

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

31 January 2024, 10am – 1.45pm  
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	MOH
Clíodhna Foley Nolan	Board Member	CFN

**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 Plan for 2024 and any other items that members wished to raise.

**1.1. CEO performance plan 2024**

LP reported to the Board that she, as Chair of the Resource Oversight Committee (ROC) and the Chairperson of the Board had met with the CEO recently to discuss the CEO's objectives for 2024. In summary she advised that many of the objectives continue from 2023 but that the deliverables under each objective are different. The potential for unplanned work was discussed and to allow some contingency time for such circumstances. LP advised that she had reported on the meeting in detail at the recent ROC meeting.

The Board unanimously agreed with the CEO's objectives as set out by the Chair of the ROC.

AF joined the meeting at this point.

## **2. Declarations of Interest**

No declarations of interest were made.

## **3. Minutes of Board meeting 29 November 2023**

The minutes of the meeting of 29 November 2023 were reviewed by the Board and it was agreed that they were an accurate record of the meeting. MM proposed approval of the minutes and BC seconded the proposal; **accordingly it was resolved that the minutes of 29 November be approved by the Board.**

### **3.1 Formal note of Email approval (application of Seal to certificates of appointment to facilitate the operation of the functions pursuant to S.I. 649 European Communities (Reception Conditions) (Amendment) Regulations 2023**

The email approval by the Board for the application of the seal to certificates of appointments in respect of monitoring International Protection Accommodation Services (IPAS) centres, together with appropriate delegation arrangements was formally recorded for the minutes.

## **4. Review of Actions**

KL referred the Board to the Review of Actions paper on actions arising from the November meeting of the Board. A number of actions are in progress as indicated. It was agreed to remove one action from the list.

## **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**

### Audit Risk and Governance Committee (ARGC) Meeting 22 January 2024

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

- The Internal Audit Plan for 2024 was agreed by the Committee.
- An internal audit process document was presented by the Auditor. Subject to minor amendments, this will be shared with the Executive Management.

- The Finance Report to the end of October (showing an underspend due primarily to vacancies in headcount).
- The annual internal audit on the system of internal controls was presented. This audit, with a rating of substantial assurance, is a key source of assurance for the Board's review of the effectiveness of HIQA's internal control systems.
- The annual assurance report from the ARGC to the Board and
- A report on the financial position of the DER project at the end of Oct 2023.

In addition, refresher training was provided to the Committee members and members of the Executive Management on the internal audit function and on the role of the ARGC.

#### Resource Oversight Committee (ROC) Meeting 25 January 2024:

LP, Chair of the ROC reported that the Committee reviewed the following items:

- Delivery of the TOR for the Committee during 2023. It was agreed that a revised paper will be discussed at the next meeting.
- An update on the DER project (separate item on the Board agenda).
- The Human Capital report (separate item on the Board agenda).
- A paper on contracts for Board approval (separate item on the Board agenda) and
- The CEO performance plan for 2024.

#### SIRT Committee – 26 January 2024

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

- Process Outline for a HTA of Abdominal Aortic Aneurysm Screening in Men (on Board agenda for approval).
- Plan for updating the suite of National HTA Guidelines.
- Proposal for HIQA to assume the National Immunisation Technical Advisory Group function (on Board agenda for approval).
- Process Outline for amendment of the scope of the National Standards for Safer Better Healthcare (on Board agenda for approval).

#### Regulation Committee

JK confirmed that the Regulation Committee is due to meet in February but as Chair of the Committee, he had in the interim, linked with the Executive on key issues such as the Section 8 Review at CHI Temple Street and was satisfied that appropriate processes are in place for progressing the review.

POM thanked the Committee Chairs for the work of the Committees and conveyed his appreciation for the training delivered on the role of audit committees and corporate governance during January. POM also proposed scheduling a meeting of the Committee Co-ordination Group in the near future and invited Board members to submit any topics for discussion.

