

**MINUTES OF THE BOARD MEETING OF
HEALTH INFORMATION AND QUALITY AUTHORITY
21 September 2016, Galway 10 am – 2 pm**

Present:

Name	Details	Initials
Brian McEnery	Chairperson	BMcE
David Molony	Board Member	DM
Mary Fennessy	Board Member	MF
Una Geary	Board Member (via phone link)	UG
Sheila O'Malley	Board Member	SOM
Paula Kilbane	Board Member	PK
Molly Buckley	Board Member	MB
Martin Sisk	Board Member	MS
Stephen O'Flaherty	Board Member	SOF
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 and Deputy CEO	MR
Marie Kehoe O'Sullivan	Director of Safety and Quality Improvement	MKOS
Marty Whelan	Head of Communications	MW
Rosie Becker Garde	Administration	RBG

Apologies:

Barbara O'Neill	Board Member	BON
Judith Foley	Board Member	JF
Mary Dunnion	Director of Regulation	MD

1. Quorum

It was noted that a quorum was present and the Board meeting was duly convened. The Chairperson welcomed the Board and the Executive to Galway where a small office has now been opened and which accommodates staff from the western part of the country.

The Chairperson reported that during a short Board only session the process for approval of standards and Health Technology Assessments (HTAs) had been discussed. It was agreed that a standardised process document would be developed

that outlines to the Board the key milestones for each project before it commences. It was noted that following the public consultation process, the standards and HTAs would subsequently come to the Board for approval together with the associated assurance statements confirming adherence to the relevant Quality Assurance Framework which is in line with the recently agreed scheme of delegation.

2. Conflict of Interest

No conflicts of interest were declared.

3. Minutes of the Board meeting of 6 July 2016

The minutes of the meeting of 6th July were reviewed by the Board. It was agreed that the minutes were an accurate reflection of the meeting. SOM proposed approval of the minutes and AC seconded the proposal; **accordingly it was resolved that the minutes of 6th July 2016 be approved by the Board.**

4. Review of Actions

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

- The action relating to the pre and post consultation review of standards and HTAs by the Board will be clarified by the process discussed earlier
- The discussion on licensing models for healthcare facilities has been deferred until November pending further research on licensing systems in non English speaking countries.

5. Matters arising

MKOS advised that the Draft National Standards for Conduct of Reviews of Patient Safety Incidents developed with the Mental Health Commission were now at a stage of development whereby they could be issued for public consultation. It was agreed that once the public consultation was complete the standards would be presented to the Boards of HIQA and the MHC for final approval and forwarding to the Minister.

6. National Standards for the Prevention and Control of Healthcare Associated Infections

Dr Fiona McKenna, project lead for revising the 2009 National Standards for the Prevention and Control of Healthcare Associated Infections joined the meeting to present on the scope, process and methodology for the revision of these standards. She also informed the Board that focus groups were convened with representatives from different settings and groups to ascertain experiences of infection control and identify some common themes.

The Board discussed the Standards in detail and key considerations arising from the discussion related to the scope of the standards. In that context the following points were made

- the community care sector has high incidences of healthcare associated infections
- there may be a perception in the wider sector that the standards include community and primary care and therefore clarity around the scope is essential when the standards are being published

- the need to address community and primary care settings as soon as possible after these standards have been released.

It was also suggested that in light of the development and publication of a number of specific standards as sub sets of the National Standards for Safer Better Healthcare, that HIQA should consider the development of a referencing system within the standards that would be helpful for those charged with implementation.

7. Risk management policy and procedure

KL presented a revised risk management policy and procedure. The policy and procedure had been amended to reflect new risk management guidance issued by the Department of Public Expenditure and Reform in February 2016. The revised procedure includes a risk appetite statement that had been discussed and agreed by the Board in May 2016 and since then further detail to operationalise the risk appetite statement had been included in the documents. The Board agreed that additional qualitative criteria should be added to regulatory operations. It was also recommended that there is appropriate communication across the organisation around the revised policy and procedure.

