

**MINUTES OF THE BOARD MEETING OF  
THE HEALTH INFORMATION AND QUALITY AUTHORITY (The Authority)  
Smithfield, 20 January 2016, 9 am - 2.15pm**

**Present:**

<b>Name</b>	<b>Details</b>	<b>Initials</b>
Brian McEnery	Chairperson	<b>BMcE</b>
David Molony	Board Member	<b>DM</b>
Mary Fennessy	Board Member	<b>MF</b>
Una Geary	Board Member	<b>UG</b>
Sheila O'Malley	Board Member	<b>SOM</b>
Paula Kilbane	Board Member	<b>PK</b>
Molly Buckley	Board Member	<b>MB</b>
Barbara O'Neill	Board Member	<b>BON</b>
Martin Sisk	Board Member	<b>MS</b>

**In Attendance:**

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

**Apologies:**

Stephen O'Flaherty	Board Member	<b>SOF</b>
Judith Foley	Board Member	<b>JF</b>
Anne Carrigy	Board Member	<b>AC</b>

**1. Quorum**

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

**2. Conflict of Interest**

Bairbre O'Neill advised the Board, in the context of the draft Business Plan for 2016, that she has an (indirect) business relationship with one of the industries likely to be associated with one the HTA objectives. It was noted that if the occasion arises

when the HTA project becomes the subject of Board discussion, she would absent herself from the discussion.

### **3. Minutes of the Board meeting of 25 November 2015 and 15 December 2015**

**3.1** The minutes of the meeting of the 25 November 2015 were reviewed by the Board. It was agreed that the minutes were an accurate reflection of the meeting. MB proposed approval of the minutes and MS seconded the proposal; **accordingly it was resolved that the minutes of 25 November 2015 be approved by the Board.**

**3.2** The minutes of the meeting of 15 December 2015 were reviewed by the Board. It was agreed that the minutes were an accurate reflection of the meeting. MS proposed approval of the minutes and SOM seconded the proposal; **accordingly it was resolved that the minutes of 15 December 2015 be approved by the Board.**

### **4. Review of Actions**

It was noted that a letter was issued to the Minister from the Chairperson arising from the Board's discussion on the change in national policy in relation to the National Standards for Residential Services for Older People. PQ advised that discussions on the matter had also taken place with the Secretary General of the Department of Health (DoH).

PQ also advised there had been correspondence and discussions in relation to the letter from the DoH regarding the establishment of the National Patient Safety Office and the associated proposal for a review of the Health Information and Health Technology Assessment functions within HIQA, under the Health Act 2007. A meeting with the DoH is scheduled for 21 January and this matter will be explored further.

It was agreed that the relevant correspondence arising from Board discussions will be circulated to the Board for information.

### **5. Matters arising**

There were no matters arising.

### **6. CEO annual Performance review (2015) and Plan for 2016**

The Chairperson reported that during a private session of the Board immediately prior to the Board meeting proper that the recommendations of the Remunerations and Nominations Committee in respect of the CEO's performance had been discussed. He confirmed that **the Board had approved:**

- The outcome of the annual performance review for 2015
- The objectives set for the CEO for 2016.

## 7. Procurement Policy

SA presented a revised procurement policy to the Board explaining that it will replace an earlier policy. The revised policy has been reviewed in detail by the Audit and Corporate Governance Committee and because it is a key part of the Authority's corporate governance policies, it is before the Board for approval. SA clarified that the policy will be underpinned by a set of procedures and templates. SOM proposed approval of the procurement policy and UG seconded it; **accordingly it was resolved that the procurement policy be approved by the Board.**

## 8. Board Committees – terms of reference (TOR) review

KL advised that as part of the governance arrangements for Board committees, the terms of reference of the committees are regularly reviewed. As part of this review, revised terms of reference for two of the Board Committees are before the Board for approval:

- **Remuneration and Nomination Committee (RNC) ToR**

The TOR for the RNC was reviewed by the Committee and it was agreed that they should be amended to reflect a broader oversight role of the resources and support needs of the Authority in light of the evolution of the organisation's structure and functions. In addition, it was agreed that the title of the Committee should change in recognition of the Authority not having a role around remuneration decisions. Therefore the recommendation of the Committee is that it should be reconstituted as the **Resource Oversight Committee (ROC).**

