

**MINUTES OF THE BOARD MEETING OF
THE HEALTH INFORMATION AND QUALITY AUTHORITY (The Authority)
6 July 2016
Cork 10.30am - 2.30pm**

Present:

Name	Details	Initials
Brian McEnery	Chairperson	BMcE
David Molony	Board Member	DM
Mary Fennessy	Board Member	MF
Una Geary	Board Member	UG
Sheila O'Malley	Board Member	SOM
Paula Kilbane	Board Member	PK
Molly Buckley	Board Member (via phone link)	MB
Martin Sisk	Board Member	MS
Stephen O'Flaherty	Board Member	SOF
Judith Foley	Board Member	JF
Anne Carrigy	Board Member	AC

In Attendance:

Phelim Quinn	CEO	PQ
Kathleen Lombard	Board Secretary & Chief Risk Officer	KL
Sean Angland	Acting Chief Operating Officer	SA
Mairin Ryan	Director of HTA	MR
Marie Kehoe O'Sullivan	Director of Safety and Quality Improvement	MKOS
Marty Whelan	Head of Communications	MW
Kevin O'Carroll	Acting Director of Health Information	KOC
Mary Dunnion	Director of Regulation	MD
Claire O'Byrne	Communications	COB
Rosie Becker Garde	Administration	RBG

Apologies:

Barbara O'Neill	Board Member	BON
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1. Quorum

It was noted that a quorum was present and the Board meeting was duly convened. The Chairperson expressed congratulations on behalf of the Board to Bairbre O'Neill, Board member, who recently gave birth to a baby girl.

2. Conflict of Interest

No conflicts of interest were declared.

3. Minutes of the Board meeting of 25 May 2016

The minutes of the meeting of 25 May were reviewed by the Board. It was agreed that the minutes, subject to minor amendments were an accurate reflection of the meeting. SOM proposed approval of the minutes and MS seconded the proposal; **accordingly it was resolved that the minutes of 25 May 2016 be approved by the Board.**

4. Review of Actions

The following updates were provided in relation to actions arising from previous Board meetings;

- SA reported that updates on the implementation of the recently approved People Strategy will be by means of the corporate performance reports at each Board meeting
- A briefing on the status of discussions with the DOH regarding the legislative timeframe for the registration of centres for people with disabilities will be provided as part of the CEO report
- The Chairperson confirmed that he had a discussion with the Minister and that he and the CEO are scheduled to meet with him next week.

5. Matters arising

There were no matters arising.

6. National Standards for Safer Better Maternity Services

Linda Weir (LW) Programme Coordinator and Rachel Dardis (RD) Research Officer joined the meeting to present on the development of the Standards. RD outlined the methodology used and LW outlined the process together with an overview of the public consultation process and the nature of the submissions received.

The Board discussed the Standards in detail and key considerations arising from the discussion related to:

- The nature and extent of the feedback received
- The extent to which the feedback influenced changes to the standards
- The value of tracking the changes between pre and post consultation as part of the process in future standards development.

Clarification relating to questions on feedback and some aspects of the standards' detail was provided and it was confirmed that a statement of outcomes will be published summarising the feedback and related changes. It was also noted that in some instances the prominence of some features of the standards would be enhanced.

The Board complimented the quality of the document and the robust methodology used in developing the standards. MS proposed approval of the National Standards for Safer Better Maternity Services and UG seconded the proposal; **accordingly it was resolved that the National Standards for Safer Better Maternity Services be approved by the Board.**

7. Information Management Standards for National Health and Social Care Data Collections

Barbara Foley (BF) Health Information Inspector and Maura Flynn (MF) Health Information Officer joined the Board to present the draft Information Management Standards for National Health and Social Care Data Collections prior to the draft standards being issued for public consultation. The draft standards are intended to provide a focus on information governance practices and the management of national health and social care data collections in Ireland and will apply to all health and social care data collections that are established and maintained on a national basis, such as the National Cancer Registry Ireland (NCRI) and the National Physical and Sensory Disability Database (NPSDD), managed by the Health Research Board.

The presentation provided an overview of the methodology used to develop the standards, international review of national data collections in other jurisdictions and the key themes emerging from the review.

Adherence to the standards will help improve the quality, usability and interoperability of data which should significantly increase the contribution of the national data collections to the quality and safety of health and social care in Ireland.

The Board discussed the Standards in detail and key considerations arising from the discussion related to:

- The need for data validation within the national data collections and recognising possibility of data bias
- Ensuring that recommendations made by HIQA previously on national data collections are implemented
- Implementation of the standards by the organisations involved and the future monitoring role by HIQA to ensure implementation.

