



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Annual Report 2024

Safer Better Care

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Foreword from the Chairperson



Dr Pat O'Mahony

Chairperson

I am pleased to introduce HIQA's 2024 Annual Report, which outlines our achievements as we completed the third and final year of our 2022-2024 Corporate Plan.

The report outlines our key activities undertaken during 2024 in line with our regulatory remit and includes information on our functions across regulation and monitoring, standard setting and evidence synthesis assessments.

During the year, in addition to conducting our comprehensive programme of work set out in the annual Business Plan, we undertook substantial preparation for the commencement of new legislation and functions. In September, we welcomed the commencement of two important pieces of legislation which significantly expand our remit. The Patient Safety (Notifiable Incidents and Open Disclosure) Act 2023 and the Health (Miscellaneous Provisions) (No. 2) Act 2024 provide us with further powers to improve patient safety and care quality provision in Ireland. In line with the principles of open disclosure which underpin the Act, between September and December we received over 30 notifications, including from private facilities.

Early in 2024, by agreement with the Minister for Children, Equality, Disability, Integration and Youth, we also assumed responsibility for the monitoring of the quality of what were formerly-known as direct provision centres, now known as International Protection Accommodation Service centres. During 2024 we conducted 61 inspections across all of the permanent centres under our remit and published our findings.

We continue to inspect and monitor nursing homes, centres for people with disabilities, children's services and healthcare facilities, conducting over 2,000 inspections across the year. 2024 marked a significant landmark date in the establishment of regulatory functions within HIQA. We took the opportunity to publish overview reports showing the positive impact of regulation over time and the impact it has on quality and safety of service provision and on the lives of those using our services.

Another area we continue to prepare for is the regulation of homecare and support services which will mark a significant and important development in the delivery of home support in Ireland. As part of these preparations, we held a public consultation to inform Draft National Standards on Home Support Services.

A key function of HIQA is in providing evidence to support and inform decision-making across the sector. Throughout the year, findings from our health technology assessments were used to provide evidence-informed recommendations to support decision-making, ensuring that healthcare resources are used efficiently and that patients receive the most effective and safe treatments available. We also worked throughout the year to prepare to host the National Immunisation Advisory Committee (NIAC) within HIQA. Enabling NIAC's work in delivering independent recommendations and advice and advocating for best immunisation practices will become a core function for HIQA.

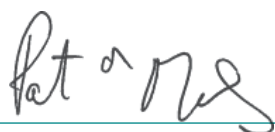
Additionally, under the National Care Experience Programme, we carried out the sixth National Inpatient Experience Survey during the year, and published the results of the first National End of Life Survey. Both activities show the strength and value of our partnership with the Department of Health and the HSE and with patient groups in using the feedback from these surveys to improve the quality of health and social care services.

Our role in advancing the national health information infrastructure is essential for ensuring that health information is reliable, secure, and effectively used to enhance healthcare services in Ireland. During the year, this work included publication of the findings of the National Engagement on Digital Health and Social Care, which shared the feedback of professionals and members of the public on digitalisation of health and social care services. These findings will inform practice, policy, legislation and decision-making in health information and digital health in Ireland.

I began by referencing the end of our Corporate Plan 2022-2024. While that plan has now finished, we were busy during the year beginning work on the development of our new Corporate Plan 2025-2027, which will set out our strategic direction over the next three years. We launched a public consultation in October to get feedback from stakeholders and the public.

On behalf of the Board and staff, I would like to thank all stakeholders who have enabled our work throughout 2024, and in particular the Ministers and departmental colleagues.

Finally, I would like to extend my heartfelt thanks to all our staff for their resolute commitment and exceptional efforts in upholding HIQA's mission and values. I also want to thank the members of the Board for their invaluable advice and direction, which have always been crucial in guiding our work. Together, we have made significant strides in ensuring high-quality, safe care for all and I look forward to continuing to ensure that HIQA plays a prominent role in improving the quality and safety of Ireland's health and social care services.



Dr Pat O'Mahony
Chairperson

Message from the CEO



Angela Fitzgerald
Chief Executive Officer

Welcome to HIQA's 2024 Annual Report.

This year's report marks the final year of the Corporate Plan for 2022-2024 and it points to continued success in the delivery of our core functions, as well as significant progress in the expansion of our remit into new and diverse areas.

We remain committed to driving effective and sustainable improvements in health and social care services for the people in Ireland. In 2024, we did this by publishing our findings from regulating and monitoring services, supporting the development of national policy and legislation and engaging with people who use and provide services. We used our voice to support and advocate for wider change and improvements across the health and social care sector to enhance the quality of care and to empower people who use services to speak for themselves about their expectations of care.

Our mission requires a collective effort among stakeholders, and collaboration is a core value that we put into practice every day to achieve our goals. It is through collaboration and partnership that we can support sustained improvements and enable the best possible outcomes for those we serve. This was particularly central in the commencement of new legislation during the year.

When we began inspecting permanent International Protection Accommodation Service centres (formerly known as direct provision centres) in early 2024, it marked the first time that these centres have been subject to independent monitoring. Despite the challenges in this sector, effective preparation and engagement with providers and a shared collaborative effort were crucial elements in ensuring that the commencement of inspections was both successful and impactful in its first year.

Similarly, the commencement of the Patient Safety (Notifiable Incidents and Open Disclosure) Act 2023 in September extended HIQA's standards setting and monitoring remit into private healthcare facilities, enabling us to monitor and enable improved patient safety across both public and private healthcare settings. The Act requires the reporting of notifiable incidents to HIQA, and extensive engagement with service providers and collaboration with key stakeholders over the past two years on this significant change has made it possible.

At the heart of HIQA's work is our commitment to promoting and protecting human rights. In everything we do, we emphasise that people should be treated with fairness, respect, equality and dignity and that their autonomy should be respected. This is supported through our role in setting standards, regulating services and providing guidance to both providers and people working in services. In this context, we seek to always give a voice to people using services and ensure their experience and what matters to them is amplified.

During 2024, we extended how we engage with a wide and diverse range of stakeholders to get their views, feedback and opinions on how we can improve what we do and how we do it. This included through the National Care Experience Programme and targeted engagements with service users and their families. I would like to thank everyone who took the time to provide us with such valuable input.

Our role in health technology assessment (HTA) and evidence synthesis remains pivotal in informing national health policy and decision-making. We continued to provide valuable insights into the cost effectiveness and clinical efficacy of various health interventions. We also made significant progress in advancing national health information infrastructure over the course of the year, including through the development of *National Standards for Information Management in Health and Social Care*, and the publication of the findings of the National Engagement on Digital Health and Social Care. These initiatives are crucial for ensuring the accuracy, reliability, and security of health information, which in turn supports better patient care and outcomes.

Our people are our greatest asset, and we strive to continue to be an employer of choice. During 2024, we sought feedback from our staff about their experience of working in HIQA and the opportunities for development and progression within the organisation. We look forward to introducing a new People and Culture Strategy in the organisation in 2025. Our accreditation with the International Organization for Standardization (ISO) 9001: 2015 Quality Management Standard, along with our Platinum accreditation through the Excellence Through People Programme, are testament to the quality and commitment of our people to excellence and continuous improvement.

I would like to take this opportunity to thank all Board members, HIQA staff and the Executive Management Team for their dedication, passion and commitment throughout the year to embodying the mission, vision and values of our organisation.

I would also like to thank everyone we worked with over the year in the Department of Health, the Department of Children, Equality, Disability, Integration and Youth, other Government departments, the HSE, Tusla, advocates and representative groups.

I look forward to continuing to work together to carry out our mission of ensuring high-quality, safe care for all.



Angela Fitzgerald
Chief Executive Officer

About HIQA



1.1 | Introduction

The Health Information and Quality Authority (HIQA) is the independent authority established in 2007 to drive high-quality and safe care for people using health and social care services in Ireland. HIQA's role is to develop standards, inspect and review health and social care services and support informed decisions on how services are delivered.

This Annual Report outlines the work of HIQA from 1 January to 31 December 2024, in keeping with the statutory requirements of the Health Act 2007, including HIQA's arrangements for implementing and maintaining adherence to the Code of Governance for public bodies and the report of the Chief Inspector of Social Services on its activities.

1.2 | Our mandate and activities

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

- ▶ **Setting standards for health and social care services** — Developing person-centred standards and guidance, based on evidence and international best practice, for health and social care services in Ireland.
- ▶ **Regulating social care services** — The Chief Inspector of Social Services within HIQA is responsible for registering and inspecting designated residential centres for older people and people with a disability, and children's special care units.
- ▶ **Regulating health services** — Regulating medical exposure to ionising radiation.
- ▶ **Monitoring services** — Monitoring the safety and quality of permanent international protection accommodation service centres, health services and children's social services against the national standards. Where necessary, HIQA investigates serious concerns about the health and welfare of people who use health services and children's social services.
- ▶ **Health technology assessment** — Evaluating the clinical and cost effectiveness of health programmes, policies, medicines, medical equipment, diagnostic and surgical techniques, health promotion and protection activities, and providing advice to enable the best use of resources and the best outcomes for people who use our health service.
- ▶ **Health information** — Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information on the delivery and performance of Ireland's health and social care services.
- ▶ **National Care Experience Programme** — Carrying out national service-user experience surveys across a range of health services, in conjunction with the Department of Health and the HSE.

The broad legal framework that provides the basis for HIQA's work is outlined in the Health Act 2007 (as amended), as well as the following legislation:

- ▶ EU (Basic Safety Standards for Protection Against Dangers Arising From Medical Exposure to Ionising Radiation) Regulations 2018 (as amended)
- ▶ European Communities (Reception Conditions) Regulations 2018 (as amended)
- ▶ Patient Safety (Notifiable Incidents and Open Disclosure) Act 2023
- ▶ Child Care Act 1991 (as amended).

Governance and management

2

2.1 | Our Board

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

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

The members of the Board during 2024 included:



Dr Pat O'Mahony *Chairperson*

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



Bernadette Costello

Chartered Director and Chartered Accountant. Currently member of Board and Chair of the Audit and Risk Committee of Oberstown Children Detention Campus. Board and Finance Committee of Galway and Roscommon Education and Training. Galway Harbour Audit & Risk Committee.



Dr Jim Kiely

Former Vice Chair of the Board of Tallaght University Hospital. Former Health Policy Adviser with the Irish Aid Health Programme. Chaired the Standing Committee of the WHO Regional Office in Copenhagen. Spent 11 years as Chief Medical Officer in the Department of Health. Chairs HIQA's Regulation Committee and Standards, Information, Research and Technology Committee.



Dr Paula Kilbane

Former CEO of Eastern Health and Social Services Board in Northern Ireland and Director of Public Health of the Southern Health Board Northern Ireland. Currently serving on the Board of the Health Products Regulatory Authority (HPRA), Paula has wide experience as a director in the public, charitable and private sectors.



Dr Clíodhna Foley-Nolan

A consultant in Public Health Medicine. Former Director of Human Health and Nutrition at safefood (Food Safety Promotion Board) and Specialist in Public Health Medicine in the HSE.



Lynsey Perdisatt

HR Director, Retail & Corporate at An Post. Has worked at senior HR level in both the private and public sector, with significant experience in employee relations, industrial relations and change management. Chairs HIQA's Resource Oversight Committee.



Prof Michael Rigby

Extensive experience in health service development and delivery, and in research into health policy and management in UK and Ireland. Member of the Roster of Experts appointed to support WHO Digital Health Technical Advisory Group.



Caroline Spillane

CEO of Institute of Directors (IoD) Ireland. Former CEO of the Medical Council of Ireland. Former Director General of Engineers Ireland. Former Assistant National Director of the Health Services Executive.



Martin Higgins

Chair of Food Safety Authority of Ireland Board Former CEO of safefood. Previously served on boards of the Irish Medicines Board, the health and social care professionals regulator CORU, and the Nursing and Midwifery Board of Ireland.



Martin O'Halloran

Former CEO of the Health and Safety Authority. Former chairman of the Board of the Institute for Public Administration and the Association of Chief Executives.



Marion Meany

30 years' experience working in health services. Former HSE Assistant National Director for Disability Strategy and Planning.



Danny McConnell

Technology Consulting Partner in Deloitte in Northern Ireland. Fellow of the Chartered Institute of Public Finance & Accountancy. Board member of the South Eastern Regional College.



Leonie Clarke

Chief Executive of the Irish Medicines Verification Organisation. Elected observer on Board of the European Medicines Verification Organisation. Former President and Council member of the Pharmaceutical Society of Ireland (PSI), the Pharmacy Regulator, and former Board member of the Health Research Board.

2.2 | Board meetings

Under the Health Act 2007, the Board is required to meet six times annually. In total, HIQA's Board met 10 times in 2024 to progress various significant matters.

2.3 | Board committees

Four Board committees support the activities of the Board in governing HIQA:

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

2.4 | Executive Management Team

HIQA's organisational structure reflects the core functions and activities of regulation, health technology assessment and health information and standards, together with the support services that enable us to achieve our corporate objectives: operations, information division, human resources and organisational development, and communications and stakeholder engagement. The organisation is led by the Executive Management Team, which is supported by other senior managers who are responsible for our business functions.

The membership of HIQA's Executive Management Team in 2024 comprised:



Angela Fitzgerald
Chief Executive Officer



Dr Máirín Ryan
Deputy Chief Executive and Director of Health Technology Assessment



Carol Grogan
Chief Inspector of Social Services



Finbarr Colfer*
Chief Inspector Designate



Sean Egan
Director of Healthcare Regulation



Rachel Flynn
Director of Health Information and Standards



Sean Angland
Chief Operations Officer



Bala Krishnan
Chief Information Officer



Marty Whelan
Head of Communications and Stakeholder Engagement



Susan Montgomery
Head of Human Resources and Organisational Development

* Finbarr was designated by the Board of HIQA to fulfil the functions of the Chief Inspector of Social Services in November 2024.

2.5 | Corporate governance

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

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

- ▶ internal audit work
- ▶ audit by the Comptroller and Auditor General
- ▶ risk management
- ▶ review of financial controls
- ▶ review of financial statements.

In addition:

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

In 2024, HIQA retained its International Organization for Standardization (ISO) accreditation for its quality management system, ISO 9001:2015. We also retained Platinum accreditation of Excellence Through People scheme by the National Standards Authority of Ireland.

Report on arrangements for implementing and maintaining adherence to the HIQA Code of Governance

HIQA is committed to operating to the highest standards of corporate governance. Our Code of Governance describes HIQA's governance structure and clearly set out for all parties, the Board, staff or external stakeholders, the key roles, systems and procedures in HIQA.¹

The Code of Governance forms part of HIQA's overall Governance and Assurance Framework and reflects the legislation under which it must function, government guidelines and organisational arrangements and practices for directing and controlling the business of HIQA. Together with the Code of Business Conduct, it sets out the governance standards and systems by which HIQA operates. All staff and Board members have a duty to exercise good governance and comply with the provisions set out in these Codes and in HIQA's policies and procedures. The Code provides guidance to support the Board, senior managers and all staff in exercising good governance in the performance of their duties.

On an annual basis, the Board presents a Governance Statement and Board Members' Report and a Statement on Internal Control. These statements are published in conjunction with HIQA's financial accounts.

¹ The Code of Governance is published on the HIQA website.

Strategic objectives

3

3.1 | Vision, Mission and Values

OUR VISION

Safer Services and Better Care for All.

OUR VALUES

HIQA is driven by its values, which reflect the essence of the legislation that define our remit.

OUR MISSION

Protecting service users, and working with stakeholders to enhance and enable equity, quality and safety of health and social care services for all people in Ireland.

PROMOTING AND PROTECTING HUMAN RIGHTS

We will work to promote human rights as well as identifying, challenging and reporting on breaches of rights in health and social care services



PUTTING PEOPLE FIRST

We will put the voice and needs of people at the centre of our work and strive to identify, challenge and report on breaches to agreed standards



BEING FAIR, OBJECTIVE AND EQUITABLE

We will be fair, objective and consistent in our dealing with people and organisations



BEING OPEN AND ACCOUNTABLE

We will communicate the nature and outcomes of our work in an open and transparent way, accepting full responsibility for our actions



STRIVING FOR EXCELLENCE

We will continually innovate and improve the quality of our work through robust research, striving for methodical rigour and using the best available resources and evidence



PROMOTING QUALITY

We will promote quality within our own organisation and across all health and social care services



WORKING COLLABORATIVELY

We will engage and work collaboratively with all our stakeholders



3.2 | Strategic objectives

HIQA's Corporate Plan 2022-2024 sets out the framework and strategic objectives that enable us to meet existing and new obligations. This plan outlines the direction and focus of the organisation for the period, and sets out our strategic objectives.



Key Strategic Objectives



These commitments, included within the Corporate Plan, are met through objectives set out in our annual Business Plan, available on www.hiqa.ie. This Annual Report summarises how HIQA achieved the objectives in its 2024 Business Plan.

2024 in numbers

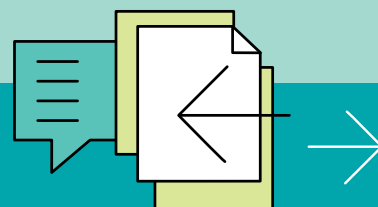
2,083

inspections of health and social care services



8

health technology assessment and evidence synthesis reports published



32

notifiable incidents received under Patient Safety (Notifiable Incidents) Act 2023 since its commencement in September



8

consultations held with the public to inform our work



12,367

respondents to the National Inpatient Experience Survey



127

roles recruited across HIQA





54,000+

pieces of solicited
information and notifications
received about health and
social care services

1,769

pieces of unsolicited
information received about
health and social care services



109,595

completions of online
learning courses on
national standards and
guidance



544,820

page views on www.hiqa.ie



Retained Platinum
Accreditation of
Excellence Through
People scheme by the
National Standards
Authority of Ireland



411

social care terms defined
in Lexicon of Social Care



9001:2015

Retained award of ISO
9001:2015 for Quality
Management System



€2.5 million

funding for CICER, the Centre in
Ireland for Clinical guideline support
and Evidence Reviews



CICER
Tacaíocht don Treoirline Chliniciúil
Clinical Guideline Support

Key activities

4

4.1 | Regulation of social services

The Chief Inspector of Social Services within HIQA is responsible under the Health Act 2007 (as amended) for the regulation of designated centres for adults and children with disabilities, older people and children's special care units. The monitoring of children's services such as child welfare and protection, children's residential services, foster care and Oberstown detention school are also under the remit of the Chief Inspector.

