

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

29 November 2023, 9.30 am – 1.30pm  
Board Room, Smithfield

**Present:**

<b>Name</b>	<b>Details</b>	<b>Initials</b>
Pat O'Mahony	Chairperson	POM
Marion Meany	Board Member	MM
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 (virtual)	CS
Martin O'Halloran	Board Member (virtual)	MOH

**In Attendance:**

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

**Apologies:** Martin Higgins

**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 advised that a Board only session had been scheduled to discuss the CEO's Performance Review and any other items members wished to raise.

A number of subjects were discussed including the nature of General Practitioners' role in Nursing Homes, safeguarding of vulnerable people in residential centres and the Joint Oireachtas Committee on Assisted Dying. It was agreed to revisit these topics with the Executive Management.

**1.1. CEO performance review**

LP reported to the Board the outcome of the CEO's Performance Review which she, as Chair of the Resource Oversight Committee (ROC) had carried out with the Chairperson of the Board recently.

The review included performance against the 2023 objectives. Because the ROC had been deferred from the previous week, the outcome of the review is being presented directly to the Board rather than delay the report.

As part of this process, each of the objectives set for the CEO for 2023 was considered. Having reviewed each of the objectives, LP and the Chairperson considered that the CEO had delivered much of the programme and a lot of progress had been made including managing additional unplanned work. One objective requires further progression and the CEO will provide an update on this to the Board in January 2024.

The Board unanimously agreed with the conclusions of the CEO's performance.

The Chairperson advised that objectives for CEO will be set in January 2024. In addition, it was confirmed that the Board is satisfied that the current process for reviewing the CEO's performance is working well and should continue

AF joined the meeting at this point.

## **2. Declarations of Interest**

No declarations of interest were made.

## **3. Minutes of Board meetings**

### **3.1 Board meeting 19 September 2023**

The minutes of the meeting of 19 September 2023 were reviewed by the Board and it was agreed that they were an accurate record of the meeting. JK proposed approval of the minutes and MM seconded the proposal; **accordingly it was resolved that the minutes of 19 July be approved by the Board.**

### **3.2 Board meeting 31 October 2023**

The minutes of the meeting of 31 October 2023 were reviewed by the Board and it was agreed that they were an accurate record of the meeting. MOH proposed approval of the minutes and PK seconded the proposal; **accordingly it was resolved that the minutes of 31 October 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.

## **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. Board and Committee External Evaluation**

Donal Keane (DK) and Michael Kelly (MK) from Governance Ireland joined the meeting for this item. A presentation to the Board included the process for the evaluation, the themes examined and the findings. Overall, the Board's performance was rated as best practice. The Committees were also found to be high performing.

A number of recommendations were proposed as a means of ensuring continuous improvement. The Board agreed to adopt the recommendations. It was noted that the recommendations will also be considered by the Executive management and where relevant, addressed.

The Board welcomed the report and thanked DK and MK for their work. DK and MK left the meeting at this point.

## **8. Quality Management System/ISO presentation**

Thelma O'Neill (TON) Acting Quality and Risk Manager joined the meeting for this item. KL presented on HIQA's Quality Management System and highlighted the following from the presentation:

- A robust quality management system provides further assurance for the Board's annual review of the effectiveness of HIQA's systems of internal control as is required by the Code of Practice for the Governance of State Bodies
- The ISO standard provides a strong framework for supporting management's responsibility for establishing and monitoring the controls for their business areas
- The ISO Standard includes a range of clauses relevant to organisational effectiveness – all of which were examined during an ISO audit
- HIQA has a corporate plan objective to demonstrate HIQA's commitment to quality and to achieve external certification and
- Following the audit process, HIQA has been successful in achieving external certification of its quality management.

It was also noted that a number of improvement actions for the organisation were identified at the Executive Management's Management Review Meeting which is required by the ISO standard. Key amongst these actions is the need for an updated Digital and Data Transformation Strategy so that corporate systems are updated and improved where necessary. KL advised that this action will be included as an objective in the Business Plan 2024.

