

**MINUTES OF THE BOARD MEETING OF  
THE HEALTH INFORMATION AND QUALITY AUTHORITY (The Authority)**

**Dublin Office  
14<sup>th</sup> May 2014**

**Present:**

<b>Name</b>	<b>Details</b>	<b>Initials</b>
Brian McEnery	Chairperson	<b>BMcE</b>
Philip Caffrey	Board Member	<b>PC</b>
Sam McConkey	Board Member	<b>SMcC</b>
Grainne Tuke	Board Member	<b>GT</b>
Sheila O'Malley	Board Member	<b>SOM</b>
David Molony	Board Member	<b>DM</b>
Una Geary	Board Member	<b>UG</b>
Judith Foley	Board Member	<b>JF</b>
Barbara O'Neill	Board Member	<b>BON</b>
Mary Fennessy	Board Member	<b>MF</b>
Cillian Twomey	Board Member	<b>CT</b>

**In Attendance:**

Tracey Cooper	Chief Executive Officer	<b>TC</b>
Kathleen Lombard	Board Secretary & Chief Risk Officer	<b>KL</b>
Jane Grimson	Director of Health Information	<b>JG</b>
Phelim Quinn	Director of Regulation	<b>PQ</b>
Mairin Ryan	Director of HTA	<b>MR</b>
Sean Angland	Head of Corporate Services	<b>SA</b>
Richard O'Sullivan	Head of Legal Services	<b>ROS</b>
Marty Whelan	Head of Communications	<b>MW</b>
Marie Kehoe O'Sullivan	Director of Safety and Quality Improvement	<b>MKOS</b>
Rosie Becker Garde	Executive Officer	<b>RBG</b>

**Apologies:**

Anne Carrigy	Board Member	<b>AC</b>
--------------	--------------	-----------

**1. Quorum**

The Chairperson noted that a quorum was present and therefore the Board meeting was duly convened.

## **2. Conflict of interest**

No conflicts of interests were declared in relation to the items on the agenda.

## **3. Minutes of the meetings of 4<sup>th</sup> March, 5<sup>th</sup> March, 18<sup>th</sup> March and 1<sup>st</sup> May**

The Board reviewed the minutes of the 4<sup>th</sup> March 2014. It was agreed that the minutes were an accurate reflection of the meeting. CT proposed approval of the minutes and SOM seconded the proposal; **accordingly it was resolved by the Board that minutes of the 4<sup>th</sup> March Board meeting be approved.**

The Board reviewed the minutes of the 5<sup>th</sup> March 2014. It was agreed, subject to amendment of a Board member's initials, that the minutes were an accurate reflection of the meeting. PC proposed approval of the minutes and SMcC seconded the proposal; **accordingly it was resolved by the Board that minutes of the 5<sup>th</sup> March Board meeting be approved.**

The Board reviewed the minutes of the 18<sup>th</sup> March 2014. A minor amendment was suggested to additional wording "including the extent of serious adverse incidents" be included in the minutes. Subject to this amendment, it was agreed that the minutes were an accurate reflection of the meeting. CT proposed approval of the minutes and GT seconded the proposal; **accordingly it was resolved by the Board that minutes of the 18<sup>th</sup> March Board meeting be approved.**

The Board reviewed the minutes of the 1<sup>st</sup> May 2014. It was agreed that the minutes were an accurate reflection of the meeting. DM proposed approval of the minutes and SMcC seconded the proposal; **accordingly it was resolved by the Board that minutes of the 1<sup>st</sup> May Board meeting be approved.**

## **Email approval decisions**

- 3.1 The email approval by the Board of the finalised performance review of the CEO for 2013 was formally noted for the minutes.
- 3.2 The email approval of the acting CEO arrangements and the recruitment and selection process for a new CEO was formally noted for the minutes.

## **4. Review of Actions**

The actions from the meetings of the minutes were reviewed and the following was noted:

- BMcE and JG are due to meet with the Minister for Health in the near future and the approval of Health Information Standards will be raised at this meeting.
- A meeting took place with the HSE on the 13<sup>th</sup> May where the establishment of the Patient Safety Agency was discussed. The meeting was a positive one and the HSE outlined their proposed approach to the establishment of the Agency, initially on an administrative basis.
- An organisational/governance review will take place in the near future and will be led by the Chairperson and the Deputy Chairperson.