During 2024, HIQA published three significant reports in these areas: *15 Years of Regulating Nursing Homes 2009 – 2024*; *10 years of Regulating Designated Centres for People with Disabilities 2013 -2023*; and *10 Years of Regulating and Monitoring Children's Social Care Services 2014 – 2024*. These reports demonstrate the critical contribution that regulation has made to the development of these sectors. They identify and acknowledge the key achievements of service providers in improving the quality of care and positive outcomes for adults and children who avail of social care services while also outlining the current challenges in each sector.

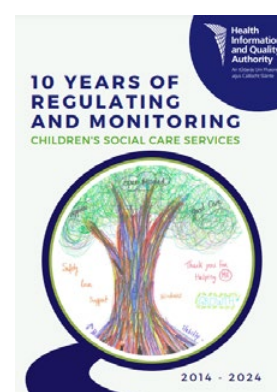
This section of the report provides a summary of the activities carried out by the Chief Inspector in 2024. The Chief Inspector of Social Services will publish an overview report for each area separately later this year which will provide more detailed information.

Inspections in 2024

In 2024, the Chief Inspector carried out 1,929 inspections of designated centres and children services. Inspections are on-site events that take place in designated centres and services. Inspectors can also review all information about a centre or service held or received by the Chief Inspector.

Inspections help the Chief Inspector to:

- ▶ Assess compliance with regulations and or standards at a point in time
- ▶ Give a voice to residents or children living in a centre or availing of social services about what it is like to receive the service
- ▶ Inform the public of the quality of services being provided
- ▶ Make ongoing regulatory decisions.



Receipt of information

Each year, the Chief Inspector receives a significant amount of information about designated centres and services. We categorise this information as:

1. Solicited information: specific notifications that providers are required to submit to the Chief Inspector.
2. Unsolicited information: information not requested but received by the Chief Inspector from members of the public or people that use services.

Each of the following sections provide details of the information that has been received in relation to each service type.

4.1.1 Regulation and monitoring of children's services

We monitor and inspect a range of services provided to children by statutory and non-statutory providers. These services are:

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

During 2024, we carried out 47 inspections of children's services, which included:

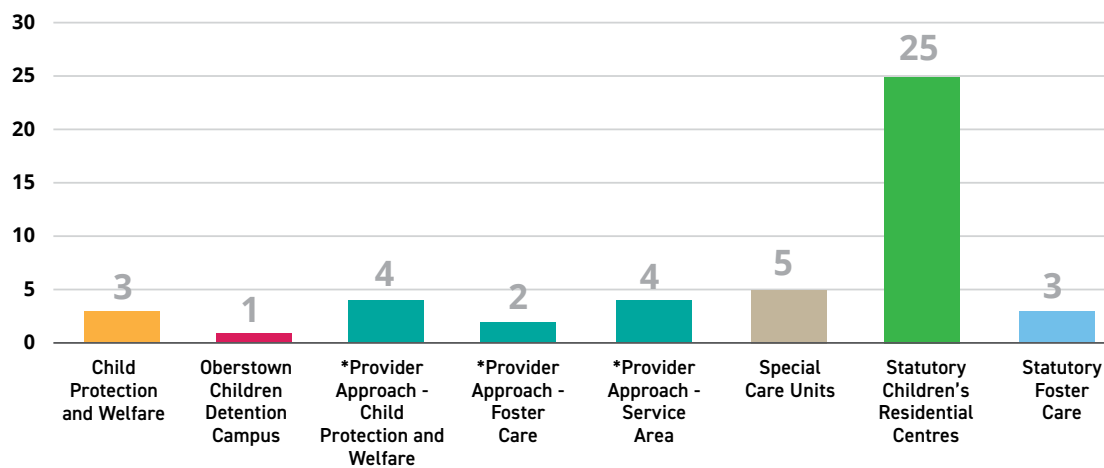
- ▶ Inspections of 25 statutory children's residential centres were completed against the *National Standards for Children's Residential Centres* (2018). Inspections focused on standards relating to admissions, governance, health, education, safeguarding, premises, management of behaviour and information governance. The majority of these services demonstrated good compliance against the standards. Specific risks were identified in individual centres, where improvements were required in the governance, staffing and care provided to individual children. These risks were escalated to Tusla and satisfactory responses were received.
- ▶ Risk-based escalated provider approach: Ten service areas, where 25% or more of children were awaiting child protection and welfare services or foster care services at the end of 2023, were inspected as part of this programme. Tusla developed national, regional and local improvements plans to reduce the numbers of children waiting for services and to improve compliance with national standards. HIQA monitored Tusla's progress against these plans at monthly meetings, and progress was noted in a significant number of service areas. An overview report on this programme was published in January 2025, which included Tusla's plan to drive further improvements, and ongoing monitoring of these services will continue into 2025.
- ▶ An additional three inspections of Tusla's child protection and welfare services were also completed: one focused on Tusla's child abuse substantiation process and the second on National Out of Hours Social Work Service. The third inspection was completed to validate assurances provided in relation to numbers of children awaiting a service.
- ▶ Three routine monitoring inspections were completed of Tusla's foster care services in the Galway/Roscommon, Dublin North service areas and in the Separated Children Seeking International Protection service.

- ▶ Five inspections of special care units were completed, with one centre being inspected on three occasions. Overall, good progress was noted in compliance and the registration of all three units was renewed for another three years. An ongoing issue of concern to the Chief Inspector is the delay in discharging some children with complex needs due to the challenge of finding appropriate step-down placements.
- ▶ One annual announced inspection was carried out of Oberstown Children Detention Campus which focused on the care provided to children, safeguarding, health, education, preparation for leaving care, management and oversight of staff and restrictive practices.

Inspectors found that Tusla continues to experience challenges in relation to resources both in terms of adequate staffing and the availability of an appropriate range of alternative care placements for children. These challenges impact on Tusla's ability to ensure that all children can access the right service at the right time for them.

Figure 1.

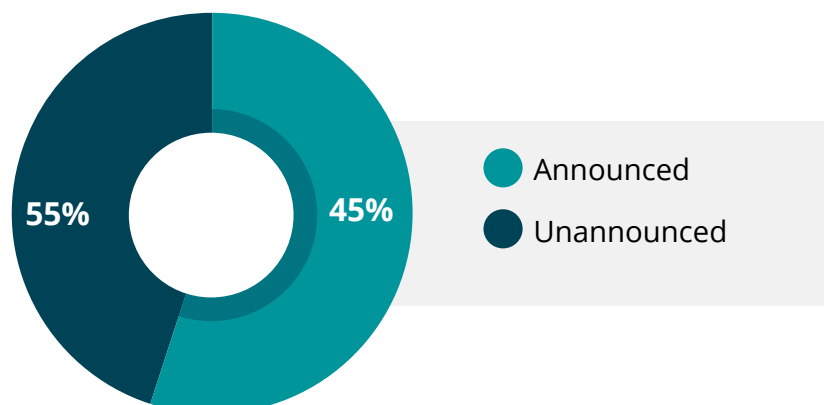
Number of inspections of children's services by inspection type in 2024



**Provider approach inspections are compiled and published as one report.*

Figure 2.

Percentage of announced and unannounced inspections of children's services in 2024



Receipt of information

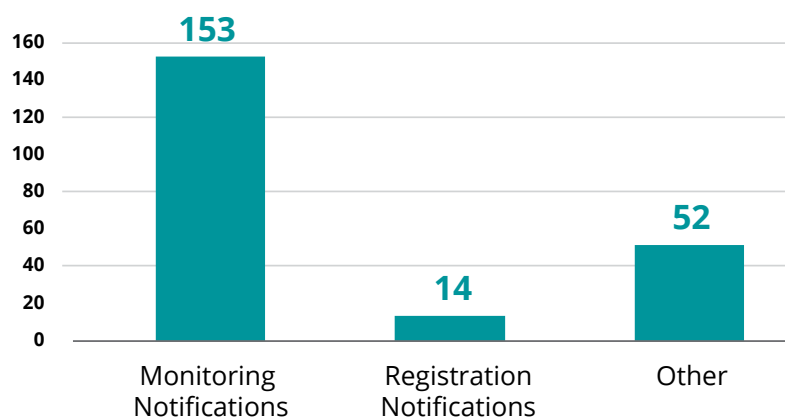
Solicited information

During 2024, we received:

- ▶ 25 notifications of serious incidents including the deaths of children in care from Tusla, a decrease of 29 notifications in 2023. Tusla is required to notify HIQA of deaths and serious incidents involving children in care and children known to its child protection and welfare service. All information received was assessed and risk rated and used to inform our monitoring programme.
- ▶ 56 Tusla monitoring reports.
- ▶ 219 notifications from special care units, including: 153 monitoring notifications; 14 registration notifications; and 52 others.

Figure 3.

Regulatory notifications received in 2024 from special care units



Unsolicited information

During 2024, we received 73 pieces of feedback on children's services, a 24% decrease on the number received in 2023. Of these, 44 related to child protection and welfare services, 20 related to foster care, eight related to children's statutory residential services and one related to Oberstown Children Detention Campus. All feedback is reviewed and risk rated and, where appropriate, used to inform the monitoring of the children's services under our remit.

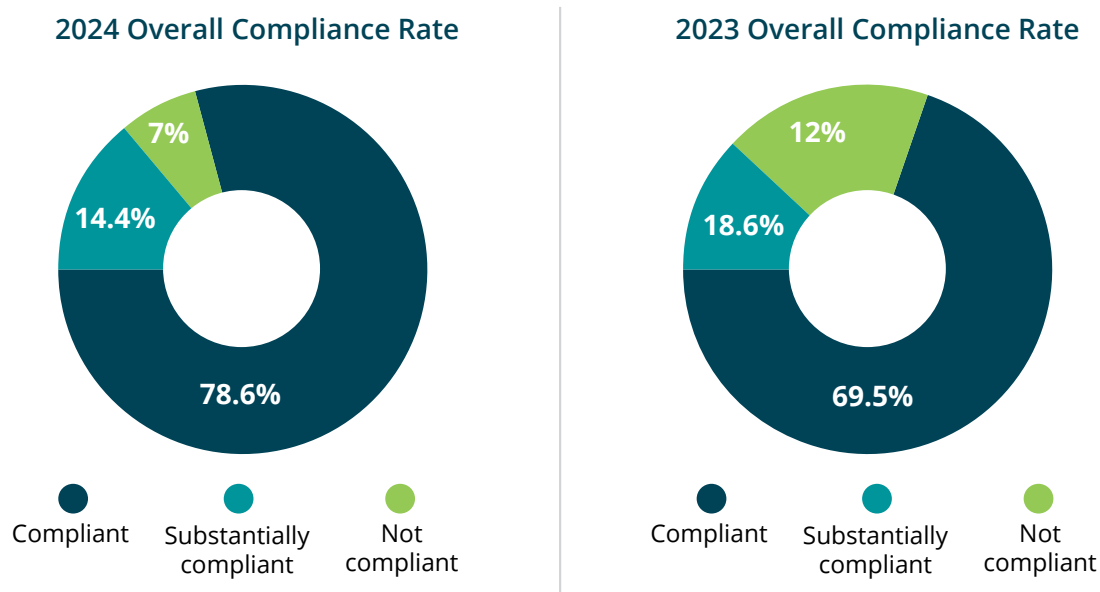
4.1.2 Regulation of designated centres for people (adults and children) with disabilities

Throughout 2024, we found that the majority of providers continued to focus on a human rights-based approach to care and support in services. Our inspectors found that where providers adopted this approach, and upskilled their staff on human rights, it was clear that this benefited residents and enhanced their lives. We observed and heard this while on inspection but also through our engagement with residents at forums outside of the inspection process.

Overall, we found that there were improved compliance levels when compared to 2023.

Figure 4.

Overall compliance in designated centres for people with disabilities in 2024 compared to 2023



Registered designated centres

By the end of 2024, there were 1,655 designated centres for people with disabilities, which is a net increase of 81 centres compared with 2023. These centres provided 9,246 residential places which was a net increase of 99 on the previous year. Of these, 1,490 centres were for adults, 129 were for children specifically and 36 were for a mix of both adults and children. The mixed centres were usually either respite centres where adults and children were accommodated at different times or centres where the residents were transitioning to adulthood and wished to remain living together.

Congregated settings

At the end of 2024, there were 2,111 registered residential places in congregated settings compared with a total of 2,256 at the end of 2023. While there was a decrease in the number of residents in congregated settings during 2024, approximately 23% of the total number of persons with disabilities living in designated centres are living in congregated settings.

The reduction in the number of people with disabilities living in congregated settings during 2024 was 145 compared with a reduction of 23 in 2023.

In 2024, inspectors again found that people who lived in a community-based setting had better outcomes than those who lived in congregated settings.

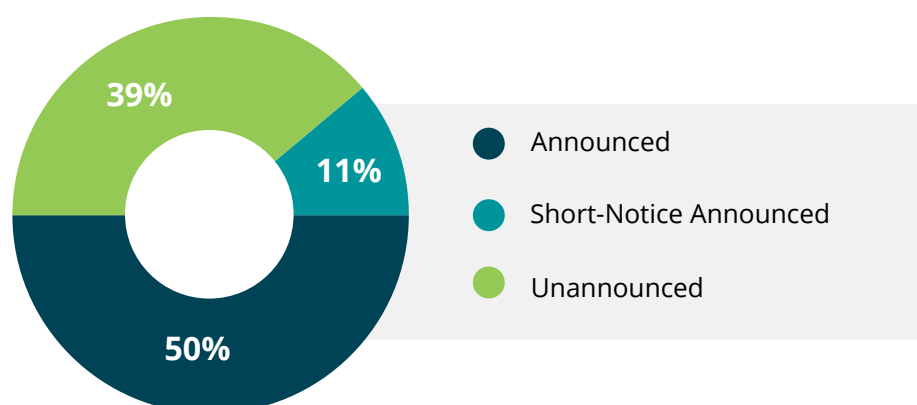
Inspection activity and regulatory response

During 2024, inspectors completed 1,042 inspections of centres for people with disabilities, which included 25 inspections specifically focused on adult safeguarding and four on restrictive practice.

Inspections can be announced, unannounced or short-notice announced and may take place at any time of day or night. Of the 1,042 inspections completed, 50% were announced, 11% were short-notice announced with the remaining 39% unannounced. The increase in announced inspections related to the renewal of registrations, which was at its highest level to date in 2024.

Figure 5.

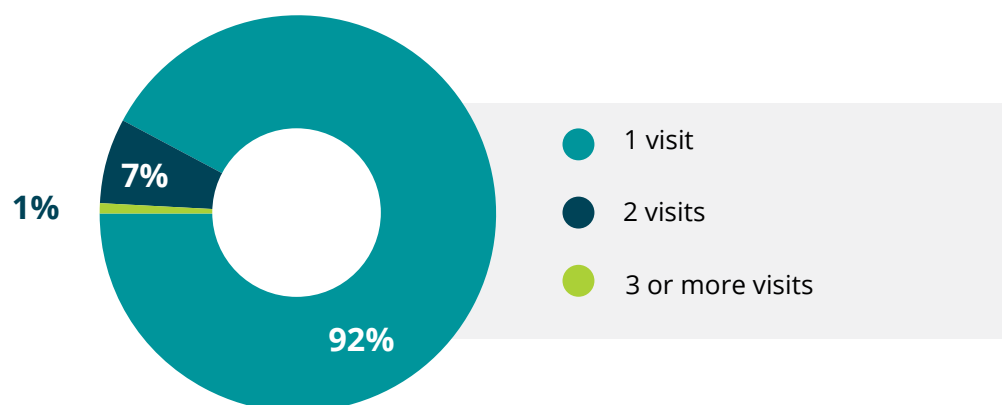
Percentage of announced and unannounced inspections of designated centres for people with disabilities carried out in 2024



The majority of centres (869) visited in 2024 received one inspection. This indicates that they had a good level of compliance and that, where there were non-compliances, the provider responded appropriately. With specific reference to non-compliant centres, 69 centres required two inspections to monitor compliance, with 11 centres requiring three or more follow-up inspections.

Figure 6.

Percentage of inspection visits per centre inspected in 2024



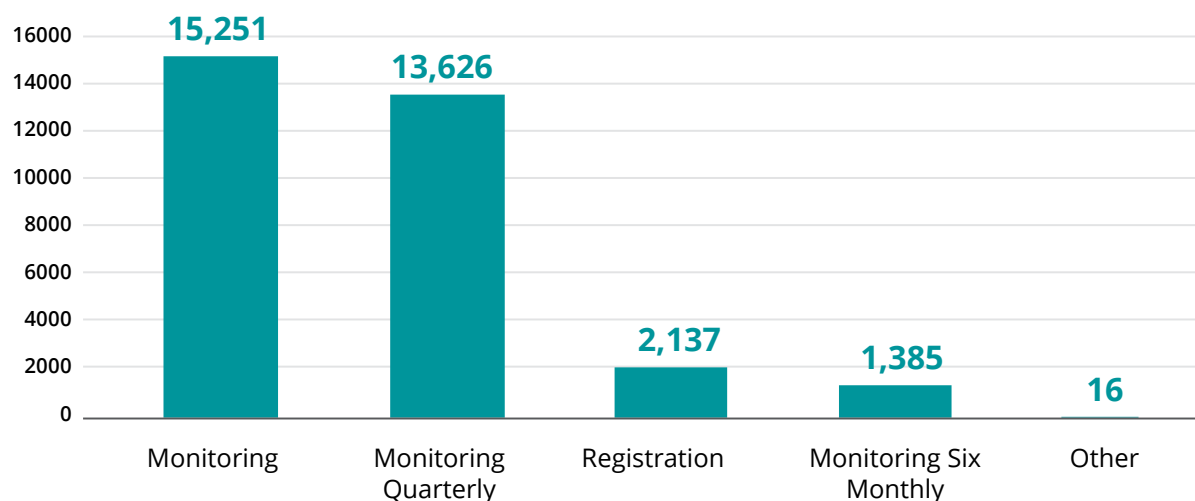
Receipt of information

Solicited information

During 2024, 32,415 notifications were received relating to services for people with disabilities.

