholders and providing a programme to build capacity in quality improvement methodologies and tools for frontline staff we have promoted quality and safety. These initiatives were aimed at helping the system to build a culture of continuous quality improvement and patient safety.

4.4.2 Summary of activities during 2015:

- We advanced the development of revised National Quality Standards for Residential Care Services for Older People.
- We developed National Standards for Special Care Units. Following public consultation, the Standards were approved by our Board and submitted to the Minister for Health for approval. The Standards were published in March 2015.
- We continued our review of the National Quality Standards for the Prevention and Control of Healthcare Associated Infections. This will be finalised in 2016.
- We began development of National Standards for Safer Better Maternity Services and plan to publish these in 2016.
- We began development of National Quality Standards for the Notification and Management of Patient Safety Incidents and plan to have at least one of three components of these Standards finalised in 2016.
- We published Communicating in Plain English guidance documents for providers of both adult and children's services to support the way in which critical information is communicated to people who use health and social care services.
- We worked collaboratively with the National Clinical Effectiveness Committee (NCEC) to revise the National Assurance Criteria for Clinical Guidelines.
- In 2015 we delivered the final year of an online training programme in quality improvement to over 200 individuals from the Child and Family Agency (TUSLA), our own staff in HIQA, staff from the newly formed hospital groups and a number of general practitioner (GP) practices in an effort to actively support and promote a culture of patient safety and quality improvement across the health and social care system.

- We participated in the European Union Network for Patient Safety and Quality of Care (PaSQ). As the Irish National Contact, we linked in with key stakeholders to identify good practice at both national and local level and shared these initiatives with PaSQ.

4.4.3 National Standards: development and review

1. Following a request from the Department of Health, we developed a Standards Impact Assessment of the revised *National Quality Standards for Residential Care Services for Older People* in 2015. These Standards had previously been approved by the Board and submitted to the Minister for Health in 2014. The Standards are a revision of our *National Quality Standards for Residential Care Services for Older Persons (2009)* and have been developed in response to new regulations which came into operation under the Health Act 2007. In November 2015, a letter was received from the Minister identifying a change in policy and allowing a five-year extension for compliance with the physical requirements of the original 2009 Standards. This change was reflected in the revised *National Quality Standards for Residential Care Services for Older People* and resubmitted to the Minister in December 2015. It is anticipated that the revised Standards will be published in 2016. It is planned that a minimum of three regional information workshops will be held with service providers on the new Standards once they are published.

2. Following approval from the Minister, the *National Standards for Special Care Units* were published in March 2015.

3. We continued the revision of the *National Standards for the Prevention and Control of Healthcare Associated Infections*. This work will continue with further Standards Advisory Group meetings and it is anticipated that they will be completed by the end of 2016 for submission to the Minister for Health.

4. We began development of National Standards for Safer Better Maternity Services and plan to have these finalised in 2016. A Standards Advisory Group met on two occasions in 2015. Focus groups were held in seven sites around the country with 138 participants from multidisciplinary teams including women and their partners who had used Irish maternity services. The Standards are closely aligned to the National Maternity Strategy which was being developed by the Department of Health during 2015. An eight-week public consultation will be held on these Standards and they will be submitted to the Minister for approval by August 2016.

5. We began development of National Quality Standards for the Notification and Management of Patient Safety Incidents. This will be the first time that Standards are jointly developed by HIQA and the Mental Health Commission and the Standards will initially be developed in three components – 1. Open Disclosure, 2. Reporting of Serious Reportable Events and 3. Conduct of a Review following a Patient Safety Incident. It is planned that component 3, Conduct of a Review following a Patient Safety Incident, will be completed by December 2016.

4.4.4 National Standards: promoting understanding

We continued to support services to prepare for the implementation of the standards and promote understanding among providers. We facilitated this by presenting on all of the national standards at organisational and professional conferences and workshops around the country. This engagement informed particular groups and sectors about how to apply the standards in their specific services. We also linked in with targeted groups including GPs, nursing homes and disability services to promote awareness of the standards and the support that we offer to service providers.

4.4.5 Guidance to support implementation of the National Standards

HIQA continued to develop guidance documents for designated health and social care services during 2015 to help service providers understand and adopt national standards. These guidance documents provide a common understanding and language for service users, patients and service providers on how the national standards apply across all health and social care services.

During the year we published and launched *Communicating in Plain English* guidance documents for providers of adult and children's services to support the way in which critical information is communicated to people who use Ireland's health and social care services.

We have also completed work on *Framework for Good Practice in Promoting People's Autonomy* which will be published in early 2016.

