

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

15 May 2019, 09.30 Smithfield, Dublin

#### Present:

Initials			
POM			
PK			
MS			
EC			
JK			
CS			
SOF			

#### In Attendance:

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

#### **Apologies:**

				~
Molly	Buckley	y Board Member	MB	

## 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 relating to the agenda items were declared.

#### 3. Board minutes

#### 3a. Board minutes of 6 March 2019

The minutes of the meeting of 6 March 2019 were reviewed by the Board and it was agreed that they were an accurate record of the meeting. SOF proposed approval of the minutes and PK seconded the proposal; accordingly it was resolved that the minutes of 6 March 2019 be approved by the Board.

## 3b. Board minutes of 17 April 2019

The minutes of the meeting of 17 April 2019 were reviewed by the Board and it was agreed that they were an accurate record of the meeting. EC proposed approval of the minutes and SOF seconded the proposal; accordingly it was resolved that the minutes of 17 April 2019 be approved by the Board.

#### 4. Review of Actions

KL updated the Board on the actions arising from the meeting of 6 March and actions carried forward. The Board enquired if there was any development in relation to securing approval for the position of a Chief Operating Officer. It was noted that the CEO will discuss with senior officials in the Department of Health (DoH) in the near future.

## 5. Matters arising

It was noted that a letter outlining the Board's concerns on long term residential services for older people was issued to the DoH by the Chairman. The response from the DoH noted ongoing dialogue between the Chief Inspector and the HSE. It was noted that the Chief Inspector and senior managers had a constructive meeting with the Interim Director General and senior members of the HSE in recent weeks.

## 6. Health and safety matters

No incidences to report in relation to health and safety matters.

## 7. Amended Standing Orders and TORs for the Board

KL advised that as part of the National Standards Authority of Ireland's assessment for the SWiFT 3000 Governance standard, it was recommended that the Board's fiduciary duties be given greater prominence in HIQA's governance material. The Board's terms of reference and standing orders have been revised to reflect this recommendation. Subject to a suggested minor amendment, PK proposed approval of the amended Standing Orders and terms of reference for the Board and JK seconded the proposal; accordingly it was resolved that Standing Orders and terms of reference for the Board be approved by the Board.

## 8. External Member to ARGC – Recommendation to the Board

KL advised the Board that an Expression of Interest process was undertaken to select a suitably qualified individual to become a member of the Audit Risk and Governance Committee (ARGC). CS described the process and explained that the Committee had considered the CV's of the two most suitable candidates in order of preference at their last meeting. The Board was advised that the Committee had discussed in detail, factors relating to role, skills and experience, diversity and potential conflict of interests and agreed on a preferred candidate. CS proposed that subject to Board approval, the preferred candidate would be approached and offered the position upon

assurances around governance related matters such as compliance with HIQA's code of conduct, conflict of interest and confidentiality policies. PK proposed approval of the preferred candidate and JK seconded the proposal; accordingly it was resolved that the preferred candidate as proposed in the paper before the Board be approved by the Board. The Board also agreed that should the first candidate not accept the position, the second candidate could be approached and offered the position.

A further discussion took place in respect of adopting the approach of external members on other committees of the Board. It was agreed that this arrangement was appropriate for the ARGC but that, if required, subject matter experts could be invited to speak to the Board or Committees when deemed relevant. This arrangement would in no way impact on the decision making or governance responsibilities of the Board.

## 9. Chief Inspector's Report

Mary Dunnion (MD) Chief Inspector and Aoife McCann (AMcC) Senior Legal Adviser joined the meeting for this item and a briefing was provided on the following matters:

MD updated the Board in respect of a range of significant issues that she was
dealing with as Chief Inspector of Social Services. These included challenges
relating to capital investment in refurbishing or replacement of designated
centres for older people and centres for people with disability resulting in lack of
compliance with the relevant regulations.

It was clarified that the HSE have been made aware of the issues and the approach being taken regarding these centres by the Chief Inspector.

- AMcC also brought the Board's attention to a number of court proceedings that are underway.
- MD then updated the Board on the commencement of the regulation of medical exposures to ionising radiation, explaining that HIQA became the Competent Authority for this function on 8 January 2019. Significant work has occurred in relation to stakeholder engagement, development of guidance, receipt of mandatory notifications and building a directory of undertakings. It was noted that HIQA has raised issues relating to the definition of an "undertaking" with the DoH, who is reviewing the legislation in order to provide clarification.