## **8. ARGC annual assurance report**

BC introduced the annual assurance report from the ARGC, the purpose of which is to provide evidential support for the Board's annual review of the effectiveness of the systems of internal control instituted and implemented by management.

The report provides the basis of assurance to the Board from the following sources:

- Executive management assurances on their controls for delivering internal support functions and external facing functions
- The 2023 internal audit programme
- The audit by the Comptroller and Auditor General
- Presentations from the Executive on risk management and
- Review of financial statements.

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 2023 were operating well and were adequate.

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

## **9. Human Capital Report**

Susan Montgomery (SM) Head of HR and Organisational Development joined the meeting for this item and presented an overview of HR activity during 2023.

SM outlined the main points of the report, including numbers of permanent staff, turnover rate, recruitment activity and process improvement activities.

The following points were clarified in response to the Board's observations and queries:

- During 2023, the HR Division undertook a quality improvement initiative which reduced the length of the recruitment process
- Attendance and absence rates are broadly in line with previous years with certified sick leave absence levels down from 2022
- Minor changes will be made to the leadership and development programme in response to feedback, which was positive overall
- HR will examine the percentage of training/education days against the overall number of working days
- Development can take the form of coaching as well as formal courses.

The Chairperson thanked SM for an excellent end of year picture of the work of the HR Division. SM left the meeting at this point.

## **10. 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  
Training has been delivered to the Board on best practice corporate governance and to the Executive Management and ARGC committee members on the role of the audit committee and the role of internal audit. The Board Secretary will retain oversight of the internal audit plan and the delivery of the internal audit plan will be a standing item on the EMT agenda.
- Strategic HR
  - o In response to the review of the Blended Working Model, an action plan has been developed and will focus on areas such as connectivity and communication, flexibility in the application of model and organisational culture
  - o Discussions are ongoing with Department of Health (DoH) officials on the Workforce Plan and a number of prioritised posts are receiving particular focus
  - o Initial discussions have taken place with DoH on the organisation restructure project and these discussions will continue during February.
- International Protection Accommodation Services (IPAS)  
HIQA commenced its new role of monitoring IPAS centres on 9 January. The Board discussed the current issues pertaining to this sector. SE confirmed in response to the Board's discussion that significant pre-planning is invested prior to a monitoring visit to a centre which includes a health and safety risk assessment. In addition training, practices and protocols are established to enable staff manage the inspection process in a proportionate and considered manner. It was also noted that the enabling legislation (SI 649 of 2023) does not include an expiration date for HIQA's role.
- Section 8 Review at CHI Temple Street  
This Review is progressing in line with the project plan and is on track to be delivered according to original timelines. The Minister was briefed on progress in December.

The Board raised a number of queries on matters relating to the review. In response it was clarified that:

- o AF has written to the DoH regarding continuity of service at the hospital.
- o A Clinical Lead for Spinal Surgery Services has now been appointed.
- o SE will revert to the Board if any challenges or issues arise that may impact on the timeline for concluding the review
- o Ongoing engagement with the affected families is important so that inaccurate or incomplete information is avoided.

It was noted that the separate review on the clinical aspects of the surgical service is also underway under the governance of the Chief Clinical Officer of the HSE.

- The Healthcare Overview Report 2021-2023 was published in December and in addition to providing a composite view of all findings from inspection and

monitoring work, it also highlighted hospital sites where progress has been made and the associated critical success factors.

- Critical Entities Resilience (CER) Directive and the NIS-2 (National Integration services) Directive. Dialogue is underway with the DoH and the Department of Defence in relation to HIQA's role under the CER Directive.

Discussion is also underway with the DoH and the National Cybersecurity Centre in relation to the NIS-2 Directive. A briefing paper will be prepared for the Board in relation to HIQA's potential role under this Directive.