These guidance documents help people working in the service to understand how to achieve compliance with the various national standards. In 2015 HIQA continued to work on an ongoing process of review and engagement with relevant interested parties to update this guidance and identify areas which may require more specific guidance.

We disseminated 500 copies of our guidance documents at the National Patient Safety Conference in November of 2015.

4.4.6 Supporting providers

During 2015 we provided the final year of a programme of support for frontline staff by running a quality improvement programme with the Institute for Healthcare Improvement. The training programme provides education in quality improvement science tools and methodologies. The Institute for Healthcare Improvement is a not-for-profit organisation in the USA which aims to promote healthcare improvement worldwide.

HIQA is the hub for the Institute for Healthcare Improvement Regional Open School in Ireland. The Institute for Healthcare Improvement Open School provided online courses on quality improvement science which have been designed by faculty members of the Institute for Healthcare Improvement over the past three years. Through the Open School, healthcare professionals from all disciplines learn quality improvement methodology and acquire practical tools that help them to develop sustainable improvements in their services.

During 2015, over 200 people subscribed to the Institute for Healthcare Improvement training programme provided by HIQA and graduates of the course will receive certificates at graduation events in early 2016.

4.4.7 Collaboration with government agencies

We worked collaboratively with the National Clinical Effectiveness Committee (NCEC) to revise the *National Assurance Criteria for Clinical Guidelines*.

4.4.8 International activities

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

In 2015 HIQA facilitated a number of national multi-stakeholder information meetings regarding PaSQ to explore how stakeholders and HIQA can work together and contribute to the joint action. A total of seven local and national good practices were sent to PaSQ for inclusion on their website in 2015.

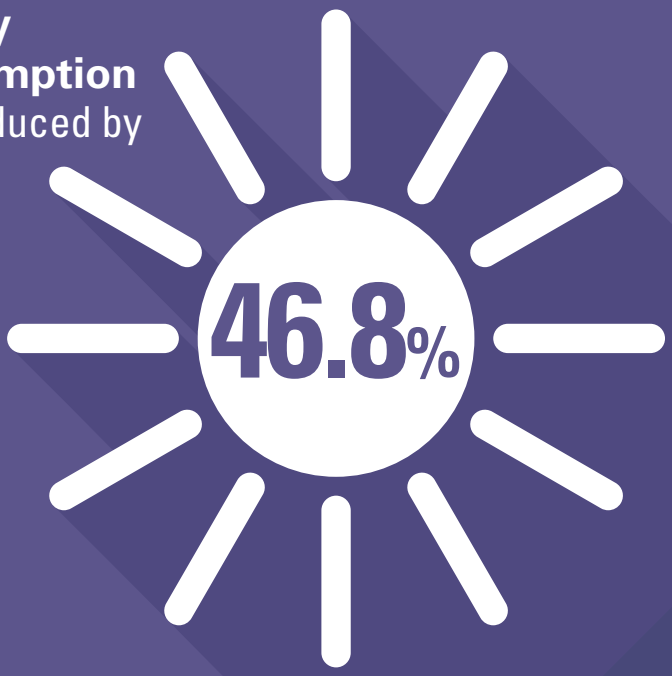
4.4.9 Service user involvement

The National Relatives Panel, comprising friends and relatives of people who live in designated centres, met with HIQA on a number of occasions during 2015. The panel developed a REACH newsletter during 2015, which is designed to inform and empower family and friends of those in residential care centres on best practice in residential care. The National Relatives Panel also works closely with us in providing feedback on standards and guidance, and members act as advocates for relatives who live in residential care facilities.

4.5 Corporate Services

31 **new positions recruited**

Energy consumption was reduced by

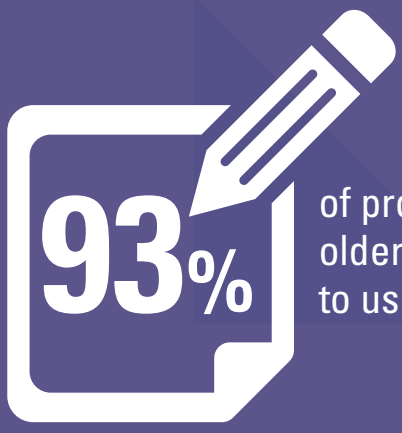


HIQA achieved the

Excellence Through People

award from the **National Standards Authority of Ireland**

NSAI



of providers of centres for older persons have registered to use our **Provider Portal**

4.5 Corporate Services

Corporate Services ensure the effectiveness of the systems, infrastructure and processes that facilitate the efficient delivery of HIQA's services. We continued to strengthen and develop these functions in 2015.

