

**MINUTES OF THE BOARD MEETING OF  
HEALTH INFORMATION AND QUALITY AUTHORITY  
5 July 2017, Citygate Office, Cork  
11.15 am – 2.45 pm**

**Present:**

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

**In Attendance:**

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

**Apologies:**

Phelim Quinn	CEO	<b>PQ</b>
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**1. Quorum**

It was noted that a quorum was present and the Board meeting was duly convened. The Chairperson advised the Secretary that he had briefed the Board on a number of issues during the Board only session. A separate note will be drafted and circulated to the Board.

**2. Conflict of Interest**

No conflicts of interest were declared.

### **3. Minutes of the Board meeting of 24 May 2017**

The minutes of the meeting of 24 May 2017 were reviewed by the Board. MS proposed approval of the minutes and MB seconded the proposal; **accordingly it was resolved that the minutes of 24 May 2017 be approved by the Board.**

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

The following points were noted in relation to the actions from the last Board meeting:

- An adjournment agreement was reached before a hearing in respect of the Chief Inspector's imposition of conditions on a designated centre. The Board acknowledged the challenging role of the Chief Inspector and indicated their support for her decisions.
- An info-graphic on the functions of HIQA has been developed. It was agreed that it requires further work.
- A paper outlining the timeline for the investigation into the management of allegations of child sexual abuse against adults of concern by the Child and Family Agency (Tusla) was circulated with the Board papers. An overview of the investigative approach was also provided.

### **5. Matters arising**

There were no matters arising.

### **6. Process flow for HTA of HPV vaccination for boys**

MR informed the Board that as part of the governance arrangements for the conduct of HTAs, standards and recommendations, a process outline is brought to the Board for approval. MR advised that the HTA was requested by the Department of Health and the decision to undertake the HTA has been approved. Key elements to the process were brought to the Board's attention including;

- the terms of reference
- the establishment of the Expert advisory group and
- the timeline.

UG proposed approval of the HTA process outline and BON seconded the proposal; **accordingly it was resolved that the process flow for the HTA on HPV vaccination for boys be approved by the Board.**

### **7. Business Expense Policy**

SA introduced HIQA's business expense policy and the guidance on claiming business expenses which has been updated to ensure consistency with the Department of Finance guidelines and to reflect guidance on insurance from the State Claims agency. In addition, SA advised that Board members should check with their own insurers to ensure that their cover includes business travel. It was noted that two Board members claim expenses from their own organisations. BON proposed

approval of HIQA's business expense policy and MF seconded the proposal; **accordingly it was resolved that HIQA's business expense policy be approved by the Board.**

## **8. Governance material**

KL presented two revised documents that are core to HIQA's Governance framework.

### **8.1 Code of Governance and Formal Schedule of Matters for Board Decision**

KL advised that HIQA is required under the Health Act to submit a Code of Governance to the Minister and to review that Code periodically as appropriate. To ensure that HIQA's Code of Governance is fully aligned to the Code of Practice for the Governance of State Bodies 2016, HIQA's Code has been revised. The Code outlines the structures, roles, systems and procedures that form the governance framework for HIQA. In addition to the Code of Governance, a Formal Schedule of Matters for Board Decision was presented, which sets out the decisions for which the Board retains ownership. It was noted that both documents have been reviewed by the Executive Management Team (EMT) and the Audit Risk and Governance Committee (ARGC).

The Board commented that the documents were very clear and comprehensive. AC proposed approval of the Code of Governance and the Formal Schedule of Matters for Board Decision and UG seconded the proposal; **accordingly it was resolved that the Code of Governance and the Formal Schedule of Matters for Board Decision be approved by the Board.**

### **8.2 Code of Conduct**

KL presented a revised Code of Conduct which HIQA is required to have in place for its staff and Board members. It has been revised to reflect the format provided in the Code of Practice for the Governance of State Bodies 2016 and has been reviewed by the EMT and the ARGC. The Code of Conduct is intended as a guide to ensure that staff and Board members reflect proper standards of integrity, conduct and concern for the public interest.

AC proposed approval of the Code of Conduct and SOF seconded the proposal; **accordingly it was resolved that the Code of Conduct be approved by the Board.**

It was agreed that hard copies of the Code of Governance and the Code of Conduct will be circulated to all Board members.

