

**MINUTES OF THE BOARD MEETING OF
HEALTH INFORMATION AND QUALITY AUTHORITY**

**3 July 2018, Smithfield Office
11am – 2pm**

Present:

Name	Details	Initials
Martin Sisk	Board Member	MS
Stephen O'Flaherty	Board Member	SOF
Molly Buckley	Board Member	MB
Enda Connolly	Board Member	EC
Jim Kiely	Board Member	JK
Deirdre Madden	Board Member	DM
Caroline Spillane	Board Member	CS
Mary Fennessy	Board Member	MF
Paula Kilbane	Board Member	PK
Barbara O'Neill	Board Member	BON
Judith Foley	Board Member	JF

In Attendance:

Phelim Quinn	CEO	PQ
Kathleen Lombard	Board Secretary and Chief Risk Officer	KL
Mary Dunnion	Director of Regulation	MD
Rachel Flynn	Director of Health Information and Standards	RF
Mairin Ryan	Director of HTA and Deputy CEO	MR

Apologies:

Sean Angland	Acting Chief Operating Officer	SA
--------------	--------------------------------	----

Selection of Chairperson for the Board meeting of 3rd July 2018

The Board Secretary advised that the Board Members present must, in accordance with Section 18 – (3) (b) of the Health Act, choose one of those board members present to chair the Board meeting.

SOF proposed BON to chair the Board meeting and this was unanimously agreed by the remaining Board members.

1. Quorum

It was noted that a quorum was present and the Board meeting was duly convened. A Board only session took place in line with requirements of the Code of Practice for the Governance of State Bodies 2016.

2. Conflict of Interest

No conflicts of interest were declared.

3. Board Minutes

3.1 Board minutes 23 May 2018

The minutes of the meeting of 23 May 2018 were reviewed by the Board. SOF proposed approval of the minutes and MB seconded the proposal; **accordingly it was resolved that the minutes of 23 May 2018 be approved by the Board.**

3.2 Board minutes 14 June 2018

The minutes of the meeting of 14 June 2018 were reviewed by the Board. MS proposed approval of the minutes and MF seconded the proposal; **accordingly it was resolved that the minutes of 14 June 2018 be approved by the Board.**

3.3 Record of Board only session

The Chair of the meeting reported that during a Board only session at the beginning of the Board meeting that there were two items of note:

- The Board noted the continued absence of an appointed Chairperson and expressed the hope for an early appointment. The Board expressed its willingness to convene at short notice should the CEO require a Board discussion or decision.
- The Board noted a report from the Resource Oversight Committee regarding the mid year performance review of the CEO and agreed that the CEO is performing well and meeting his objectives.

4. Review of Actions

KL updated the Board on the actions arising from the meeting of 23 May and actions carried forward or recurring. It was noted that;

- A tool to simplify and summarise standards for busy staff is being developed for the next set of standards due to be completed by December 2018
- The policy for board only sessions was reviewed as requested by the Board to ensure clarity around the presence of the Board Secretary. In that context KL has inserted a further line to expressly state that the Chairperson should determine who will remain in the meeting.
- Professional and representative bodies have been contacted with the aim of expanding membership of Expert Advisory Groups for standards development

- Representation from users of services have been sought for the Expert Standards Advisory Group
- The communications strategy and protocols are currently being reviewed and will come back to the Board for their consideration
- The Executive are currently reviewing the corporate risks and will update the Board on any changes made.

The Board suggested that the recurring actions could be removed. It was agreed given that the recurring items have been operationalised through other agenda items and related papers.

5. Matters arising

In the context of the minutes of the 23rd May, the issue outlined in the CEO's report regarding the reliance of HIQA on agency staff in order to deliver the 2018 business plan objectives was noted and the compliance challenges this presents for HIQA.