- A report on the centre risk profiling audit report will go to the next meeting of the ACGC.

## **5. Matters arising from the minutes**

A number of matters were arising from the minutes of the 5<sup>th</sup> March Board minutes;

- It was agreed that additional information will be provided to the Board on ICT expenditure.
- The Board, during its closed session had decided that an external review of governance arrangements should be undertaken. PC proposed the approval of this decision and SMcC seconded the proposal. **Accordingly, it was resolved by the Board that an external review of the Authority's governance arrangements be undertaken.**

## **6. Chief Executive's report**

The CEO drew the Board's attention to her current focus on transition arrangements and the strategic challenges facing the Authority, many of which were covered on the previous evening at the strategy session. Attention was also drawn to the upcoming appearance of the Director of Regulation before the Oireachtas Committee on Health to discuss the National Overview Report on Residential Centres for Older Persons.

## **7. Corporate Performance and Risk Report**

The Board considered the Corporate Performance and Risk report. A number of observations were made in the context of the business objectives including:

- Learning from the registration process of disability services should be integrated from now so that the basis for a national overview report is established.
- The Good Practice in Medication Reconciliation was published in early May.
- A review of ambulance services is currently underway and this item will come back to the Board at a future date.

## **8. Update on registration of disability services**

PQ outlined the status of the registration of disability services and explained that this function was commenced on 1 November 2013. The sector had not previously been regulated and therefore it is new territory for service providers. Measures have been taken to prepare the sector for regulation including education road shows, publication of guidance documents and the dissemination of relevant standards. It was acknowledged that the regulation agenda is very large and therefore the rate at which centres are being registered is being kept under close review by the Director of Regulation and any impediments identified and addressed.

## **9. Update on children's services**

PQ provided a comprehensive report on the regulation of children's services including the legislative framework, staffing structure, related challenges and an overview of the findings from the monitoring programme undertaken by the Authority during 2013. PQ highlighted that the staffing available to undertake the monitoring programme is currently below its allocation. He advised the Board that a review of the monitoring framework is being undertaken to take account of feedback from stakeholders. He also reported that there are challenges for the Child and

Family Services of the HSE in providing safe quality services, particularly in terms of staffing and its capacity to fund other service organisations. Again, the size of the regulation programme was noted and the need to be cognisant of the volume both internally and in terms of the burden of compliance on those providing services. One of the challenges for the Authority will be finding a balance between monitoring compliance and supporting the education and training of the relevant sectors.

#### **10. UHI and HTA function**

MR briefed the Board on the White Paper, published by the Minister in April 2014, which outlines a policy framework for underpinning the introduction of Universal Health Insurance in Ireland. A substantial role is likely to be allocated to the Authority because of its broad remit and its expertise in HTA. MR met with the Deputy Secretary General and it is expected that the Authority will be asked to scope what additional resources are required to undertake this function. The Board suggested that care should be exercised in terms of some aspects of the role, such as adjudication. MR clarified that the paper is out for consultation and the Authority's submission will address this. In addition it was agreed that the Chairperson should write to the Minister encouraging the Authority's early engagement around policy when there are implications for the Authority, particularly given that there are many additional functions in the pipeline for the Authority's future work.

#### **11. Finance report**

SA provided an overview of the overall expenditure and income to the period ending March 2014. He explained that there was a current under spend and the factors underpinning this. He advised the Board of the collection rates for fees and the intention to refocus attention on active debt collection.

#### **12. Disaster recovery and IT security**

SA presented a comprehensive disaster recovery and business continuity plan in the event of a failure of the Authority's ICT systems. In addition, he described the existing controls that are in place to support the ICT infrastructure. The Board indicated their satisfaction with the measures that the Authority has in place to minimise such events occurring and the steps that it will take should they materialise.

#### **13. HR report**

SA presented a report to the Board which covered a range of HR issues. This included strategic issues such as the constraints on the Authority to respond to normal staff loss and absences due to the central control by DPER on all recruitment and remuneration issues. In addition, staff performance and development and better alignment of resources with organisational objectives are areas for attention. SA also updated the Board on operational matters including learning and development, a significant recruitment process, sick leave and meetings with trade unions.