### **8.3 Procedure for Obtaining Independent Advice**

KL advised that this procedure had been further amended to reflect comments made by the Board when it was first presented at the Board meeting of the 24<sup>th</sup> May. The Board considered the amendments. It was agreed by the Board that the Deputy Chairperson of the Board should replace the Chair of the ARGC in paragraph 2.9 of the document. Subject to this change AC proposed approval of the procedure for

obtaining independent professional advice and MS seconded the proposal; **accordingly it was resolved that the Procedure for Obtaining Independent Advice be approved by the Board.**

## **9. Request for application of seal to standards**

KL introduced this item and explained that standards set by HIQA are admissible in court proceedings. Therefore, the Board's approval is sought for the application of the seal to the National Standards for Residential Care Settings for Older People in Ireland and the National Standards for Residential Services for Children and Adults with Disabilities. The application of the seal to the Standards ensures that judicial notice will be taken of the Standards in court.

AC proposed approval of the application of the seal to the Standards and SOM seconded the proposal; **accordingly it was resolved that the application of the seal to the Standards for Residential Care Settings for Older People and the Standards for Residential Services for Children and Adults with Disabilities be approved by the Board.**

## **10. Information Governance Strategy**

SA introduced the Information Governance Strategy 2017 – 2020 which is intended to underpin objectives set out in HIQA's corporate plan 2016 – 2018. He advised the Board that the purpose of the strategy is to develop HIQA's information management environment so that HIQA is compliant with all legal requirements and to optimise the use of information while ensuring appropriate stewardship of all information.

The Board noted that there was a significant amount of work involved to implement the strategy and questioned if there are sufficient resources to ensure the delivery of the strategy. It was clarified that there is an action plan in place for 2017 which includes timescales and accountabilities and thereafter further work plans will be developed for future years. The Resource Oversight Committee of the Board will receive reports on implementation of the action plans. It was also noted that information governance will form part of future audit activities which will be reported to the ARGC.

The Board welcomed the Information Governance Strategy as an important step forward to preparing for compliance with new legislative requirements, due to commence in 2018. BON proposed approval of the Information Governance strategy and MB seconded the proposal; **accordingly it was resolved that the Information governance strategy be approved by the Board.**

## **11. CEO's report**

The Chairperson advised the Board that he noted that there was reference in the CEO's report a provider of designated centres who is a client of BDO. He stated that if there was a requirement for specific reference to that designated centre he would excuse himself from this agenda item. The Deputy Chair, SOM chaired the meeting for this item and as there was no reference to the designated centre the Chairperson remained present.

MR (Deputy CEO) in the absence of the CEO, brought a number of developments to the Board's attention including:

- response rates for the National Patient Experience Survey are very positive so far and there is a further three weeks before the survey is closed
- an internal audit report on ICT security and business continuity was received by the ARGC which provided satisfactory assurance and overall was a positive report
- the Chief inspector has met with the Department of Health in relation to key regulatory issues and will also communicate with the Director of Social Care services in the HSE.

The Board noted the report.

## **12. Performance and Risk Report**

SA introduced the report on performance and risk, explaining that twice yearly a full report on all HIQA's business plan objectives is provided to the Board. On other occasions, reporting is on an exception basis when the objectives are off target. Currently 87% of the objectives are either complete or on target to be completed. Eight objectives are not on target and reasons for the deviation were provided together with what is planned to achieve these.

The financial report was discussed. SA advised that currently HIQA is marginally over budget. A re-forecast to bring the budget back in line was presented to the Resource Oversight Committee (ROC) and SA assured the Board that actions are being taken to ensure HIQA remains within its budget.

## **13. Chairperson's report**

The Chairperson advised that he wished to amend his report as he had been unable to conduct the CEO's performance review or attend the ROC meeting due to unavoidable circumstances. The CEO's performance review will be rearranged as early as possible.

## **14. Board Committees report**

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

## **15. Correspondence**

The following letters from the Minister were noted by the Board:


- Approval of HIQA's 2017 business plan
- Approval of the National Standards for the Conduct of Reviews of Patient safety Incidents.

## 19. Any other Business

There was no other business and the meeting was concluded.

### Signed

  
Brian McEnery  
Chairperson

  
Kathleen Lombard  
Board Secretary

### Actions arising from the Board meeting on 5 July 2017

No	Action	Person Responsible	Timeframe
1	Hard copies of the Code of Governance and the Code of Conduct to be circulated to all Board members		

### 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
3	An annual lecture hosted by HIQA to be considered	PQ	End 2017