4.5.1 Human resources

The human resources team supports employee relations, policy development, recruitment, payroll and pensions, the performance management development system and organisational development.

Human resources led the recruitment of 31 new positions within HIQA in 2015. It also recruited a number of agency staff to provide additional support in a temporary capacity. It led a comprehensive induction programme for new staff.

Organisational learning and development continued across HIQA. This is an important contributor to improving organisational performance. A wide range of programmes were delivered including a leadership development programme to line managers in the organisation. The human resources team also worked with internal stakeholders to identify and deliver core learning and development programmes in strategic areas.

In December, HIQA was certified to the Excellence Through People scheme by the National Standards Authority of Ireland. Excellence Through People is the national human resource management scheme dedicated to the role of people and their impact on business. This certification recognises HIQA's commitment to best practice in human resource management and provides a business improvement model to enhance performance and realise strategies through the development of our people.

During the year, HIQA commissioned an external provider to carry out a staff survey. The aim of the survey was to better understand employee perceptions of and attitudes to their work and to use this information for organisational improvement. Further exploration of themes identified in the survey was carried out in a series of focus groups organised by management. All of these findings will be used in the development of a human resources strategy in 2016.

4.5.2 Financial management

HIQA managed 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. No material concerns were identified. HIQA continued to develop its financial software that processes financial transactions and provides management information that supports decision-making.

HIQA's annual accounts for 2015 were submitted to the Comptroller and Auditor General in accordance with the timescales set out in the Health Act 2007.

4.5.3 Information Systems

HIQA has an eStrategy for the period 2015 - 2017 covering the use of Information and Communications Technology (ICT) by HIQA, as well as other technologies and applications enabled by the Internet. Throughout 2015 we continued to deliver upon the aims of this strategy.

During the year, governance of the delivery of the eStrategy was enhanced through the creation of an Information Systems Programme Board to ensure all relevant systems are aligned with the strategic objectives of HIQA. There was continued enhancement and development of HIQA's information system, Prism, which supports regulatory activity through developing additional functionality. A provider portal was launched allowing those in charge of designated centres to submit statutory notifications to HIQA securely over the internet. Over 93% of providers of designated centres for older persons have registered to use this service.

The infrastructure upgrade programme continued throughout the year with major key systems upgraded to increase performance and redundancy, improve disaster recovery and business continuity. An external audit was carried out to review the ICT security and business continuity plans that reported a satisfactory level of assurance.

4.5.4 Energy Consumption

HIQA continue to play an active part in the 'Optimising Power @ Work' programme run by the Office of Public Works, and once again achieved very good results due to the ongoing efforts of all staff. HIQA consumed a total of 515,196kWh of energy. This consisted of

1. 170,207kWh of electricity in our head office in Mahon, Cork
2. 206,523kWh of electricity in our Dublin Regional Office
3. 138,466kWh of fossil fuels in our Dublin Regional Office

As such 67% of the power consumed was in the Dublin Regional Office.

In total, HIQA achieved a 46.8% reduction in its energy consumption across its two offices when compared to the baseline figure which was established in 2010. This is a 2.1% increase on savings in 2014. HIQA is also committed to achieving the 2020 targets agreed with the Office of Public Works.

Total Energy Consumption savings for HIQA in Mahon and Dublin for 2015 can be seen in the graphs below:

Figure 8: Annual energy consumption - HIQA (kWh)