KL emphasized the need for the system to be maintained from here forward as there will be further follow up audits as part of retaining certification.

The Board queried where responsibility for this function will lie following KL's retirement. It was clarified that resourcing for this function is currently being addressed. The Board also noted that this is an example of HIQA demonstrating that quality matters.

The Board congratulated KL and TON on the success of the project and thanked them for leading on the initiative. TON left the meeting at this point.

## **9. DER Project Report**

Pat Millar (PM) from Clarion Consulting and Carol Grogan (CG) joined the meeting for this item.

CG briefed the Board on progress with the project and highlighted that while the overall programme is progressing according to plan, one project component is behind schedule. Two risks have been identified as a result and a range of controls and actions were outlined to mitigate the risks.

The following was confirmed in response to the Board's queries:

- The AgileXRM tool is appropriate for delivering HIQA's needs
- The scope remains unchanged
- The budget remains unchanged with a fixed price contract for delivering a number of processes
- The management of the contract and any meetings with the provider on delivering the contract are documented
- A re-planning exercise to regain some time on the schedule is planned
- The Governance and escalation framework for the project is operating effectively.

The Board thanked PM and CG for the update. PM left the meeting at this point.

## **10. Human Capital Report**

The Board noted the Human Capital report.

## **11. Report from Board Committees**

### Resource Oversight Committee (ROC) Meeting 23 November 2023:

It was noted that this meeting was deferred due to a family bereavement of an attendee. Relevant agenda items were included on the Board's meeting in order to progress.

### Audit Risk and Governance Committee (ARGC) Meeting 19 September 2023

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

- The Finance Report to the end of October which shows an underspend due primarily to vacancies in headcount
- A report on Quality and Risk activities
- The Internal Audit Plan for 2023 - two audit reports were presented (DER governance arrangements and an audit of cyber security)
- The IA plan for 2024 to be presented at its next meeting.

BC also advised that the Committee had a private session. It was agreed that the scheduling of internal audits could be improved and it was agreed that a process would be developed and shared with the Executive management. In addition, it was agreed by the Committee that refresher training should be provided for relevant parties on the internal audit function and on the role of the ARGC.

In the context of the internal audit session with the Board, the Board agreed that a session on culture would be rescheduled at the earliest opportunity.

#### Regulation Committee meeting – 20 November 2023

JK, Chair of the Regulation Committee, advised the Board that the Committee reviewed a range of topics. Much of this is covered in the CEO's report and the Chief Inspector's Report but he drew the Board's attention to the planned Governance Review of Screening Services which has been deferred to prioritise the Section 8 Review on the Children's Hospital Ireland Temple Street requested by the Minister.

It was agreed that this is brought to the attention of officials in the Department of Health (DoH).

JK also advised that the Committee had received a detailed presentation on the work underway in the Chief Inspector's Directorate on the DER project. The impact of this work on the statutory functions of the Directorate will be continue to be monitored by the Committee.

#### SIRT Committee – 14 November 2023

MJR, Chair of the SIRT Committee advised that the Committee reviewed the following in detail:

- Process Outline for a HTA of universal vaccination with an enhanced inactivated influenza vaccine. The Committee recommends the Process Outline to the Board for approval (on Board agenda)
- The Draft National Standards for Information Management. The Committee recommends to the Board for approval (on Board agenda).

In addition MJR provided an overview to the Board on the EU grants and joint research work for which the Health Information and Standards Directorate have been awarded funding. He emphasised the importance of this work and the opportunity it presents in driving improvement in health and social care.

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

## **12. Finance Report**

Relevant details regarding HIQA's financial position to the end of October was reported by the Chair of the ARGC during the Committee report item.