MS proposed approval of the revised terms of reference and the change of title for the Committee and BON seconded the proposal; **accordingly it was resolved that the TOR for the reconstituted ROC be approved by the Board.**

- **Audit and Corporate Governance Committee (ACGC) ToR**

The TOR for the ACGC was reviewed by this Committee and were revised to reflect the most recent available best practice. MB proposed approval of the revised terms of reference for the ACGC and MS seconded the proposal; **accordingly it was resolved that the revised TOR for the ACGC be approved by the Board.**

## 9. Schemes of delegation and Determination

PQ presented a paper to the Board which set out a scheme of delegation for the functions of the Authority and a scheme of determination for the functions of the Chief Inspector of Social Services. The documents form a key element of the Authority's governance and controls and reflect the Board's authority to delegate its functions or powers to the CEO and that onward delegation to other employees as well as the delegation of functions directly to the Chief Inspector from the Oireachtas and onwards to HIQA officers appointed as inspectors of social services.

As part of the Authority's system of control, a comprehensive review of the Board's delegations made to date was undertaken. As a result, two schemes have been revised;

- a. Scheme of delegation of the statutory functions (Section 8(1) of Act) of the Authority
- b. Scheme of determination for the functions and powers of the Chief Inspector of Social services.

It was clarified that the Scheme for the delegation of statutory functions (*a* above) is for approval and the Scheme of determination (*b* above) is for Board information and assurance. It was also clarified that the schemes revoke any previous delegations.

The Board welcomed the paper and its value in clearly setting out the delegated responsibilities within the Authority. SOM proposed approval of the revised Scheme of delegation (*a* above) and BON seconded the proposal; **accordingly it was resolved that the revised scheme of delegation of statutory functions of the Authority be approved by the Board.**

## **10. Draft Business Plan 2016**

PQ presented two documents relating to this item; the first being the draft Business Plan for submission to the Minister of Health and the second being a more detailed document, (developed in response to recommendations from an internal audit on performance management). The more detailed document identifies the persons responsible for delivering the objectives, target dates, reporting metrics and any existing or projected risks in respect of delivery. Specifically the document prioritises a number of objectives based on legal mandate, national policy and consideration of key risks.

PQ advised that a new corporate performance framework will be developed to report on the Business Plan. SA tabled a short paper setting out the outline budget and workforce requirements necessary to deliver the 2016 plan. In response to a number of questions raised by the Board the following was clarified/noted:

- The DoH, the HSE and HIQA as the lead agency will work in partnership on the development of a National Patient Experience Survey. HIQA will fund the initial work out of its existing budget in 2016 but delivery of the survey in future years will be subject to renewed discussion on budgetary requirements with the DoH
- Text will be included to clarify that the objective in relation to the registration of special care centres for Children will be delivered if the function is commenced
- A glossary should be added to the external document explaining any acronyms used.

Subject to some other minor amendments proposed by the Board, MS proposed approval of the Draft Business Plan for 2016 and MB seconded the proposal; **accordingly it was resolved that the Draft 2016 Business Plan be approved**

**by the Board.** When the amendments have been made, the plan will be forwarded to the Minister in line with HIQA's legal mandate.

## **11. Health Information Standards and Guidance**

KOC, Acting Director of Health Information, introduced the following documents (11.1, 11.2 and 11.3) for approval and assured the Board that they had been developed in accordance with the Directorate's Quality Assurance Framework which sets out the process for the development of standards, recommendations and guidance.

### **11.1 National Demographic Dataset and Guidance**

KOC presented a National Standard Demographic Dataset and Guidance for use in health and social care settings in Ireland. This document updates the first version of the Standard, published in 2013 which was developed to address a deficit identified by a number of stakeholders around the collection of demographic data. The revised Dataset and Guidance has been revised on the basis of stakeholders' views since its introduction in 2013, the publication of the Health Identifiers Act (2014) and the introduction of a national postcode system.

KOC explained that the purpose of the standard dataset is to standardise the recording of demographic data and the easier sharing of information within and between health and social care services by providing a standard core set of data elements to support the consistent, complete, and accurate recording of information for each service user. They are intended to drive consistency, reduce duplication and through more reliable information, improve the safety and quality of care provided. A consultation process was undertaken on the revised Standard and Guidance and a report on the outcome of consultation is also included with the Board papers. KOC tabled a submission from the clinical lead of the national maternity and newborn clinical information systems, that had been received post EMT approval regarding registering of unnamed babies.