It was clarified that

- The Recommendations for a more integrated approach to national health and social care data collections published in November 2014 includes the need for a National Data Quality Framework
- A representative from the Central Statistics Office was a member of the expert advisory group
- HIQA will be developing an assessment framework for eventual monitoring of the standards and
- The integrity of the data will be a central focus of HIQA's overall approach both in terms of standards and monitoring activity.

BF explained that subject to Board approval, the standards will now undergo a public consultation process, after which feedback will be analysed and reflected as appropriate. The draft standards will then return to the Board for final approval and be submitted to the Minister.

SOM proposed approval of the draft Information Management Standards for National Health and Social Care Data Collections and SOF seconded the proposal; accordingly **it was resolved that the draft Information Management Standards for**

National Health and Social Care Data Collections be approved by the Board.

8. Committee Structures and Roles

KL presented a paper with proposed changes to the role and structure of the Board Committees which better reflects and addresses the corporate plan structure, Board evaluation recommendations, recent audit recommendations and discussions with the Executive management.

The proposed changes are intended to streamline and optimise the assistance and support provided by the Committees to the Board whilst at the same time enabling comprehensive Board oversight of corporate and business objectives. KL advised that subject to approval of the proposed changes by the Board, the terms of reference for the Committees will be revised accordingly. As part of the proposed changes it was noted that the ACGC will be informed of the risks being discussed in other Committees of the Board. The Board agreed that the paper proposed sensible changes but suggested that oversight of stakeholder engagement objectives and risks relating to these objectives would be better placed under the remit of the Resource Oversight Committee.

Subject to this amendment, SOM proposed approval of the changes to the committee roles and structures and AC seconded the proposal; **accordingly it was resolved that the paper outlining changes to roles and responsibilities of the Committees be approved by the Board.**

9. Annual Financial Statements 2015

SA advised the Board that the Annual Financial Statements for 2015 had previously been approved by the Board in March prior to being submitted to the Comptroller and Auditor General (C&AG) for audit. No significant changes had been made to the accounts as a result of the audit but a number of presentational amendments had been requested by the C&AG so that the audited accounts from various state bodies reflected the new accounting standard requirements, FRS102 in a standardised format. SA outlined these changes in full to the Board advising that the accounts have been revised to reflect the C&AG's presentational requirements. SOF, chair of the Audit and Corporate Governance Committee (ACGC) advised that the Committee had been kept informed of the developments and congratulated SA and the Finance Manager on a clean audit from the C&AG. As Chair of the ACGC he was satisfied for the 2015 annual financial statements to be approved by the Board. The Board reviewed the financial statements for 2015. MS proposed approval of the accounts and SOM seconded the proposal; **accordingly it was resolved that the Annual Financial Statements 2015 be approved by the Board.**

10. CEO's report

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

- The risk relating to meeting the timeline for the registration of centres for people with disabilities was discussed in detail. The following actions had been/are being taken to manage the situation including;

- A meeting had taken place with DoH officials
- The Chief Inspector had written to the Secretary General outlining concerns
- Senior Counsel advice had been sought and is awaited
- The CEO and the Chairperson will highlight the issue to the Minister at their meeting next week
- A special meeting of the Board will be arranged if necessary when senior counsel advice had been received.
- No further developments had occurred in relation to the DoH review of the HTA and HI functions.
- The CEO will speak at the Magill Summer School later this month.
- A draft operating protocol has been developed with the DoH. Further work will be done to finalise the document.

11. Corporate Performance report

SA presented the Corporate Performance Report to the Board explaining that in line with the corporate reporting process, a full report of all the business plan objectives and any associated risks is provided mid way during the year and at the end of the year.

SA summarised the status of the business plan objectives advising that currently all but 4 of the 67 objectives are on target. Detail was provided on the objectives outside of target. It was clarified that sanction has been received for staff for the national patient experience survey project and therefore this will resolve the capacity issue for the project when these staff are in place. A brief report was also provided on the status of the development of the national standards for patient safety incidents. It was noted that there are some challenges to the introduction of the HR system which are being addressed.

