

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

5 July 2023, 10am – 1.45pm
Board Room, Smithfield Office

Present:

Name	Details	Initials
Pat O'Mahony	Chairperson	POM
Marion Meany	Board Member	MM
Martin Higgins	Board Member	MH
Michael Rigby	Board Member	MJR
Lynsey Perdisatt	Board Member	LP
Paula Kilbane	Board Member	PK
Danny McConnell	Board Member (virtual)	DMcC
Jim Kiely	Board Member	JK
Bernadette Costello	Board Member	BC
Caroline Spillane	Board Member	CS

In Attendance:

Angela Fitzgerald	CEO	AF
Kathleen Lombard	Board Secretary and Chief Risk Officer	KL

Apologies:

Martin O'Halloran	Board Member	MOH
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1. Welcome and Quorum

The Chairperson welcomed Board members to the meeting. A quorum was confirmed and the Board meeting was duly convened. The Chairperson indicated that there would be a short Board only session at the end of the meeting.

2. Declarations of Interest

No declarations of interest were raised.

3. Minutes of Board meetings

3.1 24 May 2023

The minutes of the meeting of 24 May 2023 were reviewed by the Board and it was agreed that they were an accurate record of the meeting. POM proposed approval of the

minutes and BC seconded the proposal; **accordingly it was resolved that the minutes of 24 May be approved by the Board.**

3.2 15 June 2023

The minutes of the meeting of 15 June 2023 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 LP seconded the proposal; **accordingly it was resolved that the minutes of 15 June 2023 be approved by the Board.**

4. **Review of Actions**

KL referred the Board to the Actions paper with updates on actions arising from the last meeting of the Board. It was noted that the majority of actions from the previous meeting were complete with the exception of those due for completion in September.

5. **Matters arising**

There were no matters arising.

6. **Health and safety matters**

There were no notifiable health and safety matters since the last Board meeting.

7. **Report from Board Committees**

Resource Oversight Committee (ROC) Meeting 3 July 2023:

LP, Chair of the ROC reported that the following items were reviewed in detail at their meeting

1. A status report on the DER project (a further update is included with the Board papers). In addition, LP had met with the Chair of the ARGC, the CEO, the Project Sponsor, Acting Chief Operations Officer and the Board Secretary to finalise reporting arrangements on DER to the respective committees. LP advised that a strengthened governance framework now in place that incorporates the board and internal audit recommendations. It can be subject to further amendment as required as the project progresses
2. The draft Workforce Plan reflects a significant increase to the existing workforce as it includes strategic resourcing of new areas as well as ensuring that the support functions are appropriately resourced to run the business effectively. Further work is required and the final Plan, together with the outputs of the organisational review will come to the Board meeting in September. Communications are ongoing with the DoH on HIQA's resourcing needs
3. The conflicts of interest policy and procedure have been updated and are on the Board agenda for approval.

Audit Risk and Governance Committee (ARGC) Meeting 27 June 2023

BC, Chair of the ARGC reported that the following items were reviewed in detail at the ARGC meeting

- The Internal Audit Plan for 2023 – three audits are scheduled to commence in Quarter 3, DER governance arrangements, the cyber security audit and the culture audit
- The Committee received its second finance report on the DER project and BC advised that the report is clear and informative
- The Finance Report to the end of May reflects an under-spend against budget, some of which is timing related. It was noted that the budget will be closely monitored as the year progresses (the finance report is included with the papers for the Board's attention)
- The Committee received presentations on the risks from the Head of the Legal Unit and the Director of Healthcare Regulation.

The Committee welcomed these presentations and acknowledged the openness of the Executive to the questions posed by the Committee.