The Board agreed that the risk management policy and procedure provided a sound platform for the management of risk in the Authority. Subject to the change proposed by the Board, SOM proposed approval of the revised policy and procedure and MF seconded the proposal; accordingly **it was resolved that the revised risk management policy and procedure, including the risk appetite statement be approved by the Board.**

8. Board Skills audit

KL introduced this item by advising that a number of developments, from the establishment of Stateboards.ie to the Code of Practice for the Governance of State Bodies 2016, have given rise to greater focus on Board members' skills and competencies. In particular, arising from the external Board evaluation undertaken earlier this year, a recommendation was made for a skills and competency audit to be undertaken of the Board members and for members of the Committees. The purpose of the skills audit is to inform the training needs of the Board and to support future submissions of the Chairperson to the Minister for future appointees to the Board. KL outlined the approach and asked for agreement to the following components:

- The skills set out in the document for the Board and each of the committees
- The level of skill required
- The number of those required to have that skill level.

AC proposed approval of the approach outlined and MS seconded the proposal; **accordingly it was resolved that the approach and skills outlined for the Board and respective committees be approved by the Board.**

KL advised that the next stage will be to issue questionnaires to Board and Committee members in the near future.

9. CEO's report

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

- a submission on the future of healthcare to the Oireachtas Committee based on the Authority's experience to date
- a submission to the DoH in respect of its statement of strategy
- the regulatory risk register meetings continue to provide oversight and assurance on all risk rated designated and non designated centres and
- a paper is being progressed with the DoH outlining the governance arrangements between the two organisations. This will come back to the Board when finalised.

10. Corporate Performance report

SA presented the Corporate Performance Report to the Board highlighting that the majority of objectives are on target to be delivered by year end as demonstrated by the graph summarising progress. The objectives that are unlikely to be delivered by completion date were included in the report with supporting information.

The Board were also updated on:

- the project to procure a HR Information system and related developments. A further update will come to the Board in November
- potential changes to recruitment practices currently being discussed with DoH
- the imminent publication of the review on the implementation of recommendations arising from the investigation into the safety, quality and standards of services provided at Midland Regional Hospital will be published shortly. It will be circulated to the Board when finalised
- the objective relating to the business intelligence strategy has been delayed pending a "strategy readiness" assessment. A strategic examination is being undertaken to identify the best structure for BI within the Authority. A report should be available in the near future.

11. Code of Practice for the Governance of State Bodies 2016

KL provided a short presentation to the Board on the 2016 Code of Practice which was published in August. An outline of the main changes, key reporting requirements, areas of increased focus and the roles impacted was covered. KL explained that a plan is being developed that will address the revised/new requirements and updates on its implementation will be routed through the Audit and Corporate Governance Committee.

12. Communications Strategy

MW, Head of Communications and Stakeholder Engagement, introduced a new Communications strategy which outlines the direction and scope of HIQA's engagement with its stakeholders over the next three years.

He explained that the aim of the strategy is to assist and support the organisation in the achievement of its objectives and outlined a number of priority areas that will be progressed through an action plan for progressing these areas. The Board welcomed the strategy and a progress report on implementation will be through the

Resource Oversight Committee of the Board and the corporate performance reporting arrangements.

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 report was provided by the Chair of the Audit and Corporate Governance Committee:

- ACGC (8 September 2016)

The Committee reviewed an internal audit report on registration with a satisfactory assurance rating, the C&AG management letter, the corporate risk register, the revised risk management policy and procedure and the proposed approach to the Board and Committee skills audit. In addition the Committee were advised of an underpayment of VAT which had been identified and which occurred as a result of the introduction of an EU regulation relating to the treatment of suppliers providing services to customers in another EU state. The issue has now been fully rectified.

15. Correspondence

No correspondence was presented to the Board.

16. International Review of National Health and Social Care Data Collections

This review was provided for Board information.

17. International review of Summary care records

This review was provided for Board information.


18. Any other Business

There was no other business and the meeting concluded.

Signed



Brian McEnery
Chairperson



Kathleen Lombard
Board Secretary

Actions arising from the Board meeting on 21 September 2016

No	Action	Person Responsible	Timeframe
1	a process map for standards development, approval and public consultation to be developed which illustrates the delegated responsibilities of the Executive in the process	MKOS/MR/RF	November
2	additional qualitative criteria should be added to regulatory operations in the revised risk management procedure	KL/MD	Immediate
3	further update on the project to procure a HR Information system to come to the Board	SA	November
4	the review on the implementation of recommendations arising from the investigation into the safety, quality and standards of services provided at Midland Regional Hospital to be circulated to the Board	MD/MW	When finalised

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