Figure 7.

Regulatory notifications received from services for people with disabilities in 2024



Unsolicited information

During 2024, the Chief Inspector received 348 pieces of feedback related to designated centres for people with disabilities, a 6% increase on the number received in 2023.

Regulatory enforcement

While we found improved levels of compliance in 2024, we were required to engage in escalation and enforcement throughout the year to compel some providers to make improvements to the quality of support for residents in their centres.

In 2024, as a result of non-compliant findings on inspection, 18 warning letters were issued to providers. The purpose of these letters are to warn providers that failure to come into compliance and effect change could result in consideration being given to cancelling the registration of their centres, prosecution or attaching additional conditions as outlined under the Health Act 2007 (as amended).

By the end of 2024, we had issued 28 notices of proposal to either cancel the registration (20) or to refuse the renewal of registration of a centre (8). The Act gives providers 28 days to make representations in response to these notices. The Chief Inspector received representations relating to these centres. In five of these centres, providers failed to implement sufficient improvements to the safety and wellbeing of residents. The registration of these centres was cancelled, and the HSE took over their operation. One provider has appealed the decision of the Chief Inspector.

Where there is a risk to the registration of a number of centres within a provider organisation, the Chief Inspector may undertake an escalated regulatory programme to focus on driving improvements in governance and management of those organisations. In 2024, such programmes concluded for COPE Foundation and for Ability West. Inspectors reported improved governance arrangements and better outcomes for residents as a result of the programme and we continue to monitor the centres to ensure the improvements are sustained. Western Care Association requested an extension to its programme during 2024, and this was agreed as the organisation had demonstrated progress towards achieving improvements. Inspectors will continue to monitor the provider's improvement plan into 2025.

Following poor compliance levels which impacted on the quality of life of residents in a range of Sunbeam House Services CLG, an escalated regulatory programme focused on governance and management commenced with this provider in July 2024. Inspectors will monitor the effectiveness of the provider’s improvement plan during 2025.

4.1.3 Regulation of designated centres for older people

During 2024, inspectors of social services continued to inspect and regulate designated centres for older people, commonly referred to as nursing homes. As of 31 December 2024, there were 548 registered designated centres for older people, providing 32,370 registered beds. This reflects a decrease in the number of nursing homes by five since the end of 2023; however, the net number of registered beds increased by 156.

New nursing home beds became available through the registration of six new nursing homes and extensions in 28 nursing homes. New nursing homes provided 443 new beds, while extensions to existing nursing homes accounted for a further 385 beds.

The number of registered beds in nursing homes was also impacted by the closure of nursing homes or the reduction of beds in an existing nursing home. In 2024, bed capacity in nursing homes was reduced by 672 due to the closure of a centre or a reduction in the number of beds in a centre.

- ▶ Six nursing homes closed voluntarily, having notified the Chief Inspector of their intention to cease operation of and close the centre.
- ▶ Four designated centres closed after their registration was cancelled² pursuant to section 51 of the Health Act 2007 (as amended).
- ▶ The number of available beds reduced in 37 existing nursing homes.

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

- ▶ HSE
- ▶ HSE-funded bodies under sections 38 and 39 of the Health Act 2004
- ▶ Private providers.

Table 1.

Profile of ownership of nursing homes as of 31 December 2024

Provider Type	Number of Centres	Number of Beds
Health Service Executive (Public)	114 ³ (20.8%)	5,279 ⁴ (16.3%)
HSE-funded bodies under Sections 38 and 39 of the Health Act 2004	19 (3.5%)	1,075 (3.3%)
Private Providers	415 (75.7%)	26,016 (80.4%)
Total	548	32,370

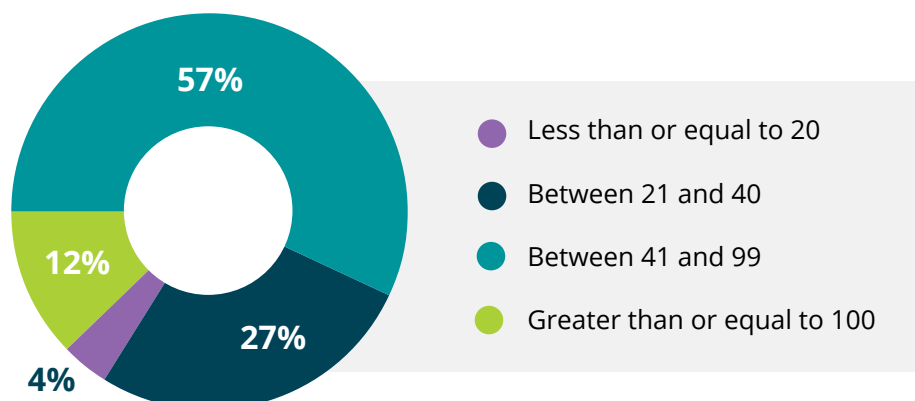
² The registration of one of these centres was cancelled in 2023, and the registration of the remaining three were cancelled in 2024.

³ This figure includes four designated centres for older people which are being operated by the HSE pursuant to section 64 of the Health Act 2007 (as amended). These designated centres were previously operated by a private registered provider, and their registration was cancelled pursuant to section 51 or section 59 of the Health Act 2007 (as amended).

⁴ As above.

Figure 8.

Size range of nursing homes as of 31 December 2024



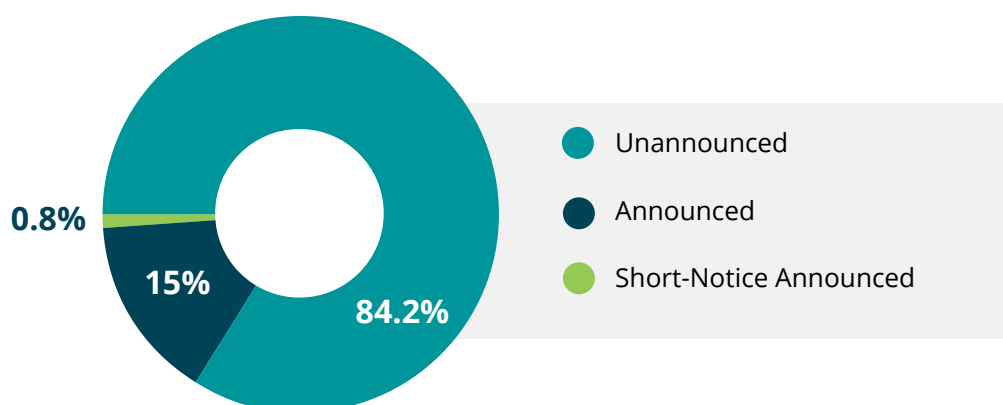
Inspection

In 2024, we completed 840 inspections of nursing homes. An inspection may be carried out by one or more inspectors over one or more days. This can depend on the size of the designated centre or the history of regulatory compliance. The 840 inspections completed in 2024 equated to 1,407 inspection days.

Inspections can be unannounced, announced or short-notice announced and can take place at any time of day or night. The majority of inspections (84.2%) were unannounced, with under 1% of inspections being short-notice announced. When an inspection is announced at short notice, the registered provider will be informed of the inspection 72 hours in advance. Announced inspections accounted for 15% of the inspections completed in 2024.

Figure 9.

Announced, short-notice announced and unannounced inspections of nursing homes carried out in 2024



In 2024, every registered nursing home was inspected at least once, with a number having two inspections. A small number of nursing homes required three or more inspections, which reflects serious concerns for the care and welfare of residents and regulatory non-compliance.

Table 2.

Number of inspections per nursing home in 2024

Number of Inspections in 2024	Number of Centres
1 inspection	319 centres
2 inspections	201 centres
3 inspections	30 centres
4 inspections	4 centres
9 inspections	1 centre

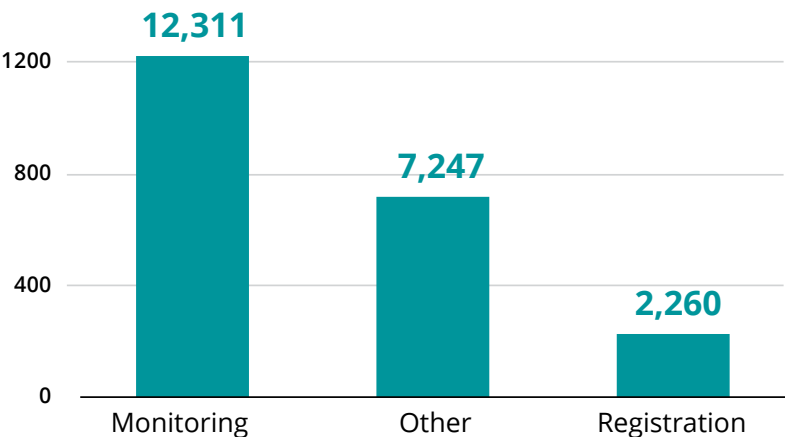
Receipt of information

Solicited information

In 2024, we received over 21,800 notifications in respect of designated centres for older people.

Figure 10.

Regulatory notifications received from nursing homes in 2024



Unsolicited information

During 2024, 1,021 pieces of unsolicited information were received in relation to nursing homes. This reflects an 8% decrease in comparison to 2023.

Regulatory enforcement

Similar to last year, there was significant escalating regulatory action throughout 2024 due to serious concerns for the care and welfare of residents and non-compliance with the regulations.

A restrictive condition of registration can be attached to the registration of a designated centre where there are concerns for the care and welfare of residents or due to non-compliance with the regulations. As of 31 December 2024, there were 148 restrictive conditions attached to the registration of 120 nursing homes.

A restrictive condition can require a registered provider to take certain actions to come into compliance or may prohibit the registered provider from an action, such as admitting new residents, until compliance is achieved.

The Chief Inspector can make a decision to refuse to renew the registration or cancel the registration of a nursing home when other escalating regulatory decisions do not ensure the care and welfare of residents. This action is a last resort and is only taken after significant regulatory engagement with the registered provider, and where the regulatory non-compliances were not appropriately addressed to ensure the safety of the residents living in the designated centre. During 2024:

- ▶ One decision to refuse to register a new intended provider of an existing nursing home had taken effect.
- ▶ One notice of decision to refuse to renew registration was under appeal in the District Court.
- ▶ The registration of seven nursing homes were cancelled pursuant to section 51 of the Health Act 2007 (as amended). Three of these designated centres have closed, and the remaining four are being operated by the HSE pursuant to section 64 of the Health Act 2007 (as amended) as outlined below.
- ▶ The Chief Inspector made one application to the District Court to cancel the registration of a nursing home. This application was granted by the court and the registration of the designated centre was cancelled from 28 June 2024.

When the registration of a designated centre is cancelled and residents are living in the nursing home, the HSE is required to take charge of the designated centre pursuant to section 64 of the Health Act 2007. As of 31 December 2024, the HSE was operating four nursing homes pursuant to section 64, after their registration was cancelled pursuant to section 51 or section 59 of the Health Act 2007.

4.1.4 Legislative changes

A number of legislative changes were signed into law during 2024 impacting the Chief Inspector's remit.

Health (Miscellaneous Provisions) (No. 2) Act 2024

This Act was signed into law on 17 July 2024 and commenced on 23 September 2024. It amended the Health Act 2007 to change and add new powers for the Chief Inspector of Social Services. These changes included:

- ▶ A new function for the Chief Inspector to collect and maintain information in relation to certain designated centres. The type of information to be collected and the manner in which the information will be collected will be set out in regulations [to be made by the Minister for Health] which are awaited.
- ▶ Changes to allow the Chief Inspector to remove a condition of registration, and reduced time frames within which registration decisions will take effect.
- ▶ Extending the powers of inspection to premises which are not registered designated centres.

Patient Safety (Notifiable Incidents and Open Disclosure) Act 2023

This Act was signed into law on 2 May 2023 and commenced on 26 September 2024. The Act requires registered providers who are health service providers within the meaning of this Act to notify the Chief Inspector when a notifiable incident as prescribed in this Act occurs. These notifications are in addition to the statutory notifications required to be submitted under Health Act 2007 regulations. For more on the Act, see Section 4.2 of this report.

Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2025

Further regulations were signed by the Minister for Health on 6 November 2024 to amend the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The amendments include a range of new requirements for providers and enhancements to current requirements. The changes were developed in consultation with key stakeholders such as HIQA and groups representing the nursing home sector. The amendments will come into effect on 31 March 2025 to allow time for HIQA and registered providers to make changes as required in order to meet the amended regulations.

4.1.5 Regulatory research and quality improvement

Regulatory research positively contributes to the regulation of services expanding knowledge of social care and driving quality improvements. Throughout 2024, the Chief Inspector continued to contribute to regulatory research within social care through academic publications in areas such as good practice in the provision of care for people living with dementia living in nursing homes, a human-rights based approach to dealing with adverse events in residential care facilities and the impact of regulation on the quality of care in nursing homes in Ireland.

In 2024, we continued to put a focus on continuous improvement. Projects included the review and updating of the assessment judgment frameworks and assessment of centres guidance of designated centres for older persons and people with a disability. We also launched a new inspection process focused on safeguarding in nursing homes and centres for people with disabilities. To support this new programme, we developed a new assessment judgment framework for infection prevention and control and held a series of webinars for providers and staff of centres to learn about enhancing safeguarding practices.

Lexicon for Social Services

In April, the Chief Inspector launched the Lexicon for Social Services. The lexicon was developed with expert help from a focus group comprised of people using services, academics, service providers, regulatory staff and advocacy groups. It aims to standardise terms used in the social care sector will help to limit miscommunications and allow for a more comprehensive collection of data for research and audit purposes. The lexicon will guide all those using, working or interested in social care to learn and better understand the language used in these settings. The lexicon can be found on www.hiqa.ie.

4.2 Monitoring and regulation of healthcare services

Under the Health Act 2007 (as amended), HIQA has a number of responsibilities in healthcare services. We:

- ▶ monitor the compliance of public acute hospitals and rehabilitation and community healthcare services against national standards to improve the quality of care for people using these services.
- ▶ conduct statutory investigations or reviews into services where there are potential serious patient safety concerns impacting on the health and welfare of patients.
- ▶ regulate medical exposure to ionising radiation⁵
- ▶ monitor private hospital services and receive mandatory notifications from health services providers following the commencement of the Patient Safety (Notifiable Incidents and Open Disclosure) Act 2023.

In addition, HIQA began inspecting accommodation centres for people seeking international protection in Ireland against the *National Standards for accommodation offered to people in the protection process* (2019) in 2024.

4.2.1 Healthcare regulatory and monitoring activities

Healthcare inspection activity

In 2024, we continued to monitor public acute hospitals and community healthcare services against the *National Standards for Safer Better Healthcare*, including emergency departments.

This monitoring programme inspects against a core assessment of 11 national standards with a focus on four key areas of harm: infection prevention and control, medication safety, the deteriorating patient and transitions of care. Inspectors also speak with patients to learn from their lived experience of the healthcare service as part of the inspection process.

In 2024, HIQA conducted 40 inspections under this programme. These included:

- ▶ Twenty inspections of larger model 3⁶ and model 4⁷ hospitals which had an emergency department
- ▶ Four inspections of specialist hospitals, for example orthopaedic, eye and ear
- ▶ Three inspections of model 2 hospitals⁸ that do not have an emergency department
- ▶ Twelve inspections in rehabilitation and community inpatient healthcare services
- ▶ The first inspection of a private hospital's compliance against the *National Standards for Safer Better Healthcare*.

⁵ Medical exposure means a radiation exposure received by patients or other individuals as part of their own medical or dental diagnosis or treatment such as X-rays, radiotherapy and so on.

⁶ Model 3 hospitals admit undifferentiated acute medical patients, provide 24/7 acute surgery, acute medicine and critical care.

⁷ Model 4 hospitals are tertiary hospitals and are similar to Model 3 hospitals but also provide tertiary care and in certain locations, supra-regional care.

⁸ Model 2 hospitals can provide the majority of hospital activity including extended day surgery, selected acute medicine, treatment of local injuries, specialist rehabilitation medicine and palliative care plus a large range of diagnostic services including endoscopy, laboratory medicine, point-of-care testing and radiology-computed tomography (CT), ultrasound and plain-film X-ray.

Patient Safety (Notifiable Incidents and Open Disclosure) Act 2023

The Patient Safety (Notifiable Incidents and Open Disclosure) Act 2023 commenced in September 2024. This legislation provides for the mandatory open disclosure by health services providers of certain incidents occurring in the course of healthcare to patients and their families. Since commencement, there has also been a mandatory requirement on health services providers to notify HIQA (or other relevant regulators) when a notifiable event as prescribed in the Act occurs. In 2024, HIQA received 32 notifiable incidents from health services providers as a consequence of this legislation.

In addition, this new legislation has extended the application of standards set by HIQA to private hospitals, and also extended our monitoring role into these services. As a result, HIQA now monitors an additional 22 hospitals, bringing the total number of public and private hospitals under our remit to 117. In order to support this new role, we engaged with private hospitals and published a suite of regulatory guidance needed to support the expansion of inspections into private hospitals and support incident notifications. To support the adaption of HIQA's monitoring approach against the amended *National Standards for Safer Better Healthcare* (2024), we have updated relevant healthcare monitoring material on our website, including guidance for health services providers, an assessment judgment framework, a self-assessment tool and a guide to healthcare inspections.

Medical exposure to ionising radiation

HIQA is the Competent Authority in Ireland with responsibility for inspecting against and enforcing the European Union (Basic Safety Standards for Protection against Dangers Arising from Medical Exposure to Ionising Radiation) Regulations as amended in Ireland.

Currently, HIQA is responsible for regulating 1,422 medical radiological facilities in Ireland which conduct medical exposure to ionising radiation. These include a range of services from large acute hospitals which deliver multiple types of medical radiological procedures, to small dental practices. HIQA uses a risk-based approach to regulation; this means we prioritise our activities based on an assessment of the level of risk in undertakings.

In 2024, we conducted 54 inspections in this area. Since the regulatory programme commenced, HIQA has continued to monitor dental services through the receipt and assessment of self-assessment questionnaires and conducting inspections where required.

