

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

26 January 2022, 10am – 2pm
Zoom Conference

Present:

| Name | Details | Initials |
|---------------------|----------------|-----------------|
| Pat O'Mahony | Chairperson | POM |
| Bernadette Costello | Board Member | BC |
| Lynsey Perdisatt | Board Member | LP |
| Caroline Spillane | Board Member | CS |
| Paula Kilbane | Board Member | PK |
| Marion Meany | Board Member | MM |
| Martin O'Halloran | Board Member | MOH |
| Danny McConnell | Board Member | DMcC |
| Martin Higgins | Board Member | MH |
| Tony McNamara | Board Member | TMcN |

In Attendance:

| | | |
|------------------|--|----|
| Mairin Ryan | Acting CEO | MR |
| Kathleen Lombard | Board Secretary and Chief Risk Officer | KL |

Apologies:

| | | |
|---------------|--------------|-----|
| Michael Rigby | Board Member | MJR |
| Jim Kiely | Board Member | JK |

1. Welcome and Quorum

A quorum was confirmed and the Board meeting was duly convened. A short Board only session took place in line with the Code of Practice for the Governance of State Bodies.

1.1. CEO end of year performance review

LP reported to the Board the results of the CEO's end of year performance review which she, as Chair of the Resource Oversight Committee (ROC) had carried with the

Chairperson of the Board. LP reported that each of the objectives set for the CEO for 2021 was considered and a summary note of the performance against each was included with the papers for the meeting.

In summary, it was considered that the performance of the CEO had been excellent during 2021 and that this commitment continued to the last moments of his tenure.

The ROC had received a report on the performance review at their meeting on 20th December and the committee had fully supported the outcome of the review. The Board unanimously agreed with the conclusions of the review and acknowledged the strong performance of the CEO.

1.2 Position of new CEO

The Chairperson briefed the Board on progressing the appointment of the new CEO. It is anticipated that the new CEO will be in position in the near future.

MR, Interim CEO joined the meeting.

2. Conflict of Interest

No conflicts were declared on any matters on the agenda.

3. Board minutes

3.1 Minutes of Board meeting of 1 December 2021

The minutes of the meeting of 1 December 2021 were reviewed by the Board and it was agreed that they were an accurate record of the meeting. MH proposed approval of the minutes and TMcN seconded the proposal; **accordingly it was resolved that the minutes of 1 December be approved by the Board.**

3.2 Formal note of email approval by the Board to designate the performance of the functions of the CEO to an employee of the Authority (Mairin Ryan)

The email approval by the Board (30 December 2021) was formally noted for the minutes;

- That the functions of the CEO be performed by an employee of the Authority, designated by the Authority
- That the designated employee be Mairin Ryan
- That a revised scheme of delegation reflecting this be approved, effective from 1 January 2022.

4. Review of Actions

In relation to the action to meet with the Department of Health (DoH) to provide a briefing on the Health Information Position Paper, it was noted that HIQA's Director of Health Information and Standards met with representatives from the Office of the

Government Chief Information Officer, the Chief Information Officer at the HSE and the Health Infrastructure and Research Development and Health Analytics policy units in the Department of Health (DoH). A meeting also took place with the Chief Clinical Information Officer in the HSE and a meeting is planned with the HSE's National Clinical Information Lead for Nursing and Midwifery.

5. Matters arising

KL advised that it was intended that the scheme of delegation would be on the agenda of this meeting for Board review and approval but because of the delay in the appointment of the CEO, it was deferred until that position is taken up.

6. Health and safety matters

There were no reportable Health and Safety matters since the last Board meeting.

7. CEO's Report – key strategic and operational matters

Carol Grogan (CG) Chief Inspector (CI) joined the meeting for this item as some items on the CEO's report are relevant to regulatory activities.