The Board welcomed this revision of the Standard and its responsiveness to stakeholders' views. MS proposed approval of the National Standard Demographic Dataset and Guidance and PK seconded the proposal; **accordingly it was resolved that the National Standard Demographic Dataset and Guidance be approved by the Board.**

### **11.2 Draft National Standards for Diagnosis Datasets and Clinical Document Architecture templates and the Draft National Standards for Adverse Reaction Datasets and Clinical Document Architecture templates**

KOC explained to the Board that currently there are no standardised datasets to describe a diagnosis or adverse reaction that can be used in national patient summaries. The development of these two standards are intended to address this gap and to facilitate the standardisation of how a diagnosis or adverse reaction is recorded and to facilitate easier sharing of information within and between health

and social care services. It was clarified that the diagnosis and adverse reaction datasets are part of a suite of data specifications currently being developed by the Authority to support the standardisation of national patient summaries which has been identified in the national eHealth strategy as a key priority in the implementation of eHealth initiatives.

A discussion ensued in relation to the need for direction and action at a national level on the eHealth agenda. It was pointed out that the appointment of the Chief Information Officer in the HSE and the appointment of an Assistant Secretary in the DoH with responsibility for health information should help progress matters. It was agreed that the Authority would emphasise the need to progress eHealth at an upcoming meeting with the DoH and to outline the Authority's work in the development of the building blocks which needs to be utilised.

SOM proposed approval of the two standards and DM seconded the proposal; **accordingly it was resolved that the National Standards for Diagnosis Datasets and the Standards for Adverse Reaction and the associated Clinical Document Architecture templates be approved by the Board.**

### **11.3 Recommendations on the Co-ordination of Patient Safety Intelligence in Ireland**

Barbara Foley (BF) Health Information Inspector joined the Board meeting for this item and presented the *Recommendations on the Coordination of Patient Safety Intelligence in Ireland*. BF explained that the report of the Chief Medical Officer in 2014 on perinatal deaths in the Midland Regional Hospital in Portlaoise recommended the establishment of a National Patient Safety Surveillance system in Ireland to coordinate patient safety intelligence. As part of this project an analysis of existing patient safety intelligence systems in Ireland was carried out as well as an international review of patient safety surveillance systems. The report before the Board shows that there is no single agency that has oversight of information relating to risks to service users and makes recommendations to the Minister of Health to address this deficit.

The recommendations include a proposal for a new model for coordinating patient safety intelligence in Ireland and the implementation and rollout of the national incident management system. The need for services to ensure timely review of incident information and to learn from such incidents is also highlighted.

The Board discussed the recommendations in detail and made the following points for inclusion in the final document

- In line with international best practice, the organisation with responsibility for the governance and coordination of patient safety intelligence should be independent
- existing governance structures should play a central role in ensuring that quality and patient safety groups within hospitals, hospital groups and community health organisations collect and report patient safety data
- an effective information governance framework should be put in place to support sharing of relevant intelligence between national agencies and this

framework should not necessitate additional groups that could potentially dissipate accountability or appropriate communication channels.

It was agreed that these points would be reflected in the final document and the changes should be approved by the Executive Management Team, the three documents be formally forwarded to the Minister of Health and published in line with established procedures. Subject to this, MF proposed approval of the Recommendations on the Coordination of Patient Safety Intelligence in Ireland and MS seconded the proposal; **accordingly it was resolved that the Recommendations on the Coordination of Patient Safety Intelligence in Ireland be approved by the Board.**

## **12. CEO's Report**

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

- work on the development of a HR strategy which will be informed by the outcomes of a staff focus group exercise, following the staff survey and excellence through people project. A steering group has been established to oversee the development of the strategy and it is expected that it will come to the May Board meeting
- centres that are currently under review by the Regulatory Risk Management Committee
- the Executive Management Team reviews live complaints on a monthly basis. The complaints policy is currently being reviewed and will come to the March Board meeting.

The Board requested that a summary of live complaints are included in the next CEO report.

## **13. Corporate Performance – to end of December 2015**

KL advised the Board that the corporate performance report shows the status of the 2015 business plan objectives. An exception report outlined the reasons for the deviance of objectives that had not been achieved by the year end. It was noted that some of the remaining objectives while not achieved have been commenced and where appropriate are carried into the 2016 Business Plan. Other objectives have not been achieved due to factors outside of the Authority's control. It was noted that a new performance reporting framework would be developed in time for the next Board meeting and that its format would be subject to review in line with the Board's needs throughout 2016.

