

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

**30 July 2015
Smithfield 2pm - 4.30pm**

Present:

Name	Details	Initials
Brian McEnery	Chairperson	BMcE
David Molony	Board Member	DM
Mary Fennessy	Board Member	MF
Una Geary	Board Member	UG
Judith Foley	Board Member	JF
Sheila O'Malley	Board Member	SOM
Stephen O'Flaherty	Board Member	SOF
Martin Sisk	Board Member	MS

In Attendance:

Phelim Quinn	CEO	PQ
Kathleen Lombard	Board Secretary & Chief Risk Officer	KL
Sean Angland	Head of Corporate Services	SA
Marie Kehoe O'Sullivan	Director of Safety and Quality Improvement	MKOS
Mairin Ryan	Director of HTA	MR
Mary Dunnion	Acting Director of Regulation	MD
Rachel Flynn	Acting Director of Health Information	RF
Marty Whelan	Head of Communications	MW

Apologies:

Barbara O'Neill	Board Member	BON
Anne Carrigy	Board Member	AC
Paula Kilbane ¹	Board Member	PK
Molly Buckley ²	Board Member	MB

1. Quorum

It was noted that a quorum was present and the Board meeting was duly convened. The Chairperson extended a formal welcome to two of the four new Board

¹ Paula Kilbane is one of four Board members who were appointed to the Board on the evening prior to the Board meeting of the 30th July and was not contactable in time for the meeting.

² Molly Buckley is one of the four Board members referred to in *Footnote 1* and was not contactable at short notice.

members, Martin Sisk and Stephen O'Flaherty and thanked them for making themselves available to attend at short notice. The Chairperson advised the Board that the appointment of the new Board members had been made on the previous evening and that he had not been able to make contact the other two appointees.

The Chairperson reported that the CEO had briefed the Board on a specific HR related issue and on a learning exercise based on the Authority's engagement with designated centres.

2. Conflict of Interest

No conflicts of interest were declared.

3. Minutes of the Board meeting of 27 May 2015

The minutes of the 27th May 2015 were reviewed by the Board and it was agreed that they were an accurate reflection of the meeting. JF proposed approval of the minutes and MF seconded the proposal; **accordingly it was resolved that the minutes of 27 May 2015 be approved by the Board.**

3.1 The email approval of 29th June for the application of the seal to documents required for a court application was formally noted by the Board.

4. Review of Actions

The following updates on the actions were noted:

- The Board evaluation document will be placed on the agenda for the September Board meeting now that a full Board is in place.
- A brief update on the registration of disability centres will be provided during the CEO's report.

5. Matters arising

There were no matters arising.

6. Board Work Plan

KL presented a review of the Board's work plan for 2014-2015 and a table with the work plan for the coming year 2015/2016. The Board reviewed the document and agreed that it was appropriate. DM proposed approval of the 2015/2016 work plan and UG seconded the plan; **accordingly it was resolved that the Board work plan for 2015/2016 be approved by the Board.**

7. Authorisation of additional Board members to authenticate the seal of the Authority.

KL outlined the rationale for the proposal and explained that Section 6(5)(a) of the Health Act 2007 provides for additional members of the Board to be authorised signatories for authenticating the seal of the Authority. This would allow for occasions where the Chairperson might not be readily available. It was proposed that Sheila O'Malley and David Molony be authorised in this capacity. MS proposed approval of the proposal and JF seconded it; **accordingly it was resolved that two Board members, Sheila O'Malley and David Molony be authorised to authenticate the seal of the Authority under Section 6(5)(a) of the Health Act 2007, be approved by the Board.**

8. Information Governance and Management Standards for Health Identifier Operators

RF introduced the Information Governance Standards for Health Identifier Operators explaining that they had been presented to the Board in March 2015 prior to undergoing public consultation. The Standards are now before the Board for approval.

RF explained that the purpose of the standards is to support the introduction of health identifiers into the Irish healthcare system. It was explained that the Health Identifiers Act 2014 provides for the establishment of a National Register of Individual Health Identifiers and a National Register of Health Service Providers Identifiers. The registers will be established and managed by a health identifiers operator (the HSE) and the Authority will monitor compliance with the Standards. RF explained that the Standards will underpin the introduction of Individual Health Identifiers in Ireland and will guide the health identifiers operator in establishing and managing the national database.

In response to the Board's observations it was clarified that there was a large volume of responses from the consultation process to the Standards which was very positive. There was also very constructive engagement with the Chief Information Officer in the HSE.

The Board congratulated RF and her team and acknowledged the importance of the Standards as part of the early establishment of the infrastructure for advancing health services in Ireland.