MR highlighted the following items from the CEO report:

- COVID-19
Further to the Government announcement on Friday 21 January and the lifting of many public health measures, a communication was issued to all staff in relation to the plans for a gradual return to office based working and the work ongoing for a future way of working.
- Healthcare Regulation
 - o The Director of Healthcare will have responsibility for the new function of monitoring Direct Provision centres. HIQA has received sanction and funding for positions to progress the project phase for commencing the function. Discussions are ongoing with officials from the Department of Children, Equality, Disability, Integration and Youth (DoCEDIY) on the legislative framework for HIQA's role and on the proposed timeline for commencement.
 - o The development of a new approach to monitoring healthcare services against the National Standards for Safer Better Healthcare is being finalised. The new framework can be applied to monitoring in the private healthcare sector as intended by the Patient Safety (Notifiable Patient Safety Incidents) Bill.
 - o A wide review of population health screening services will be commenced when Dr Scally completes his review of cervical screening services.
- Regulation: social care

- The Chief Inspector briefed the Board on concerns relating to the governance of designated centres in the HSE CHO Area 1 in the North West. The Chief Inspector has brought this matter to the attention of the interim National Director of Community Operations and met with senior officials in the HSE to discuss what actions the HSE should take.
 - The Chief Inspector and the standards team in HIQA are continuing to engage with the DoH on the development of regulations and standards for homecare. HIQA has registered concerns regarding the narrow scope of the regulations and is awaiting an updated draft of regulations.
- The HTA Directorate
- As part of ongoing support to the DoH and to NPHE, a range of rapid evidence syntheses and COVID publications have been provided since the December Board meeting. Since the Omicron variant was identified, there has been rolling reviews of evidence and summaries of responses to the variant by international public health agencies.
 - An epidemiological analysis of the factors associated with outbreaks of Covid-19 in Nursing Homes was updated at the request of the Nursing Home Expert Panel and the DoH
 - A member of the HTA team won the HSE Open Access Research Award 2021 for a paper "SARS-CoV-2 detection, viral load and infectivity". The paper has informed national and international policy.
- Health Information and Standards Directorate (HIS)
- The Draft Overarching Standards for the Care and Support of Children using Health and Social Care services have been updated following a public consultation. It is expected that the final standards will come before the Board in May for consideration and approval.
 - The National Standards for Children's Social Services were submitted for Ministerial approval on 7 December 2021. Correspondence on the standards was received from the Minister for Children, Equality, Disability, Integration and Youth (DCEDIY) and the Irish Foster Care Association (included with the Board papers). The project team will engage with both organisations on next steps.
 - National Maternity Bereavement Experience Survey
This survey has been delayed to allow for prior engagement with women who have been bereaved before launching the survey
 - Following the launch of the Position Paper on the need for reform of Ireland's health information system, there has been extensive engagement with representatives from the Office of the Government Chief Information Officer, the HSE's Chief Information officer and other senior members of the HSE and the DoH.

- Corporate Plan 2022-2024 and Business Plan 2022

The draft corporate plan was submitted to the Minister for approval, following the December Board meeting.

The Business plan was also submitted to the DoH and confirmation of the funding allocation for 2022 is awaited.

- HR strategic issues

An employee engagement survey has been concluded and a presentation on the findings is on the agenda.

As part of the Organisational restructure project, an analysis of the Healthcare and Social Care directorates has been conducted. This will inform the future design of supports for these functions.

- Prism Replacement project

The proposal for the Prism Replacement is on the agenda, following review by the EMT and the ROC.

- Details of MOUs, publications and inspection reports are included in the report.
- MR also updated the Board on a personal injury claim by a staff member and advised that the claim had been withdrawn.

The Board made a number of observations arising from the CEO's report and

- Expressed congratulations for the staff member who won the research award
- Considered that the public health environment in the context of COVID-19 is likely to have impacted on the experiences of those bereaved
- Concern that with the departure of key senior management towards the end of 2021, there is a risk of loss of corporate information in the context of HIQA's response to the public health emergency.

On this last point, MR confirmed that information on HIQA's response to COVID-19 has been recorded.

The Chairperson thanked MR for the report and noted that key items will be revisited under separate agenda items during the meeting.

DMcC left the meeting at this point.