## **14. Corporate Risk report**

KL provided an overview to the corporate risk register. It was noted that some of the risks require examination as they reflect more than one risk factor.



## **15. Annual Assurance report from the Audit and Corporate Governance Committee (ACGC) to the Board**

In the absence of the Chair of the ACGC, KL presented an assurance report to the Board which was compiled by the ACGC and drawn from a range of assurances including:

- statements from the Executive management team members outlining the controls in place for their respective functions and activities
- the assurances drawn from the internal audit programme
- the assurance drawn from the Comptroller and Auditor General
- the risk management framework and
- the financial statements and review of financial controls.

The Board welcomed the report and acknowledged its value in providing a solid and comprehensive basis for assurance to the Board.

## **16. HR report**

SA provided an overview of HR activity to the Board including workforce planning and recruitment activity. He also briefed the Board on a number of HR projects underway including the establishment of a HR information system. It was noted that recommendations made in a recent internal audit report have also been welcomed in terms of enhancing the project management approach to the establishment of the system.

## **17. Finance Report**

SA provided an update to the Board on spend to end November 2015. An under spend against budget has originated primarily from payroll savings. Reasons underpinning variances from planned budget were provided. SA confirmed that the allocation of funding for 2016 is similar to that for 2015. The full statutory accounts will come to the next meeting of the Board. The Board noted the report.

## **18. Update on registration of designated centres**

MD provided an update to the Board on the status of the registration programme of designated centres. It was noted that there was substantial progress against the targets that had been set for 2015 and the Board congratulated MD on this achievement.

## **19. 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 (10 December 2015)
  - The annual assurance statements from the executive were reviewed



- An update on the internal audit plan and an update on the recommendations made to date was provided
  - The corporate services directorate risks were reviewed
  - The format of the ACGC assurance statement was agreed
  - The terms of reference for the Committee was progressed
  - Developments relating to the Sandyford office lease were considered.
- ACGC (14 January 2016)
    - The audit on HR management was considered
    - A revised internal audit schedule for 2016 was agreed
    - The annual assurance statement from the ACGC to the Board was agreed
    - The ACGC TOR was agreed.
  - Remuneration and Nomination Committee (7 January 2016)
    - The outcome of the CEO's performance review was considered and agreed
    - The 2016 performance plan for the CEO was agreed
    - The reconstituted terms of reference of the RNC and the change of name to the Resource Oversight Committee were agreed.

## **20. Chairperson's Report**

The Chairperson's report was noted.

## **21. Correspondence**


The Board noted the letter from the DoH confirming the non-capital expenditure allocation for 2016.

## **22. Any other Business**

The Chairperson reminded Board members to submit their annual statement of interest Declarations prior to the end of January 2016.

**Signed:**

  
 Brian McEnery  
 Chairperson

  
 Kathleen Lombard  
 Board Secretary

## **Actions arising from the Board meeting on 20 January 2016**

<b>No</b>	<b>Action</b>	<b>Person Responsible</b>	<b>Timeframe</b>
1	It was agreed that correspondence arising from Board discussions will be circulated to the Board for information.	KL	From here forward
2	Text to be included in Business Plan to clarify that the objective in relation to the registration of special care centres for children will be delivered if the function is commenced.  A glossary should be added explaining any acronyms used.	SA	Before submitting Business Plan to the Minister
3	Emphasise the need to progress eHealth at an upcoming meeting with the DoH and outline the Authority's work in the development of the building blocks which needs to be utilised.	PQ/KOC	Meeting with Dept January
4	Points raised regarding the Recommendations on the Coordination of Patient Safety Intelligence to be reflected in the final document	BF/KOC	Before finalising
5	A summary of live complaints are included in the next CEO report	PQ	March Board
6	Examine corporate risks to ensure they are clearly stated	PQ/MD/KL	Immediate

## **Carried forward actions**

<b>No</b>	<b>Action</b>	<b>Person Responsible</b>	<b>Timeframe</b>
1	An update on the actions from the Board to be provided to the Board in six months time	KL	Scheduled for March Board meeting
2	An external evaluation of the Board to be arranged during 2016	KL	March 2016

## **Recurrent actions**

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