During the year, 250 administrative notifications in relation to medical exposure to ionising radiation were received. These included changes of service details, declarations of new undertakings and requests to access HIQA's online provider portal. We also received 145 notifications of accidental and unintended exposures to ionising radiation. These notifications and subsequent follow-up reports were assessed and used to inform the regulatory programme.

International Atomic Energy Agency (IAEA) Integrated Regulatory Review Service (IRRS) Mission of HIQA as a regulator of medical exposures

HIQA has commenced preparation for the International Atomic Energy Agency (IAEA) Integrated Regulatory Review Service (IRRS) Mission of Ireland in early 2026. The IRRS is coordinated by the IAEA in Vienna which peer reviews the regulatory processes of member states to promote radiation safety. A National IRRS Oversight Committee has been established to manage key milestones in planning and preparing for the mission, of which HIQA is a key contributing member.

Independent statutory review of governance and oversight of processes for surgical implants in Children's Health Ireland

In November 2023, following a request by the Minister for Health, we commenced an independent statutory review of the governance and oversight of processes within Children's Health Ireland (CHI) on the use of surgical implants (implantable medical devices), including a focus on the use of non-CE spring implants during spinal surgery in CHI at Temple Street, Dublin. The review was conducted in line with our powers under section 8(1)(c) of the Health Act 2007.

HIQA undertook the review in 2024, including an assessment of compliance at CHI and CHI Temple Street against relevant *National Standards for Safer Better Healthcare*. This review will conclude with the publication of a report in early 2025, which will make recommendations for implementation by service providers.

Key publications and associated findings or outputs

The Ionising Radiation National Dose Report

In collaboration with the Environmental Protection Agency (EPA), we published an assessment of the average radiation doses received by the Irish population in 2024. The *Ionising Radiation – National Dose Report* assessed the radiation exposure over the last five years received from the air we breathe, medical exposures, our diet, and exposures to radiation in our environment. This is an update of a 2014 assessment, and the current assessment found that the average dose remains similar to that found a decade ago. The assessment found medical exposure alone can account for just over 10% of a person's total exposure or dose.

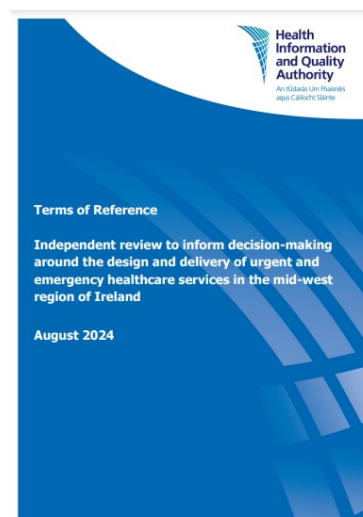
The dose contribution from medical exposure was estimated mainly from surveys issued by HIQA to health services providing medical exposures. The largest contributor to the average annual dose from medical exposure was from CT (computed tomography) scans. The full report can be read on www.hiqa.ie.

Terms of reference for review of urgent and emergency care in mid-west region

Following a request from the Minister for Health, in 2024 we commenced an independent statutory review to inform the delivery of safe and quality urgent and emergency care in the mid-west region of Ireland. HIQA published terms of reference for the review in August 2024.

The terms of reference have been developed in line with our powers under section 8(1)(e) of the Health Act 2007. The review will include an evaluation of the evidence base and key factors to inform decision-making around the design and delivery of urgent and emergency healthcare services, including considering the case for a second emergency department within the region.

Following completion of the review, a report of the findings and recommendations will be provided to the Minister for Health in summer 2025.



Receipt of information

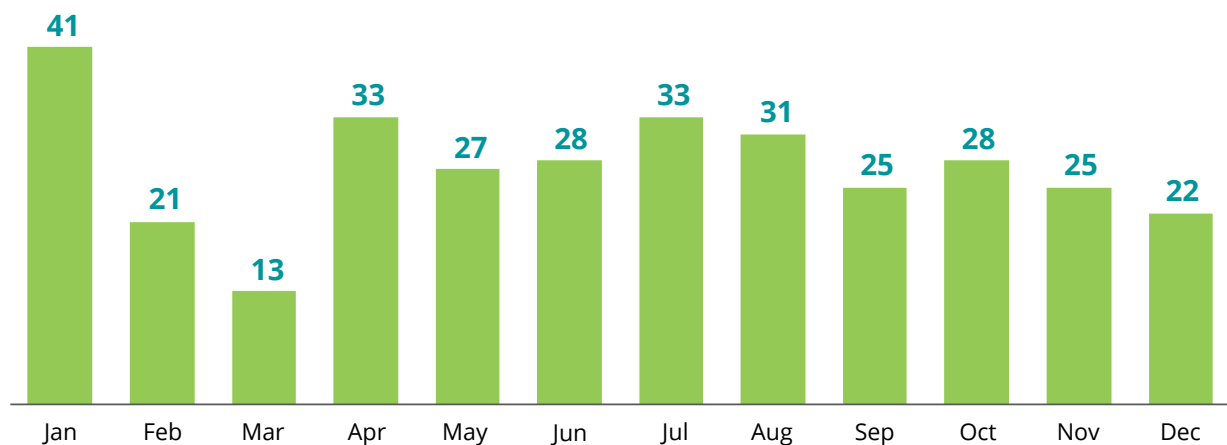
During the year, we received information that was used to further inform and support our monitoring activities of healthcare services.

Unsolicited information

Throughout 2024, HIQA received 327 pieces of unsolicited information on healthcare services within our remit.

Figure 11.

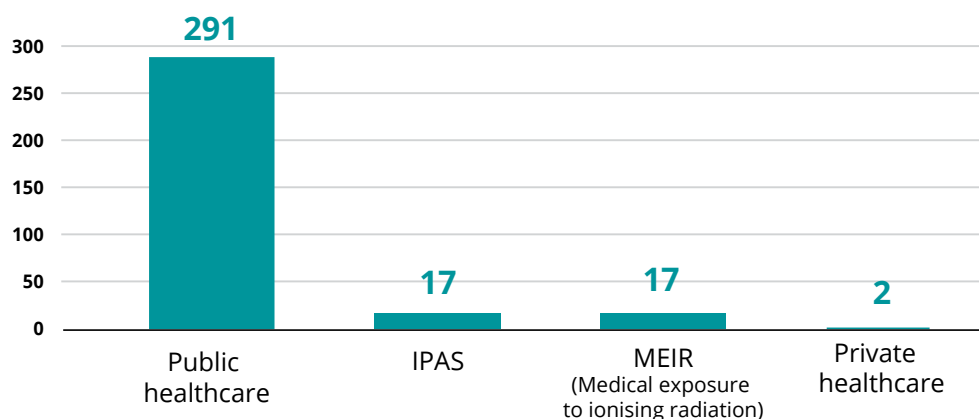
Unsolicited information on healthcare services received per month in 2024



Of the 327 pieces of feedback received in 2024, 291 (89%) related to acute and community hospitals, 17 (5%) related to medical exposure to ionising radiation undertakings and a further 17 (5%) related to permanent International Protection Accommodation Service (IPAS) centres. The final two related to a private⁹ healthcare facility.

Figure 12.

Breakdown of unsolicited information received in 2024 by service type



This information is used by HIQA to assess, risk rate and allow for the appropriate follow up and to inform the monitoring of these services.

⁹ Since the Patient Safety (Notifiable Incidents and Open Disclosures) Act 2023 was signed into law on 26 September 2024, private hospitals as defined in the Act are now within HIQA's regulatory remit.

4.2.2 Monitoring of International Protection Accommodation Service (IPAS) centres

On 9 January 2024, under the European Communities (Reception Conditions) (Amended) Regulations 2023, HIQA assumed the new function of monitoring and inspecting accommodation centres for people seeking international protection in Ireland, against the *National Standards for accommodation offered to people in the protection process* (2019). This is the first time these centres have been subject to monitoring and inspection by an independent body and marks a significant milestone for people seeking international protection in Ireland.

Accommodation centres

In 2024, the designation of a premises as an accommodation centre falling under the remit of HIQA was the responsibility of the Minister for Children, Equality, Disability, Integration and Youth.

In 2024, HIQA was notified of the existence of 51 such accommodation centres. Seven of these accommodation centres operated from state-owned premises and the remaining 44 were commercial properties owned by private providers.

Over the course of 2024, the number of centres falling under HIQA's remit fluctuated, reflecting changing contractual arrangements between the Department of Children, Equality, Disability, Integration and Youth and service providers.

At the end of the year, HIQA was responsible for monitoring and inspecting 45 accommodation centres, a reduction of six from the overall annual total number of 51.

Accommodation centres monitored and inspected by HIQA in 2024 differed in terms of bed numbers, type of accommodation and facilities provided, and their resident population. The below figures show that the majority of centres provided accommodation for both single adults and families, who catered for themselves. The number of residents varied significantly, with one centre providing accommodation for almost 1,000 residents while, in contrast, four centres had less than 50 people living there.

Supporting compliance and stakeholder engagement

To prepare for commencing this new function, HIQA held three information sessions for providers of accommodation centres falling under its remit to inform them of the new function, their legal responsibilities under the regulations and HIQA's approach to monitoring.

Figure 13.

Photos from HIQA's engagement sessions with providers of accommodation offered to people in the protection process



A number of key documents were also published to support this function, including an assessment-judgment framework guidance, and a self-assessment questionnaire and quality improvement tool.



During the year, we also developed and published a series of videos and questionnaires for residents of accommodation centres in seven different languages (Albanian, Arabic, English, French, Georgian, Somali and Urdu). These aimed to inform residents of HIQA's role, and to provide them with an opportunity to give feedback on a number of areas, such as: safeguarding and protection; feedback and complaints; how the centre is managed; food, catering and cooking facilities; residents' rights; staff supports; and accommodation.

Figure 14.

IPAS accommodation centres by type

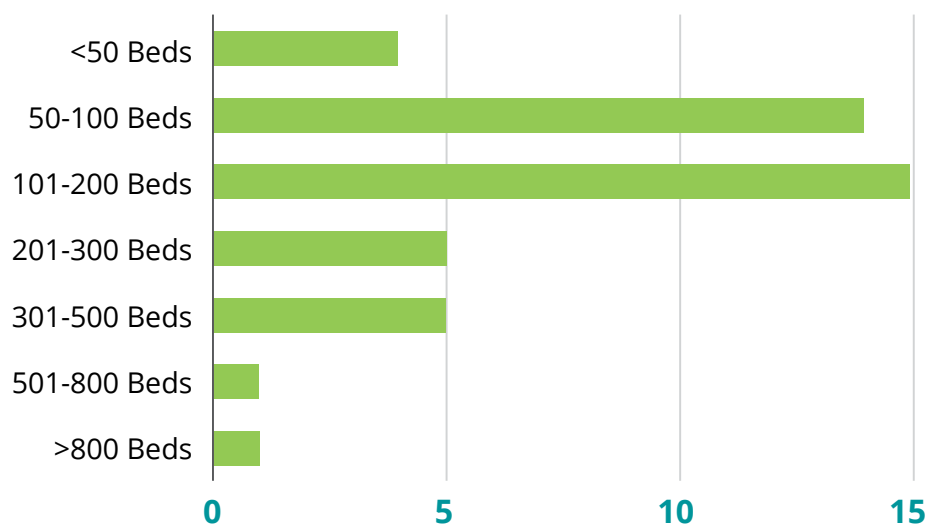


Figure 15.

IPAS accommodation centres by population type


Figure 16.

Size range of IPAS accommodation centres



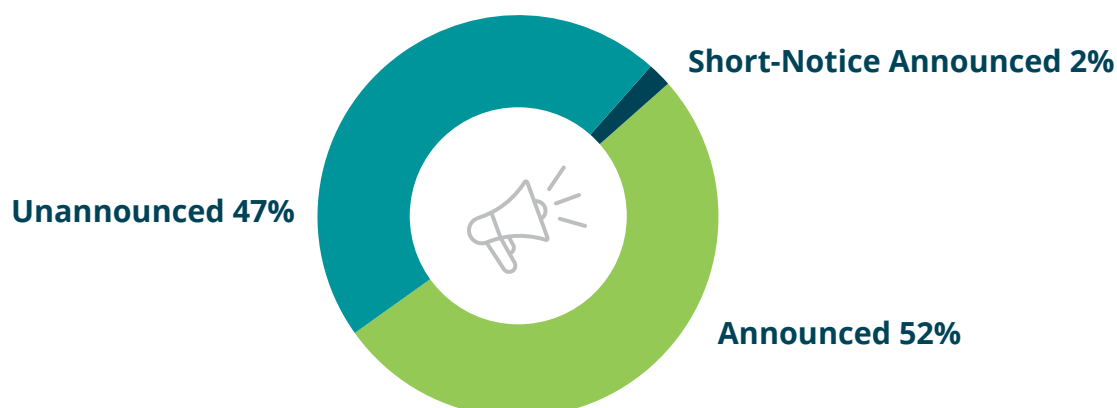
Monitoring activity

Inspection activity

During 2024, we completed 60 inspections of 51 accommodation centres for people seeking international protection. Of these inspections, 52% were announced, 2% were short-notice announced with the remaining 46% unannounced.

Figure 17.*

Percentage of announced and unannounced inspections of IPAS accommodation centres in 2024

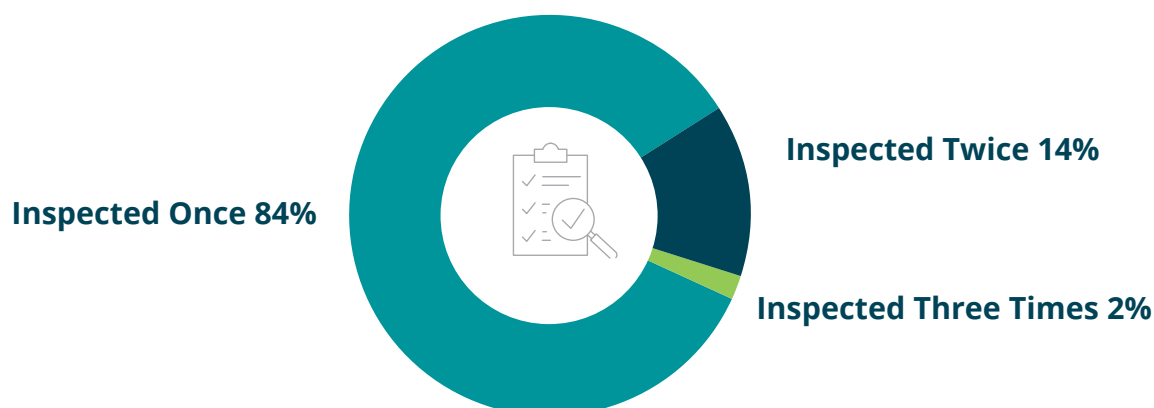


**Due to rounding, some percentages may not total 100%.*

In 2024, all accommodation centres falling under HIQA's remit were inspected at least once. Seven centres required a follow-up inspection and one was inspected on three occasions to monitor compliance.

Figure 18.

Percentage of visits per IPAS accommodation centres inspected in 2024



As this was the first time that HIQA inspected accommodation centres against national standards, we focused on key areas of service delivery which, if working well, ensure the service provided is safe, well-governed, manages risk effectively and promotes the rights of its residents.

Our inspections found that there were accommodation centres which performed well against national standards. The inspections also highlighted that there was room for significant improvement in the majority of centres. Common trends in terms of areas of non-compliance emerged over 2024. Specifically, these included safeguarding, accommodation, governance, staff vetting, risk management and how needs assessments for vulnerable residents are undertaken. Inspections show that the current system of accommodation centres is not adequately resourced to meet demand and this impacted on the quality of accommodation and services provided to some people seeking protection in Ireland.

Engaging with residents of accommodation centres was central to our work in 2024. Over the course of the year we met with 867 adults and 302 children and young people.

Many residents said that they felt safe and were satisfied with their accommodation and the services and supports they received; others told us that there was room for improvement particularly in the areas of sleeping accommodation, how they were consulted with, facilities for food preparation, restrictions in some centres, and space to store their belongings. Some residents reported that they did not feel safe in their respective centres and, as a result, did not have a positive overall experience.

The majority of children that we met told us that they were generally happy with their lives and liked attending school, playing sport, joining local clubs and making friends. They said that they enjoyed the facilities available. Some children lived in centres where the facilities were limited and this directly impacted them in terms of the space available to do their homework or to play and meet friends. Some children shared that they were unhappy that they could not have friends over to stay.

Receipt of information

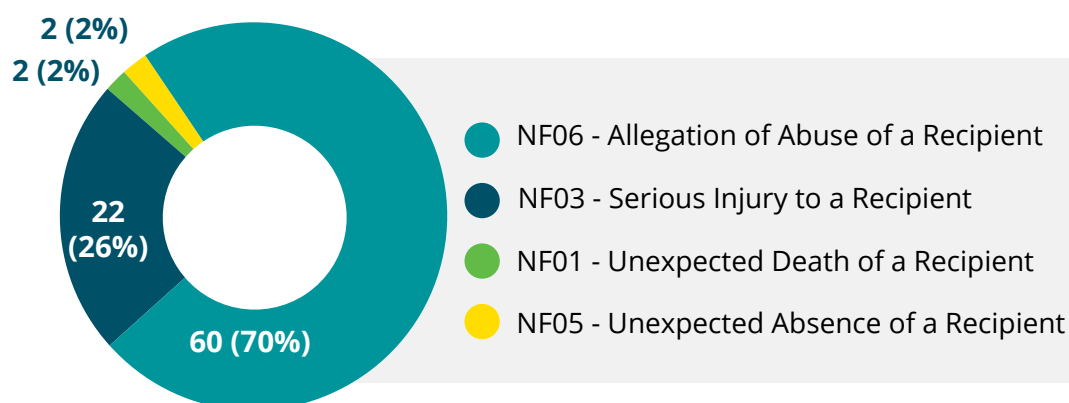
During the year, we received information that was used to further inform our monitoring of international protection accommodation centres.

Solicited information

During 2024, 86 notifications were received relating to accommodation centres for people seeking international protection. Each notification was reviewed and, where required, additional information and or assurance was sought by from the service provider that any risk to residents was mitigated and managed appropriately. All notifications informed lines of enquiry on inspection.