8. Chief Inspector (CI) report

CG referred the Board to the Chief Inspector's report and highlighted the following:

- Designated centres for older persons (DCOP)
 - o 2021 was a busy year with a large volume of inspections and published reports
 - o The highest levels of non-compliance in the older persons centres relate to governance and management, fire safety and compatibility of premises with requirements
 - o Before Christmas, there was an increase in infection arising from the Omicron variant but the booster vaccination programme appeared to provide good protection for residents and staff
 - o The CI met with Minister Butler and senior members of the HSE last week in relation to the numbers and management of COVID cases in Nursing homes
 - o Final surveys on providers' implementation of the Nursing Homes Expert panel recommendations have been completed and the final report will be available in March.

- Designated centres for people with a disability (DCD) including
 - o Registration and inspection activity was very busy during 2021.
 - o A table on regulatory compliance is included in the report which sets out the levels of compliance across the different regulations.

- Children's services
 - o A summary of the activities that are ongoing in the children's service pillar including the inspection programme for children's residential centres, foster care, child protection and welfare, special care and detention services.
 - o Overall, there was improvement across children's services in 2021 with increased levels of compliance with national standards.
 - o A small number of temporary residential centres were established by Tusla during 2021 to accommodate children on an emergency basis. An alternative care strategy is being developed.
 - o The children's team commenced a two year inspection programme of Tusla's compliance with the National Standards for the Protection and Welfare of Children. To date most inspections have shown high levels of compliance with the standards; however in one area, delays in children coming into care due to a lack of appropriate placements in alternative care was escalated to the Area Manager and to Tusla.

- Information handling centre

The information handling centre receives unsolicited information about services and centres under HIQA's remit. All information is logged and referred to an inspector or authorised person to be assessed, risk rated and for appropriate follow up. Analysis of the numbers and breakdown of this information is included in the report.

- Projects underway

A wide range of projects underway in the Directorate is detailed in the report including a records retention review, process improvement projects, regulatory research projects and many others.

Input is also required from the Directorate for the Prism replacement project which will provide a fit for purpose IT solution to support monitoring and regulation of the health and social care services

- Legal proceedings

A brief overview of court proceedings was included in the report.

CG provided clarifications in response to queries raised by the Board and explained that:

- The difference in numbers of inspections versus reports of disability centres relates to timing
- Costs were awarded to HIQA in relation to one case. Inspections are continuing at that centre
- HIQA is a notice party in terms of a claim by family members of deceased residents of a nursing home.

The Chairperson thanked CG for her report and CG left the meeting at this point.

9. Report from Board Committees

Resource Oversight Committee (ROC) 20 December 2021 and 17 January 2022

The Chair of the ROC, Lynsey Perdisatt (LP), reported that the Committee had met on two occasions; in December to consider the annual performance review of the CEO and on the 17th January where the following items were reviewed:

- An update on activities carried out by the Communications and Stakeholder Engagement Division during 2021 and a summary of the objectives for 2022
- The proposal for the replacement of Prism (regulatory system). The Committee requested a number of areas to be clarified, prior to the proposal being presented to the Board for approval
- A report from the Project Management Office was provided, including project activity during 2021 and plans for 2022. In addition, a list of key contracts anticipated as requiring Board approval over the coming year was highlighted
- An assurance report was presented by the Head of Legal services on Joint Working Agreements that have been developed with other organisations and the governance arrangements for managing these agreements.
- An end of year report on the delivery of the objectives for which the ROC provides oversight and
- A report on the risks for which the ROC provides oversight.

Audit Risk and Governance Committee (ARGC) 18 January 2022

The Chair of the ARGC, BC reported that the Committee had, at its recent meeting reviewed:

- The annual audit of HIQA's system of internal controls which included two parts; the internal financial controls audit and an internal control questionnaire. Both reviews showed a strong control environment
- An update on the delivery of the 2021 Internal Audit plan and the schedule of audits for 2022
- HIQA's financial performance to the end of November 2021 (*included with Board papers*)
- The annual assurance report from the ARGC to the Board which is included with the Board papers.
- The corporate risk report and
- The 2022 annual work plan for the committee.