- HTA Directorate  
Work is ongoing to consolidate the HTA Directorate's staffing. The HRB-CICER grant expires in April 2024 and HIQA has applied for the grant for HRB Evidence Synthesis for Clinical Guidelines.
- Health Information and Standards and National Care Experience Programme  
A review of the National Inpatient Experience Survey was undertaken in 2023 to determine the future direction of the survey and to enhance the impact of the survey data in improving patient experience.
- Information Division  
A significant volume of work has been delivered or is underway by the Information Division including completion of numerous projects as part of the Digital and Data Transformation Strategy (DDTS). The DDTS will be updated during 2024 to ensure a focus on the requirement for corporate systems.

In response to the Board, AF clarified that:

- o The National Children's Standards are with the Minister of Disability, Children, Equality, Integration and Youth (DCEDIY) for approval. The HIS team provided the DCEDIY with additional information on how the standards will be implemented and monitored.
- o While there has been an expected increase in the number of protected disclosures, it has created a significant administrative burden. Under legislation, HIQA is required to provide a report to the Minister for Public Expenditure, National Development Plan Delivery and Reform by 1 March. In addition, HIQA must publish an annual report on Protected Disclosures by 31 March.

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

CG advised that her report presents information and trends in relation to all areas of the Inspectorate during 2023 and highlighted the following to the Board:

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

- o An overview of changes to the model of nursing care and its impact on sustainability and accessibility.
- o New nursing homes tend to be large and located in urban settings.

- While there are increases in compliance, there is also an increase in noncompliant centres which required escalation and/or closure.

The Board discussed the recent publication of the ESRI report on changes and challenges facing the Irish long-term residential care sector which pointed to the trends identified by the Chief Inspector's work. It was noted that the issues covered require a broader policy response.

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

- An overview of the service profile during 2023, showing an increase in centres and residential places.
- There has been a significant slowdown in the transition of residents from congregated settings.
- During 2023, 3 large providers showed a significant deterioration in compliance levels. Increased regulatory action was required in these cases which creates resource intensive responses from the Inspectorate.
- The Chief Inspector has written to the DCEDIY to seek quarterly meetings to facilitate escalation of issues identified at service level to that Department.

### **Children's Services**

- As a result of escalation of a number of child protection and welfare services to the Tusla National Office, a provider led improvement programme was initiated in September 2023.

In response to the Board's queries, CG clarified that human resources and staffing remain a core issue for Tusla.

- A rights based approach inspection of Oberstown Children's Detention Campus took place over 3 days in September. Some good initiatives involving children were observed but issues with governance and management were also identified. Actions to address these areas have been included in the provider's compliance plan.

### **Legislative changes and Legal proceedings**

CG highlighted key developments in these areas.

The Board thanked CG for her report.

## **12. DER Project Report**

CG briefed the Board on progress with the project.

The Board had an in-depth discussion on the project delivery including schedule delays and the revised schedule, costs relating to user acceptance testing, manager and vendor delivery. The Board asked that the DER team communicate with the vendor expectations regarding the revised schedule and associated costs.

Separately the Board enquired about the requirements regarding the Patient Safety Act (PSA). CG advised that the PSA requires providers to use the National Incident Management System (NIMS) and HIQA requires an interface with this system to safely receive information. The Board suggested that some preliminary work would be undertaken to model costs for the new requirements which would provide an indicator of expected costs.

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

- Corporate performance to end December 2023  
The corporate performance report on the delivery of the 2023 Business Plan Objectives was noted by the Board.
- Risk Report  
The risk report and summary of changes to the risk register was noted by the Board. In addition, KL highlighted the session on risk appetite that is scheduled for the Board on 21 February.

### **14. Draft business plan 2024**

It was agreed to defer this item to the Board meeting of 14 February 2024.

### **15. Contracts for approval**

A paper outlining a number of contracts that require Board approval in line with HIQA's Code of Governance was included in the Board's papers. The schedule included the names of the successful tenderers and the value and duration of the contracts.