SIRT Committee – 2 May 2023

MJR, Chair of the SIRT committee advised that three items reviewed by the Committee are included in the Board papers for approval:

- Process outline for a HTA of adding herpes zoster vaccination to the immunisation schedule for adults. The Committee made a number of suggestions on the outline which the team has reflected in the documents before the Board (on Board agenda).
- HTA of expansion of the immunisation schedule to include varicella vaccination. The Committee reviewed this HTA in detail and suggested some additional wording to add clarity on the key findings which the team has reflected in the revised papers. This report is before the Board for approval
- HTA work plan for 2023-2024 – developed from the Topic Identification, Selection, Screening and Prioritisation process – the Committee reviewed the process and plan and is recommending the plan to the Board for approval (included in the Board papers)
- The performance of the Directorates in delivering their 2023 business plan objectives was reviewed
- A report from both Directorates on the risks being managed within their areas of responsibility.

Regulation Committee – 23 February 2023

JK, Chair of the Regulation Committee, advised the Board that the Committee reviewed:

- The performance of both Directorates against their planned 2023 Business plan objectives – it was noted that the IPAS monitoring programme is delayed due to legislative factors. It was noted that there is good engagement with the providers of direct provision centres in preparation for the monitoring programme
- The risks being managed with their respective directorates
- The issue of financial viability of providers and closure of nursing home beds continue to be a concern – the Chief Inspector is engaging with the DoH on this matter.

Following Board discussion on this, it was agreed that the Chair, on behalf of the Board, would communicate with the Minister on the changing nature of providers in this sector outlining some of the issues that these changes may present.

POM thanked the Committee for their report and for the work of the Committees in providing oversight of the Executive on behalf of the Board.

8. Discussion paper on Strategic Board development

KL introduced this paper, explaining that it was developed in response to some of the items discussed at the Board governance session which took place in December 2022.

KL outlined a number of actions that have been taken since December to further develop aspects of oversight and operational effectiveness. The purpose of the paper is to prompt discussion on the operations of the Board, specifically in relation to the participation of the Executive at Board meetings and the reporting of the Committees to the Board.

The Board had an in-depth discussion on the paper and the following points were agreed:

- Each Director/Head of function has a direct reporting responsibility to one of the Board committees
- Committee Chairs may escalate any matter arising at a Committee meeting to the full Board
- Notwithstanding the role of the Board committees, the Board is ultimately accountable and responsible for decision making as set out in the Formal Schedule of Matters for Board Decision and in the roles and responsibilities of the Board
- The CEO is to consider attending all Board committees
- On a rolling basis throughout the year, each Director/Head of function will be allocated a time on a Board agenda to outline high level strategic issues and relationships with key stakeholders
- It is important to have a separate report from the Chief Inspector.

8. Coordinating Committee Terms of Reference

POM advised that a meeting of the committee chairs was held in May and it was agreed that a Terms of Reference be developed to ensure that there is a clear purpose defined for this group.

KL advised that the main purpose of the group is to ensure that the committees are working in a way that optimises input to the Board's role and functions. The Board considered the terms of reference and the following was agreed:

- Given the growth of HIQA and the number of cross cutting issues, this is a positive development and ensures an opportunity for reflection so that nothing gets overlooked, that organisational trends are identified and that the potential for silos is avoided. Any such matters are then highlighted at Board for consideration
- all members of the Boards are invited to attend
- Wording is amended so that leadership is clearly the domain of the Board.

KL will amend the wording and the terms of reference will come to the next meeting of the Board for approval.

11. Process Outline for a HTA of the addition of herpes zoster (shingles) vaccination to the immunisation schedule for adults in Ireland

Mairin Ryan (MR) Director of HTA and Conor Teljeur (CT) joined the meeting for this item. MR advised that the DoH, on foot of a policy recommendation from the National Immunisation Advisory Committee (NIAC) had requested this HTA.

The SIRT Committee had reviewed the Process Outline and made a number of suggestions which have been reflected in the revised papers.

MJR, Chair of the SIRT advised that the Committee is happy to recommend the process Outline to the Board for approval.

JK proposed approval of the HTA Process Outline and PK seconded the proposal; **accordingly it was resolved that the Process Outline for a HTA of the addition of herpes zoster (shingles) vaccination to the immunisation schedule for adults in Ireland be approved by the Board.**

12. Process Outline and Statement of Assurance for completion of HTA on the expansion of the childhood immunisation schedule to include varicella

MR advised that the DoH, on foot of a policy recommendation from the National Immunisation Advisory committee (NIAC) had requested this HTA.