9.1 ARGC Annual Report to the Board

BC, Chair of the ARGC introduced the ARGC's annual assurance statement. She explained that the purpose of the report is to provide evidence to the Board on the internal controls operating within HIQA in order to address the requirements as described in the Code of Practice for the Governance of State Bodies 2016, where "the Board is responsible for ensuring that effective systems of internal control are instituted and implemented in the State Body...and the Board should review the effectiveness of these systems annually".

It was noted that as part of the process for reviewing the effectiveness of the controls, the Board committees reviewed the areas relevant to their respective oversight remit.

This report is structured on the basis of:

- executive management assurances on the controls for delivering the internal support functions and the external facing functions (presented to the relevant Board committees)
- the 2021 internal audit programme
- the audit by the Comptroller and Auditor General
- risk management arrangements
- financial statements and
- specific areas reviewed by the ARGC during 2021.

In addition, it was noted that the annual internal audit of internal controls was much more comprehensive than in previous years and included a questionnaire for Management on the internal controls, which in turn were verified by the internal auditor. BC advised that it was a positive audit and provided good assurance on the control environment and a good basis for the Board's annual confirmation to the Minister that there is an appropriate system of internal and financial controls in place.

The Board reviewed the report from the ARGC and noted the Board's responsibility for annually reviewing the effectiveness of HIQA's internal controls systems. The Board confirmed their satisfaction that the internal controls and risk management systems in place during 2021 were operating well and were adequate.

The Board thanked BC for the work of the ARGC and for providing the assurance report.

DMcC re-joined the Board meeting. CS also joined the meeting.

10. Prism replacement project - approvals

Bala Krishnan (BK) Chief Information Officer, Pat Millar (PM) and Ronan Foley (RF) from Clarion Consulting joined the meeting at this point.

BK introduced PM and RF, members of the program team and also members from the Executive Management, Sean Angland (SA) from Operations, Sean Egan (SE) from the Healthcare Directorate and Carol Grogan (CG), Chief Inspector, whose business requirements necessitated this project and informed the project specification and the solution. BK reminded the Board of the steps that have culminated in the presentation of the proposal before the Board and advised that the proposal has been reviewed in detail by the ROC, following approval by the Executive management.

RF, Program Manager referred the Board to the presentation included in the Board papers and outlined previous approvals leading to this point, the governance structure, procurement process and the solution identified to replace the existing Prism system, a detailed breakdown of the costs associated with the project and the approvals being sought from the Board.

The Board discussed the project in detail and the following was clarified in response to their queries;

- significant consideration was given to data protection controls in the original request for tender
- no data will be stored outside the European Economic Area
- annual licensing is an ongoing cost with no option to buy out
- in addition to the tender cost, a number of additional costs are detailed in the presentation such as change management and external supports costs which are required to deliver the project as existing internal resources are not in place
- the boundaries have been set for the design of the solution
- a strong governance structure will manage change requests to ensure scope creep does not occur
- a business process toolkit is included which will benefit HIQA in the longer term
- the appropriate skills and experience of external supports have been clearly defined and strong governance controls will be applied to ensure that requirements are delivered to a high standard
- controls are in place to address intellectual property rights and knowledge transfer will be planned so that expertise is developed internally.

PM, Program Steering member, assured the Board that a clear business need was articulated, an extensive procurement exercise was implemented, a robust governance model has been in place throughout the process and while it is a significant investment, the proposal before the Board provides a viable and appropriate solution.

BK sought the following approvals from the Board:

- a. Agreement that CODEC is the preferred vendor
- b. Project costs
 - i. capital funding - as described in the papers attached
 - ii. annual operating costs - as described in the papers attached
- c. to engage with the OGCIO for peer review and approval as required under Circular 14/21
- d. to engage with the DoH to seek support for funding
- e. to engage with CODEC on non-binding contract discussions
- f. to include program costs in the start of year submission for 2022.