Figure 19.

Number of statutory notifications received in 2024



4.2.3 Preparation for the commencement of new functions

Human Tissue (Transplantation, Post-Mortem, Anatomical Examination and Public Display) Act 2024

The Human Tissue (Transplantation, Post-Mortem, Anatomical Examination and Public Display) Act 2024 was signed into law on 28 February 2024. It provides a national legislative framework for organ donation and transplant services in Ireland for the first time. The Act, when fully commenced, will give HIQA a new function to regulate non-coronial post-mortem activities, particularly as they relate to consent and the retention, storage, use, disposal and return of organs and tissue from deceased persons following post-mortem activities. The Act also seeks to regulate practice and procedure for coronial post-mortem activities. Regulations are in development which will support implementation of the Act and regulatory reform in this area.

Preparations to support HIQA's regulatory role in this area are expected to be further progressed in 2025.

The European Union (Resilience of Critical Entities) Regulations 2024

The European Union (Resilience of Critical Entities) Regulations 2024 were signed into law on 17 October 2024. These regulations implement the EU Critical Entities Resilience Directive into Irish law.

The CER Directive requires EU Member States to ensure resilience and good business continuity practice across a number of key sectors of the European economy and society and to ensure that each EU Member State is well prepared to manage threats to and disruption of essential services by natural and man-made events.

Under the regulations, HIQA is designated as a Competent Authority for certain health services. As a Competent Authority under these regulations, HIQA will be a regulator in the health sector alongside the Health Products Regulatory Authority (HPRA), and will work alongside regulators in a number of other sectors to fulfil Ireland's overall responsibilities under the CER Directive. Further communication on HIQA's new role in this area will be provided to relevant parts of the health sector over the course of 2025 as HIQA begins to fulfil its responsibilities in this area.

4.3 Health technology assessment and evidence synthesis

Under the Health Act 2007, HIQA has a statutory role to evaluate the clinical and cost effectiveness of health technologies and to provide advice to the Minister for Health and the HSE in this regard. This is called health technology assessment (HTA), and it informs investment decisions in health and social care. We also conduct evidence synthesis to support the development of national clinical guidelines, and to inform the development of health policy and the generic justification of medical exposure to ionising radiation practices. We develop national HTA guidelines to inform the production of timely, consistent and reliable assessments that are relevant to the needs of the people using health and social care services.

In 2024, HIQA was awarded €2.5 million from the Health Research Board (HRB) for continued funding of the Centre in Ireland for Clinical guideline support and Evidence Reviews (CICER), until 2028. This award builds on research funding from a previous competitive process spanning the period from 2017 to 2024, during which CICER supported the development of National Clinical Guidelines to improve patient safety.

4.3.1 Core HTA

We commenced three core HTAs at the request of the Minister for Health or the HSE in 2024.

Herpes zoster (shingles) vaccination

The Department of Health requested that HIQA complete a HTA to inform a decision on the addition of herpes zoster (shingles) vaccination to the adult immunisation schedule. Shingles affects approximately one in three people that have had chickenpox and is typically recognised by a painful blistering rash on the torso. The risk of shingles, and complications resulting from the disease, is higher in adults aged 50 and older. While vaccines against shingles are licensed and marketed in Ireland, they are not currently included in the HSE national immunisation schedule. Our HTA found that there is clear and consistent evidence that the recombinant adjuvanted zoster vaccine (RZV) is safe and effective at reducing herpes zoster cases, but that its effectiveness diminishes over time. While local and systemic adverse events are common, serious adverse events are uncommon. At the submitted price, HIQA advised that the current evidence suggests that herpes zoster vaccination does not represent an efficient use of healthcare resources in Ireland.

The report was published in July 2024.

HTA of an alternative telephone pathway for acute, non-urgent medical care needs in the pre-hospital setting

Following a request by the HSE, HIQA commenced work on a HTA of a new telephone pathway to access the Irish healthcare system for acute, but non-urgent, care needs in the pre-hospital setting. Currently in Ireland, people can access publicly-funded healthcare by ringing out-of-hour GP services or ringing 112 or 999 to access emergency ambulance services, or present at an emergency department. A second telephone pathway, distinct from 112 or 999 emergency services, would involve clinically-trained professionals taking calls from members of the public who believe they have an acute non-urgent care need. The HTA aims to investigate international models of implementation, including the budget impact and organisational implications of different telephone pathway models such as use of a telephone triage service. The project is due to be completed in 2025.

HTA of teledermatology to support management of primary care referrals

In 2024, HIQA commenced work on a HTA of teledermatology-supported triage of referrals from primary care. This HTA will establish the clinical effectiveness, safety, and economic implications, as well as any organisational issues, of using teledermatology for adult and paediatric patients referred by a GP to specialist dermatology services. The project is due to be completed in 2025.

4.3.2 Immunisation HTA

We also conduct HTAs and evidence synthesis to inform immunisation policy as prioritised by the Chief Medical Officer (CMO) of the Department of Health.

HTA of universal vaccination with an enhanced inactivated influenza vaccine in those aged 65 years or older

Annual flu vaccination programmes aim to reduce the burden of flu by targeting those at highest risk of severe disease and hospitalisation. However, the effectiveness of influenza vaccines can be reduced in some patient groups (for example, older adults) due to a suboptimal response to the vaccine. Enhanced influenza vaccines have been developed in an attempt to increase vaccine effectiveness.

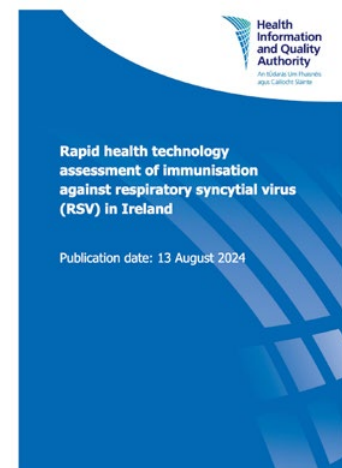
Following a request from the Department of Health, HIQA agreed to undertake a HTA of a switch from standard to enhanced influenza vaccines for adults aged 65 years and older as part of the HSE Seasonal Influenza Vaccination Programme.

This HTA was submitted as advice to the Minister for Health in the context of clinical recommendations provided by the National Immunisation Advisory Committee (NIAC) to the Department of Health in October 2024 and published on www.hiqa.ie.

Rapid health technology assessment of immunisation against respiratory syncytial virus in Ireland

RSV is a highly contagious, seasonal, respiratory virus. In some cases, RSV can cause severe infections, such as pneumonia and bronchiolitis, which may lead to hospitalisation and death. The largest burden of RSV-related disease is among infants and older adults, particularly those with conditions that puts them at increased risk of severe disease.

Since 2022 new interventions have been authorised in Europe for the immunisation of infants and older adults in the general population against RSV. On 18 June 2024, the Minister for Health announced the RSV Immunisation Pathfinder Programme for the 2024-2025 season. Through this programme, parents of babies born from September 2024 to February 2025 are encouraged to have their newborns immunised with the long acting monoclonal antibody, nirsevimab, before leaving the maternity unit. In August 2024, the rapid HTA was submitted as advice to the Minister for Health and the HSE to inform an interim policy decision on the most appropriate RSV immunisation strategy for infants and or older adults for the 2025-2026 season, and published on the HIQA website. This advice was provided in the context of clinical recommendations provided by NIAC to the Department of Health.



HTA of immunisation against respiratory syncytial virus (RSV) in Ireland

At the request of the Department of Health, HIQA agreed to follow the rapid HTA with a full HTA of alternative strategies for the immunisation of infants and older adults (aged 65 years and older) against RSV to inform a longer-term policy decision (for the 2026-2027 season and subsequent seasons).

This HTA will include assessments of the clinical effectiveness and safety, cost effectiveness and budget impact of alternate immunisation strategies, as well as the organisation, resource, ethical, patient and social implications associated with infant and adult immunisation.

4.3.3 Screening HTA

HIQA undertakes evidence synthesis and provides evidence-based advice to the National Screening Advisory Committee (NSAC) on behalf of the Minister for Health.

Evidence review of universal ultrasound screening for developmental dysplasia of the hip in infants in Ireland

Developmental dysplasia of the hip (DDH) is a congenital disease in which there is abnormal development of the hip in infancy. Ultrasound screening has the potential to enable earlier identification and diagnosis of DDH, facilitating earlier and less invasive treatment than if detected later.

At the request of the NSAC, HIQA undertook an evidence review of universal ultrasound screening for DDH in infants in Ireland. The evidence review found that the relative benefit of universal screening (where all infants are screened) versus selective ultrasound screening (where infants are screened on the basis of risk factors) is unclear due to a lack of high-quality comparative studies. HIQA advised that a selective ultrasound screening programme with appropriate governance, comprehensive care, quality assurance, and outcome monitoring should be considered.

HTA of population-based screening for abdominal aortic aneurysm in men

An abdominal aortic aneurysm (AAA) is a swelling (aneurysm) of the aorta – the main blood vessel that passes from the heart through the abdomen. Rupture of a large aneurysm can cause huge internal bleeding which is usually fatal. Screening aims to reduce AAA-related mortality by enabling early detection and treatment of individuals with large aneurysms at risk of rupture. There is currently no screening programme in Ireland for AAA.

Work on a HTA of population-based screening for AAA in men was ongoing during 2024, with a protocol for this HTA published in May 2024. It is scheduled to be completed in 2025. The HTA will inform decision-making and subsequent recommendation by the NSAC to the Minister for Health as to whether or not population-based screening for AAA in men should be implemented in Ireland.

HTA of extending BowelScreen to those aged 50 to 54 years

Screening for bowel cancer (also known as colorectal cancer) aims to detect signs of cancer at an early stage where there are no symptoms. BowelScreen is Ireland's national population-based bowel cancer screening programme, and currently offers free screening to people aged 59 to 69 every two years. There is an existing commitment to expand the programme to include people aged 55 to 74.

Work on a HTA to consider further expansion of the programme to those aged 50 to 54 was ongoing in 2024 and is scheduled for completion in 2025. The HTA will inform decision-making and subsequent recommendation by the NSAC to the Minister for Health regarding whether expansion to those aged 50 to 54 should take place.

The protocol for this HTA was published in July 2024.

4.3.4 CICER – National clinical guideline support

The Centre in Ireland for Clinical guideline support and Evidence Reviews (CICER) is funded by the Health Research Board (HRB). HIQA was awarded funding spanning the period from 2017 to 2024, and again from 2024 to 2028, to produce evidence to support the

development of National Clinical Guidelines, which are quality assured by the National Clinical Effectiveness Committee (NCEC) and mandated by the Minister for Health for implementation in Ireland. CICER provides methodological support to guideline development groups and aims to deliver a high-quality evidence base with regard to systematic review of clinical and cost effectiveness and budget impact analysis.

Advances in the development of clinical practice guidance: A scoping review

In 2024, we completed a scoping review to describe advances in clinical practice guidance methodologies. The purpose of this work was to review evidence to support the NCEC in considering updates to the current NCEC standards for clinical practice. The scoping review was published in January 2024.



Update to the National Clinical Guideline Management of an Acute Asthma Attack in Adults (aged 16 years and older)

Asthma was a registered cause of death in 86 fatalities in Ireland in 2023 and was the primary diagnosis recorded for almost 3,500 inpatient hospitalisations in the same year. In 2024, we continued to support an update to the 2015 *National Clinical Guideline for the Management of an Acute Asthma Attack in Adults*. This included completing a systematic review of international guidelines of management of acute asthma attack and compiling a description of the clinical burden of acute asthma in Ireland. We will continue to work with the guideline development group on this update in 2025.

National Clinical Guideline on Management of Obesity in Adults

Obesity affects over one in five people in Ireland, and is associated with increased risk of developing health problems. In 2024, we continued to support the development of a new national clinical guideline on the management of obesity in adults. This included developing a protocol for a systematic review of international guidelines of management of obesity. We will continue to work with the guideline development group in 2025.

4.3.5 Public health policy evidence synthesis and advice

We conduct evidence syntheses and provide evidence-based advice to inform national strategic decision-making on public health, at the request of the Department of Health.

Review of national rare disease strategies in selected countries

At the request of the Department of Health, we conducted a review of national rare disease strategies in selected countries to inform the update of the national rare disease strategy in Ireland.

The report, which was published in February 2024, identified national rare disease strategies for 12 selected countries and detailed a descriptive analysis of strategy contents, including aims, themes and priorities, implementation, and funding models. The review outlines insights into what countries identified as issues of importance, actions undertaken, and the governance and funding structures used to support the implementation of rare disease strategies.

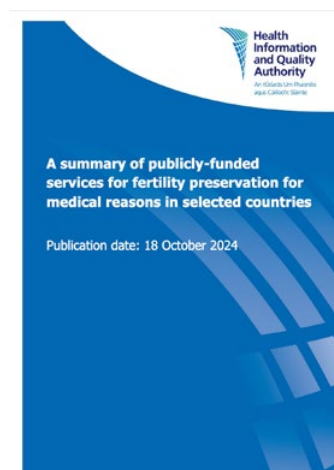
Summary of publicly-funded services for fertility preservation for medical reasons in selected countries

At the request of the Department of Health, we conducted a scoping review of publicly-funded services for fertility preservation for medical reasons in selected countries to inform the development of a national fertility preservation policy in Ireland.

Grey literature and academic publications were identified for 10 selected countries and descriptive analysis of information on publicly-funded services for fertility preservation was undertaken. This review provides insights into:

- ▶ What fertility preservation methods countries offer
- ▶ How services are delivered
- ▶ How materials are stored
- ▶ The governance and funding structures used to support service delivery.

The report was published on 18 October 2024.



Update of the low-risk drinking guidelines

The Department of Health requested HIQA undertake work to inform its planned update of the low-risk drinking guidelines.

Low-risk drinking guidelines can provide information on the risks associated with alcohol consumption, in addition to providing guidance on levels of alcohol consumption that are associated with lower levels of risk and when it is not safe to drink any alcohol. The current Irish low risk drinking guidelines were last revised in 2015; however, new evidence has emerged and international practice has advanced in terms of the methods used to inform low risk drinking guidelines.

HIQA's report will use mathematical modelling to estimate the risks of death and hospitalisation from various causes that are associated with specific levels of alcohol consumption to inform the Department of Health's update to the Irish low-risk drinking guidelines. This work commenced in 2024.

4.3.6 Generic justification of medical exposure to ionising radiation practices

HIQA is responsible for the generic justification of new practices involving medical exposure to ionising radiation before they are generally adopted.

In 2024, HIQA considered one new medical exposure to ionising radiation (MEIR) practice for generic justification. A generic justification decision is taken following consideration of the application, the evidence review, and the recommendation from the MEIR Expert Advisory Group in relation to the balance between the benefits and harms of the practice.

Following receipt of an application, an evidence review was conducted to support a decision in relation to the generic justification of ¹⁷⁷Lutetium PSMA radioligand therapy for the treatment of metastatic castrate-resistant prostate cancer.

This radioligand therapy is indicated in men with prostate-specific membrane antigen-positive, metastatic, castrate-resistant prostate cancer who have been previously treated with a taxane-based chemotherapy and with androgen receptor pathway inhibition.

HIQA published a favourable generic justification decision on 18 April 2024.

Work will continue into 2025 on the generic justification of Magnetic Resonance Imaging Guided Radiation Therapy.

We also continue to develop guidelines on the use of medical exposure to ionising radiation in asymptomatic individuals for the early detection of disease, but outside of a screening programme. A scoping review to inform these guidelines was undertaken in 2023. Draft guidelines were developed, which were updated as appropriate following discussions with a series of focus groups of key stakeholders and the medical exposure to ionising radiation Expert Advisory Group in 2024. The revised draft guidelines were published for a six-week public and targeted consultation in November 2024, and the guidelines will be finalised in 2025.

4.3.7 Strategy, support and research

The strategy, support and research function provides cross-function support to the HTA and evidence synthesis function in the areas of research, programme management, administration, library, corporate reporting and risk management.

In 2024, this included:

- ▶ Updating of the national HTA economic guidelines
- ▶ Establishment of an artificial intelligence/machine learning (AI/ML) working group
- ▶ Supporting external research grant and tender applications
- ▶ Planning the development of a new HTA strategy for 2025 to 2027
- ▶ Reviewing the conflict of interest procedures
- ▶ Coordinating student placements, fellowships and internships.

4.3.8 Funded research

Health Research Board Knowledge Translation Award

In June 2024, CICER applied for a 12-month Health Research Board Knowledge Translation Award as a supplement to the parent CICER grant. This project aims to improve knowledge exchange within the CICER grant by:

- ▶ improving awareness and transparency around what clinical guidelines are and how they are developed in Ireland
- ▶ preparing patients and healthcare professionals to be active guideline development group members
- ▶ better understanding patients' and healthcare professionals' perspectives on how guidelines are created and rolled out.

The grant was awarded in September and commenced in December.

High-risk medical devices project

In 2024, HIQA partnered with the School of Pharmacy, University College Cork, to commence a project entitled "Implications of the EU Regulation on Health Technology Assessment (HTAR) for high-risk medical devices (MDs) and in-vitro diagnostics (IVDs) in Ireland." This project, which is being conducted with the financial support of Research Ireland, through CÚRAM, the Research Ireland Centre for Medical Devices, aims to explore how the implementation of HTAR will influence reimbursement and decision-making processes for high-risk MDs and IVDs across EU/EEA countries.

Capacity Building for the EU Regulation on Health Technology Assessment (HTAR)

HIQA, along with 19 other European organisations from a total of 13 countries, has commenced an EU-funded project which aims to strengthen the long-term capacity and expertise of HTA bodies in implementing HTAR effectively and in a sustainable manner. The project is called 'HAG INSIGHT', which stands for, 'Heads of Agencies Group Initiative for Knowledge and Skill Enhancement in Health Technology Assessment Regulation.'

Health Research Board Emerging Investigator Award

HIQA is a co-applicant on the Health Research Board Emerging Investigator Award led by Dr Barbara Clyne, CICER and RCSI University of Medicine and Health Sciences, entitled “Evidence synthesis and translation of findings for national clinical guideline development: addressing the needs and preferences of guideline development groups”. This project concluded in December 2024. This research aimed to support clinical guideline development processes underlying the work conducted by CICER by developing a ‘toolkit’ and resources for evidence producers and end users.

