

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

**4 December 2018, Smithfield Office  
9am – 2.30pm**

**Present:**

| <b>Name</b>        | <b>Details</b> | <b>Initials</b> |
|--------------------|----------------|-----------------|
| Pat O'Mahony       | Chairperson    | POM             |
| Paula Kilbane      | Board Member   | PK              |
| Martin Sisk        | Board Member   | MS              |
| Molly Buckley      | Board Member   | MB              |
| Enda Connolly      | Board Member   | EC              |
| Jim Kiely          | Board Member   | JK              |
| Caroline Spillane  | Board Member   | CS              |
| Mary Fennessy      | Board Member   | MF              |
| Stephen O'Flaherty | Board Member   | SOF             |

**In Attendance:**

|                  |  |    |
|------------------|--|----|
| Phelim Quinn     | CEO                                    | PQ |
| Kathleen Lombard | Board Secretary and Chief Risk Officer | KL |

**Apologies:**

|                |              |    |
|----------------|--------------|----|
| Judith Foley   | Board Member | JF |
| Deirdre Madden | Board Member | DM |

**1. Quorum**

It was noted that a quorum was present and the Board meeting was duly convened. A Board only session took place before the opening of the meeting in line with the Code of Practice for the Governance of State Bodies where the Chairperson outlined some of his immediate priorities. A discussion relating to these priorities ensued where the Board members provided their views.

**2. Conflict of Interest**

No conflicts of interest were declared.

### **3. Board minutes**

#### **3a. Board minutes of 19 September 2018**

The minutes of the meeting of 19 September 2018 were reviewed by the Board. JK proposed approval of the minutes and MB seconded the proposal; **accordingly it was resolved that the minutes of 19 September 2018 be approved by the Board.**

#### **3b. Board minutes of 18 October 2018**

The minutes of the meeting of 18 October 2018 were reviewed by the Board. MF proposed approval of the minutes and JK seconded the proposal; **accordingly it was resolved that the minutes of 18 October 2018 be approved by the Board.**

#### **3c. Formal note of email approval by the Board of changes to committee membership**

The email approval by the Board of changes to the membership of the Board committees was formally noted for the minutes.

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

KL updated the Board on the actions arising from the meeting of 19 September, 18 October and actions carried forward or recurring. It was noted that the majority of the actions were either complete or on the agenda.

### **5. Matters arising**

There were no matters arising.

### **6. Suggestions for "AOB" items**

There were no suggestions for any other business at the end of the meeting.

### **7. Health and Safety**

No health and safety issues were raised.

### **8. Communications and Stakeholder Engagement Strategy**

Marty Whelan (MW) Head of Communications and Suzanne O'Brien (SOB) Communications and Complaints Manager joined the meeting. MW presented the draft strategy which sets out the communications objectives for the period 2019-2021 with priorities aligned to the corporate plan for the same period. MW advised the Board that the development of the Communications strategy reflects the findings

of the internal audit carried out during 2018 and the input from the Board. The Board considered the Strategy and made a number of observations including;

- the importance of having clear, proactive plans that are designed to convey different messages to reach the diversity of HIQA's stakeholders
- the importance of communications as a support function to the main business of HIQA
- maintaining typeface consistency throughout the document and
- having regard to the need to manage circumstances where there is a need to respond with speed and fluidity to the media cycle.

It was clarified that;

- press releases are developed in consultation with the relevant director
- press releases are approved by the CEO or the Chief Inspector
- HIQA's scheme of delegation will be reviewed to ensure that communications is included and standard operating procedures can be reviewed to reflect this
- occasions will be considered and identified for when the Chairperson is consulted on key messages emanating from HIQA.

SOF proposed approval of the Communications and Stakeholder Engagement strategy and PK seconded the proposal; **accordingly it was resolved that the Communications and Stakeholder Engagement strategy be approved by the Board.**

## **9. Complaints policy**

SOB introduced the complaints policy which has been revised to reflect lessons from the implementation of the existing policy and to capture that complainants already under the remit of the Ombudsman such as nursing home providers cannot appeal the outcome of a Stage 2 Formal review to the Ombudsman.

