

**MINUTES OF THE BOARD MEETING OF
HEALTH INFORMATION AND QUALITY AUTHORITY
24 May 2017, Smithfield Office, Dublin
10 am - 1.30 pm**

Present:

Name	Details	Initials
Sheila O'Malley (chair)	Board Member	SOM
Mary Fennessy	Board Member	MF
Molly Buckley	Board Member	MB
Martin Sisk	Board Member	MS
Stephen O'Flaherty	Board Member	SOF
Barbara O'Neill	Board Member	BON
Judith Foley	Board Member	JF
Paula Kilbane	Board Member	PK
Una Geary	Board Member	UG

In Attendance:

Kathleen Lombard	Board Secretary & Chief Risk Officer	KL
Phelim Quinn	CEO	PQ
Mary Dunnion	Director of Regulation	MD
Mairin Ryan	Director of HTA and Deputy CEO	MR
Rachel Flynn	Director of Health Information	RF
Marty Whelan	Head of Communications	MW
Sean Angland	Acting Chief Operating Officer	SA

Apologies:

Anne Carrigy	Board Member	AC
David Molony	Board Member	DM
Brian McEnery	Chairperson	BMcE

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 22 March 2017

The minutes of the meeting of 22 March 2017 were reviewed by the Board. It was agreed that subject to a minor amendment, the minutes were an accurate reflection

of the meeting. MS proposed approval of the minutes and MF seconded the proposal; **accordingly it was resolved that the minutes of 22 March 2017 be approved by the Board.**

4. Review of Actions

It was noted that all the actions were complete with the exception of;

- papers presented previously to the Board on proposals for revised regulation models will be included in the next strategy session of the Board and
- dependency levels in designated centres to be considered in future regulatory position papers and developments.

It was agreed that the recurrent actions can be removed as they have been integrated into standard practice and reporting processes.

5. Matters arising

The Board complimented the events marking the 10 year anniversary of HIQA's establishment. It was agreed that a lecture, similar to that held in Trinity College Dublin would be something that the Board and Executive management would consider as an annual event.

6. HTA on HPV testing as the primary screening method for prevention of cervical cancer

MR introduced the HTA advising that it been selected through the HTA prioritisation process following a request from CervicalCheck.

Patricia Harrington (PH) and Michelle O'Neill (MON) joined the meeting to present on this item. They outlined to the Board the process and the methodology undertaken for conducting the HTA. A statement of assurance was also provided to the Board, confirming adherence to the HTA process outline and the HTA Quality Assurance Framework.

MON advised the Board of the findings from the HTA which found that changing from the current practice of primary screening with liquid based cytology to primary screening with HPV testing would be beneficial in that;

- it would provide better accuracy in detecting precancerous abnormalities and early stage invasive cervical cancer
- it would reduce the number of screenings each women has during her lifetime
- if primary HPV screening was implemented five yearly from the age of 25 to 60, 20% more precancerous abnormalities would be detected and 30% more cervical cancer cases and deaths would be prevented in comparison to the current screening practice.

The Board thanked PH and MON for a very clear and easily understood presentation on the HTA.

PK proposed approval of the HTA on HPV Screening and UG seconded the proposal; **accordingly it was resolved that the HTA on HPV Screening be approved by the Board.**

7. Revision of GP Messaging Standards – Process outline

RF presented a process outline for the revision of the GP messaging standards. The Standard will be updated in the coming months and will be presented for Board approval in Quarter 3, 2017. BON proposed approval of the process outline for the revision of the Standard and MF seconded the proposal; **accordingly it was resolved that the process outline for the revision of the GP messaging Standard be approved by the Board.**

8. Children's Residential Standards – Process outline

RF presented a process outline for the revision of the National Standards for Children's Residential Centres. The Standard will be updated in the coming months and will be presented for Board approval in Quarter 4, 2017. PK proposed approval of the process outline for the revision of the Standard and JF seconded the proposal; **accordingly it was resolved that the process outline for the revision of the National Standards for Children's Residential centres be approved by the Board.**

9. Scheme of Delegation

PQ advised the Board that as part of the governance arrangements for functions delegated by the Board to the CEO, a scheme of delegation is in place and is under review. The scheme is presented in 2 parts; Part 1 sets out the functions delegated to the CEO by the Board and Part 2 sets out the sub delegations to the Executive management. PQ highlighted the changes proposed to the scheme of delegation. The Board reviewed the scheme and the proposed changes and indicated satisfaction with the revised scheme which will now revoke all previous schemes. MS proposed approval of the Scheme of Delegation and SOF seconded the proposal; **accordingly it was resolved that the Scheme of Delegation for HIQA be approved by the Board.**

SOM signed the Scheme of delegation in lieu of the Chairperson.

10. Board Policies Review

KL advised that as part of the action plan to ensure that HIQA's policies and procedures align with the Code of Practice for the Governance of State Bodies, a range of Board related documents have been reviewed and updated where appropriate. It was highlighted that many of the governance documents have already been in place for some years and for the most part, minor changes were required. The Board considered the documents and indicated approval for the following:

- Standing orders and terms of reference for the Board (subject to minor change to make wording more consistent)
- Charter and Terms of Reference for the Internal Audit function
- Procedure for recording concerns of the Board what cannot be resolved
- Procedure for setting Strategy
- Procedure for use of the seal

- Policy and procedure for dealing with Conflict of Interest (subject to minor changes to make wording more consistent)
- Functions and duties of the Board Secretary
- Procedure for retiring Board members and
- Procedure for induction of new Board members

The Board requested that the Procedure for Obtaining Independent Professional advice should be considered further in the context of the individual Board member and be brought back to the Board for approval.