The Board asked that the report includes anonymised information relating to HR issues such as claims of bullying and harassment, representations from Unions, health and safety incidents, disputes and any other incidents that are relevant to HR. It was agreed that these will be included in the next report to the Board.

#### **14. Update on General Practice Messaging standard (GPMS)**

Kevin O'Carroll and Louise McQuaid from the Health Information Directorate joined the meeting for this item and presented on the updated version of the GPMS standard. The revised version incorporates a standard for the electronic transfer of prescriptions (ETP) between primary care and pharmacies. It was suggested that consideration be given to facilitating instances where "verbal" prescribing arise. The Board acknowledged the importance of this work and the contribution this will make to patient safety. SMcC proposed approval of the revisions to the GPMS and DM seconded the proposal; **accordingly it was resolved by the Board that the GPMS Version 3 be approved.**

#### **15. Recommendations to purchase SNOMED CT license for Ireland and establishment of a National Release Centre**

KOC presented on the report *Recommendations to purchase SNOMED CT license for Ireland and establishment of a National Release Centre*, explaining that the purpose of the report is to provide advice to the Minister on the adoption of SNOMED CT as the national standard for clinical terminology, including costs and implications of the decision. The Board observed that introducing such a standard will involve significant programmes of work in terms of training and education. KOC agreed but clarified that it is intended that the supporting programmes of work will be implemented on a phased basis where capacity will be gradually increased and partnering arrangements with specialists in healthcare coding may be utilised. It was suggested that a recommendation is included in the report about where the National Release Centre should be positioned. The Board acknowledged that this is a significant piece of work and thanked KOC and his team for their contribution. SMcC proposed the approval of the report *Recommendations to purchase SNOMED CT license for Ireland and establishment of a National Release Centre* and SOM seconded the proposal; **accordingly it was resolved by the Board that the SNOMED CT licence be approved.**

#### **16. Board training and evaluation for the Board**

KL presented a plan for the future development of the Board and evaluation of the Board's performance, both of which are standard governance requirements. The evaluation of a Board is a means of identifying areas for improvement and informs future development plans. It was suggested that Board members should contribute to what the training needs might be and there may be individual and generic development requirements. KL also emphasised the need for core elements of the training as the Code of Practice for the Governance of State Bodies require that skills and knowledge of Board members are refreshed. SOM proposed the approval of the training and evaluation plans for the Board and GT seconded the proposal; **accordingly it was resolved by the Board that the plans be approved.**

#### **17. Committee membership**

KL circulated via email, prior to the Board meeting, the proposed membership of the Board committees. The membership of the Committees was revised following the appointment of three new Board members and was agreed by the Chairperson. CT proposed the approval of the committee membership and PC seconded the proposal;

**accordingly it was resolved by the Board that the memberships of the Board committees be approved.**

#### **18. Code of Governance and Board procedures**

KL introduced the Code of Governance, Code of Conduct and the Policies, Procedures and Protocols for the Governance of the Authority, which have been reviewed in accordance with Section 34(2) of the Health Act 2007. The main changes were outlined to the Board. These documents had been reviewed by the Audit and Corporate Governance at their meeting on 8<sup>th</sup> May and a number of minor amendments had been suggested which will be reflected in the final documents. Subject to the approval of the Board, the Code of Governance and the Code of Business Conduct will be submitted to the Minister for approval. Clarification in relation to the 2.6 on the Formal Schedule of Matters for Board Decision was sought. Subject to this clarification, SOM proposed approval of the documents and GT seconded the proposal; **accordingly it was resolved by the Board that the Code of Governance, Code of Conduct and the Policies, Procedures and Protocols for the Governance of the Authority be approved.**

#### **19. Fraud policy**

KL clarified that this item was before the Board in January where it was requested that an outline of the procedure be included with the policy. This is included in the current version. However, when reviewed by the ACGC at their meeting on the 8<sup>th</sup> May, it was suggested that an additional step in the process be included to provide for circumstances where the CEO is suspected of fraud. KL advised that the policy will be amended to reflect this circumstance and will be represented at the July Board meeting.