In response to queries from the Board, it was clarified that the number of complaints received by the complaints officer is very low; the assurance was welcomed by the Board. MB proposed approval of the Complaints policy and MS seconded the proposal; **accordingly it was resolved that the Complaints Policy be approved by the Board.**

SOB and MW left the meeting.

## **10. Draft Corporate Plan 2019-2021 (post consultation)**

Sean Angland (SA), Acting Chief Operating Officer, joined the meeting for this item.

SA advised that at the Board meeting of 18 October, the draft corporate plan was approved for public consultation. The consultation period has now closed and feedback has been analysed and reflected in the draft before the Board. It was noted that there was a lower level of feedback on this occasion than there was to previous corporate plan consultations.

The Board considered the draft corporate plan and made the following observations;

- the "People" objective should come first on the list of "What we need to be successful"
- the document should be reviewed again before publication to ensure consistency of language
- on future occasions when presented with a document that has been through public consultation, a précis of the feedback will be provided, and
- building the focus for considering HIQA's impact during the life of the plan.

It was noted that the Office of the Chief Inspector is currently developing a project which will include the impact of HIQA on the services for designated centres for people with disabilities and it was agreed that the Executive management will consider what measures or model can be used effectively around determining impact.

KL advised that the Service Charter and action plan had also been approved for consultation at the Board meeting of 18 October but no feedback had been received and therefore the content had not changed. It was agreed that the charter and action plan would be circulated to the Board for final approval via email procedure.

In addition, the Board requested an analysis of the level of feedback that other regulators receive when consulting on documents such as corporate plans and customer charters.

MS proposed approval of the Corporate plan and PK seconded the proposal; **accordingly it was resolved that the Corporate plan be approved by the Board.**

It was noted that the draft Corporate Plan will be forwarded to the Minister for approval by the Chairperson in line with the Act.

## **11. Business Plan**

SA introduced the draft business objectives for 2019 and explained that they have been based on assumptions around the current allocation. It was also clarified that the funding allocation for 2019 is unlikely to be confirmed for some weeks yet and in the meantime the draft business plan provides the basis for continuing the business. The Board's observations were sought on the draft objectives and included;

- consider more detailed objectives around ICT
- in relation to leadership, governance and management, consider an action on the Board's development
- the target for responding to unsolicited information should be reviewed
- on future occasions, consider if there is a need to seek approval from the Board post confirmation of allocation when there is confidence that the budget allocation is sufficient

- proposal to be considered on what we might do to demonstrate HIQA's "effectiveness"/review of stakeholders' views on an organisational level.

SA confirmed that the final Business Plan will be presented to the Board when the budget allocation for 2019 is confirmed. KL will examine future governance events for the Board.

It was noted that as in previous years, an outline of the Business Plan would be sent to the DOH for any comments on content in advance of finalisation.

SA left the meeting.

## **12. HTA agenda items**

A number of staff members from the HTA Directorate joined the meeting for items 12.1 to 12.3

### **12.1 Irish Maternity Early Warning system (IMEWS)**

Michelle O'Neill (MON) Senior Health Economist and Barbara Clyne (BC) Information Scientist joined the meeting for this item.

Mairin Ryan (MR) introduced the presentation explaining that the IMEWS is a tool that is used for monitoring pregnant and postnatal women to facilitate early detection of clinical deterioration and for monitoring vital signs to identify abnormalities. She explained that this is an updated guideline and is an output from HRB-CICER (Health Research Board–Collaboration in Ireland for Clinical Effectiveness Reviews) which was prioritised by the National Clinical Effectiveness Committee (NCEC).

MON and BC presented on the process for carrying out the clinical and cost effectiveness systematic review and the budget impact analysis together with a statement of assurance to the Board outlining compliance with the process. The main findings emerging from the reviews were also presented; in terms of changes to service delivery, it was recommended that six new posts would be created, one in each of the hospital groups, whose purpose would be education on the IMEWS and conducting audits of the IMEWS. The budget impact for these changes was also highlighted.

