

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

**25 May 2016
Smithfield 9.30am – 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	MB
Barbara O'Neill	Board Member	BON
Martin Sisk	Board Member	MS
Stephen O'Flaherty	Board Member	SOF
Judith Foley	Board Member	JF

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
Tracy O'Carroll ¹	Health Information Manager	TOC
Marty Whelan	Head of Communications	MW

Apologies:

Anne Carrigy	Board Member	AC
Kevin O'Carroll	Acting Director of Health Information	KOC
Mary Dunnion	Director of Regulation	MD

1. Quorum

It was noted that a quorum was present and the Board meeting was duly convened.

¹ Tracey O'Carroll attended in lieu of Kevin O'Carroll

2. Conflict of Interest

No conflicts of interest were declared.

3. Minutes of the Board meeting of 27 April 2016

The minutes of the meeting of the 27th April were reviewed by the Board. It was agreed that the minutes, subject to a minor amendment, were an accurate reflection of the meeting. BON proposed approval of the minutes and SOM seconded the proposal; **accordingly it was resolved that the minutes of 27th April 2016 be approved by the Board.**

4. Review of Actions

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

- All actions arising from the Board meeting on the 16th March were noted as complete.
- The Chairperson will be in communication with the new Minister very shortly.
- An external evaluation report is on the agenda for Board review.

5. Matters arising

There were no matters arising.

6. Draft Board evaluation report

The Chairperson welcomed Michael Kelly and Donal Keane from Governance Ireland to the meeting, to present on the evaluation carried out by them on the Board's performance and governance. The presenters outlined the scope of the review and the methodology used to conduct the evaluation which included a review of the Board as the governing body, the Board members individually, the Board committees and the Executives views.

A summary of the findings demonstrated an overall level of best practice with some findings showing an excellent standard of governance. The recommendations therefore are aimed at some minor changes to a fundamentally sound governance framework and attitude to gain some efficiency in the work of the Board.

The Board expressed satisfaction with the assurances provided through the review process and accepted the report in full, together with the recommendations and actions to further enhance the workings of the Board. The report will now be finalised and circulated to the Board. It was agreed that the actions will be progressed and a report on implementation of the recommendations will be provided to the Board later in the year.

The Chairperson commended Governance Ireland on the thoroughness of the methodology and their engagement with the Board. Governance Ireland thanked the Board and the Executive for their cooperation and left the meeting.

7. Draft Publications Policy

MW, Head of Communications and Stakeholder Engagement, presented a revised publications policy which will govern all public facing documents. This policy is supported by standard operating procedures for publications and for publications relating to the function of the Chief Inspector and the scheme of delegation in respect of HIQA's functions.

Key Considerations from the Board discussion:

- In considering the publications policy, discussion ensued on how the outcomes of HIQA's work are communicated to stakeholders through its publications in an independent, fair and balanced way.

In line with these considerations it was clarified that a draft stakeholder engagement strategy is being developed that will take into account our engagement with all stakeholders. It was agreed that this would be ready for review by the Board at their July meeting.

It was also clarified that the responsibility for the content of all published material lay with the CEO and Chief Inspector as appropriate. A minor amendment was proposed to the policy to ensure that this is clear.

Subject to this amendment, MS proposed approval of the publications policy and SOM seconded the proposal; **accordingly it was resolved that the publications policy be approved by the Board.**

8. Draft People Strategy

MR introduced this strategy explaining that its development delivers on one of the prioritised business plan objectives for 2016. The desire to focus on the Authority's staff is central to the strategy with the aim of developing a motivated and engaged workforce that enables high performance and a positive culture.

Key considerations from Board discussion:

- the duration of strategy (3 years)
- reflecting retention of staff in the objectives of the overall strategy
- the plans for implementing the strategy
- appropriate communication or launch of the strategy
- the continued involvement of staff in the delivery of the strategy
- the capacity of the HR function to deliver all the elements in the strategy
- reporting to the Board on the progress of the 2016 actions.

Clarifications were provided on these areas including confirmation that the 2016 actions and implementation plan will be reflected in the corporate performance report to the Board and the Resource Oversight Committee (ROC). SOM, Chair of the ROC, reported that the Committee had considered the strategy in detail at a meeting prior to the Board meeting and recommends its approval to the Board.

MF proposed approval of the People Strategy and BON seconded the proposal; **accordingly it was resolved that the People Strategy be approved by the Board.**

9. Draft Risk Appetite statement

A session on articulating the risk appetite had been facilitated by KL and Aidan Horan (AH) Director at the Institute of Public Administration (IPA) immediately prior to the Board meeting. AH and the IPA were a key contributor to the recent guidance on risk management issued recently by the Department of Public Expenditure and Reform (DPER) and to the drafting of the revised Code of Practice for the Governance of State Bodies, due to be published in the near future.