The Chairperson thanked the Board for the extensive questioning and reflected that the level of scrutiny was appropriate given the investment involved. He noted that the current system was a significant risk on the corporate risk register and that it is good to see progress in procuring a fit for purpose system that will address current and future regulatory needs.

The Board unanimously agreed the need to progress with the project. MH proposed approval of a-f listed above and TMcN seconded the proposal; **accordingly it was resolved that the Board approved:**

- a. CODEC as the preferred vendor
- b. Project costs; capital funding and annual operating as set out for the Board
- c. engaging with the OGCIO for peer review and approval as required under Circular 14/21
- d. engaging with the DoH to seek support for funding
- e. engaging with CODEC on non-binding contract discussions and
- f. Including program costs in the start of year submission for 2022.

BK advised the Board that when these matters have progressed, the final contract will come back to the Board for approval.

The Chairperson thanked RF and PM for presenting the proposal. RF, PM, SE, CG and BK left the meeting at this point.

11. Board work plan 2022

KL advised that the annual work plan for the Board is to ensure that all matters that require Board attention are identified and addressed during the course of the year.

KL advised that as an additional control, detail has been added to this year's plan to reflect when contracts with a value in excess of €250,000 will come to the Board.

MR added that as part of the CEO's report, a list of contracts requiring Board approval will be included from here forward.

KL highlighted that one of the items on the work plan for Board consideration is to seek *"assurances of compliance with statutory and administrative requirements in*

relation to the approval of the appointment, number, grading and conditions of all staff, including remuneration and superannuation”.

While the Board receives Human capital reports, this aspect of human resource management will be included as part of an audit during 2022.

The Chairperson, on behalf of the Board, recorded appreciation of the Board Secretary’s work in bringing forward the annual Board work plan.

MOH proposed approval of the work plan for 2022 and BC seconded the proposal; **accordingly it was resolved that the Board work plan for 2022 be approved by the Board.**

12. Contracts for approval

SA presented a paper setting out a range of projects for which Board approval is required in line with expenditure thresholds and explained that routine items will be brought to the Board in a similar format to the paper being presented. Larger procurements, such as the Prism Replacement project will come as singular agenda items. In addition, he proposed that as an additional control for the governance around contracts that contract approval be added to the Board agendas as a standing item.

The paper outlined the budget, procurement and governance processes utilised within HIQA, including using available frameworks such as the Office of Government Procurement (OGP) frameworks and requested Board approval for the following contract awards:

| Tender Reference and Name | Successful Tenderer |
|-----------------------------------|---|
| ICT-386 Survey platform | Qualtrics |
| ICT-386 Survey managed services | IPSOS MRBI |
| HR-69 - Provision of agency staff | Hays |
| FAC-55 - Office Furniture | Depending on outcome of procurement process |
| Cloud Adoption Framework | Micromail (via HEANet Framework Agreement) |

The Board welcomed the additional controls and the approach set out in the paper presented. MM proposed approval of the above contract awards and MH seconded the proposal; **accordingly it was resolved that the contract awards (as detailed in the accompanying paper) to Qualtrics, IPSOS MRBI, Hays, Micromail and the successful tenderer for office furniture be approved by the Board.**

13. IPSOS MRBI Staff Survey

SA introduced Tarik Laher (TL) from IPSOS MRBI. SA advised the Board that this is the fourth employee engagement survey carried out since 2015 and the findings from previous surveys have informed changes implemented in HIQA. The results of this survey, carried out in the latter part of 2021 have been presented to the Executive Management Team and HIQA staff.

TL presented the survey to the Board, detailing the process, the findings and the learnings. He advised that it was a very positive survey and HIQA rates very well against external benchmarks. He highlighted that there was strong improvement across a range of results including overall job satisfaction, involvement in decisions, feeling valued, HIQA culture, views on line managers, wellbeing and learning and development. A small number of results have declined since the 2019 survey but none significantly.

TK identified areas where management might focus to address areas where scores or satisfaction levels were lower than in previous surveys.