The Board received for information the presentation on the IMEWS project.

### **12.2 HTA guideline on clinical effectiveness**

Conor Teljeur (CT) Chief Scientist in the HTA Directorate joined the meeting for this item. MR advised the Board that this is one of a suite of guidelines on clinical effectiveness which are intended as a guide for those involved in conducting HTAs in Ireland to ensure that HTA practices are reliable and consistent. CT explained that the original guidelines were developed in 2011, reviewed in 2014 and are updated

again in 2018 with the support of a Scientific Advisory Group whose membership includes key stakeholders in healthcare and methodological experts in HTA. It was clarified that while the guidelines are not mandatory, there is awareness and use of the guidelines by those involved in conducting HTAs in Ireland. CT presented on the process for updating the guidelines together with a statement of assurance to the Board outlining compliance with the process.

MS proposed approval of the HTA guideline on clinical effectiveness and PK seconded the proposal; **accordingly it was resolved that the HTA guideline on clinical effectiveness be approved by the Board.**

### **12.3 HPV vaccine for Boys**

MR explained that this HTA was requested by the Department of Health (DOH) for the purpose of establishing the clinical and cost effectiveness of extending the current human papillomavirus (HPV) immunisation programme. Eamon O'Murchú (EOM) Senior HTA Analyst and Patricia Harrington (PH) Head of Assessment, joined the meeting for this item and presented on the process and providing assurance to the Board on adherence to the process. EOM and PH also presented the findings arising from the HTA and advised the Board that there is clear evidence that the HPV vaccine provides effective primary prevention against HPV infection and HPV-related disease, and that the vaccine is safe. It was explained that extending the HPV vaccine to boys provides direct protection against HPV-related disease to boys, indirect protection to girls who have not been vaccinated and would reduce HPV-related disease and mortality in Ireland.

The Board considered the report and observed that communication around the HTA should be clear on the wider factors such as safety, efficacy, economics and ethics. The Board also emphasised that notwithstanding the membership of the deputy Chief Medical Officer (DCMO) on the Expert Advisory Group (EAG) that relevant senior officials in DOH are informed prior to publication given that the report may be relevant to a deliberative process within the DoH. In that context it was agreed that the publications process is amended to include a paragraph that publication arrangements are expressly agreed, particularly where there is an explicit policy decision. It was also proposed that where HIQA is requested to undertake a HTA or other assessments with a focus on children, a representative for Children should be on the EAG.

MS proposed approval of the HTA on the HPV vaccine for boys and SOF seconded the proposal; **accordingly it was resolved that the HTA on the HPV vaccine for boys be approved by the Board.**

MR and her team left the meeting.

## **13. Health Information and Standards agenda items**

A number of staff members from the Health Information and Standards Directorate joined the meeting for items 13.1 to 13.3.

Rachel Flynn (RF) introduced the item on health information standards and explained that three sets of standards are before the Board for approval. Two of these are categorised as technical standards and are relevant to the eHealth agenda and eHealth strategy. Louise McQuaid (LMcQ) Technical Standards Lead and Kevin O'Carroll (KOC) Technical Standards Information Manager joined the meeting for the items 13.1 and 13.2 relating to the standards for a patient summary dataset and the e-prescribing standard.

### **13.1 National Standard for Information Requirements for an Electronic Patient Summary Dataset**

LMcQ explained that the purpose of this standard is to set out the information requirements for a national electronic patient summary so that information can be safely and consistently shared across different settings. A statement of assurance to the Board was included with the standards outlining compliance with HIQA's process for developing standards.

### **13.2 National Standard for Information Requirements for Community Based ePrescribing**

KOC presented the National Standard for Community Based ePrescribing and described the purpose of the standard as improving patient safety by supporting safe and consistent interaction from the prescriber to the dispenser to the patient. A statement of assurance to the Board was included with the standards outlining compliance with HIQA's process for developing standards.

The Board reviewed both sets of standards and acknowledged the contribution this work makes to driving the health information agenda and in implementing specific elements of the eHealth strategy and Sláintecare Implementation strategy.