The Board were requested to agree a change of target date for the HTA objective (2.1d) to Quarter 4. UG proposed the change of target date and AC seconded this proposal. **Accordingly it was resolved to change the completion date of the HTA objective (2.1d) to Quarter 4.**

12. Proposed Licensing in Healthcare

Susan Cliffe (SC) Interim Deputy Director of Regulation (via video conference) and Paul Dunbar (PD) Regulatory Officer joined the meeting. MD introduced the agenda item by explaining that the DoH proposes to introduce a licensing system for all public and private hospitals and certain other clinical activities by means of the Patient Safety Licensing Bill which is currently in draft. It was noted that senior HIQA officers have been participating in discussions on healthcare licensing as part of a group formed by DoH. In order to inform the discussion and the development of legislation HIQA has undertaken an international review into the different licensing models in relevant jurisdictions. It is anticipated that the paper based on the review would inform an agreed HIQA position on licensing. PD presented to the Board the review which examined the types of healthcare that are regulated and the range of enforcement powers employed. Based on the outcome of the review and HIQA's experience of regulating in the social care sectors, a draft paper has been developed. The Executive Management Team has reviewed this paper and made several draft proposals for consideration with the Board.

The Board considered that the quality of the research was excellent and helped set out logically the overall considerations and challenges involved in the introduction of a licensing regime in the acute healthcare environment.

Key considerations arising from the ensuing Board discussion were:

- The complexity of the environment and the interrelationship of the public and private healthcare services in Ireland
- How to ensure equity of a licensing regime and the impact of any resultant enforcement approach in the public and private sectors
- Applicability and proportionality of enforcement powers to different facilities and activities
- License duration/license expiry.

The Board requested that further consideration be given to the enforcement powers in the context of public/private providers. MD explained that work is ongoing and will now extend to reviewing the licensing regimes in the Netherlands and Germany. In the interim, subject to the final Board's approval MD requested approval to submit the draft paper to the DOH working group involved in the drafting of the legislation in order to inform their deliberations. The Board **approved** the draft paper and agreed it should be used to inform the working group deliberations. However the Board considered that given the significance of the topic it required further discussion and it should be revisited at the next meeting of the Board.

13. Chairperson's Report

The Chairperson's report was noted.

14. Committee Report

A report on the meetings of the Board Committees was included with the Board papers. The following items were highlighted by the Chairs of the Committees:

- ACGC (23 June 2016)
 - Two internal audit reports had been reviewed by the Committee: an Audit on Standards development (including guidance and HTA advice) and a follow up review of the performance management audit of November 2015. Both reports showed very positive findings.
- IRT Committee (14 June 2016)
 - The importance of ensuring that staff are facilitated in their continual professional development and in maintaining expertise through participation in international conferences was discussed. It was recommended that this is examined in light of the People Strategy as a means of professional development for HTA staff.
- Resource Oversight Committee (ROC) 25 May and 6 July 2016
 - The meeting of the 25th May focused on reviewing the people strategy
 - On the 6th July the Committee received a report on the midyear review of the CEO's performance undertaken by the Chair of the Committee and the Chairperson of the Board. Good progress had been made to date on the objectives set out for the CEO for 2016.

The Board noted and endorsed the assessment of the CEO's performance.

15. Correspondence

No correspondence was presented to the Board.

16. Any other Business

- **Surrender of Lease and Seal of HIQA**

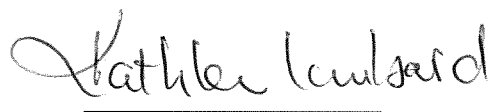
SA explained that as part of exiting the lease for the offices at Beacon Court in Sandymount, a deed of surrender of lease between HIQA as tenant (formerly held by the Irish Health Services Accreditation Board) and Edmond Moloney as landlord is required.

AC proposed approval of the Deed of Surrender and the application of the seal to the Deed. UG seconded the proposal; **accordingly it was resolved that the deed of surrender of the lease for the Sandymount offices be approved by the Board and that the seal of the Authority be applied to the appropriate documentation.**

There being no other business the meeting closed.

Signed


Brian McEnery
Chairperson


Kathleen Lombard
Board Secretary

Actions arising from the Board meeting on 6 July 2016

No	Action	Person Responsible	Timeframe
1	Changes between pre and post consultation to be tracked as part of the process in future standards development	MKOS/KOC	As standards arise
2	Oversight of stakeholder engagement objectives and risks relating to these to be allocated to the remit of the Resource Oversight Committee	KL	September
3	Further discussion on licensing to take place at the next meeting of the Board	MD	September

Carried forward Actions

No	Action	Person Responsible	Timeframe
1	Report on implementing the recommendations from the Board evaluation report to be provided	KL	November 2016

Recurrent actions

No	Action	Person Responsible	Timeframe
1	It was agreed that correspondence arising from Board discussions will be circulated to the Board for information	KL	As arises
2	Training opportunities to be communicated to Board members	PQ/SA	As arises
3	It was agreed that all changes in reports presented to the Board will be highlighted for ease of reference	All	As arises