PQ acknowledged that this is a challenge and a risk to HIQA but it is a risk that HIQA must live with in order to deliver its current and future functions. PQ explained to the Board that while on the one hand the increase in non-capital allocation for 2018 from the DOH provides for new posts, on the other hand the process for sanctioning the recruitment to these posts means that recruitment cannot be progressed and hence there is a need for continued reliance on agency to manage its functions. It was noted that this process effectively means that HIQA's full 2018 allocation is unlikely to be used. In addition, PQ advised the Board that he had received a letter from the DoH reiterating the recommendations of the Public Accounts Committee and seeking assurance that HIQA would reduce its reliance on agency staff.

The Board expressed its support for the CEO's approach in respect of the use of agency staff and his commitment to reduce this number as sanction for recruiting new posts were received. PQ advised that a detailed workforce plan had been presented at the Resource Oversight Committee the previous week but that a further update will be provided at the next Board meeting. He also outlined that the current recruitment and vacancy status was contained within the performance report.

6. HTA prioritisation process and proposed programme

MR explained that the HTA work plan has been reviewed in line with the HTA prioritisation policy. Effectively the HTA work plan is reviewed in light of new HTA requests and HTA requests are assessed so that the HTAs that are included in the revised plan have been reprioritised as those that will add the most value to decision making. In response to questions from the Board, MR explained the criteria used to prioritise HTAs including consideration of the feasibility of carrying out HTAs with the skills and resources available in the Directorate. She also outlined the changes to the work plan as a result of the process.

JK proposed approval of the revised HTA work plan and MS seconded the proposal; accordingly **it was resolved that the reprioritised HTA work plan be approved by the Board.**

MR also advised the Board that the Department of Health (DoH) is requesting the Health Research Board to consider a variation to the grant which funds the HRB Centre for Clinical Effectiveness Reviews (HRB-CICER) hosted by HIQA. HRB-CICER currently provides evidence synthesis to support National Clinical Guidelines. The variation would require HRB-CICER to take on additional capacity to undertake evidence synthesis including systematic review of clinical and cost-effectiveness to inform a number of key policy questions. It was noted that the additional work would require support from resources and skills within the HTA Directorate but could be managed without impacting existing business plan objectives. It was suggested that it be confirmed that this work would not overlap with on-going work by the Health Research Board in this area. MR advised that if this grant variation is confirmed by the HRB, it will be added to the 2018 Business Plan as an objective.

7. Chief Inspector's report

MD presented the Chief Inspector's report and advised the Board that;

- The majority of objectives are on track
- Some centres have not received a notice of proposal to register by the end of May in accordance with the directorate's internal timeline, a decision on registration will be taken by 31 October 2018, which is the legal deadline. Accordingly, the corporate risk relating to the delivery of this objective can be reduced
- Two objectives have not progressed as planned due to external factors; in this context it was noted that arising from the statutory investigation into the management of allegations of child sexual abuse against adults of concern by Tusla, HIQA will carry out a thematic Child Protection and Welfare inspection of Tusla services. This inspection programme will replace the original objective to carry out a monitoring programme of child protection and welfare services and arrangements for the management of referrals.

It was also noted that the investigation requested by the Minister in the latter part of 2017 is on hold pending the outcome of judicial review proceedings for hearing on 24th and 25th July.

- The Regulatory Risk Register Committee (RRRC), chaired by the Chief Inspector, continues to meet fortnightly where high risk centres are referred for review and decision.

MD also provided a summary of inspection activity for each of the regulatory pillars (disability, older persons, children's services and healthcare) and highlighted a number of key reports published in recent months.

The Board queried the risk relating to judicial review proceedings in respect of a designated centre. MD provided a brief summary of the background and issues leading up to the initiation of the judicial review.