MF proposed approval of the Standard for a national patient summary dataset and the Standards for community based ePrescribing and CS seconded the proposal; **accordingly it was resolved that the;**

- a) the National Standard for Information Requirements for an Electronic Patient Summary
- b) the National Standard for Information Requirements for Community Based e-Prescribing

**be approved by the Board.**

### **13.3 National Standards for Adult Safeguarding**

Deirdre Connolly (DC) Standards Development Lead and Linda Weir (LW) Standards Manager joined the meeting for this item. They presented on the background to developing the standards and the overall process. It was clarified that the standards have been developed jointly with the Mental Health Commission and the governance process reflects this approach. The standards were issued for consultation during

August and September 2018 and a wide range of responses were received. Findings from the consultation process have been reflected where appropriate in the current draft. A statement of assurance to the Board was included with the standards outlining compliance with HIQA's process for developing standards.

The Board considered the standards and the following observations were made;

- the relevance of these standards to current issues such as the Assisted Decision Making Act and the UN Convention on Human Rights and
- the capacity of relevant sectors to meet the standards.

It was clarified that the standards provide a framework for providers to review their practices and that HIQA will have to devise a methodology against which the standards can be assessed.

MB proposed approval of the Standards for Adult Safeguarding and MF seconded the proposal; **accordingly it was resolved that National Standards for Adult Safeguarding be approved by the Board.**

RF and her team left the meeting.

#### **14. Corporate Performance and Risk Report**

Sean Angland (SA), Acting Chief Operating Officer, joined the meeting for this item

SA, Acting Chief Operating Officer, provided an overview on the delivery of the 2018 business plan objectives, highlighting a small number of objectives that are outside of planned delivery, many of which will be delivered early in 2019. In addition the following reports were included:

- Financial
- HR metrics
- Risk register

The Board noted the report. It was agreed that the format for reporting on spend reports and financial controls will be reviewed to ascertain if further detail should be included. The CEO, SA and the Chair of the Audit Risk and Governance committee (ARGC) will consider and revert to the Board.

The Board also considered a number of risks including a risk identified in relation to capacity and capability and the use of agency staff. It was highlighted that risk was reviewed in detail by the ARGC at their recent meeting. It was also noted the Public Accounts Committee (PAC) had raised the matter of agency staff with HIQA and a detailed response was provided. The correspondence included with the Board pack refers.

The Board were also updated in relation to an issue that had been the subject of some media attention around the receipt of unsolicited information received by HIQA and the misunderstanding in the wider sector that all information received by HIQA



are complaints. It was noted that a number of Freedom of Information requests had been received and that PQ had met with the journalist in question to provide as much information as possible.

SA left the meeting.

## **15. CEO's Report**

PQ provided a summary of the main items arising since his last report to the Board including;

- sanction for the remaining posts identified against the 2018 letter of allocation had been received and significant recruitment is underway to fill the posts
- HIQA has participated in a multiagency event to discuss the roles of various state bodies in the context of the Optional Protocol to the Convention Against Torture (OPCAT) signed by Ireland
- A review of HIQA's Memorandums of Understanding (MOUs) is currently underway
- In the context of the MOU review a meeting was held with the Ombudsman on revising the current MOU.

The Board noted the full report provided by the CEO.

## **16. Chief Inspector's Report**

Carol Grogan (CG), Head of the Regulation Practice Development Unit joined the meeting for this item on behalf of Mary Dunnion, Chief Inspector of Social Services.

A summary of the implementation of the Directorate's objectives, risks and related activities was provided. The following was highlighted;

- a risk had been identified in relation to the recording of personal data required for the regulation of social services in terms of compliance with data protection legislation. Legal advice has been sought on this matter.
- in relation to the risk of taking on additional functions without appropriate resources or advance notice, it was advised that significant preparatory work has been undertaken in the Regulation Directorate for the function of regulating Medical Ionising Radiation Exposure and
- in respect of the risk around the judicial review being taken against the Office of the Chief Inspector, it was advised that the judgement will be served on 14 December.