The Board considered the contracts paper and indicated satisfaction with the proposed awards. LP proposed approval of the proposed contracts and PK seconded the proposal; **accordingly it was resolved that the contracts described in the Board paper be approved by the Board.**

### **16. Process Outline for a HTA of abdominal aortic aneurysm screening for men**

MJR advised the Board that the Process Outline for a HTA of Abdominal Aortic Aneurysm Screening for men was reviewed in detail by the Committee and that the Committee were happy to recommend to the Board for approval. MOH proposed approval of the Process Outline and JK seconded the proposal; **accordingly it was resolved that the Process Outline for a HTA of screening for Abdominal Aortic Aneurysm be approved by the Board.**

### **17. Proposal for HIQA to assume the National Immunisation Technical Advisory Group (NITAG) function**

MR, Director HTA joined the meeting for this item and presented a paper on a proposal for HIQA to assume the National Immunisation Technical Advisory Group (NITAG)



function. She advised the Board that this had been discussed in detail at the recent SIRT Committee meeting and the Committee's input has been reflected in the Board presentation.

MR outlined the background to the proposal and explained that the Department of Health (DoH) has requested HIQA to undertake Ireland's NITAG as a statutory function.

MR brought a number of issues to the Board's attention including the divergent nature of this function from existing HTA functions, the importance of the governance model and the necessity for effective immunisation policy.

The Board had an in-depth discussion on the proposal and considered the challenges and risks to this new approach and function.

The Board agreed the following specific points:

- To proceed with developing the proposal further with the DoH so that clarity is provided on a number of points raised during the discussion.
- Senior counsel advice be sought on key roles and responsibilities.
- A further briefing to be provided to the Board when clarity is brought to the points raised.
- Full agreement by the Board of a final proposal will be revisited when key areas are clarified.

The Board expressed their appreciation to MR for her work and the work of her team in developing these discussions with the DoH

MR left the meeting.

## **18. Process Outline for Updating the National Standards for Safer Better Healthcare**

MJR advised the Board that the Process Outline for Updating the National Standards for Safer Better Healthcare was reviewed in detail by the Committee and the Committee were happy to recommend to the Board for approval. MOH proposed approval of the Process Outline and CFN seconded the proposal; **accordingly it was resolved that the Process Outline for Updating the National Standards for Safer Better Healthcare be approved by the Board.**

## **19. Board work plan 2024**

KL presented the Board Work Plan for 2024 and explained that the plan reflects the matters for Board attention during the year as well as ensuring that governance requirements are met. It was noted that Executives will be scheduled to present to the Board throughout 2024 as key issues arise in respective Directorates.

The Board considered the plan and indicated their agreement. POM proposed approval of the Board work plan for 2024 and BC seconded the proposal; **accordingly The Board work plan for 2024 was 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**



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Pat O’Mahony  
Chairperson



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Karen Egan  
Board Secretary

## Actions arising from Board meeting on 31 January 2024

No	Action	Person Responsible	Time-frame
1	Schedule a meeting of the Committee Co-ordination Group and invite Board members to submit any topics for discussion.	KE	March
2	Show percentage of training/education days against the overall number of working days	SM	Ongoing
3	Prepare briefing paper in relation to HIQA's potential role under the NIS-2 Directive.	SE	
4	Carry out preliminary work to model costs for the new requirements under the Patient Safety Act.	BK	
5	Convey the Board's views in respect of expectations of the revised schedule and associated costs with the DER vendor.	CG	Feb 2024
6	Defer Business plan 2024 item to BM of 14 Feb.		Feb 2024
7	Re NITAG proposal <ul style="list-style-type: none"> <li>- Senior counsel advice be sought on key roles and responsibilities</li> <li>- A further briefing to be provided to the Board when clarity is brought to the points raised</li> <li>- Full agreement by the Board of a final proposal will be revisited when key areas are clarified.</li> </ul>	MR MR	May 2024 May 2024
<b>Actions carried forward from previous meetings</b>			
1	Develop a policy on recovery of legal costs arising in litigation and present at the next Board meeting for consideration and approval.	A McCann	March 2024 Board meeting
2	Develop a proposal on HIQA's approach for the CER Directive when implications and impact are clearer	SE	Awaiting further info from OEP and DoH
3	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
4	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