DM proposed approval of the Information Governance and Management Standards for Health Identifier Operators and SOM seconded the proposal; **accordingly it was resolved that Information Governance and Management Standards for Health Identifier Operators be approved by the Board.**

9. Rapid HTA of a national atrial fibrillation screening programme

Pat Moran (PM) Senior HTA Analyst joined MR, Director of HTA for this item. MR stated that the HTA is before the Board for approval and explained the background to undertaking the HTA. She explained that atrial fibrillation is the most common arrhythmia in general practice and is associated with more severe incidence of stroke. The HTA was conducted to inform the decision making on whether the screening programme should be implemented nationally. PM presented on the project, the scope, methods and findings. The HTA found that a national screening programme for atrial fibrillation for over 65s in primary care would be cost-effective in Ireland and would be expected to lead to reductions in the incidence and severity of atrial fibrillation-related strokes. In response to questions raised by the Board, MR advised that this was a large and comprehensive project involving extensive sensitivity analysis. Subject to the Board's approval it would be presented to the Minister for Health and the HSE and published.

The Board acknowledged the high calibre of the work involved in the development of the HTA and thanked MR and her team. MF proposed approval of the HTA of a natural atrial fibrillation screening programme and UG seconded the proposal;

accordingly it was resolved that the Rapid HTA of a natural atrial fibrillation screening programme be approved by the Board.

10. CEO report

PQ reported developments from a strategic and operational perspective since the last formal Board meeting including:

- Sanction has been received from the Department of Health (DOH) and Department of Public Expenditure and Reform (DPER) for a range of vacant posts including the Director of Regulation and Head of Healthcare and there is ongoing communication in respect of further posts.
- Good progress is being made on the corporate planning process, the most recent component being the strategy session with the Board immediately prior to the present Board meeting. Engagement with the DoH is also planned to ensure that there is alignment with national policy and mutual understanding of resource requirements.
- Designated Centres currently under close scrutiny, including disability, older persons and children's sectors.

PQ also outlined that he had had recent discussions with senior officials in the DoH on issues relating to the regulation of disability and older persons' residential services.

MD circulated an updated report to the Board on the registration of the designated centres for disability indicating that the pace of registration has increased. She added that there is also work underway in relation to the streamlining of some business processes relating to the regulation of designated centres.

11. Corporate Performance – to end of June 2015

KL advised the Board that the corporate performance report shows that at the end of June 2015, twelve objectives are outside of target timeframe, five of these being due to external factors. An exception report outlined the reasons for the deviance of these objectives. A further report was provided relating to the objectives that are on target. The Board noted the report.

12. Corporate Risk report

KL provided an overview to the corporate risk register outlining the most recent changes that had occurred to the register. In addition, a table providing a high level summary of the Directorate risks was included in the report. Note was taken of new risks added to the register and relevant Executives provided a briefing on the management of these. It was requested that the Executive also consider other risk areas including retaining public confidence and the management of future legal challenge. It was agreed that the Executive would consider these at an upcoming meeting.

13. Finance Report

SA provided an update to the Board on spend to end June 2015 and included a summary of actual versus budget for income and expenditure. Reasons underpinning variances were provided. As a result of increased regulatory activity,

travel and subsistence had increased. Cash collection rates remain high and there are strong controls in place for ongoing monitoring of expenditure.

14. Briefing Paper on plans for review of maternity services

MD outlined to the Board that one of the objectives in the Authority's Business Plan for 2015 is to review the corporate and clinical governance arrangements of maternity hospitals. As part of the project planning for this objective it became clear that there are a number of national and local reviews currently being undertaken by various parties relating to maternity services. In addition, work is also underway on the development of a national maternity strategy and the Authority is developing maternity specific standards.

MD outlined the current desktop oversight provided by the Healthcare Team in respect of maternity services which includes the follow up of any unsolicited information, review of national reported key performance indicators and reported incidents. In light of the multiple HSE and independent clinical reviews, and the developing maternity strategy it was suggested that it may not be the most advantageous time for the Authority to commence an additional review.

In light of this, the Authority wrote to the DoH, highlighting these issues and seeking their agreement regarding the appropriateness of undertaking this regulatory project and is currently waiting on a response. The Board discussed the matter and agreed that the factors would need further careful consideration and in that context a meeting should be arranged with the DoH at the earliest opportunity so that there is a clear understanding and way forward in this regard.

15. Chairperson's Report

The Chairperson's report was noted. The Chairperson added that he had also had met with the DOH and DPER since the last meeting.

16. Correspondence

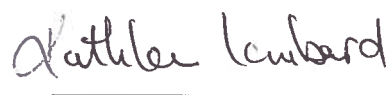
No correspondence for discussion.

17. Any other Business

The Chairperson advised the Board that he had nominated SOM to act as Deputy Chair of the Board.

Signed:


Brian McEnery
Chairperson


Kathleen Lombard
Board Secretary

Actions arising from the Board meeting on 30th July 2015

No	Action	Person Responsible	Timeframe
1	Additional risks to be considered by the executive at an upcoming management meeting	KL/PQ	August 2015
2	Meeting to be arranged with the DoH to consider a national review of maternity services.	MD	At earliest opportunity

Carried forward actions

No	Action	Person Responsible	Timeframe
1	the evaluation of the Board should come back for Board discussion when there is full Board membership to input to the discussion	KL	When full Board is in place

Recurrent actions

1	A progress chart for disability registration to be included on all Board agendas	PQ	All Board meetings
2	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