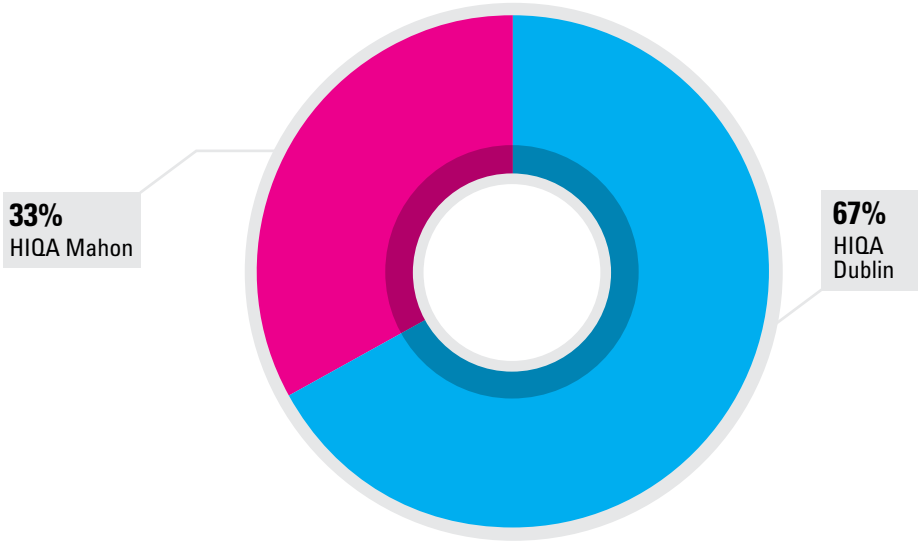
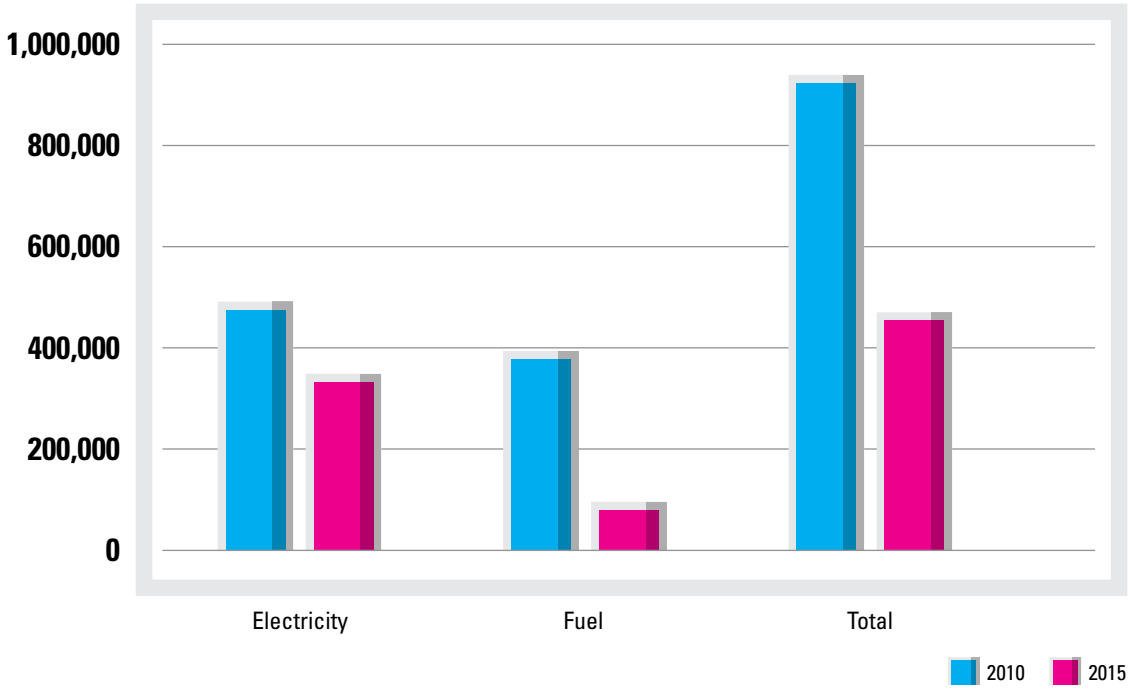


Figure 9: Annual energy usage



4.5.5 Health and Safety

HIQA remains committed to protecting the safety, health and welfare of all employees and visitors. 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. There were no reportable accidents in 2015.

4.5.6 Facilities

HIQA's regulatory remit covers services provided across all 26 counties in the state. To enhance the organisation's capacity, a decision was taken to acquire a small office in Galway that will allow HIQA to operate more effectively in the west of the country. This will complement the larger offices in Cork and in Dublin. Working with the Office of Public Works a suitable space has been identified and fit-out works commenced in November 2015. It is anticipated that the new office will be operational in early 2016.

4.5.7 Planning

HIQA published its Business Plan 2015 which set out the core business objectives, consistent with the Corporate Plan 2013-2015, that were to be achieved during the year.

During the year HIQA developed a new Corporate Plan for 2016-2018. In developing this plan, HIQA aimed to align its strategy with its capabilities, competencies, resources and business processes to ensure strategic objectives are achievable. This included a comprehensive process of engagement with stakeholders. In accordance with the Health Act 2007, the new Corporate Plan was submitted to the Minister for Health in December 2015. This will be further discussed under the Chief Executive's Office Report.

