

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

**27 May 2015
Smithfield 10.30am - 3pm**

Present:

Name	Details	Initials
Brian McEnery	Chairperson	BMcE
David Molony	Board Member	DM
Mary Fennessy	Board Member	MF
Una Geary	Board Member	UG
Judith Foley	Board Member	JF

In Attendance:

Phelim Quinn	CEO	PQ
Kathleen Lombard	Board Secretary & Chief Risk Officer	KL
Sean Angland	Head of Corporate Services	SA
Mairin Ryan	Director of HTA	MR
Mary Dunnion	Acting Director of Regulation	MD
Rachel Flynn	Acting Director of Health Information	RF
Marty Whelan	Head of Communications	MW
Rosie Becker Garde	Administrative support	RBG

Apologies:

Barbara O'Neill	Board Member	BON
Sheila O'Malley	Board Member	SOM
Anne Carrigy	Board Member	AC
Marie Kehoe O'Sullivan	Director of Safety and Quality Improvement	MKOS

1. Quorum

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

2. Conflict of Interest

No conflicts of interest were declared.

3. Minutes of the Board meeting of 18 March 2015 and 5th May 2015

The minutes of the 18th March 2015 were reviewed by the Board and it was agreed that they were an accurate reflection of the meeting. UG proposed approval of the

minutes and JF seconded the proposal; **accordingly it was resolved that the minutes of 18 March 2015 be approved by the Board.**

The minutes of the 5th May 2015 were reviewed by the Board and it was agreed that they were an accurate reflection of the meeting. DM proposed approval of the minutes and MF seconded the proposal; **accordingly it was resolved that the minutes of 5th May 2015 be approved by the Board.**

4. Review of Actions

The following updates on the actions were noted:

- a briefing on the actions being taken to address Risk 14-002 will be provided during the risk report item on the agenda.
- Further consideration of the external environment in the context of risk will be included in the project plan for the development of the corporate plan 2016 – 2018.
- The Chairperson advised the Board that there were valuable outputs from the governance review. The organisation has evolved significantly and progress on related actions will be reported separately to the Board.

5. Matters arising

There were no matters arising.

6. Business Intelligence Strategy

RF presented on the background and rationale for the development of the Business Intelligence strategy. This involved an international review of health and social care regulators and an internal analysis of the strategic direction and needs around the use of information within the Authority. The Strategy sets out the direction over the next three years to support the Authority's work by using internal and external data to better assess risk and regulate effectively as the Authority extends its regulatory remit. It will also focus on using information internally within the organisation to monitor our performance. The overall aim of the strategy is to become more efficient and effective in the delivery of our work.

A discussion took place on the reliability and quality of external data and what can be done to assess this. It was noted that the Authority has a remit to review data quality in national data collections but until the Health information Bill is published and enacted, this function cannot be fully realised. It was also noted that the principles underpinning the Strategy are very strong and rather than being an appendix, should be at the forefront of the document. The Board welcomed the strategy as an important development in terms of strengthening and structuring the work of the Authority. UG proposed approval of the Business Intelligence Strategy and JF seconded the proposal; **accordingly it was resolved that the Business Intelligence Strategy be approved by the Board.**

7. Guidance on Budget Impact Analysis

MR presented the guidance on budget impact analysis which complements previously published guidelines and is part of a range of HTA guidelines. The guidelines provide methodological guidance for conducting Budget impact analysis and are intended to support clinical guideline developers who must provide analysis

of the budgetary impact of their recommendations. The guidelines are also intended to be applicable to all healthcare interventions, including pharmaceuticals, procedures, medical devices, public health initiatives and service delivery models.

A discussion followed relating to the quality of data that is used for budget impact analysis and it was clarified that the usefulness of the analysis depends of the data quality and applicability. It was also noted that the guidance states that any uncertainties or assumptions are to be clearly set out in the analysis. The Board welcomed the guidelines and acknowledged the value of HTA guidelines in terms of driving quality in the wider health sector. It was also noted that the level of update should be monitored. MR advised that she would be meeting with key stakeholders in order to promote their use. UG proposed approval of the Budget Impact Analysis Guidelines and JF seconded the proposal; **accordingly it was resolved that the Budget Impact Analysis Guidelines be approved by the Board.**

8. CEO report

PQ outlined to the Board key developments from a strategic and operational perspective since the last formal Board meeting including

- A comprehensive workforce planning exercise has been completed and submitted to the DoH with an associated business case for vacated posts
- Recruitment is underway for previously sanctioned posts
- A serious regulatory risks and complaints committee is providing oversight of services where issues have been escalated
- A steering group has been established and commenced work to oversee the corporate planning process
- An update on Designated Centres that are currently under close scrutiny.

A discussion took place on the publication of the recent investigation report. It was noted that the experience of those using the services or who had been impacted by events at the hospital had, appropriately, been remembered during the publication. It was also acknowledged that the independence of the Authority had been preserved. The Board expressed its appreciation of the work carried out by the Acting Director of Regulation and her team.

9. Corporate Performance – to end of April 2015

KL advised the Board that the corporate performance report shows that at the end of April 2015, five objectives are outside of target timeframe. An exception report outlined the factors relating to the deviance of these objectives. PQ advised that there are also factors that are creating challenges to the progress on the programme for the registration of disability services.

10. Corporate Risk report

KL provided an overview to the corporate risk register outlining the most recent changes that had occurred to the register. In addition, a table providing a high level summary of the Directorate risks was included in the report.