8. CEO's report

PQ provided a summary of the main items in the CEO's report to the Board. This included;

- While a significant increase in non capital expenditure for 2018 has been allocated to HIQA, sanction has not yet been received for the majority of positions as outlined in the business case for staff for new functions and critical risk areas – this will result in HIQA being unable to spend the allocation.
- Members of the executive and senior management attended the Joint Oireachtas Committee on Health to provide views on the Healthcare Licensing and Patient Safety Bill as part of the pre-legislative scrutiny
- A memo to government has been brought by the DoH in relation to a new Patient Safety Bill. This is intended to deal with open disclosure, notification of patient safety incidents to HIQA and will extend HIQA's powers under section 8 of the Health Act to the private healthcare sector. HIQA has not yet had sight of the revised Bill or any associated regulations.
- While it had been indicated that HIQA would become the supervisory body for research ethics committees, HIQA has now been advised that there has been a policy change and that this is not the case. There may be a role for HIQA in terms of standards development for the operation of research ethics committees
- HIQA has won the Best Healthcare Campaign Award at the Public Relations Institute of Ireland for the communications campaign promoting the National Patient Experience Survey
- A review of MoU's with other regulatory and statutory bodies has been commenced and a framework for their ongoing management is being developed.

The Board expressed congratulations to the Communications Department on its award. The Board requested that on future occasions, correspondence attached to the CEO's report is included in the correspondence item.

9. Corporate performance and risk report

PQ explained that the full suite of Business Plan objectives is provided bi-annually to the Board, rather than an exception report which is provided usually. Overall it was noted that the report shows good progress in terms of the delivery of the 2018 objectives. A small number are not on track and reasons for these were provided with mitigating actions to bring them back onto target. This was noted by the Board.

10. Strategic items for discussion

10.1 Employment of hospital consultants who are not on a specialist register

Sean Egan, Head of Healthcare joined the meeting for this item and summarised the briefing paper that had been provided to the Board. He set out the main issue which relates to the appointment by the HSE of medical doctors as consultants who are not registered by the Medical Council on the relevant register. This is in breach of

provisions of the 2004 Health Act and the National Standards for Safer Better Healthcare and has been identified by HIQA in previous statutory investigations. However it appears that the practice has become more common. The Medical Council has informed HIQA that there is a gap in the Medical Council Act 2007 in that the term "consultant" is not protected.

HIQA has been in contact with the HSE on this matter over the past year but it would appear that there has been limited progress in resolving it. A recent fitness to practice case heard in the High Court has highlighted the issue where the judgement made specific reference to the fact that the consultant had not been registered on the relevant register by the Medical Council and where HIQA's correspondence with the HSE and the Medical Council were referenced. The judge communicated the judgement to the HSE, the DoH, the Medical Council, the Attorney General and HIQA.

The Board discussed the matter in detail including the following related issues;

- The practice occurs across a broad range of disciplines
- If any information is available on the number of these cases where that has been issues of poor performance
- The Mental Health Commission's role in relation to psychiatry posts
- Recruitment factors and practices
- training and supervision practices
- Inaccurate perceptions of HIQA's enforcement powers.

Overall, it was agreed that this is a patient safety issue and it is appropriate for it to be escalated as such. It was noted that the CEO and the Chief Inspector have a meeting with the HSE in the immediate aftermath of the Board meeting, where it will be raised in the context of HIQA's recent correspondence to the Director General. The Board thanked SE and he left the meeting.

10.2 Human Tissue Bill

MD briefed the Board on correspondence from the DoH in relation to HIQA's function under the General Scheme of the Human Tissue Bill which is due to go to Government shortly. It is envisaged that HIQA will become the regulator for pathology practice under the Bill and other regulators will be responsible for other aspects of the proposed legislation. MD explained that there are a number of issues to be clarified such as the nature of inspection and enforcement powers.

The Board expressed the view that the approach to this function is somewhat disconnected from broader legislative developments and will also generate a considerable reporting burden for services. It was suggested that this function should be part of the licensing legislation and that this should be communicated to the DoH.