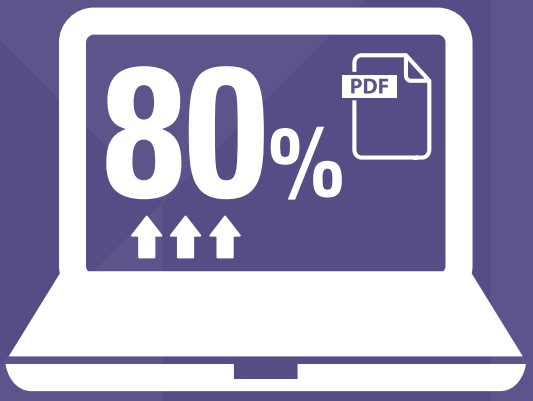
4.5.8 Data protection

HIQA is registered as a Data Controller, in compliance with the Data Protection Act 1988 and the Data Protection (Amendment) Act 2003. A statement of information practices is published on www.hiqa.ie.

4.6 Communications and Stakeholder Engagement

27 press releases were issued during **2015**

Download of **publications** from our website increased by



36 **PARLIAMENTARY QUESTIONS** were responded to last year

2,854 stakeholders received our newsletter in **2015**

4.6 Communications and Stakeholder Engagement

4.6.1 Background

HIQA communicates with the public and our wide range of stakeholders on a regular basis. The Communications and Stakeholder Engagement Directorate supports this aim by providing timely and accurate information. We carry out this work while maintaining an independent and impartial voice.

We published our reports and recommendations during 2015, always applying 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 members of the public are informed and facilitated to understand our work.

4.6.2 Functions

We deliver eight functions to meet the communications needs of HIQA. These are:

- press and media relations
- publishing and publications management
- internal communications
- online communications
- public and parliamentary affairs
- consultation and stakeholder engagement
- Freedom of Information
- management of complaints.

4.6.3 Press and media relations

Throughout 2015 we continued to communicate key messages about HIQA's work. This was reported by international, national and provincial media organisations across print, broadcast and online publications. We recorded an average of 302 news stories every month which were directly related to our work. This amounted to over 3,500 news clippings on HIQA's work during 2015. We worked with the media to ensure that our message reached audiences in a timely and accurate manner.

We issued 27 press releases during 2015. Significant media events included the publication of the investigation report into the Midland Regional Hospital, Portlaoise, publication of our 2014 Annual Report, our health technology assessment of a change in policy to selective BCG vaccination, new standards on Individual Health Identifiers, and our overview of children's services and older person's services reports.

4.6.4 Publishing and publication management

We continue to promote plain English in our published reports, and during 2015 our Chief Executive presented certificates to 46 of our staff who had completed plain English training with the National Adult Literacy Agency (NALA). We believe using more plain English will help make our work much more accessible to all people using and providing health and social care services. During 2015, we provided plain English training to a further 24 staff members. We publish our reports and publications on our website www.hiqa.ie, where they can be easily downloaded.

We have also remained committed to ensuring that information is published on the website in a timely manner.

In 2015, we published 33 publications. This includes standards and guidance documents, as well as our newsletter and speaking notes from major national events. Over 1,130 inspection reports were published on our website in 2015.

Table 3: Reports published in 2015

Type of report	Total number published
Hygiene	31
Children (excluding disability)	35
Disability (including Children)	653
Nursing homes	411
Total	**1130**

We produced several of our publications in easy to read versions, and communicated our messages clearly by producing video and audio guides to some of our publications.

4.6.5 Internal communications

We maintain and support internal communication across HIQA and its complement of staff.

Regular staff meetings and our intranet were the primary sources of internal communication about HIQA's activities and staff were kept updated on all changes and developments within the organisation.

Inside Track, the internal monthly online magazine for staff, continues to be an effective and simple tool for informing colleagues about all aspects of work across the organisation.

4.6.6 Online communications

During 2015 we remained committed to the continued development of our website, social media channels and intranet.

Our website continues to be an important source of information for our stakeholders and staff. During the year, we began the process of a major redevelopment of HIQA's website.

The four most popular sections of www.hiqa.ie were the homepage, our latest inspection reports section, our disability services inspection reports and our careers page.

The number of publication downloads from our website increased by 80% during 2015. The four most popular documents downloaded from our website were: the *Quality Standards for Residential Care Settings for Older People in Ireland*, the *National Standards for Residential Services for Children and Adults with Disabilities*, the *Standards for Safer Better Healthcare* and the *Easy to Read Guide to the National Standards for Residential Services for Children and Adults with Disabilities.*

During 2015 the number of visits to our website from mobile devices, including phones and tablets, grew by 32%. In 2015 we continued to use social media to engage with our stakeholders, including our Facebook page and our Twitter account.