The SIRT Committee had reviewed the HTA report and associated papers and made a number of suggestions which have been reflected in the revised papers.

MJR, Chair of the SIRT thanked the Executive for reflecting the Committee's observations. He also suggested that it is important that the impact on children and parents from the disease is highlighted. MR suggested that this could be done through the communications programme when publishing the report.

MJR advised that the Committee is happy to recommend the HTA to the Board for approval.

CS proposed approval of the HTA report and JK seconded the proposal; **accordingly it was resolved that the HTA on the expansion of the childhood immunisation schedule to include varicella be approved by the Board.**

13. Prioritisation report and proposed HTA work plan for 2023-2024

MR advised that the HTA proposed work plan for 2023 – 2024 was developed from the Topic Identification, Selection, Screening and Prioritisation process and had been reviewed by the SIRT committee. It was agreed that the SIRT committee will review the Process Outline in detail when it is developed for the selected HTA. MJR advised that the Committee is happy to recommend the HTA work plan to the Board for approval.

MJR proposed approval of the HTA work plan and MH seconded the proposal; **accordingly it was resolved that the HTA work plan 2023-2024 be approved by the Board.**

14. Conflicts of Interest policy and procedure

KL presented this item and advised that both documents were reviewed by the Resource Oversight Committee. KL advised that this was a topic discussed in detail at the Board governance session in December and therefore it was timely and relevant to review these documents. KL outlined the main changes to the documents where particular emphasis is placed on the evolving nature of conflicts, including conflicts of loyalty, perceived conflicts, and the need to be alert to risks that can arise for an organisation around these factors.

The Chairperson asked that the revised conflict of interest be issued to all staff and Board members and that there is confirmation from all that they have read, understood and agreed to comply with the documents.

The Chairperson also asked that consideration be given to governance arrangements for occasions when staff members are appointed to external bodies. AF agreed to consider this having regard to any guidance in this matter and revert to the Board.

The Board indicated their approval for the revised documents. POM proposed approval of the revised documents and JK seconded the proposal; **accordingly it was resolved that the conflict of interest policy and procedure be approved by the Board.**

15. Contracts requiring Board approval

SA, Acting Chief Operations officer, joined the meeting for this item. BK, Chief Information Officer also joined the meeting.

SA advised that in line with thresholds for Board approvals, the paper before the Board sets out a number of contracts arising from procurement competitions for the Board's consideration, and approval, if satisfied.

He outlined the procurement process, the type of service being procured and the indicative cost of the service being procured. In response to the Board's queries, SA clarified that:

- The actual costs will be based on the services drawn down from the contract but will not exceed the costs indicated
- In respect of the ICT programme management procurement, costs are included in the DER budget and
- There are checks and balances in place to ensure that we comply with the frameworks that HIQA utilises and these cannot be exceeded.

The Board indicated their approval for the upcoming contracts. POM proposed approval of those listed on the Board paper and MH seconded the proposal; **accordingly it was resolved that the contracts for the services outlined be approved by the Board.**

BK left the meeting at this point.

16. Finance Report

It was noted that this item was covered under the ARGC committee report. SA confirmed that there is an under-spend to the end of May which is due in part to timing issues. He advised that the budget will require close ongoing monitoring to ensure variances are managed effectively.

17. Corporate Performance Report and Corporate Risk Review

- Corporate performance to end June

SA advised that there are two objectives that cannot be progressed in line with target dates due to external factors – these relate to the IPAS monitoring programme and the implementation of the new financial management system. The rationale for these variances is reflected in the report. Two other objectives are unlikely to be achieved by the target date – these relate to HIQA's sustainability action plan and the development of a scheme of administration for HIQA.

SA clarified that a Sustainability Action Plan will be brought to the Board later this year. He explained that HIQA wishes to adopt a broader approach to this area to encompass social and governance themes as well as actions to reduce carbon emissions.