The Board welcomed the survey and acknowledged the positive nature of the results. The following observations were made:

- the potential for the high number of new employees to skew the results positively
- risks associated with the introduction of a new working model
- consideration to be given to micro surveys
- future surveys to consider analysis by "strata" e.g. middle management
- the management of the number of staff who have indicated their wish to work from home and
- the potential impact of significant changes at a senior level in the organisation.

MR thanked the Board for their observations and advised that the future working model for HIQA will be presented at the March Board meeting. The methodology will be provided at that time to explain the framework for decision making on options for remote working.

The Chairperson thanked TK and congratulated the Executive management on the findings and the favourable comparison with external benchmarks.

TK left the meeting at this point.

14. Corporate Performance

SA presented the end of year corporate performance report which summarised the status of each business plan objective for 2021. The report detailed those objectives that were not achieved and the reason for this together with an update with regard to completing the objectives in 2022. The Board noted the significant number of objectives that were achieved in what was a very challenging year and the plans to carry forward those that were not concluded.

15. Human Capital Reports

SA presented the human capital report to the Board which provides an overview of staff numbers, leavers and joiners, absence rates and sick leave.

No issues or anomalies were noted.

16. Finance report

SA referred the Board to the detailed report and accompanying cover paper included with the Board papers which set out the financial position at the end of November 2021. It was noted that the finance report was reviewed in detail at the recent ARGCC meeting.

BC noted that from the ARGCC perspective, the finance reports are well presented and accessible and that all variances are well explained.

SA highlighted that the finance team are working on the end of year figures and that the annual accounts will come to the Board for review in February.

The Board noted the report and thanked SA for a clear presentation.

SA left the meeting at this point.

17. Corporate Risk Report

KL presented the corporate risk report and highlighted the main changes to the corporate risk register including;

- the closure of one risk, together with the rationale for closing the risk
- the inclusion of a new risk relating to preparation for the commencement of new functions and
- the reduction in the rating of a risk in relation to the reliance on the OGP to progress key projects.

KL also requested the Board to raise any risks which they believe should be considered in advance of the strategy day on 11th February.

The Board noted the risk report.

18. Chairpersons report

The Chairperson's report was noted.

19. Correspondence

Correspondence referenced in the CEO report was included for ease of reference.

20. Any other Business

There being no further business, the meeting was closed.

Signed



Pat O'Mahony
Chairperson



Kathleen Lombard
Board Secretary

Actions arising from Board meeting on 26 January 2022

| No | Action | Person Responsible | Time-frame |
|----|--|--------------------|------------|
| 1 | Scheme of delegation to come to Board | MR | March BM |
| 2 | Add contract approvals to Board agendas as a standing item. | KL | Immediate |
| 3 | In relation to staff surveys - consideration to be given to micro surveys - future surveys to consider "strata" e.g. middle management | SA/MR | 2023 |

Carried forward actions from previous meetings

| No | Action | Person Responsible | Time-frame |
|----|--|--------------------|--|
| 1 | Arrange meeting with the Secretary General of the DoH for CEO and Chairperson to provide a briefing on the position paper | RF | RF met with B Lowry, CIO in Dec 2021 |
| 2 | Meet with the Secretary General and the Minister to raise the significance of acquisition of nursing homes by large companies | PQ/POM | Brought to the attention of Carol Grogan |
| 3 | Regulation committee to maintain oversight of developments on OPCAT. A report will come back to the Board at the appropriate time. | JK/KL | When appropriate |

On hold actions

| | | | |
|---|---|-----------|---|
| 1 | Further develop elements of the paper on emergency department overcrowding revisit at the appropriate time | MD | On hold |
| 2 | CEO and Chairperson to meet with the HRB to explore what is being done in the area of technology research | POM/PQ | deferred |
| 3 | Explore securing a temporary resource to work on the AON standards. (Chairperson and CEO to raise the matter with the Secretary General of the DoH at their upcoming meeting) | PQ/ RF | Following the prioritisation process this item emerged as third, so will not be progressed in the near future – RF has discussed with Children's Ombudsman – may be revisited |