#### **20. Annual accounts 2013 (post C&AG)**

SA advised the Board that the draft 2013 annual accounts had been approved by the Board at their meeting on 5<sup>th</sup> March, following which they were submitted to the C&AG for audit. The C&AG completed the audit and a number of amendments are suggested for inclusion in the final draft. The amendments have been listed for ease of reference of the Board and have been reviewed by the Audit and Corporate Governance Committee. PC proposed approval of the 2013 annual accounts and CT seconded the proposal; **accordingly, it was resolved by the Board that the 2013 annual accounts be approved.**

#### **21. Board Composition, including competency review and Conflict of Interest protocol**

KL advised the Board that this document was before the Board at their March Board meeting when it was agreed that further work was needed to refine the intent of the document. It was agreed, subject to a minor amendment, that the document could be approved. It was also agreed that this issue will also be covered as part of the Board's governance training. CT proposed approval of the documents and DM seconded the proposal; **accordingly, it was resolved by the Board that the documents on Board composition and Conflict of Interest protocol be approved.**

## **22. Chairpersons report**

The chairperson's report was noted.

## **23. Report from the Committees**

- GT, Chair of the RNC Committee reported on the meetings of that committee on the 19<sup>th</sup> March, 26<sup>th</sup> March, 15<sup>th</sup> of April, the minutes of which were included in the Board papers. The meeting of the RNC on 6<sup>th</sup> May was also reported. The focus of the meetings was on progressing the business case for the recruitment of a CEO for the Authority, overseeing the arrangements for the Acting CEO and agreeing the priorities for the current CEO from January to May 2014.
- PC, Chair of the ACGC, reported that the main items covered during the meeting of the Committee on the 8<sup>th</sup> May were a review of the Corporate risk register and the Safety and Quality Improvement Directorate risk register, noting that there was significant improvement with regard to the registers. The results of an audit on complaints was also reviewed which had no significant findings. In addition, the Code of Governance documents and the Fraud policy were reviewed. The Committee was also updated on the Information governance programme.

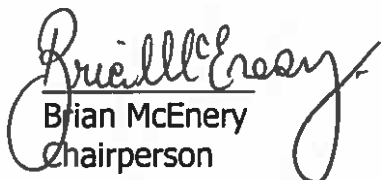
## **24. Correspondence**


No correspondence for noting.

## **26. Any other business**

There was no other business and the meeting was closed.

Signed:

  
Brian McEnery  
Chairperson

  
Kathleen Lombard  
Board Secretary

## Actions arising from the Board meeting on 15<sup>th</sup> May 2014

No	Action	Person Responsible	Timeframe
1	Additional information to be provided to the Board on ICT expenditure	SA	July
2	Letter to Minister on the Authority's early engagement on policy that has implications for the work of the Authority	JG/BMcE	June
3	Next HR report to include anonymised information relating to HR issues such as claims of bullying and harassment, representations from Unions, health and safety incidents, disputes and any other incidents that are relevant to HR	SA	July
4	Consideration be given to facilitating instances where "verbal" prescribing arise	KOC/JG	Immediate
5	Clarification in relation to the 2.6 on the Formal Schedule of Matters for Board Decision to be provided	KL	May 2014
6	Amend the fraud policy to reflect changes suggested at the ACGC	KL	July

### Carried forward actions

1	A paper will come to a future meeting of the Board in relation to potential amendments to the Health Act 2007	ROS?	May? Too soon?
2	large HTAs and guidelines to come to the Board before a final decision is made	MR	to be reflected in delegations paper – July Board
3	rapid HTAs to be circulated to Board prior to publication	MR	to be reflected in delegations paper – July Board
4	HTA work plan and selection of large scale HTAs to be approved by the Board	MR	to be reflected in delegations paper - July Board
5	Review of organisation/governance to be undertaken	BMcE/PC/JG	Date to be communicated

### Recurrent actions

A progress chart for disability registration to be included on all Board agendas	RBG/PQ	All Board meetings
HR reports are provided at each Board meeting and contain a report on any IR issues, meetings with unions or any claims of bullying and harassment	SA	All Board meetings