In this context, it was noted that there is an EU Directive in the pipeline which relates to exercising due diligence in relation to your suppliers. While this is a longer term requirement, HIQA is alert to this development.

SA left the meeting at this point.

- Risk Report

KL outlined the changes to the risk register since the last meeting of the Board. In addition she advised that she is in the process of procuring external support on

risk management. This is to ensure that the programme of work arising from the risk management review can be progressed.

18. CEO Report

Carol Grogan (CG) Chief Inspector and Sean Egan joined the meeting for this item. AF briefed the Board on the following:

- **Corporate Governance**
The first meeting of the Quality Risk and Compliance Executive Committee (sub Group of the Executive Management) took place recently. This group will oversee the implementation of the Quality and Risk strategy including the ISO project.
- **Strategic HR**
 - o The draft Workforce plan was presented at the recent meeting of the ROC and feedback will be included in the next iteration of the plan
 - o There has been an 88% response rate to the staff survey on the interim blended working model. A detailed report on the survey findings and recommendations for the future will be presented to the EMT
 - o The work on the organisational capabilities and structures is currently being finalised and a finalised structure will be brought to the Board for consideration in September
 - o The new time and attendance system has been operational since mid-February. A presentation is due before the Executive management on the data captured by the system. The results will be considered in the context of compliance or non-compliance with Working Time Act and any actions required.
- **IPAS**
It is expected that the draft legislation will be finalised shortly which will enable HIQA to commence monitoring of direct provision centres. The IPAS team has continued its programme of engagement with IPAS providers to ensure familiarity with the National Standards and with the inspection approach. There has been positive engagement and feedback from those services that have been visited.
- **Monitoring of Emergency Departments against National Standards**
Inspections of University Hospital Limerick have highlighted wider system issues that impact on services rather than focussing solely on individual hospital issues. A recent inspection report of the hospital identified some improvements in the way services are staffed and delivered within the context of continued overcrowding in the emergency department. However the hospital continues to experience significant issues specifically in terms of inpatient bed capacity and poor infrastructure in some parts of the hospital.

The hospital has received approval and funding to build capacity for an additional 192 beds over the next couple of years.

- **Assurance Review of the Governance of HSE National Screening Services again the National Standards for Safer Better Healthcare**

As part of HIQA's Business Plan for 2023, HIQA will carry out an Assurance Review of the Governance of HSE National Screening Services. This Review is intended to provide assurance to the public that National Screening Services have applied the learning from recent reviews into Cervical Screening services. The Terms of Reference and its plan for the Review is currently being finalised. It was noted that clear communication on the scope of the review will be important including clarity on the benefits and limitations of screening programmes.

- **Patient Safety Act and Human Tissue Bill**

AF advised that there is likely to be a significant impact on operations for the Healthcare Directorate with an approximate doubling of the healthcare team's workload when the Patient Safety Act is fully enacted.

Engagement is also ongoing with the Department of Health in relation to the Human Tissue Bill. The legislation is now expected to include coronial post-mortem practices.

- **HTA Directorate**

- The Directorate continues to be busy recruiting and consolidating the Directorate workforce
- An initial work plan for the Public Health Policy Team for the remainder of 2023 has been developed
- HRB-CICER - Additional funding was received to fund evidence synthesis support to inform policy up to April 2024.

- **National Immunisation Technical Advisory Group**

HIQA has established an Immunisation HTA team at the request of the DoH to provide HTAs and evidence synthesis to inform immunisation policy.

The DoH is examining the requirements for the transition of the National Immunisation Advisory Committee currently hosted by the Royal College of Physicians to a National Immunisation Technical Advisory Group. HIQA is engaging with DoH to establish how best this policy objective can be met with HIQA support

- **Health Information Bill**

The HIS Team is working closely with DoH colleagues in relation to the HI Bill and has had constructive engagement on the provisions of the General Scheme. This includes a wider consideration of HIQA's role in setting standards outside of HIQA's current remit. This issue will be discussed when the CEO and the Chairperson meets with the Minister in August.

