



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

**Video Conference, Mahon and Smithfield
8th May 2012**

Present:

Name	Details	Initials
Dolores Quinn	Vice Chairperson	DQ
Pat McGrath	Chairperson (via phone link)	PMcG
Philip Caffrey	Board Member	PC
Sam McConkey	Board Member	SMcC
Cillian Twomey	Board Member	CT
Grainne Tuke	Board Member	GT
Angela Kerins	Board Member (via Phone link)	AK

In Attendance:

Tracey Cooper	Chief Executive Officer	TC
Kathleen Lombard	Board Secretary	KL
Mary Dunnion	Regional Manager	MD
Kelly Jones	Admin support	KJ
Emily McLoughlin	Directorate Business Administrator	EMcL
Gillian Hastings	Programme coordinator	GH
Margaret Cahill	QA Manager	MC
Hilary Coates	Head of Safety and Learning	HC
Sheila O'Connor	Investigation Team Member (via phone link)	SOC
Dermot Power	Investigation Team Member	DP
Marty Whelan	Head of Communications	MW
Richard O'Sullivan	Legal Adviser	ROS
Niall Michel	External legal support	NM

Apologies:

Geraldine McCarthy	Board Member	GMcC
Bryan Barry	Board Member	BB
Sean Angland	Head of Corporate Services	SA
Jane Grimson	Director of Health Information	JG

Note: Dolores Quinn, vice chairperson, chaired the meeting as the Chairperson participated via phone link.

1. Quorum

It was noted that a quorum was present and the Board meeting was duly convened. DQ clarified that this was a single item Board meeting for the purpose of consideration, and approval if appropriate, of the Investigation Report into the Quality Safety and Governance of the Care provided by the AMNCH. PMcG, AK and SOC confirmed the privacy of their surroundings.

2. Conflict of interest

It was clarified that SOC was in attendance as a member of the investigation team but because she was a member of the Board would leave the meeting for any decision making by the Board.

3. Update on the process for the investigation

HC updated the Board on the process since the February Board meeting when the report was discussed in detail. The findings that were presented at that time were circulated to relevant parties for factual accuracy. Responses were reviewed and reflected in amendments where valid. An internal challenge process also formed part of the overall process.

4. Fulfilling the terms of reference

HC explained that the lines of enquiry were based on the approved Terms of reference. The areas of exploration were also in line with the terms of reference.

5. Legal view

ROS (Head of Legal Services) and NM (Partner, Mason Hayes & Curran Solicitors) outlined to the Board the role of the legal advisors in the overall process, the parameters of the legal advices given and the limitations of those advices. In general, the role involves providing guidance to the investigation team in their preparation of the report. While the legal advice was considered by the investigations team, ultimately the team makes the final decisions regarding the drafting of the report and the processes which were followed. While there is always the risk of legal challenge involved in publishing an investigation report, the legal advice is intended to reduce the risk of a successful challenge being taken.

6. Board discussion

A Board discussion followed which centred on seeking assurance around the factual accuracy of the report, the supporting evidence and the robustness of the process. Assurances were provided in respect of these areas.

The Board suggested that the recommendations should be reorganised into a more intuitive structure and prioritised groupings.

7. Consideration for approval

SOC absented herself from the meeting at this point. It was agreed that the investigation team would rework the recommendations to address the Board's comments and would reissue to the Board Members by the close of business the next day.

Overall the Board commended the Investigation team on an excellent report. CT **proposed** the approval of the Report and GT **seconded** the motion. Accordingly, **it was resolved by the Board** that the Report into the Quality, Safety and Governance of the Care provided by the Adelaide and Meath Hospital **be approved**.

The CEO thanked all those involved for their hard work on the investigation and stated that as soon as the final amendments are made, it is intended to publish the report.

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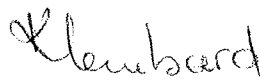
19. AOB

KL had circulated a brief paper prior to the meeting requesting Board approval for an interim sign off procedure for the CEO's expenses. The Board was satisfied with the proposal and accordingly **it was resolved by the Board** that the interim procedure for CT to sign off on the CEO's expenses **was approved**.

Signed:



Pat McGrath
Chairperson



Kathleen Lombard
Board Secretary

Actions arising from the meeting on 8th May 2012:

No	Action	Person Responsible	Timeframe
1.	Reissue recommendations to the Board	TC	Next day