11. Children First legislation – compliance

Vicky Blomfield (VB) Head of Quality joined the meeting for this item. She presented on HIQA's compliance responsibilities under the Children first Act 2015 and the

actions taken by HIQA in order to ensure compliance. The Board thanked VB for the assurance provided in this regard. VB left the meeting.

12. Chairperson's Report

There was no Chairperson's report.

13. Board Committee report

The report from the Committees was noted.

14. Correspondence

The following correspondence was noted;

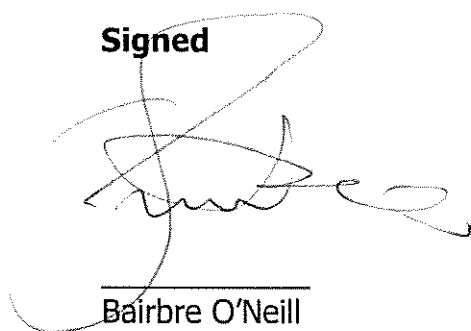
- Letter from the Minister to the CEO regarding the Business Plan 2018
- Letter from the CEO to the DoH re the Patient Safety Bill
- Letter from the CEO to the DoH regarding the sanctioning of inspector posts for the new function of medical exposure to ionising radiation
- Letter from the Minister to the CEO regarding the Business Plan 2018.

It was agreed by the Board that given that the CEO is on annual leave with immediate effect, MR should progress an early meeting with the DOH to clarify any remaining areas with regard to the 2018 Business Plan.

15. Any other business

There being no further business the meeting was closed.

Signed



Bairbre O'Neill
Acting Chairperson for Board
Meeting 3rd July 2018



Kathleen Lombard
Board Secretary

Actions arising from the Board meeting on 3rd July 2018

No	Action	Person Responsible	Timeframe
1	Plan relating to recruitment and management of agency staff to be provided	PQ/SA	September Board meeting
2	Check with Health Research Board re common activities and skills in the context of the evidence synthesis function	MR	September Board meeting
3	Raise issue of consultants not being registered with the Medical Council at meeting with HSE after Board meeting	PQ/MR	immediate
4	Communicate with the DOH on the Human Tissue Bill on streamlining different legislation (including as part of the licensing legislation)	MD	September Board meeting
5	progress an early meeting with the DOH to clarify any remaining areas relating to the 2018 Business Plan.	MR	Immediate

Carried forward Actions

No	Action	Person Responsible	Time-frame
1	time will be allocated at a future meeting to consider the process for communicating with the Board prior to Oireachtas committee appearances and for ensuring the Board's views are included in the position articulated.	KL	July Board meeting
2	A discussion on demonstrating effective communication of HIQA's aims and objectives with key influencers and commentators on health and social care, will be scheduled for a future Board meeting	PQ/KL	July Board meeting (related to action 4)
3	consideration to be given to addressing the gap in the public's perception of HIQA's powers to investigate	PQ/MW/MD	May/June 2018
4	wording of risks to be reviewed to better articulate what the result of the uncertainty is	Executive	immediate
5	monitor status of legal proceedings in respect of the Minister's request to undertake an Investigation of the National Maternity Hospital	PQ/AMcC	As arises
6	Consideration to be given to an assessment of organisational performance, the Board's input and engagement with key stakeholders in developing the corporate plan	PQ	Ongoing
7	Amend ToR for Resource Oversight Committee when Performance Delivery Arrangement (PDA) is finalised with the DoH	KL	PDA not yet finalised
8	- the legal advice regarding the provision for having regard to the resources of the HSE to be shared with the DoH	PQ	Letter has issued. Advice

	<ul style="list-style-type: none">- the Chairperson and CEO to raise the matter with the Minister and his officials at their meeting in mid February- Concerns with regard to future legislative developments, for example, the licensing framework and the importance of ensuring that the dual approach to regulation would not be repeated for future functions.		being considered by DoH advisors
--	--	--	----------------------------------