In the interim MD outlined the approach that HIQA proposed to take as the Competent Authority. The approach was supported by the Board and it was agreed by the Board that MD proceeds on the basis of the approach outlined.

MD and AMcC left the meeting at this point.

## 10. HTA Papers

Mairin Ryan (MR) Director of HTA and Conor Teljeur (CT) Chief Scientist joined the meeting for this item.

## 10.1 Process Outline for HTA of Birth Cohort Testing for Hepatitis C (Hep C)

MR advised the Board that the decision to undertake this HTA was approved by the Board in July 2018 as part of the HTA work plan and, in line with the Quality Assurance Framework for undertaking full HTA's, the HTA process outline is before the Board for approval. MR explained that following a recommendation arising from a national clinical guideline for Hep C screening, HIQA agreed to undertake the HTA to establish the clinical and cost effectiveness of the introduction of birth cohort testing for Hep C. CT presented the process outline for this HTA and explained that the purpose of this project is to establish the clinical and cost effectiveness and budget impact of introducing birth cohort testing for people born between 1965 and 1985, as evidence shows that the prevalence of HCV infection is highest in this age group. CT outlined the terms of reference, the membership of Expert Advisory Group and the project milestones.

JK proposed approval of the process outline and MS seconded the proposal; accordingly it was resolved that the process outline for the HTA of Birth Cohort Testing for Hep C be approved by the Board.

## 10.2/10.03

Assurance Statement for C-reactive protein point of care testing for respiratory tract infections and HTA of C-reactive protein (CRP) point of care testing (POCT) to guide anti-biotic testing for respiratory tract infections in primary care settings

MR explained that this HTA was undertaken to guide antibiotic prescribing for acute respiratory tract infections for primary care settings as approximately 70% to 80% of respiratory tract infections are viral and do not respond to antibiotics. CT outlined the process, collaboration with EUnetHTA, the terms of reference, the public consultation process and the main findings. The Board sought a number of clarifications in respect of testing devices, antibiotics prescribed and the finding that a pilot programme be considered in light of longer term sustainability and effectiveness gains over time. It was agreed that the finding regarding the pilot programme should be reformulated as a recommendation. It was clarified that the CRP POCT must be considered within the context of a range of initiatives to improve antimicrobial stewardship.

JK proposed approval of the HTA on CRP POCT testing and PK seconded the proposal; accordingly it was resolved that the HTA of C-reactive protein (CRP) point of care testing (POCT) to guide anti-biotic testing for respiratory tract infections in primary care settings be approved by the Board.

# 11. HTA-CICER (Collaboration in Ireland for Clinical Effectiveness Reviews)

Michelle O'Neill (MON) and Eamon O'Murchu (EOM) joined the meeting for this item. MR introduced the following HRB-CICER outputs, explaining that HIQA was selected to undertake reviews of evidence and provide scientific support for the development of National Clinical Guidelines for the National Clinical Effectiveness Committee (NCEC).

## 11.1, 11.2 and 11.3 — Ovarian Cancer:

- Systematic review of cost effectiveness-diagnosis and staging of patients with ovarian cancer
- Preliminary costs analysis diagnosis and staging of patients with ovarian cancer

MON advised the Board that the HRB-CICER team works closely with clinical guideline development groups to ensure that they have the right evidence to inform their recommendations. She explained that the purpose of developing a guideline for ovarian cancer is to improve the quality and safety and cost effectiveness of ovarian cancer care in Ireland. EOM outlined the process for undertaking the review and the deliverables that were achieved. The following documents were included for Board information:

- Systematic Review of Cost effectiveness Diagnosis and staging of patients with ovarian cancer
- Preliminary cost analysis Diagnosis and staging of patients with ovarian cancer.

A statement of assurance confirming compliance with the HRB-CICER Quality Assurance Framework for the systematic review of costs effectiveness and preliminary cost analysis was provided to the Board. The work has now been submitted to the NCEC.

### 11.4, 11.5 and 11.6 - Nutrition:

- Systemic review of nutritional screening tools for adults in acute hospital settings
- Evidence tables for clinical and cost effectiveness of oral nutrition support intervention

MON explained that the purpose of this project was to update evidence tables and undertake three systematic reviews to support the development of the National Clinical Guideline for nutrition screening and use of oral nutrition support for adults in the acute care setting. The Guideline is intended to ensure a standardised approach to the prevention, identification and treatment of malnutrition risk in acute care settings.