KL presented on the rationale for the development of a revised risk appetite for HIQA referring to recent developments in this area. While it was acknowledged that there is a strong risk management framework and culture in place it was decided in light of these developments, to revisit the risk appetite in a way that brings risk management in HIQA to a new level of maturity. KL outlined the work to date by the Executive management on examining HIQA's approach in this context and as a result a document had been circulated to the Board articulating a draft risk appetite statement. The Board considered the draft statement.

Key considerations from the Board discussion:

- explaining the relationship between risk statements, risk rating and risk registers
- ensuring that legal and regulatory obligations are reflected as the priority for HIQA and the risk categories mirror this
- notwithstanding that risks will arise outside of HIQA's control, they should still be articulated together with any responses deemed appropriate.
- a requirement anticipated in the new Code of Practice for the Governance of State Bodies (due to be published imminently) for a new type of assurance statement where the principal risks to the organisation are to be described.

It was clarified that the next level of detail will provide the linkage of the statements to risk rating and ultimately the risk registers. In that context, a revised policy and procedure will go to the next ACGC meeting and subsequently the Board for approval. The Board thanked AH for his contribution and he left the meeting.

SOM proposed approval of the risk appetite statements and SOF seconded the proposal; **accordingly it was resolved that the Risk appetite statements contained in the Board documents be approved by the Board.**

10. Corporate performance report (Including finance, human capital and risk)

SA introduced the report on the organisation's delivery of its Business Plan to date in 2016, clarifying that a revised copy had been issued on the day previous to the Board meeting. Hard copies of the revised report were provided to the Board members and SA explained where the revisions had been made to the latest version.

The following items received specific attention:

- The resource issue is still critical for the successful management of the organisation. In its communication with DoH, HIQA has been asked to prioritise the remaining unsanctioned positions by the DoH. DoH has confirmed that it will work on progressing examination of the prioritised posts with the Department of Public Expenditure and Reform on this basis. It was agreed by the Board that the role of the Chief Operating Officer for which sanction was sought in March 2015, continues to be an essential element to the governance structure of the organisation and therefore the requirement for this post is critical in any discussions with DOH.
- The timeline specified in legislation (October 2016) for the registration of all disability centres will not be met. The Board discussed the implication of this in detail. It was noted that this matter had been highlighted and discussed with the DOH when it first became evident that the legislative timeframe would be challenging and the DOH committed to amend the legislation to extend the period for registration to October 2018. However to date there has been no further advancement on this. PQ advised the Board that the Chief Inspector had written to the Secretary General in the DOH outlining the implications of the continued registration deadline being October 2016. The Chair and the CEO will seek an early meeting with the new Minister and emphasise the urgency of this issue. In the meantime, the risk has been escalated from the Regulation Directorate to the corporate risk register. It was suggested by the Board that contingency plans are considered in the event that the legislation is not progressed.
- An overarching project plan is being progressed to develop a quality management system; further detail will be included in the July performance report. The recruitment of a quality manager has been notified to the DoH as a priority position.
- The business plan objective relating to the patient experience project is on target to date. However, it was noted that the project is now at a juncture where the software requirement needs to be progressed. The Board was reminded that the project's governance involves a partnership with the HSE and the DoH with HIQA being the lead partner. At the time of deciding to undertake the project, it was understood and agreed that the project would be adequately resourced in line with the business case agreed by the DOH. To date the identified resources have not been sanctioned, putting the timely delivery of the overall project at risk.

Key considerations from Board discussion:

- The next phase of the patient experience project is a procurement exercise involving considerable expenditure on software
- The skills and resources required to carry out this phase of the project appropriately are not available
- SOM informed the Board that the project had been discussed in detail at the ROC meeting prior to the Board meeting together with the risks in engaging in a significant procurement exercise without sufficient capacity or capability of the team leading the project. It is recommended by the Committee, in

order to mitigate this risk, that the next step in the project is postponed until the necessary resources are available.

SOM proposed that the next phase of the Patient Experience Project is deferred and SOF seconded the proposal; **accordingly the Board resolved to defer the next phase of the patient experience project.** Renewed efforts will be made to secure appropriate resources so that the project can be recommenced.

11. Finance Report

The Finance report had been reviewed under item 10.

12. Impact of HTA

MR introduced Conor Teljeur (CT) Head Statistician and Patricia Harrington (PH) Head of HTA standards who joined the meeting for this item. MR advised the Board that a pilot study had been undertaken in 2015 to evaluate the HTA on public access defibrillation. Using the experience of this pilot, three full HTAs have been evaluated. CT outlined the methods used in examining the impact of the HTA and the themes across which the impact of the HTAs were considered; process information, stakeholder's views, download activity and media coverage.