Our interactions and connections on social media work to build a community interested in the work of HIQA and seek input from stakeholders. Our followers on social media networks increased considerably in 2015. HIQA's number of followers on Twitter grew by 69% and our Facebook page increased its number of followers by 124%. Our number of connections on LinkedIn increased by 63%.

The number of views on our YouTube channel increased by 68%. An estimated 22,701 minutes of HIQA's videos on YouTube were watched in 2015, which is a 6% increase on the previous year. Our short messaging service (SMS) continued to notify our 482 subscribers of updates on our work. The number of SMS subscribers increased by 5% in 2015.

4.6.7 Public and parliamentary affairs

Through our public and parliamentary affairs function, HIQA remains accountable to the Government and the Houses of the Oireachtas, ensuring that accurate and up-to-date information is provided in a timely manner. We are proactive and responsive in providing detailed information to political queries in a timely manner. We communicate directly with government departments, the Joint Oireachtas Committee on Health and Children, and with relevant spokespersons.

Our work gave context to a significant body of Oireachtas debate in 2015, and HIQA was referenced 61 times in parliamentary debates. We provided the Office of An Taoiseach and the Office of the Minister for Health with briefing materials for use in Oireachtas debates for headline items. These included HIQA's work in monitoring and improving the quality and safety of residential care for people with disabilities and our investigation into Midlands Regional Hospital (Portlaoise).

We received and responded to 36 parliamentary questions last year. Parliamentary questions serve an important purpose in ensuring that HIQA's work is accountable, understood, and accurately and fairly reported.

Parliamentary questions answered by HIQA related to:

- Corporate Services 18 (50%),
- Regulation 17 (47.2%) and
- Communications and Stakeholder Engagement 1 (2.8%).

All questions were responded to on time. In 2015 we also responded to six formal information requests from the Department of An Taoiseach, the Department of Health and the Cabinet.

HIQA's investigation report into the safety, quality and standards of services provided by the HSE to patients in the Midland Regional Hospital, Portlaoise, was the subject of significant Oireachtas debate last year. On 13 May 2015, our Chief Executive Phelim Quinn presented the report to the Joint Oireachtas Committee on Health and Children. The findings of this report were also discussed extensively in the Dáil and in the Seanad.

The range of questions asked from across the political groupings within the Oireachtas demonstrates general engagement by elected representatives with our work. We engage with Oireachtas Health and Children spokespersons on an ongoing basis. More generally, HIQA regularly receives queries directly from public representatives and their offices.

4.6.8 Freedom of Information

HIQA received a total of 72 Freedom of Information (FOI) requests in 2015 and carried one request over from 2014. Of this total of 73 requests, 21 were granted, 28 were part-granted, 14 were refused, two were transferred to another government agency and five were carried over into 2016. HIQA had one request appealed to the Office of the Information Commissioner for review which was subsequently withdrawn.

All requests were responded to in accordance with the requirements of the Freedom of Information Act 2014. HIQA increased the number of its FOI decision makers through the provision of appropriate training due to the large increase in the number of requests.

4.6.9 Consultation and stakeholder engagement

We continued to liaise with stakeholders, including the general public, service users, service providers and advocacy groups. Our priority is to be responsive to the needs of those who use and provide health and social care services.

Engaging the public in consultations was an important part of our work in 2015; we launched several public consultations before finalising a number of our health technology assessment (HTA) and health information recommendations. Among these were a HTA on a change to selective BCG vaccination, a revision of the National Standard Demographic Dataset and Guidance for use in health and social care settings in Ireland, and a new Corporate Plan.

We also contributed to a number of consultations organised by other organisations and public bodies.

During the year, we continued to publish our newsletter for our stakeholders and the public, *HIQA News*, containing information from our various teams. In 2015, we published three issues and also revamped its format, with a new look appearing in early 2016.

By the end of 2015, *HIQA News* had 2,854 subscribers, compared to 2,722 in late 2014, an increase of 4.8%. Subscriptions had increased by 16% between 2013 and 2014, bringing the cumulative increase in readers to over 20% over those two years.

4.6.10 Management of 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.

During 2015, nine complaints were received by HIQA. Eight of these were resolved in 2015 while one was carried forward to be resolved in early 2016.

In June 2015 the Communications and Stakeholder Engagement Directorate assumed responsibility for managing complaints.

The Complaints Policy was also reviewed during 2015 and will be sent to the Board of HIQA for ratification in the first quarter of 2016.