EOM outlined the process for undertaking the review and the deliverables that were achieved. The following documents were included for Board information:

- Systematic review of nutritional screening tools for adults in acute hospital settings

- Evidence tables for clinical and cost effectiveness of oral nutrition support intervention.

A statement of assurance confirming compliance with the HRB-CICER Quality Assurance Framework for the project was also provided to the Board. The work has now been submitted to the NCEC.

The Board thanked MON and EOM for the quality and volume of work involved in producing the evidence to support the development of clinical guidelines and noted the expertise necessary to deliver the task.

## 11.7 and 11.8:

## HTA of a PReP programme for populations at substantial risk of sexual acquisition of HIV and related interim Statement of Assurance

MR introduced this HTA and advised that it was requested by the Clinical Lead for sexual health in the HSE and was endorsed by the DoH. The decision to undertake the HTA was approved by the Board as part of the HTA work plan in July 2018. The purpose of undertaking this HTA was to examine the clinical effectiveness and safety of oral pre-exposure prophylaxis (PrEP) to reduce sexual acquisition of HIV in individuals at substantial risk of infection.

EOM and CT presented on the HTA project and highlighted the terms of reference, the membership of the Expert Advisory Group, the main findings and the public consultation process which is underway and has a closing date on 28<sup>th</sup> May.

MR advised the Board that following completion of the public consultation phase, the Expert Advisory Groups will consider the final report and then it will come to the Board for approval. It was agreed that a special Board meeting will be arranged to consider the final report.

PQ advised the Board that the HTA Directorate are also working on a HTA strategy which will be reflected as an additional objective in the 2019 Business plan. The Strategy will come to the Board for approval, when finalised.

MR, CT, MON and EOM left the meeting at this point.

## 12. Corporate Performance and Risk report

PQ presented the corporate performance and risk report to the Board. All of the 2019 objectives are on target, with the exception of two projects that have been delayed due to reasons outlined in the paper. The Board's attention was drawn to the financial report, the HR report and the risk register with the performance report. In this context, changes on the corporate risk register were highlighted where one risk was removed and another added. It was noted that delays within the Office of Government Procurement may impact HIQA's timelines for procuring necessary services and the progression of some projects. As part of the management of this risk, alternative

options are currently being examined. Other challenges relate to new functions as outlined earlier in the meeting.

It was noted that the letter of allocation had been received from the DoH since the last meeting of the Board and, as a result, the budget for 2019 is currently being finalised. This will come to the next meeting of the ARGC and subsequently to the Board.

The Board noted the Corporate Performance and Risk report.

## 13. CEO's report

PQ highlighted a range of developments contained in his report to the Board;

- HIQA staff are engaging with the DoH on future homecare regulation
- meeting with the DoH in relation to the ICT strategy
- The third National Patent Experience Survey has commenced. The DoH and the HSE are very supportive of this initiative and will accompany the CEO and the Director of Health Information and Standards on visits to hospitals to promote the survey, and
- A report on complaints.

The Board noted the CEO's report.

## 14. Chairperson's report

The Chairperson advised that he and the CEO had a positive meeting with the Minister where a range of issues were discussed including the corporate and business plans, the ongoing review of maternity services and establishing scheduled meetings into the future.

## 15. Board Committees' report

KL advised that there had been one committee meeting (the ARGC) since the March Board meeting. CS, as Chair of the Committee summarised the discussions from that meeting including:

- Delays in ICT projects timelines arising from delays in the Office of Government Procurement. Bala Krishnan, Chief Information Officer presented a status report on internal audit recommendations relating to information governance
- A presentation was provided to the committee on the registration process
- PO presented on two corporate risks.

The Board noted the Board Committee report.

## 16. Any other business

There was no further business and the meeting was brought to a close.

Signed

Pat O'Mahony

Chairperson

Kathleen Lombard Board Secretary

## Actions arising from the Board meeting on 15 May 2019

No	Action	Person Responsible	Timeframe
1	CEO to discuss COO position with senior officials in the Department of Health (DoH) in the near future.	KL	arranged
2	the finding regarding the pilot programme should be reformulated as a recommendation in the final CRP POCT report	CT/MR	immediate
3	Amend the standing orders and TOR for the Board to remove remaining references to a Deputy Chair	KL	immediate
4	Budget for 2019 to go ARGC meeting	SA/PQ	20 June

## **Carried forward Actions**

No	Action	Person Responsible	Time-frame
	<ul> <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 (completed Feb 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>		Letter has issued. Advice under consideration by DoH advisors. No further update as of 6 March 2019