### **13. CEO Report**

Carol Grogan (CG) Chief Inspector and Sean Egan (SE) Director of Healthcare joined the meeting for this item. AF highlighted the following from her report:

- Corporate Governance  
As reported, HIQA has been successful in achieving ISO certification for its quality management system
- Strategic HR
  - o Preliminary discussions have taken place with DoH officials on the Workforce Plan and some prioritised roles have been sanctioned
  - o A change management implementation plan is being developed to support the the revised organisational structure which will be formally submitted to the DoH in December
  - o Work has begun on the development of an enhanced Project Management Office function
- International Protection Accommodation services (IPAS)  
The regulations required to enable HIQA to commence monitoring of IPAS centres are expected to be signed shortly by the Minister of DCEDIY.

SE advised that a communications plan and an action plan are ready to be set in motion as soon as the regulations are signed.

- Section 8 Review at CHI Temple Street  
This Review is now underway. In response to the Board's queries, SE confirmed that the Review will be carried out as respectfully and sensitively as possible. CHI has also confirmed that support is being provided to staff who may be affected by events. It was noted that a separate review is underway under the governance of the Chief Clinical Officer HSE at the request of the Minister that will consider the clinical aspects of the surgical service in question.
- Monitoring of Healthcare against National Standards  
Recent inspections were carried out at Letterkenny University Hospital and University Hospital Limerick to follow up on previously identified compliance requirements
- Patient Safety Act (PSA) and Human Tissue Bill  
The National Standards are being examined in terms of their application within the provisions of the PSA including their use for monitoring of private hospitals under the Act. In addition, the DoH is working on a project on the National Incidents Management System (NIMS) to enable reporting of notifiable incidents to HIQA. Current indications for commencing this function is approximately June 2024.

The Human Tissue Bill is progressing to the final stages and has been passed to the Seanad for consideration.

- Protected Disclosure  
There has been a significant increase in the number of Protected Disclosures from external sources over numbers in 2022 which has added a significant burden on existing staff. An additional staff member has been secured to address the increased workload.
- HTA Directorate  
Work is ongoing to consolidate the Directorate's staffing. The Public Health Policy Team are progressing a number of projects.
- Health Information and Standards and National Care Experience Programme  
There is significant activity ongoing in the HIS Directorate. Sanction has been received for resources to work on the development of National Standards for Clinical Documents. A learning hub was launched earlier this year to support frontline staff in putting standards into practice. An online course and booklet on *The Fundamentals of Advocacy in Health and Social Care* have been shortlisted for the European Social Services Awards and the Irish Healthcare Awards.

There are also a number of projects underway which are detailed in the report including those arising from the EU Research Grants, the HRB Secondary Data Analysis Project with Maynooth University and a project involving the National Inpatient Experience Survey and Galway University.

#### **14. Chief Inspector (CI) report**

CG advised that she had presented the Chief Inspector's report in detail at the recent Regulation Committee meeting and highlighted the following key points to the Board:

##### **Designated Centres for Older Persons (DCOP)**

- Providers continue to report a mismatch between funding and the cost of care
- The trajectory is for steady improvement in regulatory compliance. However there are a small number of providers who are currently the subject of escalated regulatory enforcement action including notices of cancellation and pending closures. The majority of these non-compliant providers are part of wider group structures and in some instances do not have a commensurate governance structure. This has been highlighted to the DoH and other relevant stakeholders at a recent roundtable discussion.
- There has been a significant increase in undertaking escalated regulatory action and a number of these cases are various stages in the legal process.

##### **Designated Centres for Disability Services**

- The number of designated centres has increased and a Business case setting out the projected growth in registered centres over the coming 5 years together has been included in the overall Workforce Plan submitted to the DOH in August 2023. A meeting on the Workforce Plan is scheduled with DOH in the coming weeks.
- There has been increased regulatory enforcement action in relation to a number of providers, with one of those progressing to registration cancellation.

### **Children's Services**

- The majority of children's residential centres show high levels of compliance with the National Standards for Residential Centres
- Child friendly versions of feedback reports are being introduced for residents at Oberstown Detention Campus, which outline what the inspectors did during inspection, what worked well in the service and what may need to improve
- Staffing in Special Care Units is a challenge for Tusla and the Inspectorate continues to engage with Tusla on this issue.