MB proposed approval for the documents and SOF seconded the proposal;
accordingly it was resolved that Board related policies and procedures as listed above be approved by the Board.

In lieu of the Chairperson, SOM signed

- a) the Standing Orders and Terms of Reference for the Board and
- b) the Charter and Terms of Reference for the Internal audit function.

11. CEO's report

PQ advised the Board of a number of events and developments which had occurred since the Board meeting in March including:

- appearance at the Oireachtas Committee on Health (May 3rd) on the outcomes of its regulatory activity in designated centres for adults and Children with a disability
- appearance at the Oireachtas Committee on Children and Youth Affairs on the outcome of its inspection activity in Children's foster care services
- events to mark HIQA's 10 year establishment date
- progress on the National Patient Experience Survey project
- HIQA's arrangements for responding to potential threats to its ICT systems such as the recent ransom ware attacks. A programme updating protections for HIQA's systems had been underway prior to the attacks and an audit of ICT security is also underway to identify if there are any further areas where improvements may be needed
- a presentation was given to the Audit, Risk and Governance Committee (ARGC) earlier in the month on stakeholder related risks which outlined the controls in place and the actions being undertaken to address these areas.

The Board enquired about the likely duration of the statutory investigation into Tusla's handling of referrals of allegations of sexual abuse. MD advised that based on previous investigations, particularly issues relating to due process, the duration is estimated at about a year. It was agreed that a project timeline is provided to the Board which would set out the main milestones in the investigation.

12. Corporate Performance Report

SA briefed the Board on the delivery to date of the Business Plan for 2017. All objectives are on target with the exception of one which is one month behind its delivery date.

SA advised the Board that at the end of Quarter one that there are budgetary pressures. However it was emphasised that there are processes for close monitoring of expenditure and that there are areas where HIQA has discretion regarding its expenditure. A revised financial forecast is being prepared and the finance unit will work with each of the Directorates on their budgets to ensure that spend is kept within budget and with minimal impact on objectives. An update on this work will be presented at the next meetings of the Resource Oversight Committee and the Board.

The main changes to the corporate risk register were highlighted to the Board and it was agreed given the changes that Risk 16-161 will be examined in detail at the next meeting of the ARGCC.

In the context of the risk review, PQ highlighted that a court action is being taken against HIQA in relation to dignity and privacy issues in a designated centre for older people. HIQA will register the centre only if the number of residents is aligned with the centre's capacity to deliver care in line with regulations and standards. The Board received a detailed account of the circumstances and were advised that the court hearing is due in mid June. The Board will be kept informed and a note on the matter will issue to the Board around the time of the hearing in mid June.

13. Presentation on Reconfiguration of Directorates

PQ explained that one of the priority objectives for the CEO for 2017 is to review the senior level leadership structure to ensure that it is effective and resilient. In that context and reflecting organisational developments and the planned extension of HIQA's role, PQ presented a recent revision of HIQA's organisation structure to the Board. The Board noted the changes to the structure.

The Board queried the capacity to deliver the planned activities for health information and standards development. An update on staffing arrangements for the Health Information and Standards Directorate was provided and it was clarified that although there are some capacity issues, that the objectives as outlined within the Business Plan should nonetheless be achieved before year end. It was also advised that at some point the continued non-sanctioning of the Chief Operating Officer post will need to be examined in the context of HIQA's organisational needs.

The Board requested that a short paper is developed which explains what HIQA is currently delivering and what additional activities that HIQA will undertake over the coming year/s. This should include the demographics that the activities relate to.

14. Performance Evaluation – Board and Committees

(update on 2016/2017 plan)

KL presented an update on the implementation of the recommendations arising from the external Board evaluation of May 2016. It was noted that all recommendations had been implemented.

15. Chairpersons report

The Chairperson's report was noted. For accuracy, KL advised that following the issue of the Chairpersons report, the meeting alluded to in the report that was scheduled for the 18th May did not take place.

16. Committee Report

A report on the meetings of the Board Committees was included with the Board papers and was noted by the Board.

17. Oversight Agreement

The Oversight agreement and Operating Protocol between HIQA and the Department of Health has been developed in line with the Health Act 2007. In line with the Code of Practice for the Governance of State Bodies 2016, the agreement would be known as the performance delivery agreement.

18. Correspondence


The letter from the DoH advising HIQA of its non-capital expenditure allocation for 2017 was noted by the Board.

19. 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 22 March 2017

No	Action	Person Responsible	Timeframe
1	an annual lecture hosted by HIQA to be considered	PQ	End 2017
2	The procedure for obtaining independent professional advice should be considered further in the context of the individual Board member and be brought back to the Board for approval.	KL	July 2017
3	It was suggested that a project timeline is provided to the Board which would set out key milestones in the investigation.	MD	July 2017
4	An update on the financial reforecast exercise will be presented at the next meetings of the Resource Oversight Committee and the Board.	SA	June/July 2017
5	Risk 16-161 will be examined in greater detail at the next meeting of the ARG	KL	June 2017
6	The Board will be kept informed of court action and a note on the matter will issue to the Board around mid June.	MD/PQ	June 2017
7	Develop a short paper which explains what functions HIQA is currently delivering and what additional activities that HIQA will undertake over the coming year/s. This should include the demographics that the activities relate to.	MW	July 2017

Carried forward Actions

No	Action	Person Responsible	Timeframe
1	Dependency levels in designated centres to be explored further and reflected in position papers on regulation in terms of future developments.	MD	When appropriate
2	Regulation papers to be the subject of a future Board meeting – in strategy context	KL	To be arranged