The project had three main aims:

- ▶ optimal selection of evidence synthesis methods
- ▶ communication of the findings of evidence synthesis and
- ▶ translation of research evidence into recommendations.

Health Research Board Applied Partnership Award

Six members of the HTA Directorate are co-applicants on a Health Research Board Applied Partnership Award led by Dr Barbara Clyne, based in RCSI. The project is titled “Rapid Health Technology Assessments (rHTA) in Ireland: when do we need them?” This project, which commenced in 2023, is a collaboration between RCSI researchers and HIQA as the knowledge users, with the overall aim of elaborating the definition and role of rapid HTAs in the context of informing national level policy, health service decisions and international practice. This project has three main work packages:

- ▶ Establishment of a project specific public and patient involvement (PPI) panel
- ▶ Compare and contrast different rapid HTA products internationally
- ▶ Elicit stakeholders’ preferences for rapid HTA products and perceptions of the role of stakeholder engagement in rapid HTAs.

Health Research Board Postdoctoral Fellowships – Applying Research into Policy and Practice (ARPP) Award

HIQA is a Collaborator on the Health Research Board Postdoctoral Fellowship Award entitled “Optimising the dissemination of health research in Ireland”, which is led by Dr Melissa Sharp based in RCSI. The aim of this project is to explore the dissemination of health research in Ireland and facilitators and barriers to communication between researchers, communication specialists, and the media in order to maximise collaboration and communication.

Evidence Synthesis Ireland Study Within A Review (SWAR) Award

An Evidence Synthesis Ireland funded Study Within A Review (SWAR) investigating the sensitivity and completeness of search strategies built using a text-mining word frequency tool (PubReMiner) compared to current best practice search strategy building is ongoing. This SWAR is being led by a member of the HTA Directorate in collaboration with other HTA colleagues as co-applicants on the grant.

PrISMA

In May 2024, our ionising radiation evidence review team joined an EU preparatory joint action known as PrISMA (Preparatory activities to support Implementation of quality and Safety of Medical ionising radiation Applications), funded by the EU4Health programme.

4.4 | Health information and standards

We are committed to driving effective and sustainable improvements in the health and social care services for the people in Ireland. We do this by supporting national policy and legislation and engaging with people that use and provide our services to drive improvements and increase capability within the health and social care system. We carry out this work through working collaboratively with a wide range of key national and international stakeholders including the public, synthesising national and international evidence on best practice, and gathering evidence through stakeholder engagements.

4.4.1 Health information

HIQA's health information function informs national policy and sets a consistent and standardised approach for the collection, use, and sharing of information across health and social care services to improve the quality of data to provide better care for people using these services in Ireland.

Developing the evidence base to inform national health information policy and legislation



National Engagement on Digital Health and Social Care

In 2024, we published the findings of the *National Engagement on Digital Health and Social Care*, in partnership with the Department of Health and the HSE. The project aimed to understand the opinions and attitudes of the Irish public and professionals in relation to the digitalisation of health and social care services, gathering the views of over 2,000 members of the public and over 1,000 professionals working in health and social care.

The findings highlighted the public's readiness to engage digitally, and identified areas where professionals will need support. These findings will inform policy and programmes of work including the implementation of the Health Information Bill, the Department of Health's strategy for the European Health Data Space (EHDS) regulation, and other forthcoming EU regulation for example in the area of artificial intelligence.

Informing national policy on patient registries

During the year, we commenced a programme of work to inform policy for patient registries and other national health and social care data collections in Ireland. This includes the development of a set of prioritisation criteria and a roadmap for strategic and prioritised investment in this area. It is being informed by an international evidence review of approaches taken in other jurisdictions, as well as extensive engagement with national and international stakeholders. This evidence will inform national policy to strengthen Ireland's approach to coordinating and managing these vital sources of health and social care data.

Setting national standards for health information and developing implementation guidance tools

National Standards for Information Management in Health and Social Care

In June 2024, we published the *National Standards for Information Management in Health and Social Care* to provide a roadmap for organisations and services to improve the management of their health and social care information. The standards, approved by the Minister for Health, apply to all organisations and services within HIQA's legislative remit, including services provided by the HSE, Tusla, and relevant service providers.

Three guidance tools were developed to support services and organisations to implement these standards into practice, including an assessment-judgement framework, a guide to the assessment-judgment framework and a self-assessment tool. These tools will help organisations to understand what is expected of them and will outline the assessment process. The tools will also be employed by HIQA as part of its ongoing review programme to assess compliance with these national standards to provide assurance to key stakeholders and the public.

In October 2024, we held a webinar to discuss HIQA's core health information functions, including these new national standards and the implementation support tools. The webinar was attended by 252 individuals from the health and social care sector and general public.

Prioritisation process for the revision of national standards

In 2024, HIQA, the HSE and the Department of Health reviewed how we prioritise and set standards for health information in Ireland from a policy perspective. It was timely to review the number and structure of existing national standards and implementation support tools to ensure they are up to date, fit for purpose, aligned with the evolving national and European policy and legislative framework and responsive to the needs of those both using and providing services in Ireland.

Following a review of international best practice, a prioritisation process was undertaken to identify what topics require standards at a national level. Work will progress on the revision of two standards in 2025, including the National Standard for a Demographic Dataset and the National Standard for Patient Discharge Summary.

Preparing for implementation of the European Health Data Space Regulation

In collaboration with the HSE, Department of Health, Health Research Board (HRB) and other key stakeholders across the health system, HIQA commenced the co-ordination of key programmes of work under the HealthData@IE project in 2024. This work will ensure that Ireland meets its obligations relating to the secondary use of data under the European Health Data Space (EHDS). Funded by the EU4Health programme, the four-year HealthData@IE project will support the establishment of health data access body (HDAB) services in Ireland. These services will facilitate the secondary use of data and provide secure access to datasets for data users to support research and innovation, education and training, policy-making, health service management, and preparation of national statistics.

Throughout 2024, HIQA engaged with key stakeholders and developed programmes of work in data quality enhancement, engagement and dissemination, and training and education for data holders. This included preparations for undertaking a readiness assessment of data holders in 2025, as well as commencing the development of a self-assessment tool, a compliance assessment framework and a national interoperability framework. Work also progressed on preparing to engage with and educate relevant stakeholders on the changes that are being implemented.

We established a patient and public involvement (PPI) panel to support the overall work of the project.

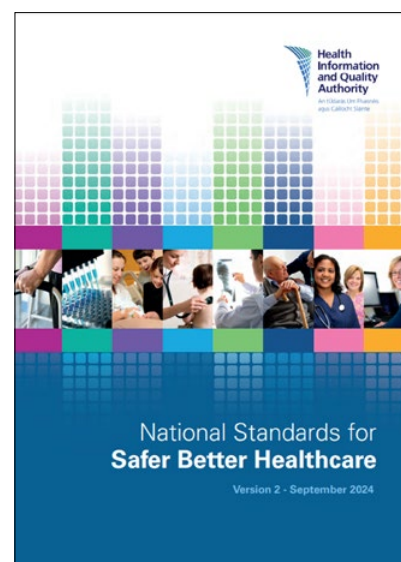
HIQA is also a participant in QUANTUM, an EU-funded project that aims to create a common label system that assesses and communicates the quality and utility of health datasets for scientific and health innovation purposes. This label system will be used across EU Member States when the EHDS is established, and will enable researchers, policy-makers, and healthcare professionals to identify high-quality data for research and decision-making. Throughout 2024, HIQA participated in the Delphi process to achieve consensus on the dimensions of the label and commenced preparations for co-leading on a task with the Austrian National Public Health Institute in 2025 to assess the experiences of the data holders involved in piloting the label. Once health data access body services are established in Ireland under the EHDS, data holders will use the label developed by the QUANTUM project to report on the quality of their data.

4.4.2 Health and social care standards

Under the Health Act 2007, we are responsible for developing national standards for health and social care services. National standards are a set of high-level outcomes that describe how services can achieve safe, quality, person-centred care and support. They are based on evidence and informed by engaging with those who use and provide our health and social care services.

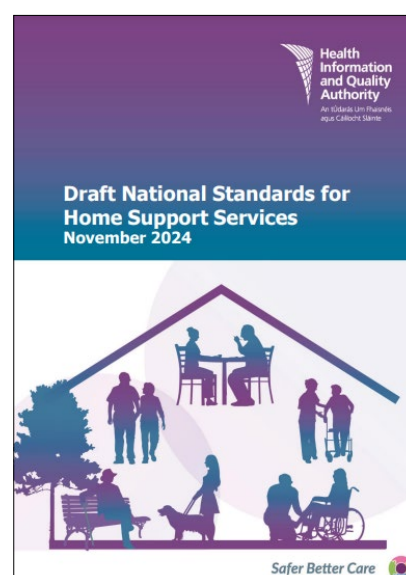
National Standards for Safer Better Healthcare

These standards were first approved by the Minister for Health in 2012 and were amended in 2024 due to the commencement of the Patient Safety (Notifiable Incidents and Open Disclosure) Act 2023. This has expanded HIQA's standard-setting and monitoring functions to private hospitals, and to future prescribed health services. HIQA engaged with stakeholders through a six-week public consultation and focus groups to ensure that the amendment to the scope of these standards was clear, and that providers would be able to put them into practice. These standards provide a roadmap for improving the quality, safety, and reliability of healthcare for people living in Ireland. They aim to ensure consistent quality care across both public and private hospitals.



Draft National Standards for Home Support Services

We are developing the Draft National Standards for Home Support Services to promote progressive quality improvements in home support services and to give a shared voice to the expectations of the people using services, service providers, staff and the public. The standards were developed using the principles framework which include: a human rights-based approach, responsiveness, accountability, and safety and wellbeing, all working together to promote person-centred care. In November 2024, HIQA engaged with stakeholders through a six-week public consultation and focus groups to further inform their development. Stakeholders included people using home support services, their families, carers, service providers, staff working in home support services, advocates, researchers, policy-makers, and the public. A total of 118 written submissions were received through the public consultation and 13 focus groups were held with 94 participants.



Scoping Review to Inform Assessment of Need

In 2024, we conducted a scoping review to inform standards for assessment of need. This review describes the national and international systems in place for assessment of need, and sets out current best practice from the approaches taken in other countries which will inform policy in this area.

Developing implementation support tools for national standards

In line with our Health and Social Care Standards Strategy 2022-2024, we develop implementation support tools to help staff working in health and social care services to implement national standards into their day-to-day work.

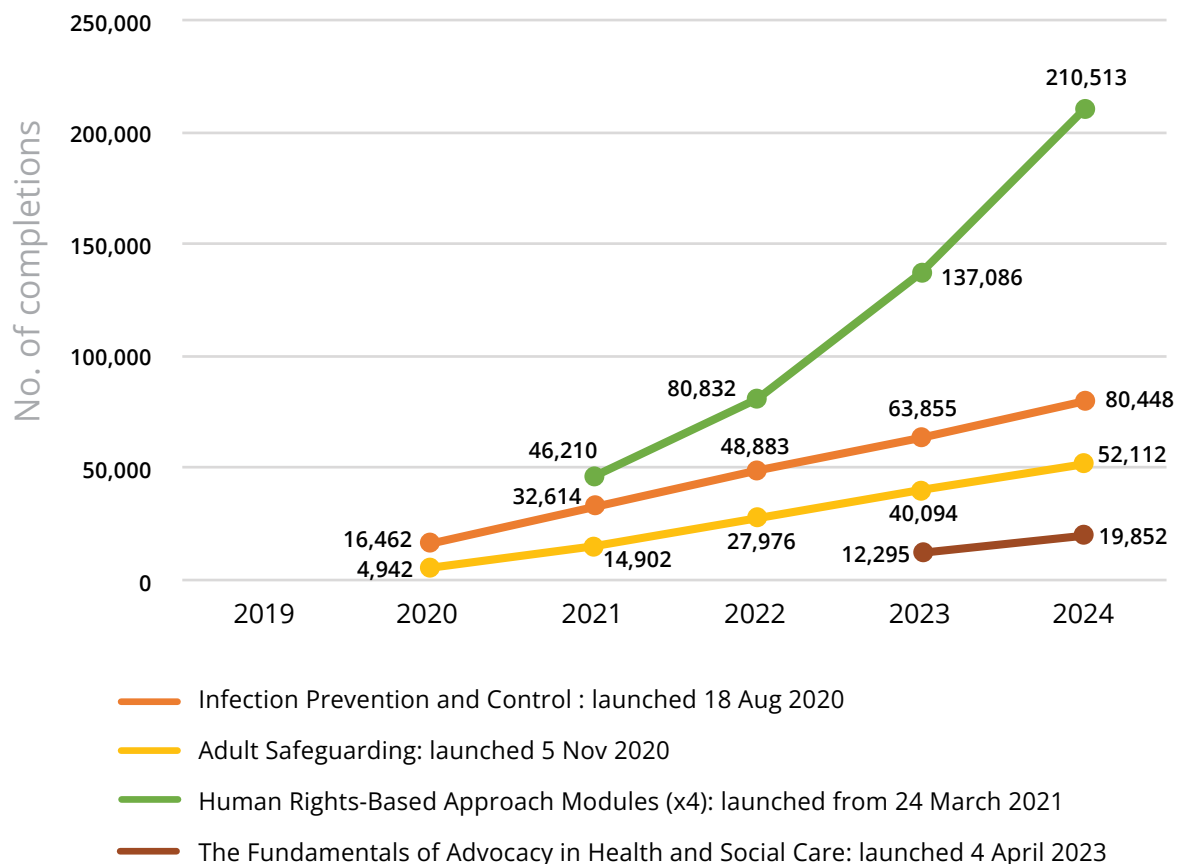
Online learning courses for health and social care service staff

Four online learning courses have been developed on infection prevention and control, adult safeguarding, applying a human rights-based approach in health and social care and the fundamentals of advocacy. These courses help build capability, and promote quality improvements within health and social care services.

In 2024, there were 109,595 course completions across the four courses and a total of 362,925 since they were launched. Figure 19 shows the continued growth in the number of annual course completions since launch, and demonstrates an increasing level of awareness in the application into practice of the national standards for health and social care services. All courses are available to complete online through HSElanD, the HSE's online learning and development portal or the HIQA Learning Hub.

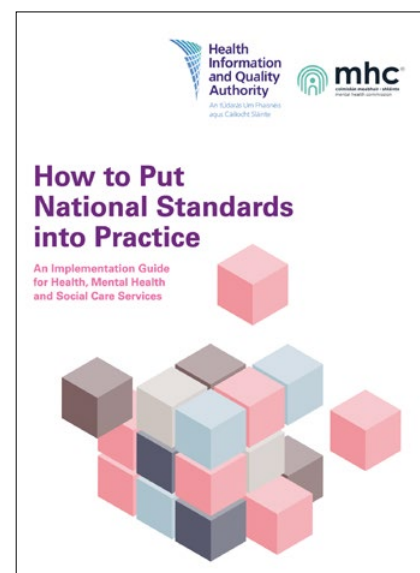
Figure 19.

Completions of online learning courses



How to Put National Standards into Practice: An Implementation Guide

In partnership with the Mental Health Commission, we published a practical guide in October 2024 to support staff in health, mental health, and social care services to implement national standards. *How to Put National Standards into Practice: An Implementation Guide for Health, Mental Health and Social Care Services* is designed to help staff to prepare for new national standards and to identify opportunities to improve the quality and safety of services in line with existing standards.

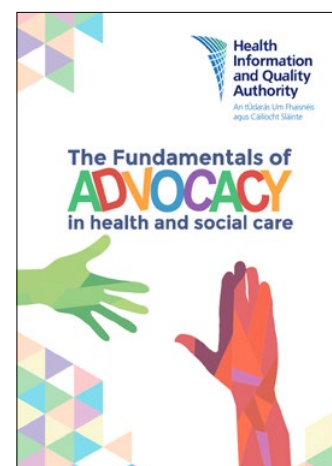


Communication toolkit for Tusla staff

In April 2024, we published a communication toolkit to support Tusla staff to improve communication in their work with children, families and foster carers. The toolkit, *Fundamentals of good communication: How to have effective everyday conversations* was developed in collaboration with Tusla staff and others working in children's social services with important input from children, families and foster carers. The toolkit sets out key questions to help with everyday communication and reinforces the fundamentals of good communication, and includes practical case studies. The toolkit was user-tested with 35 Tusla staff members to ensure suitability and effectiveness, and was shortlisted for an award at the European Social Services Awards in 2024.

Advocacy Online Learning Course

During 2024, we explored health and social care workers' perspectives on our *The Fundamentals of Advocacy in health and social care* online learning course. An online survey was carried out with people who completed the course, and focus groups were facilitated with key informants with oversight of advocacy practices in Ireland. Findings suggested that the advocacy online learning course may increase awareness and knowledge of advocacy and may be a useful tool to improve work practice of health and social care staff. The full report will be published in 2025.



4.4.3 National Care Experience Programme

The National Care Experience Programme is a joint initiative between HIQA, the HSE, and the Department of Health which asks people about their experiences of care in order to improve the quality of health and social care services in Ireland. Established in 2017, the programme runs the National Inpatient Experience Survey, the National Maternity Experience Survey, the National Maternity Bereavement Experience Survey, the National Nursing Home Experience Survey, and the National End of Life Survey.

Findings from surveys are outlined in published reports and via an interactive online dashboard available on the www.yourexperience.ie website. The HSE uses the findings from each survey to inform quality improvements to service, practice and policy. The Department of Health uses the findings to inform national policy and legislation, and HIQA uses the findings to inform national standards and guidance.

During 2024, we attended engagement sessions with the Central Statistics Office and the Irish Hospice Foundation to promote survey findings and to drive further use of survey findings. We also contributed to a number of steering groups on the HSE Open Disclosure Office project, women's health and Older Persons Services in Community HSE Healthcare East project and an international meeting on strengthening collaborations and generating impact from patient experience survey research.