4.7 Chief Executive's Office

4.7.1 Background

The Chief Executive's Office provides oversight, direction and support to enable HIQA to deliver its objectives within a governance framework. This includes providing effective support for the Board and its committees in ensuring that HIQA meets its statutory requirements.

4.7.2 Board and Board committees

2015 was a busy year for the Board and its committees as there was a change in Board membership as part of the rolling process for renewal of Board membership. The tenure of four Board members expired in May 2015 and four new members were appointed on 29 July 2015. These changes meant that there was additional focus on induction and training to develop new Board members' understanding (and to refresh existing members) of the role and responsibilities of Board membership and the functions of HIQA. Board Committee membership was reconstituted.

Board and Committee meetings

The Board held nine meetings during 2015. Six meetings were statutorily required and three additional meetings were scheduled to progress specific items of business without undue delay.

Board committees

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

- **Health and Social Care Governance Committee** which oversees the effectiveness, governance and controls around the delivery of HIQA's health and social care functions. This committee met four times throughout 2015.
- **Audit and Corporate Governance Committee** supports the Board in its assessment of the effectiveness and reliability of HIQA's systems of internal control and assurances on governance, risk management, the control environment and the accuracy and completeness of the financial statements.
- **Information, Research and Technology Committee** advises the Board on important aspects of the information and health technology functions and the governance arrangements around their research projects. This committee met three times during 2015.
- **Remunerations and Nominations Committee** monitors the organisational needs and managerial development of HIQA. This committee met twice in 2015. This committee oversaw, on behalf of the Board, the process for the appointment of the CEO.

4.7.3 Corporate Plan

In March 2015, work began on HIQA's fourth Corporate Plan to outline the direction and focus of the organisation for the next three years. This process began with HIQA's Board agreeing a framework for development of the plan.

In developing this plan, HIQA aimed to align its strategy and legal mandate with its capabilities, competencies, resources and business processes to ensure strategic objectives are achievable. We developed a revised strategy map as an integral component of the corporate plan.

HIQA oversaw a comprehensive process of engagement in developing the corporate plan. In advance of the plan being drafted we conducted an internal staff survey and an external online survey which received a wide range of responses representing a broad range of interests. Subsequently, HIQA engaged in a comprehensive public consultation when the draft plan had been agreed by the Board. HIQA's strategy was further refined thanks to feedback received during our public consultation process.

4.7.4 Corporate Governance

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

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

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

In addition:

- A process is in place where the executive management 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.

4.7.5 **Code of Business Conduct**

Procedures are in place to ensure that the HIQA is:

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

CHAPTER 5
Financial Information

5.1 Financial Statements

The summarised financial information that is set out in this report does not constitute the Health Information and Quality Authority's accounts for the period ended 31 December 2015 as required by Section 35 (4) of the Health Act 2007.

The information here is derived from draft accounts because, at the time of publishing this Annual Report, these accounts have not been audited by the Comptroller and Auditor General and therefore cannot be finalised by HIQA.

Summarised Income and Expenditure Account for HIQA
Year ended 31 December 2015:

Income	€'000
Department of Health and Children	10,700
Annual Fees and Registration Fees	6,752
Other Income	39
Total Income	**17,491**

Expenditure	€'000
Professional Fees	770
Staff Costs	12,890
Travel and subsistence	765
Dissemination	38
Support and Establishment	3,184
Total Expenditure	**17,647**
Excess of Expenditure over Income	156
Opening Reserves	478
Closing Reserves	**322**

Further information, the full accounts for the period ended 31 December 2015 and the Comptroller and Auditor General's certificate for the accounts may be consulted. Once available, copies of the accounts can be obtained from www.hiqa.ie.

APPENDIX 1
Board Activity and Attendance in 2015

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

Table 1: Attendance of the six regular and statutorily required Board meetings in 2015

Regular Board meetings 2015	28 Jan 2015	18 Mar 2015	27 May 2015	30 July 2015	30 Sept 2015	25 Nov 2015
Brian McEnery	YES	YES	YES	YES	YES	YES
Grainne Tuke*	YES	YES	YES	N/A*	N/A*	N/A*
Philip Caffrey*	YES	YES	YES	N/A*	N/A*	N/A*
Sam McConkey*	YES	YES	YES	N/A*	N/A*	N/A*
Cillian Twomey*	YES	YES	YES	N/A*	N/A*	N/A*
David Molony	YES	YES	YES	YES	YES	YES
Sheila O'Malley	YES	YES	NO	YES	YES	YES
Una Geary	YES	YES	YES	YES	YES	YES
Anne Carrigy	YES	YES	NO	NO	YES	YES
Bairbre O'Neill	YES	NO	NO	NO	YES	YES
Mary Fennessy	YES	YES	YES	YES	YES	YES
Judith Foley	no	YES	YES	YES	YES	YES
Stephen O'Flaherty**	N/A	N/A	N/A	YES	YES	YES
Paula Kilbane**	N/A	N/A	N/A	NO **	YES	YES
Martin Sisk**	N/A	N/A	N/A	yes	NO	YES
Molly Buckley**	N/A	N/A	N/A	NO**	YES	YES