## **17. Chairperson's Report**

The Chairperson's report was noted.

## **18. Board Committees report**

The report from the Board Committees was noted.

## **19. Correspondence**

The correspondence included with the Board papers is for members' information.

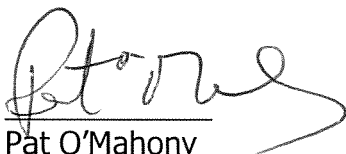
## **20. Any other business**

It was queried if there had been any further communication from the Minister in respect to the request earlier in the year for HIQA to undertake an investigation into the circumstances surrounding the cervical check controversy. It was agreed that a letter to the Minister from the Chairperson seeking clarification should be issued.

The Chairperson extended his sympathy, on behalf of the Board, to Enda Connolly, whose wife had recently passed away.

There being no further business the meeting was closed.

## **Signed**



Pat O'Mahony  
Chairperson



Kathleen Lombard  
Board Secretary

### Actions arising from the Board meeting on 4 December 2018

| No | Action   | Person Responsible | Timeframe           |
|----|--|--------------------|---------------------|
| 1  | HIQA's scheme of delegation will be reviewed to ensure that communications is included in Director's functions   | PQ                 | March 2019          |
| 2  | Review communications SOPs to reflect communications being a function within Directorates  | MW/PQ              | Date to be reported |
| 3  | Occasions will be considered and identified for when the Chairperson might need to be consulted on press releases.   | MW/PQ              | Date to be reported |
| 4  | The following comments by the Board to be reflected in the corporate plan: <ul style="list-style-type: none"> <li>- the "People" objective should come first on the list of "What we need to be successful"</li> <li>- review document before publication to ensure consistency of language</li> <li>- On future occasions when presented with a document that has been through public consultation, a précis of the feedback will be provided</li> <li>- Building the focus for considering HIQA's impact during implementation of the plan.</li> </ul> | SA/PQ              | immediate           |
| 5  | the Executive management will consider what measures or model can be used effectively around determining impact (corporate plan)   | PQ/EMT             | Immediate           |
| 6  | the service charter and action plan to be circulated to the Board for final approval via email procedure.  | KL                 | December 2018       |
| 7  | an analysis of the level of feedback that other regulators receive when consulting on documents such as corporate plans and customer charters  | MW                 | Date to be reported |
| 8  | Re business plan: <ul style="list-style-type: none"> <li>- consider more detailed objectives around ICT</li> <li>- in relation to leadership, governance and management, consider an action on the Board's development</li> <li>- the target for responding to unsolicited information should be reviewed</li> <li>- on future occasions, consider if there is</li> </ul>  | SA/EMT/KL          | Date to be decided  |

|    |   |                   |                     |
|----|---|-------------------|---------------------|
|    | <p>a need to seek approval from the Board post confirmation of allocation when there is confidence that the budget allocation is sufficient</p> <ul style="list-style-type: none"> <li>- proposal to be considered on what we might do to demonstrate HIQA's "effectiveness"/review of stakeholders' views on an organisational level.</li> </ul> |                   |                     |
| 9  | Amend publications process to include a paragraph that publication arrangements are expressly agreed, particularly where there is an explicit policy decision.  | MW/MR             | Date to be reported |
| 10 | consider if the format for reviewing spend reports and financial controls requires additional information and report to the Board   | CEO/ARGC Chair/SA | January 2019        |

### Carried forward Actions

| No | Action  | Person Responsible | Time-frame   |
|----|---|--------------------|--|
| 1  | Amend ToR for Resource Oversight Committee when Performance Delivery Arrangement (PDA) is finalised with the DoH  | KL                 | PDA not yet finalised                                      |
| 2  | <ul style="list-style-type: none"> <li>- legal advice regarding the provision for having regard to HSE resources to be shared with DoH</li> <li>- the Chairperson and CEO to raise the matter with the Minister and his officials at their meeting in mid February 2018</li> <li>- 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.</li> </ul> | PQ                 | Letter has issued. Advice being considered by DoH advisors |