In addition to the items included in the CEO's report, the CEO provided an update on the following:

- An issue where a Public Representative had raised an issue about an historic draft report. The individual has been invited to meet with the

Chief Inspector to provide a full briefing on the matter.

- In terms of a publicised case of abuse of a resident in a nursing home, CG advised that there are a number of relevant regulations which are used during inspection, including the protection and governance and risk regulations. It was also confirmed that HIQA inspection staff are trained in adult safeguarding.
- The Chief inspector advised that she is reviewing the approach to assessment of safeguarding with a view to applying learning from this case from a regulatory perspective. Furthermore the Chief Inspector advised the Board that she is developing a thematic programme focussed on safeguarding.

19. Chief Inspector (CI) report

CG presented the Chief Inspector's report and highlighted the following:

Designated Centres for Older Persons (DCOP)

- An increasing number of providers are reporting a mismatch between funding and the cost of care – this is likely to give rise to risks for the sustainability of the sector
- At a recent meeting with the DoH, the risk of nursing home closures was highlighted – a number of centres have notified the Chief Inspector of closure

Designated Centres for Disability Services

- There has been a significant increase over the years in the number of designated centres for people with disabilities, due primarily to the de-congregation of settings
- A seminar for providers on governance and management is planned for later this year
- Arrangements for ongoing engagement with the Department of Children, Equality, Disability, Integration and Youth (DCEDIY) have now been established. At a recent meeting, the CI presented an overview of the sector to senior officials in the DCEDIY in light of the transition of responsibility from the DoH

- Children's Services

The majority of routine inspections of children's residential and non-statutory foster care services illustrated good levels of compliance against the National Standards. However specific risks have arisen in child protection and welfare services. A meeting is scheduled with Tusla to discuss these issues in detail and seek plans for sustainable improvements

- Legislative developments

The Chief Inspector referred the Board to the list of legislative developments in her report and the status of these including engagement with the DoH, DCEDIY and the HSE on relevant areas.

- **Legal proceedings**

CG summarised to the Board the current legal proceedings involving the Chief Inspector of Social Services.

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

20. DER project report

The Board noted that a comprehensive report was provided at their meeting on the 15th of June with subsequent governance and finance reports to the ROC and the ARGC respectively. There were no issues highlighted that needs Board attention at this time.

21. Chairperson's report

The Chairperson's report was noted.

22. Board only session

Three Board members departed at this time (LP, BC and PK). No substantive issues were raised during the Board only session other than the importance of good governance in light of recent controversy.

23. Any other Business

POM thanked everyone for their contributions during the meeting. There being no further business, the meeting was closed.

Signed



Pat O'Mahony
Chairperson



Kathleen Lombard
Board Secretary

Actions arising from Board meeting on 5 July 2023

No	Action	Person Responsible	Time-frame
1	The Chair, on behalf of the Board to communicate with the Minister on the changing profile of nursing home services highlighting the issues these changes may present.	POM/AF	Aug/Sept
2	The Workforce plan together with the outputs of the organisational review to come to September Board meeting	AF/SM	Sept
3	The CEO to consider attending all committee meetings	AF	July
4	On a rolling basis throughout the year, each Director/Head of function will be allocated a time on a Board agenda to outline high level strategic issues and relationships with key stakeholders	KL	To be arranged
5	Revise the ToR for the Coordinating committee group	KL/POM	Sept
6	The revised conflict of interest policy and SOP to be issued to all staff and Board members requesting that all indicate that they have read, understood and agreed to comply with the documents.	KL	Sept
7	Consideration be given to governance arrangements for occasions when staff members are appointed to external bodies. AF agreed to come back with an update on this to the Board.	KL/AF	Sept
Actions carried forward from previous meetings			
2	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
3	Further updates on Patient Safety Act 2023 nearer commencement with clarification on the points raised by the Board	AF/AMcC	Sept/Nov?

On hold actions

1	CEO and Chairperson to meet with the HRB to explore what is being done in the area of technology research	POM/AOF	To be activated now that new CEO is in position
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