National End of Life Survey

In April 2024, we published the findings from Ireland's first National End of Life Survey. A total of 4,570 bereaved family members and friends participated in the survey which asked bereaved people about the care provided to their relatives and friends in the last months and days of their life. 89% of those who took part rated the overall care that their relatives and friends received as 'good' or 'very good'. The survey captured the experience across all settings including hospitals, nursing homes, hospices and homes. The responses demonstrated that the care provided in the last months and days of life involves multiple care settings and a variety of care pathways, with the respect and dignity shown by staff to the person who died highlighted by respondents as an area of good care experience.

The HSE published a quality improvement plan in response to the findings, and the Irish Hospice Foundation and national representative organisations for nursing homes have committed to act on the survey findings to inform future improvements across their services. A peer-reviewed academic paper about the development of the survey, called *'Dying, death and bereavement: developing a national survey of bereaved relatives'*, was awarded a HSE Open Access Research Award in December 2024.

National Inpatient Experience Survey

In 2024, the National Inpatient Experience Survey asked patients about their recent experience in a public acute hospital in Ireland. Over 30,000 people were invited to share their experience and 12,367 (41%) responded. The majority of patients (85%) rated their overall experience as good or very good. Areas of good experience included being treated with dignity and respect, confidence and trust in hospital staff, and confidence in the safety of treatment and care. Areas needing improvement included having someone on the hospital staff for patients to talk to about their concerns, and more time to discuss care and treatment with a doctor. Patients' rating of their overall care experience has improved significantly since 2022, and the 2024 survey findings also show improvements to almost every aspect of discharge care. However, the 2024 survey findings indicate lower scores since 2022 in relation to privacy in hospital, introductions from hospital staff and pain management.

Development of new surveys

In 2024, extensive engagement took place with the mental health and cancer care communities to inform the development of a National Mental Health Experience Survey and National Cancer Care Experience Survey. The engagement adopted a co-production and co-design approach seeking insights from those using and providing services to inform the design, development, and delivery of the surveys. Part of this engagement consisted of three meetings with the Patient Administration System Staff in the HSE and independent providers of mental health units to inform the methodology of the National Mental Health Experience Survey. This survey is being developed in collaboration with the Mental Health Commission.

Over the course of the year, we engaged with over 280 stakeholders to inform the development of new surveys and update of existing surveys through focus groups, individual meetings, interviews, and through an online Delphi study, along with a series of online webinars.

4.4.4 Research

We have further developed our research function which provides support to the Health Information and Standards Directorate to enhance and standardise our research methods and processes with structured research skills-based programmes, academic publications, student placements, academic and international partnerships and grant applications.

The following are current research projects underway with academic partners:

Learning Fellowship Scheme with Digital Health & Care Scotland

This scheme offers placements for Scottish and Irish senior policy-makers or health service workers to provide an opportunity for shared learning and future collaboration.

Secondary Data Analysis Project with the National Care Experience Programme and Maynooth University

This HRB-funded project involved a detailed analysis of over 70,000 free-text comments received in response to the National Care Experience Programme surveys and the development of a tool to facilitate more efficient and standardised analysis of qualitative data received in future surveys. Final outputs will be delivered in 2025.

Applied Partnership Award (APA) with the National Care Experience Programme and University of Galway

This HRB-funded project will help people from marginalised communities and staff who collect or use data from the National Inpatient Experience Survey to work together through a co-designed initiative. A scoping review is underway, exploring how health inequalities are conceptualised in patient experience surveys internationally.

Secondary Data Analysis Project with the National Care Experience Programme and Technological University Dublin

This HRB-funded project will estimate the population prevalence of exclusive breastfeeding under six months and any breastfeeding up to two years, and will explore variables associated with maternal breastfeeding outcomes. This will facilitate the development of an Irish infant feeding survey, which can be used to track Ireland's progress towards meeting national breastfeeding recommendations.

Research programme with the National Care Experience Programme and University of Galway

This HRB-funded research programme was awarded in 2024 and will explore patient involvement in patient safety in 2025.

National Care Experience Programme and School of Public Health, University College Cork

This research collaboration will provide an opportunity to collaborate with leading experts in health services research while optimising the National Care Experience Programme datasets and raising awareness about the programme.

National Care Experience Programme and School of Public Health, Physiotherapy and Sports Science, University College Dublin

This research collaboration will optimise National Care Experience Programme datasets to provide further opportunities to raise awareness about the programme with leading research, academic publications and student learning.

Student Placements and Academic Participation

We coordinated five student placements during the year, including three students from University College Cork BSc Public Health Sciences and two undergraduate students in health sciences as part of the EUSA academic internship. We supported the completion of a HIQA-funded four-year PhD scholarship to undertake research on the factors influencing implementation of national standards. We delivered lectures for undergraduate and postgraduate students in health and social care from social care in TU Dublin, MSc in IPC Leadership in University of Limerick, MSc in Healthcare Infection, Trinity College Dublin, SPHeRE PhD programme in Trinity College Dublin, MSc in Loss and Bereavement in RCSI Dublin and BSc Public Health Sciences in University College Cork.

4.5 | Our enabling functions

4.5.1 Human resources

In 2024 our Human Resources (HR) and Organisational Development Team delivered a number of strategic, human resources and organisational development initiatives.

We shared the results of an independently-run staff engagement survey with staff. This independent survey enables the organisation to assess and benchmark the level of staff engagement across a number of defined areas. We were delighted to retain a high engagement score, which shows the value staff place in being willing to provide feedback on the organisation.

A full Excellence Through People 1000:2017 recertification audit was conducted by the National Standards Authority of Ireland. The award aims to encourage organisations to develop the full potential of their employees, promote employee learning and development and act as a business improvement tool. This important programme of work is overseen and managed by a cross-organisational team in conjunction with HR. We were delighted to retain Platinum accreditation, with an increase in our overall score.

During the year, we supported and progressed the recruitment and appointment of a large number of roles, managing over 2,300 candidate applications. We recruited 127 roles relating to operational and strategic workforce planning requirements. We continue to work with the Department of Health regarding additional resourcing to meet further growth requirements as our remit continues to expand.

In 2024, we designed and delivered 57 corporate learning and development programmes to 869 participants to meet individual and group learning and development needs. Topics included collaboration skills, leadership development, safe driving awareness and dignity and respect in the workplace.

The health and wellbeing of our staff continues to be a key priority. Our staff wellbeing programme is primarily accessed through a digital wellbeing studio, equipped with leading live streaming technology. Wellbeing focus areas in 2024 were informed by staff member requirements and included diverse programmes, events and workshops relating to health screening, menopause, financial health and a fun corporate movement challenge. A team of Mental Health First Aid Responders was developed to provide additional support and assistance to colleagues.

In compliance with the Gender Pay Gap Information Act 2021, HIQA published a Gender Pay Gap Report for 2024 in December, which outlines our gender pay figures.

We are proud of the diverse workforce we have, who deliver high-quality work across the organisation. We continue to work to create an inclusive, diverse and equitable organisation by identifying and acting on ongoing feedback and harnessing opportunities that enable meaningful change. With this in mind, HIQA is currently in the process of developing a new People and Culture Strategy.

4.5.2 Health and safety

HIQA remains committed to protecting the health and safety of everyone working for the organisation. We have implemented and continue to monitor our health and safety framework which provides for the necessary policies, standards, materials and tools that support and assist the organisation in promoting, training, managing and improving health and safety matters within facilities and operational processes.

A full range of supports are provided to staff members who work both in the office and from home under the blended working model including furniture, equipment and all health and safety requirements.

4.5.3 Environment and sustainability

HIQA has worked to ensure its compliance with the Government's Public Sector Climate Action Mandate. It has reported on implementation of the mandated requirements to the Sustainable Energy Authority of Ireland (SEAI). HIQA has developed a Climate Action Roadmap, and updated it in line with all Government requirements. The Roadmap sets out our overall objectives and restates our commitment to meeting or exceeding all targets set out by Government.

HIQA continues to work to reduce its energy consumption, carbon dioxide (CO₂) emissions and other greenhouse gas emissions to limit the negative impact its operations have on our environment. To date, we have achieved an additional 4% reduction in electricity when compared to our 2023 data and 18.1% reduction in electricity use compared to the baseline figures which are the average data from 2016-2018 as identified by the SEAI. This decrease also includes the total electricity used in two new buildings. In addition, HIQA reduced its use of natural gas in the Dublin office by an additional 23.8% in 2024 when compared to 2023 and achieved an overall reduction of 34.6% when compared to our baseline data of usage from 2016-2018. In total, this equates to an overall reduction in usage of gas and electricity of 24.4% when compared to the 2016-2018 baseline data.

Our energy reduction efforts have achieved an overall saving of 23.2% in greenhouse gas emissions when compared to the baseline year average. HIQA is making good progress to meet its 2030 targets.

HIQA is committed to ensuring sustainability in all aspects of its operations. To support this it has established a Green Team.

We have processes in place for offsetting the emissions associated with official air travel. During the year, payments to offset these emissions were paid into the Climate Action Fund at the Department of Communications, Climate Action and the Environment.

4.5.4 Communications and Stakeholder Engagement Team

In line with our Communications and Stakeholder Engagement Strategy 2022-2024, HIQA is committed to communicating and engaging with its stakeholders. We do this through public and parliamentary affairs, publication management, press and media engagement, digital media and internal communications.

In 2024, this work included:

- ▶ 36 press releases issued.
- ▶ 88 publication statements issued alongside the publication of inspection reports.
- ▶ 58 publications.
- ▶ 8 consultations held with the public.
- ▶ 6 editions of external newsletter, HIQA News, issued.
- ▶ 12 editions of staff e-zine issued.
- ▶ 544,820 page views on our website, www.hiqa.ie.
- ▶ 24 parliamentary questions responded to.
- ▶ 8,566 emails received by info@hiqa.ie.
- ▶ 20 submissions to external public consultations made.

4.5.5 Information Division

Our Information Division carried out a number of activities in 2024 to support the organisation in line with our digital and data transformation programme, including:

- ▶ Implementing an interim technology solution for the introduction of Patient Safety (Notifiable Incidents and Open Disclosure) Act 2023
- ▶ Completing critical business changes on the regulatory platform
- ▶ Commencing implementation of a finance transformation system
- ▶ Extending a collaboration suite of technologies on mobile devices and additional cloud-based solutions to support ongoing business requirements
- ▶ Implementing a project management system to enable efficient delivery of projects
- ▶ Progressing the development of the regulatory transformation programme
- ▶ Delivering operational initiatives to maintain on-premises, cloud and digital technologies
- ▶ Strengthening additional security measures by updating suitable suite of technologies to protect systems and data
- ▶ Reviewing and updating cyber security policies and procedures
- ▶ Maintaining HIQA's backup system and additional capabilities for cloud backups
- ▶ Decommissioning older technologies and legacy collaboration systems
- ▶ Supporting the development of a new regulatory IT system to ensure a coordinated approach to becoming a digitally enabled regulator.

Through collaboration with a multidisciplinary team comprised of members from business and technology divisions, we also progressed many strategic and operational projects.

We provide an IT and desktide support service to HIQA staff. A 2024 survey of staff feedback on this support service found that 93% of staff reported an excellent, good or satisfactory service.

In line with the needs of the digital and data transformation strategy and business expansion, we provided required technology solutions to new staff members. We continue to roll out our security and the infrastructure for future systems.

4.5.6 Quality management system

During the year, we continued to implement our Quality and Risk Strategy 2023-2025. This strategy aims to further develop a strong quality and risk framework and culture and to demonstrate HIQA's commitment to strong governance. HIQA's quality management system supports business areas to ensure that their processes are effective, consistent and compliant with statutory requirements, and meet stakeholder needs.

In November 2024, an ISO 9001:2015 Surveillance Audit took place and we were delighted to maintain our ISO accreditation. This surveillance audit was a follow-up to a full audit in 2023, in which HIQA achieved ISO accreditation status. Feedback from the auditors was positive around the systems we have in place, and highlighted the passion and commitment of our staff, the pride in their work and commitment to our organisational values.



In 2024, other work in this area included:

- ▶ A full review and update of HIQA's risk management framework.
- ▶ Implementing HIQA's annual schedule of ISO Quality Assurance Audits to assess the effectiveness of HIQA's quality management system.
- ▶ Developing information sharing to implement a corrective and containment action approach and drive improvement in our processes.
- ▶ Managing a 'Quality Community of Practice' to support staff engagement on quality issues, through information sharing, quality improvement seminars and discussion and support.
- ▶ Reviewing HIQA's Statutory Compliance Directory.

4.5.7 Financial management

Throughout 2024, HIQA continued to manage its financial resources in line with good practice and all relevant governance requirements. The use of planning and ongoing financial management enabled HIQA to use its resources efficiently and effectively.

HIQA's annual accounts for 2024 were submitted to the Comptroller and Auditor General in accordance with the timelines set out in the Health Act 2007.

4.5.8 Freedom of Information

HIQA received a total of 80 Freedom of Information (FOI) requests in 2024, and carried over seven requests from 2023. Further details on these requests are provided in the table below.

Table 3. FOI requests in HIQA

2023 FOI requests	
Brought forward from 2023	7
Received in 2024	80
Total Requests Handled	87
Brought forward into 2025	3
Closed in 2024	84
2024 closure breakdown	
Granted	7
Part Granted	35
Refused	25
Transferred	0
Withdrawn/Handled outside FOI	17

There were no internal appeals or reviews of decisions by the Office of the Information Commissioner (OIC).

4.5.9 Complaints management

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 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 2024, seven complaints were received by HIQA, all of which were processed and managed in accordance with our policy.

4.5.10 Quality Service Charter

HIQA has developed a Quality Service Charter and Action Plan for the purpose of providing information to people engaging with our services on the level of service they can expect from us. The Charter sets out our commitment to engaging with our stakeholders in line with the principles of quality customer service. We have published progress on implementing our Service Charter action plan on www.hiqa.ie.

4.5.11 Protected Disclosures

As per section 22 of the Protected Disclosures Act 2014, HIQA has published an annual report outlining the number of protected disclosures received in 2024 and the action taken.

One internal report was received under the Protected Disclosures Policy and Procedure. Following assessment, the procedure was closed with no further action taken.

4.5.12 Official Languages Acts

HIQA continues to work towards fulfilling its obligations under the Official Languages Act 2003 and (Amendment) Act 2021. In 2024, Commenced an awareness campaign to ensure our staff were familiar with the Acts and our responsibilities under them. In line with our requirements, we rolled out bilingual stationery, updated voicemails and automatic response emails to be bilingual, created bilingual posters and continued to advertise in both Irish and English. We responded to queries we received in Irish, in Irish. We also ensured that information about HIQA was made available in Irish on our website.

HIQA submitted its 2024 report on minimum advertising requirements to An Coimisinéir Teanga in line with the legislative timelines.

Stakeholder engagement

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We value the impact that engaging with our stakeholders has on our work. These include policy-makers, planners and providers of services, as well as people using services, advocacy groups, staff working in services and the wider public. We engage with these stakeholders in a number of ways, as outlined in this report, such as through meetings, international networks and public consultations.

This section sets out a sample of how we engaged with our external stakeholders in 2024.

Monitoring and inspecting services

Collaborative working with key stakeholders is central to our work to monitor and inspect services.

During the course of inspections, we routinely engage with people using services, family members, staff, managers and other professionals during the course of inspections.

We also engage with residents and providers of services outside of the inspection process.

For example, we welcomed a number of groups of people with disabilities to our office during the year. The power and importance of people with disabilities having a greater awareness of their rights, and of advocacy, was seen when a group of self-advocates presented to staff and told us about their experiences of having their voices heard on International Day for Persons with Disabilities in December.



Pictured above: HIQA CEO Angela Fitzgerald (far left) and Chief Inspector Designate Finbarr Colfer (far right) with Deirdre, Theresa and Ronan, residents of HSE (Dublin) Southside Intellectual Disability Services.



Residents of disability services joined staff in our Cork office in March to share their experiences of living in disability services and the changes they have seen over the years.

We also held an art competition for children and young people in the summer of 2024. Children and young people were asked to design a poster on the theme of ‘Hear my voice’, and the care and support they receive from social services. The winning artwork was used as the cover of our report on *10 Years of Regulating and Monitoring Children’s Social Care Services 2014 – 2024*.

To support providers of services, we also engage with them regularly through a number of forums, such as representative forums, webinars, meetings and events.

To prepare for the commencement of the Patient Safety (Notifiable Incidents and Open Disclosure) Act 2023, we carried out targeted engagement during the year to raise awareness of the requirement to submit notifications that will be required for health practitioners that do not work as part of the public or private hospital system. This has involved engagements with health professional regulators including the Dental Council, the Pharmaceutical Society of Ireland (PSI) and Nursing and Midwifery Board of Ireland.

In March, we hosted a seminar for Chairs of the Boards and CEOs of provider organisations for designated centres for people with disabilities to support good quality governance and management. The event was attended by Minister of State for Disability, Anne Rabbitte who spoke about the importance of good governance on the services people receive. A number of providers presented on their own experiences of enhancing governance and management arrangements and the positive impact this had for people with disabilities.



CEO Angela Fitzgerald, Finbarr Colfer, Chief Inspector Designate, Minister of State for Disability, Anne Rabbitte TD, and Carol Grogan, Chief Inspector of Social Services, at a shared learning event for board members and executive management teams of centres for people with disabilities hosted by HIQA in March at the Printworks in Dublin Castle.

In October, we brought nursing home providers and stakeholders together for an event to discuss the changes that have taken place in nursing homes over the last 15 years since regulation began. The event, 'Reflecting on 15 Years Regulating Nursing Homes Past, Present and Future' was opened by Minister of State for Mental Health and Older People, Mary Butler, and featured presentations from the HSE, Céile Care, and the Irish Hospice Foundation among others.



Susan Cliffe, Deputy Chief Inspector, Carol Grogan, Chief Inspector, CEO Angela Fitzgerald, and Minister for Mental Health and Older People, Mary Butler, at the launch of the report '15 Years of Regulating Nursing Homes 2009 - 2024'.