MD provided a briefing to the Board in relation to the actions being taken to address Risk 14-002 and highlighted that significant work is taking place, some of which is not due to be completed until end 2015.

11. Progress Report on Disability Registration

MD updated the Board on the current status of registration activity in the disability sector. It was noted that a meeting took place recently with the DoH in relation to progressing the forthcoming regulations for disability services. Delays in this regard are a factor in the delay in progressing some of the registrations.

12. National Patient Surveillance System

Barbara Foley, Acting Health Information Manager (Quality) joined the meeting to present an international review of patient safety surveillance systems. This work addresses a recommendation in the Chief Medical Officer's report on the MRH at Portlaoise and findings from the Authority's own investigations. A detailed review of four jurisdictions was carried out, which compared and contrasted the various systems and frameworks for reporting patient safety incidents and adverse events. The findings showed that in all jurisdictions, the reporting systems were separate from formal complaints and litigation processes and were most successful when confidentiality was preserved for the reporter. The information reported is used to identify risks, to trigger alerts and for trend/cluster analysis.

A high level review of the current situation in Ireland was also presented. Further analysis will now be undertaken and an expert group will be convened for this work. Recommendations will then be developed for coordinating patient safety intelligence in Ireland which will be presented to the Board when complete. The Board welcomed the presentation and recognised the significance of this work in driving patient safety and quality in the health and social care sector.

13. HR report

SA briefed the Board on the main developments within the HR function. The following was noted:

- Ongoing recruitment activity for a range of positions
- An exercise led by the CEO on workforce planning has been completed. Request for sanction for key identified positions will be sought in the coming weeks.
- A number of initiatives are also underway that provide support and guidance to the organisation and its staff.

14. Finance Report

SA provided an update to the Board on 2015 spend to date. Overall there is a small under spend against budget. Due to increased activity, travel and subsistence has had an equivalent increase. Cash collection rates are high and there are strong controls in place for ongoing monitoring of expenditure.

15. Annual Health and Safety report 2014

SA presented the annual health and safety report for 2014 which detailed all the controls and initiatives that are in place or are underway in terms of the Authority's compliance with the Safety, Health and Welfare at Work legislation. This included training activities, risk assessments, facilities managements, insurance arrangement, staff support together with an overview of accidents and incidents during the year.

The Board enquired about the safety arrangements and checks for home workers and were informed that these are conducted on a rolling basis.

16. Board evaluation

KL presented an overview of the findings from the recent self assessment of the Board. On this occasion, the views of the Executive were also sought. The review focussed on the organisation, processes and behaviours of the Board. KL summarised where the findings of the Board and the Executive were similar and highlighted certain areas or issues which would benefit from further discussion. The Chairperson suggested that the evaluation of the Board should come back for Board discussion when there is full Board membership to input to that discussion.

17. Chairperson's Report

The Chairperson's report was noted.

18. Board Committee Report

A brief report on the meetings of the Board Committees was included with the Board papers. The following is a brief summary of items covered:

- ACGC (14 May 2015)
 - The corporate risk register and the Regulation Directorate risk register were reviewed.
 - The audit plan for 2015 was approved.
 - The establishment of a serious regulatory risks and complaints committee was noted which oversees emerging risks in this area.
 - The information governance action plan was presented.
- Information, Research and Technology Committee (30 April 2015)
 - An assurance framework that governs the activities of the HI Directorate was presented.
 - The delivery of the objectives for the HI and HTA Directorates were reviewed. It was noted that the EU regulation on clinical trials is likely to be delayed until 2017. A project on evaluating the impact of HTAs on the wider health system was presented; this will help in the development of an approach for assessing impact of future HTAs on the system.
 - The risks relevant to the HI Directorate were reviewed. The HTA Directorate have commenced a full review of existing risks in the context of current objectives and more extensive HTA work. The result of this exercise will be circulated to the Committee when complete.
- Health and Social care Governance Committee (16 April 2015)
 - The delivery of the objectives for the Regulation and Safety and Quality Improvement Directorates were reviewed. Risks relating to the publication of the investigation report on the MRH Portlaoise were discussed.
 - The targets for ambulance response times were discussed.
 - The risks identified by previous investigation reports relating to emergency department were also discussed.

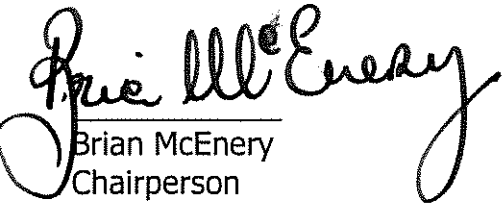
19. Correspondence

No correspondence for discussion.

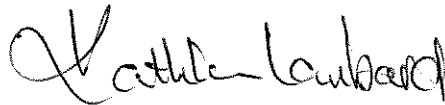
20. Any other Business

There was no other business so the meeting was closed.

Signed:



Brian McEnery
Chairperson



Kathleen Lombard
Board Secretary

Actions arising from the Board meeting on 27th May 2015

No	Action	Person Responsible	Timeframe
1	the evaluation of the Board should come back for Board discussion when there is full Board membership to input to the discussion	KL	When full Board is in place

Carried forward actions

Recurrent actions

1	A progress chart for disability registration to be included on all Board agendas	PQ	All Board meetings
2	HR reports are provided at each Board meeting and contain a report on any IR issues, meetings with unions or any claims of bullying and harassment	SA	All Board meetings