It was highlighted that the purpose of a HTA is to support evidence based decision making and the primary impact of any HTA is to inform a decision. However because of the lag between the publication of a HTA and decision making regarding a policy, it is sometimes difficult to state that a decision was made on the basis of a supporting HTA. In addition, there is a wider context to the decision making in Ireland and interpreting this context and the direct impact of the HTA is complex and challenging.

However, it was noted that there is learning from the process including;

- improving response rates from stakeholders, by circulating questionnaires to members of the expert advisory group and decision makers according to a more tactical timeline
- the readability of the HTA reports may be a factor in terms of wider accessibility and the use of lay summaries will, as a pilot exercise, be included in 2016 HTA reports.

Key considerations from Board discussion;

- ways of evaluating the impact of HTAs further downstream to the publication of the projects to be considered
- the feasibility of a HTA style approach for developing national guidelines to evaluate changes made in the delivery of health care services.

13. CEO's Report

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

- The risk relating to the registration of centres for people with disabilities has been escalated from the Regulation Directorate to the Corporate Risk Register. It was noted that a response had been received from the Secretary General, DoH reaffirming commitment to extending the registration timelines.
- An update on centres that are currently under review by the Regulatory Risk Management Group and key developments arising.
- Important leadership and management development initiatives for the executive and senior management teams within HIQA.
- The publication of a report by the National Disability Authority (summary at Appendix 1 of the CEO report) which focussed on the first year of regulation of designated centres for people with disabilities. The report reflects some of the challenges encountered by the regulatory team and the findings have been examined. It was acknowledged that the AMA Phase 2 project had already identified and addressed some of the findings and there have been significant modifications and improvements to the approach since the latter part of 2014. This included a restructure from a mixed caseload to an approach where inspectors focus solely on specific services and subsequent training refocused on these specific areas.
- The Board suggested that when the AMA 2 project is completed and has become embedded in practice, it would be a worthwhile exercise to externally validate our processes.
- A summary of complaints received and managed by HIQA
- An overview of a number of significant publications that are upcoming including a report on a review of nutrition and hydration in public hospitals.

13. Chairperson's Report

The Chairperson's report was noted. The Chairperson added that he, together with the CEO and the Chief Inspector will be meeting with the Chair and the CEO of the Care Quality Commission in the near future with the intention of sharing experience and knowledge of regulatory practice and environment. They will report to the Board on the meeting.

14. Committee Report

A report on the meetings of the Board Committees was included with the Board papers. A brief summary of items covered by these committees was provided by the Chairs of the Committees:

- ACGC (12 May 2016)
 - A delay in the delivery of two audit reports to the Committee resulted in these reports being deferred until the next meeting.
 - The C&AG are currently auditing the 2015 annual accounts. It is intended that they will have their audit report with Management by the

20th June and have requested that the final audited accounts are submitted by 30th June. The draft financial accounts were previously approved by the board for submitting for audit purposes and thus it was agreed that the final accounts can be signed off by the Chairperson and the Chair of the ACGC provided there are no substantive issues /changes arising from the audit. It was agreed that the Board will be kept informed on progress.

- Health and Social Care Governance Committee (5 May 2016)
 - The corporate performance and risk reports for the Regulation and Safety and Quality Improvement Directorates were reviewed in detail
 - The risk relating to the registration of centres for people with disabilities was reviewed in detail.

15. Correspondence


The Board noted the correspondence relating to the appointment of MD as the Chief Inspector and the approval of the business plan 2016.

16. Any other Business

The next meeting of the Board will be in Cork on 6th July. A strategy meeting will be arranged in September/October. There being no further business, the meeting concluded.

Signed


Brian McEnery
Chairperson


Kathleen Lombard
Board Secretary

Actions arising from the Board meeting on 25 May 2016

No	Action	Person Responsible	Timeframe
1	report on implementing the recommendations from the Board evaluation report to be provided	KL	November 2016
2	annual accounts to be signed off by the Chairperson and the Chair of the ACGC provided there are no substantive issues arising from the audit.	SA	30 June 2016
3	implementation plan for the People strategy to come to the next Board meeting for information	SA/MR	July 2016
4	contingency plans to be considered in the event that the legislation is not progressed	MD/PQ	Immediate

Carried forward Actions

No	Action	Person Responsible	Timeframe
1	Chairperson and the CEO together to meet with the Minister at the earliest opportunity	PQ/BMcE	May 2016

Recurrent actions

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