Key stakeholder engagement activities

Throughout the year, HIQA contributed to a number of national and international networks, groups and workshops including:

SINC, the International Innovation Network for Health and Care Regulators

In September, HIQA hosted SINC, the International Innovation Network for Health and Care Regulators. Senior leaders from health and social care regulators from nine countries across Europe gathered in Dublin for the conference. The meeting discussed health and social care regulation in a rapidly changing world, while adding greater societal value and supporting our staff through this change.

Pictured below: Colleagues from across HIQA and members of the SINC Network taking part in the SINC Congress 2024



EU Regulation on Health Technology Assessment (HTAR)

HIQA has been working towards the successful implementation of the EU Regulation on Health Technology Assessment (HTAR) and is represented on the Coordination Group and its Joint Clinical Assessment (JCA) and Methodological and Procedural Guidance (MPG) subgroups, as well as European Commission HTA Committee which oversees the development of the implementing acts for HTAR.

Heads of European Radiological Protection Competent Authorities' (HERCA)

Our HTA colleagues have been nominated to participate in the Heads of European Radiological Protection Competent Authorities' (HERCAs') working group on artificial intelligence and a working group on therapeutic radiopharmaceuticals coordinated by the EC's Directorate General Energy and Directorate General Santé.

QUANTUM

HIQA is a participant in QUANTUM, an EU-funded project (2024-2026) that aims to create a common label system for Europe that guarantees the quality and utility of datasets for scientific and health innovation purposes. We are also active members of a community of practice network established to prepare for the implementation of the European Health Data Space regulation. Throughout 2024, HIQA participated in three subgroups and over 40 network events on topics including health datasets metadata catalogue and data quality, deployment and operations and stakeholder involvement.

SNOMED Clinical Terms National Release Centre of Ireland Governance Group

HIQA chairs this group which provides advice in relation to the strategic direction and governance of the SNOMED CT Ireland National Release Centre.

European Social Network European Parliament Round Table - Towards a European Social Services Framework



Dr Niamh O'Rourke, Deputy Director for Health and Social Care Standards, presenting at the European Parliament, Brussels.

HIQA is a member of the European Social Network. In October 2024, we presented on the principles framework used to develop national standards for health and social care in Ireland at the European Social Network European Parliament Round Table - Towards a European Social Services Framework. At the event, EU and social services leaders discussed the key priorities for social services in the new European Commission and Parliament, and the reality of social services' challenges in different EU countries, and exchanged ideas on EU-level solutions. We explained that our national standards are based on the outcomes a person should expect from a quality, well-managed, safe service. This outcomes-based approach was highlighted as a model of good practice for a European Social Services Quality Framework.

Contributions to national groups and committees included:

- ▶ HSE National Cancer Control Programme Technology Review Committee
- ▶ HSE National Health and Social Care Data Dictionary Governance Group
- ▶ Future of Registries Taskforce
- ▶ National Clinical Effectiveness Committee (NCEC)
- ▶ Evidence-Based Quality Improvement and Patient Safety (EQUIPS) research network
- ▶ Department of Health Women's Health Steering Group and Taskforce
- ▶ National Standards Authority of Ireland Health Informatics Standards Committee
- ▶ Data Safeguarding and Transparency Committee,
- ▶ Follow-up After Disease Acquisition (FADA) Survey Steering Group
- ▶ Expert Advisory Group for the update of the 2015 NCEC Standards for Clinical Practice Guidance
- ▶ Expert Review Body on the Nursing and Midwifery Implementation Action Group
- ▶ Health Data Liaison group organised by the Department of Health and the Central Statistics Office
- ▶ HSE Public Health Strategy Expert Advisory Group
- ▶ HSE National ePrescribing Project Board
- ▶ HSE Dataset Specification Management Process Board
- ▶ Department of Health Expert Review Body on Nursing and Midwifery – Implementation Action Group.

Contributions to international groups and committees included:

- ▶ GINAHTA Steering Committee (Guidelines International Network (GIN), International Network of Agencies for HTA (INAHTA))
- ▶ Conceptual framework of the ecosystem of health decision-making (organised collaboratively by WHO/Europe and the Clinical Epidemiology and Research Center (CERC) at Humanitas University)
- ▶ World Health Organization European Region Health Information Network
- ▶ Health Technology Assessment International (HTAi) Annual Meeting International Scientific Programme Committee
- ▶ ISPOR (The International Society for Pharmacoeconomics and Outcomes Research) European HTA Roundtable

- ▶ ISPOR HTA Council
- ▶ European 1+ Million Genomes Initiative National Group
- ▶ Planning Committee for the ISPOR Real World Evidence Summit
- ▶ Celtic HTA Agencies Strategic Alliance
- ▶ World Health Organization Strategic Partners' Initiative for Data and Digital Health Group
- ▶ UK National Screening Committee Blood Spot Task Group
- ▶ International Network of Agencies for HTA
- ▶ National Initiatives Network (NIN) subgroup on Digital and Data Health Literacy
- ▶ International Advisory Board for Evidence Synthesis Ireland.

Events and conferences

During 2024, HIQA employees presented the organisation's work at a number of conferences and events, including:

- ▶ 24th International Conference on Integrated Care, Belfast
- ▶ Annual Public and Patient Involvement Summer School, Limerick
- ▶ Bon Secours Nursing & Quality Conference in
- ▶ European Association for Health Information and Libraries (EAHIL), Riga
- ▶ European Public Health Conference, Lisbon.
- ▶ Global Evidence Summit, Prague
- ▶ Health Technology Assessment International (HTAi) Conference, Seville
- ▶ HealthTech Ireland, Dublin
- ▶ HSE Activity Based Funding Conference
- ▶ HSE Better Together for Digital Healthcare Conference
- ▶ HSE Data Collaboration
- ▶ HSE Health and Social Care Professionals Conference
- ▶ HSE Patient and Public Partnership Conference
- ▶ HSE, UCC and Amber Women's Refuge CLG South East Adult Safeguarding Conference
- ▶ International Network of Agencies for Health Technology Assessment Congress, Seville
- ▶ Irish DXA Society Annual Meeting 2024 Quality DXA: Collaboration Matters on an overview of HIQA's National procedures for clinical audit of radiological procedures involving medical exposure to ionising radiation
- ▶ Irish Institute of Radiographers and Radiation Therapists webinar titled 'The Future of Diagnostic Imaging Services in Ireland'.
- ▶ ISPOR (The Professional Society for Health Economics and Outcomes Research) Europe 2024 Conference, Barcelona

- ▶ Moving Forward Together: Public and Patient Involvement in Mental Health Research, Cork
- ▶ National Patient Safety Office Conference, Dublin
- ▶ Radiation Safety Study Day, Dublin
- ▶ Social Care Ireland Annual Conference, Dublin
- ▶ Structured Population health, Policy and Health-services Research Education (SPHeRE) conference, Dublin
- ▶ The Irish Association of Medical Physicists (IAPM) Annual Scientific Meeting workshop on 'Dealing with incidents involving ionising radiation'.



Regional Manager, Dr Agnella Craig, with members of the Heads of the European Radiological Protection Competent Authorities (HERCA) Working Group on Medical Applications.



Dr Máirín Ryan, HIQA's Director of Health Technology Assessment, with our CICER team.



Deirdre Hyland, Health Information Programme Manager, taking part in a panel discussion on The Digital Adoption Challenges Facing Irish Healthcare at the Smart Health Summit in Dublin, September 2024.



Anna Doyle, Inspector of Disability Services, HIQA, Angela Fitzgerald, HIQA CEO, Pat McGaharn, resident of a disability service, Sonia Callaghan, Assistant Director of Nursing Care and Support, St John Of God North East Community Services, Finbarr Colfer, Chief Inspector Designate, Ciara McShane, Interim Deputy Chief Inspector, HIQA, at the launch of its 10-year overview report on designated centres for people with disabilities.



Emma Burke, Dr Joanne Fallon, Emer O'Malley, David Morrissey and Dr Chloe Walsh from the Health Information and Standards Directorate attending the PPI Summer School at the University of Limerick, June 2024.



Judy Gannon, Programme Manager and Dr Carolina Cunha Bassul, Standards Development Officer with self-advocate focus group participants at the Inclusion Ireland offices discussing the Draft National Standards for Home Support Services.



Aoife McCann, Head of Legal Services, at the launch of the Law Reform Commission's report 'A Regulatory Framework for Adult Safeguarding'



Maria MacInnes, Service Improvement Manager, Tusla, Kate Duggan, CEO, Tusla, Deirdre Connolly, Programme Manager, HIQA and Sarah Fitzgerald, Project Lead, HIQA launching the new toolkit at the Social Care Ireland Conference, April 2024.



Rachel Flynn, Director of Health Information and Standards, Rachael Falconer, Project Officer and Tina Boland, Project Lead from the National Care Experience Programme following the publication of the findings of the National Inpatient Experience Survey.



Deirdre Connolly, Acting Deputy Director for Health Information presenting at the European Social Services Conference in Antwerp, June 2024



Eva Boyle, Head of Children's Services, CEO Angela Fitzgerald, and Finbarr Colfer, Chief Inspector Designate, at the launch of the report '10 Years of Regulating and Monitoring Children's Social Care Services 2014 - 2024'



Deirdre Hyland, Health Information Programme Manager, taking part in a panel discussion on Strengthening Patient Involvement in Patient Safety through Digital Health and Literacy and the WHO Patient Safety Charter at the National Patient Safety Office Conference in Dublin, September 2024



Ciara McShane, Interim Deputy Chief Inspector, and Finbarr Colfer, Chief Inspector Designate, at the launch of the report '10 Years of Regulating Designated Centres for People with Disabilities 2013-2023'.



CEO Angela Fitzgerald signing a Memorandum of Understanding with Ombudsman and Information Commissioner for Ireland Ger Deering.



Susan Cliffe, Deputy Chief Inspector of Social Services, speaking at the launch of the report '15 Years of Regulating Nursing Homes 2009 – 2024'.



Conor Teljeur, Chief Scientist, presenting a poster at the ISPOR-The Professional Society for Health Economics and Outcomes Research Conference.



Lee O'Hora, Inspector, presenting at the European Conference of Radiology in Vienna in March.



CICER at the Global Evidence Summit 2024 in Prague.

Financial Statements

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HIQA's Annual Financial Statements will be published in full in a Part 2 to this document upon receipt of the audited financial statements from the Office of the Comptroller and Auditor General.

Appendices

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Appendix 1:

Public Sector Equality and Human Rights Duty

The Irish Human Rights and Equality Commission Act 2014 places an obligation on all public bodies to protect human rights, promote equality and eliminate discrimination. HIQA is committed to promoting and protecting human rights, and takes a human rights-based approach to the work it conducts.

HIQA undertook an assessment of equality and human rights issues relevant to the organisation and set out actions to address these in HIQA's Corporate Plan 2022-2024. Two of the six key strategic objectives outlined in this document focus on human rights and equality issues, including the strategic objectives to:

- ▶ promote and protect equality and human rights of people using health and social care services
- ▶ use our experience to be a trusted voice on quality, safety and human rights in health and social care services.

In order to meet these objectives, HIQA carried out extensive work in 2024, as outlined below:

Action		Status
1.	Conduct a rights-based programme of inspection of designated centres for older people that includes regulatory inspections, risk-based inspections, focused inspections such as IPC and thematic inspections as well as other requirements deemed necessary by the Chief Inspector.	Completed
2.	Conduct a rights-based programme of inspection of designated centres for people with a disability that includes regulatory inspections, risk-based inspections, focused inspections such as thematic inspections as well as other requirements deemed necessary by the Chief Inspector.	Completed
3.	Conduct a rights-based programme of inspections of child protection and welfare services and foster care services against the <i>National Standards for the Protection and Welfare</i> and the <i>National Standards for Foster Care</i> as appropriate, which includes monitoring inspections, risk-based inspections (provider approach) as well as other requirements deemed necessary by HIQA.	Completed
4.	Conduct a rights-based programme of inspections of children in the care of Tusla, which includes the routine monitoring of children's residential centres (CRCs) services.	Completed

5.	Carry out a rights-based approach inspection of the Oberstown Children Detention Campus against the Oberstown Children's Rights Framework.	Completed
6.	Develop a methodology for a rights-based thematic programme reviewing the use of restrictive practices within secure care settings.	Completed
7.	Advance development of a model and methodology to enable implementation of a survey of mental health service users.	Completed
8.	Identify a model to support the involvement of people using services in HIQA's work.	Ongoing
9.	Publish evidence-based national standards for children, in line with standards development framework.	Completed
10.	Support learning in the wider social care sector through the publication of academic papers.	Completed
11.	Conduct evidence synthesis and provide evidence-based advice to inform national public health policy in a work plan to be agreed with the Department of Health, including an update to the low-risk drinking guidelines for alcohol and rare disease strategies.	Completed
12.	Continue to engage with the Patient Advocacy Service on areas of mutual interest.	Completed
13.	Mark EU Diversity Month in HIQA by hosting a series of information sessions and events and making online training on diversity available.	Completed
14.	Encourage and support a culture diversity and inclusion through the activities of the Diversity and Inclusion Working Group.	Completed
15.	Develop and Implement a Diversity and Inclusion Plan.	Ongoing
16.	Provide human rights training to staff.	Completed

Appendix 2:

Academic publications

- ▶ Behan L, O'Brien MP, Dunbar P, McGrane N, Keane A, Grogan C et al. *Good practice in the provision of care for people living with dementia in nursing homes: a systematic review.* medRxiv. 2024.
- ▶ McGrane N, Behan L, Keyes LM. *A human-rights based approach to dealing with adverse events in residential care facilities.* Health and Human Rights Journal. June 2024.
- ▶ Behan L, Grogan C, Keyes LM. *The Impact of Regulation on the Quality of Care in Nursing Homes in Ireland; a time-series analysis of change in compliance.* HRB Open. 2024.
- ▶ Burns K, Boyle E, Geary S, King E. *How Effective are Ireland's Monitory Mechanisms in Improving its Child Protection and Welfare Services?* Child and Family Social Work. June 2024.
- ▶ Murray R, Magendran E, Chander N, Lynch R, O'Neill M, Devane D, Smith SM, Mahtani K, Ryan M, Clyne B, Sharp MK. Co-design workshops to develop evidence synthesis summary formats for use by clinical guideline development groups. Systematic Reviews. 2024 Dec;13(1):1-3.
- ▶ Ahern S, Browne J, Murphy A, Teljeur C, Ryan M. An economic evaluation and incremental analysis of the cost effectiveness of three universal childhood varicella vaccination strategies for Ireland. Vaccine, 2024. 42(14), 3321-3332.
- ▶ Clyne B, Sharp MK, O' Neill M, Pollock D, Lynch R, Amog K, Ryan M, Smith SM, Mahtani K, Booth A, Godfrey C, Munn Z & Tricco AC. An international modified Delphi process supported updating the web-based "Right Review" tool. Journal of Clinical Epidemiology. 2024 Mar 22:111333.
- ▶ Murray R, Sharp M, Razidan A, Hibbitts B, Ryan M, Mahtani K, Lynch R, Smith S, O'Neill M, Schünemann H, Alonso-Coello P, Munn Z, Clyne B. Investigating how the GRADE Evidence to Decision (EtD) framework is used in Clinical Guidelines: a scoping review protocol. HRB Open Res. 2023 Sep 13;6:50.
- ▶ Dullea A, O'Sullivan L, O'Brien KK, Carrigan M, Ahern S, McGarry M, et al. Diagnostic Accuracy of 18F-Prostate Specific Membrane Antigen (PSMA) PET/CT Radiotracers in Staging and Restaging of Patients With High-Risk Prostate Cancer or Biochemical Recurrence: An Overview of Reviews. Seminars in Nuclear Medicine. 2024.
- ▶ Sharp MK, Logullo P, Murphy P, Baral P, Burke S, Grimes DR, Ryan M & Clyne B. Altmetric coverage of health research in Ireland 2017-2023: a protocol for a cross-sectional analysis. HRB Open Research. 2024 Jun 18;7:36.
- ▶ Kelly Y, Gannon J, Bassul C, Williams M, Morrissey D, McKee J, Keyes LM, O'Rourke N, Flynn R. Applying a Human Rights-Based Approach to Formal Care and Support Provided in the Home: A Narrative Review. Health & Social Care in the Community. 2024;6632018. <https://doi.org/10.1155/2024/6632018>.

- ▶ Kelly Y, O'Rourke N, Flynn R, Hegarty J, Keyes L. Exploring the implementation of national health and social care standards in Ireland: A qualitative descriptive study. *Journal of Advanced Nursing*. 2024;00;1–16. <https://doi.org/10.1111/jan.16346>
- ▶ Bassul C, Gannon J, Williams M, Kelly Y, Morrissey D, McKee J, Keyes LM, O'Rourke N, Flynn R. How to Achieve Person-Centered Care for People Using Home Care Services: A Narrative Review. *Home Health Care Management & Practice*. 2024;0(0). <https://doi.org/10.1177/10848223241267874>
- ▶ Tuohy E, Murphy-Dooley A, Flaherty SJ, Duggan C, Foley B, Flynn R. Engaging with the public on their views on the collection, use and sharing of personal health information: Development of a scenario-based survey instrument. *Research Methods in Medicine & Health Sciences*. 2024;0(0). <https://doi.org/10.1177/26320843241265957>
- ▶ Ojo A, Rizun N, Walsh G, Przychodzen W, Mashinchi MI, Foley C, Rohde D, Rao M. Dataset linking women's maternity care experiences with hospital environment and governance in Ireland. *Data in Brief*. 2024 Nov 29;111168. <https://doi.org/10.1016/j.dib.2024.111168>
- ▶ Kelly Y, O'Rourke N, Hegarty J, Gannon J, Flynn R, Keyes L. The co-design of a digitally supported intervention for selecting implementation tools and actions for standards (SITAS). *BMC Health Services Research*. 2024;24;1582. <https://doi.org/10.1186/s12913-024-12075-9>
- ▶ O'Hora L, O'Brien K, Tuffy J, Craig A, Neville N, Sugrue K, Keaveney M, O'Brien E, Quinn E, Egan S, 2025. Establishing national diagnostic reference levels in fluoroscopy and fluoroscopically guided interventions in Ireland and comparing these with national diagnostic reference levels in Europe and internationally. *European Journal of Radiology*, 183, p.111890. <https://doi.org/10.1016/j.ejrad.2024.111890>



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