### **Legal proceedings**

CG summarised the current legal proceedings underway in the Directorate.

The Board thanked CG for her report.

## **15. Corporate Performance Report and Corporate Risk Review**

- Corporate performance to mid-November 2023  
These have been reported to the Board Committees.
- Risk Report  
Risk reports have been presented and reviewed at Board committees, relevant to the Committees' remits.

## **16. The Draft National Standards for Information Management.**

MJR reported that the Draft National Standards were reviewed in detail at the SIRT Committee and there was a good discussion on relevant associated aspects of the Standards that the Committee recommended be highlighted when submitting the Standards to the Minister. In addition, the Committee suggested that additional emphasis be placed on the Accountability Principle in the Standards to ensure focus on leadership and management in information management is clearly conveyed.

JK proposed approval of the draft National Standards for Information Management and MOH seconded the proposal; **accordingly it was resolved that the Draft National Standards for Information Management be approved by the Board.**

## **17. Process Outline for a HTA of universal vaccination with an enhanced inactivated influenza vaccine.**

MJR advised the Board that the Process Outline for a HTA of universal vaccination with an enhanced inactivated influenza vaccine was reviewed in detail by the Committee and were in a position to recommend to the Board for approval. MOH proposed approval of the Process Outline and MM seconded the proposal; **accordingly it was resolved that the Process Outline for a HTA of universal vaccination with an enhanced inactivated influenza vaccine be approved by the Board.**

## **18. Appointment of Board Secretary**



POM advised that in accordance with the Code of Practice for the Governance of State Bodies, the appointment of the Board Secretary is a matter for the Board as a whole. He updated the Board on the recruitment process for the appointment of the Board Secretary position which was concluded during November. The Chairperson, the CEO and an external HR advisor comprised the interview panel and a successful candidate has been identified. POM provided an overview of the preferred candidate, Karen Egan including her skills and experience and advised that subject to the usual recruitment checks and finalisation of the process, is eligible for appointment.

POM proposed approval of the appointment of Karen Egan as the new Secretary to the Board of HIQA. The Board unanimously agreed the appointment; **accordingly it was resolved that the appointment of Karen Egan as Board Secretary be approved by the Board.**

**19. Interim Board support**

POM referred the Board to the paper in the Board pack and advised that the recruitment of the Board Secretary is complete and recruitment for the Head of Quality Risk and Compliance is underway. Until these posts are occupied, the continuity of both functions must be maintained. For this reason, it is proposed that KL is retained post retirement to provide transition support to the new post holders for an initial period of 6 months.

The Board unanimously agreed the appointment; **accordingly it was resolved that KL provides transition support to the new post holders for a period of 6 months be approved by the Board.**

**20. Chairperson’s Report**

The Chairperson’s report was noted.

**21. 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 29 November 2023

No	Action	Person Responsible	Time-frame
	Update on one CEO objective to be provided	AF	Jan 24
	Advised the DoH that the planned Governance Review of Screening Services has been deferred to prioritise the Section 8 Review on the Children's Hospital Ireland Temple Street	SE/AF	Dec 2023
<b>Actions carried forward from previous meetings</b>			
1	letter to issue to Minister of Health by way of follow up to meeting to include key issues within the nursing home sector and how this may impact residents.	AF/CG	October
2	Develop a policy on recovery of legal costs arising in litigation and present at the next Board meeting for consideration and approval.	A McCann	January Board
3	Develop proposed approach on how best HIQA might assist the DOH's transition of the National Immunisation Advisory Committee to a National Immunisation Technical Advisory Group.	AF	November Board
4	Develop a proposal on HIQA's approach for the CER Directive when implications and impact are clearer	SE	November Board
5	Consideration to 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	November Board
6	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	Jan workplan
7	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	CEO and Chairperson to meet with the HRB to explore what is being done in the area of technology research	POM/AOF	When appropriate
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