** tenure expired on 15 May 2015*

*** appointed to the Board on 29 July 2015 (evening prior to the Board meeting) and was not contactable in time for the meeting.*

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

Table 2: Attendance of the extraordinary Board meetings in 2015

Additional Board meetings 2015	05 May 2015	22 Oct 2015	15 Dec 2015
Brian McEnery	YES	YES	YES
Grainne Tuke*	YES	N/A	N/A
Philip Caffrey*	YES	N/A	N/A
Sam McConkey*	YES	N/A	N/A
Cillian Twomey*	YES	N/A	N/A
David Molony	YES	NO	YES
Sheila O'Malley	YES	YES	YES
Una Geary	YES	YES	YES
Anne Carrigy	NO	NO	YES
Bairbre O'Neill	YES	YES	NO
Mary Fennessy	YES	YES	YES
Judith Foley	YES	NO	YES
Stephen O'Flaherty**	N/A	YES	YES
Paula Kilbane**	N/A	YES	NO
Martin Sisk**	N/A	YES	YES
Molly Buckley**	N/A	YES	YES

** tenure expired on 15 May 2015*
*** appointed to the Board on 29 July 2015*

APPENDIX 2
Strategy Map 2013 - 2015

APPENDIX 3
Annual Governance and Compliance report

1. Introduction

The Board of the Health Information and Quality Authority (HIQA) is responsible for HIQA's system of internal control and for reviewing annually the effectiveness of the internal controls, including financial, operational, compliance controls and risk management[3].

The Health Act 2007 specifies that HIQA's Code of Governance should include an outline of the 'internal controls, including its procedures in relation to internal audit, risk management, public procurements and financial reporting' and that the 'Authority shall indicate in its annual report its arrangements for implementing and maintaining adherence to the Code of Governance'.

2. Governance and compliance

To address its responsibilities in this regard, the Board of HIQA has established an approach whereby members of the Executive Management Team each provide a signed assurance statement to the Committees of the Board in relation to the effectiveness of the internal controls within their areas of responsibility.

Following this review by the Committees of the Board, a compiled report is provided to the Board of HIQA. The statements cover the statutory functions of HIQA including health information, health technology assessment, standards development and regulation. The statements set out the activities underpinning each function and the controls for each of these activities.

The review by the Board and its committees considers the processes and procedures that are in place to ensure that the functions of HIQA are effectively managed and controlled, and are within the statutory parameters set by the Health Act 2007. Where it is considered that there are areas for improvement, these will receive attention in the coming year.

The aforesaid assurance statements from the Executive Management Team with regard to the effectiveness of internal controls are supported and complimented by the ongoing work of each sub-committee of the Board and the Board itself which covers, among others, the review of internal audit reports, risk registers, and the recommendation and approval of actions and internal policies.

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

HIQA has also established a strong set of corporate policies and procedures in the areas of finance, human resources and information management to ensure that these activities are implemented within an effective system of internal controls. The assurance statements for these activities are provided by:

- Corporate Services, including financial management, human resource management, the management of information and communications technology and compliance with other public sector legislation, health and safety and recruitment practices.
- CEO's office, including corporate planning and reporting, ethics in public office, board and committee governance and risk management.
- Communications and Stakeholder Engagement including arrangements for stakeholder engagement and public affairs, and Freedom of Information.

HIQA continually works to strengthen its governance arrangements when areas for improvement are identified.

APPENDIX 4
Annual Report of the Health Information and Quality Authority required under the Protected Disclosures Act 2014

Section 22 of the Protected Disclosures Act 2014 requires the publication of a report each year relating to the number of protected disclosures made in the preceding year and any actions taken in response to such disclosures.

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 healthcare sectors and social care services in the case of the private healthcare 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.

HIQA has a process for handling items of concern disclosed to it. In 2015, 1,175 items of concern were disclosed to HIQA. These disclosures were made by workers, people who use services and other people. 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.

One disclosure from a worker of HIQA was received under the procedures established to handle protected disclosures. HIQA is currently engaging with the discloser on the matter.

Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Health Information and Quality Authority
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