	MINUTES OF THE BOARD MEETING OF THE
HEALTH INFORMATION AND QUALITY AUTHORITY 21 May 2025, 9am – 2pm HIQA Galway and MS Teams

Present:

Name	Details	Initials
Pat O'Mahony	Chairperson	POM
Bernadette Costello	Board Member	BC
Caroline Spillane	Board Member	CS
Clíodhna Foley-Nolan	Board Member	CFN
James Kiely	Board Member	JK
Leonie Clarke	Board Member	LC
Marion Meany	Board Member	MM
Martin Higgins	Board Member	MH
Martin O'Halloran	Board Member	MOH
Paula Kilbane	Board Member	PK
Daniel McConnell*	Board Member	DMC
Lynsey Perdisatt*	Board Member	LP

In Attendance:

Name	Details	Initials
Angela Fitzgerald	Chief Executive Officer	AF
Sean Egan*	Director of Healthcare Regulation	SE
Máirín Ryan*	Director of Health Technology Assessment	MR
Louise Larkin*	Programme Manager HTA	LL
Marty Whelan*	Head of Communications and Stakeholder Engagement	MW
Finbarr Colfer*	Chief Inspector Designate	FC
Sean Angland*	Acting Chief Operations Officer	SA
Marian Brady*	Financial Planning Analysis and Reporting	MB
Susan Montgomery*	Head of Human Resources and Organisation Development	SM
Josephine Pierce*	HR Organisational Development Programme Lead	JP
Damien Ryan*	HR Organisational Development	DR
Bala Krishnan*	Chief Information Officer	BK
Shane O'Neill*	GT	SON

Emma Deenihan*	Head of Quality, Risk and Compliance	ED
Karen Egan	Board Secretary	KE
Rachel O'Connor	Board & Committee Support Executive	ROC

*Joined for part of the meeting

1.0   Quorum

The Chairperson welcomed Board members to the meeting. A quorum was present and the meeting was duly convened.

2.0   Conflict of Interest

No conflicts of interest were declared.

3.0   Board Minutes – 19 March 2025 and 02 April 2025

The minutes of the meeting of 19 March 2025 were reviewed by the Board and it was agreed that they were an accurate record of the meeting. BC proposed approval of the minutes and MM seconded the proposal; **accordingly, it was resolved that the minutes of 19 March 2025 be approved by the Board.**

The minutes of the meeting of 02 April 2025 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 PK seconded the proposal; **accordingly, it was resolved that the minutes of 02 April 2025 be approved by the Board.**

4.0   Matters Arising

PK requested that the March Board meeting minutes be reviewed to ensure that comments on trends over time in the Regulatory Risk Register (RRR) were minuted.

5.0   Review of Actions

KE referred the Board to the paper on actions arising from the previous meeting and advised that eight actions had been completed and six actions were ongoing.

6.0   Emerging Issues and Risks

No emerging issues or risks were brought to the Board for discussion.

7.0   Health and Safety Matters

AF advised that there were no Health and Safety matters to bring to the Board for discussion.

8.0   Mid-West Review

Mairin Ryan (MR), Director of Health Technology Assessment, Louise Larkin (LL), Programme Manager HTA, Sean Egan (SE), Director of Healthcare and Marty Whelan (MW), Head of Communications and Stakeholder Engagement joined the meeting at this point.

AF introduced the update on the Mid-West Review and advised that there had been recent correspondence from the ESRI regarding a delay in provision of information to inform the capacity review work stream to HIQA. AF reiterated that this was identified as a key external dependency when the Terms of Reference were published and that any delay which would impact on the timeline for the report. AF also noted the resulting displacement effect on the overall work of the HTA team.

LL gave the presentation on the Mid-West Review and highlighted the following:
- The Programme Timelines and detail on each work stream.
- Project risks and external dependencies.
- An overview of the stakeholder engagement undertaken as part of the review.

MR outlined next steps and advised that it was important to receive the detail on acute capacity projections in advance of finalising the report.

MW outlined the approach to the management of external communications on the project and advised that queries were being responded to on an ongoing basis.

In response to comments and queries from the Board, the following was clarified:
- Future population projections and the underlying assumptions are critical.
- The role of private care in the region must also be considered in terms of overall assessment of need; the impact of additional planned private care is still uncertain.
- A key challenge in the region remains the volume of presentations of unscheduled care; the displacement effect of such demand on elective work was also highlighted.
- A detailed data report will also be made available which will include detail on morbidity and overall mortality rates.

The Board noted the following:
- That the review had, thus far, been carried out in line with the agreed assurance processes.
- The importance of giving consideration to the impact on the workforce in the Mid-West region in the development of advices.
- The need to carefully consider HIQA's future role, capacity and internal capability to undertake future reviews of this nature, in light of the displacement effect of undertaking the Mid-West Review of planned work for HTA and other areas. There should be engagement with the Department of Health on these issues.

The Board thanked the team for the presentation and noted that an assurance report on the Mid-West Review, with a summary of the findings, would be brought back to the Board later in the year following completion of the review.

MR, LL and MW left the meeting at this point.

9.0   DER Status Report

[Redacted]

10.0 Digital and Data Strategy

Shane O'Neill (SON), GT joined the meeting at this point.

In advance of the presentation, AF advised that Microsoft has made the global decision to cease support for older applications. As a result, the legacy PRISM system is no longer supported and this raised IT security concerns. As with all legacy systems it will be required to remain operational beyond the Go Live date. Accordingly, the Department of Health has provided additional funds as part of HIQA's ongoing cyber security programme under its Digital and Data Strategy.

Bala Krishnan (BK), Chief Information Officer introduced the Digital and Data Strategy and highlighted the following:
-   At the request of the Chair the Strategy is for a five-year period from 2026 to 2030 which aligns with the next two Corporate Plans.
-   The feedback previously provided by the Board on the Strategy has been incorporated into the version of the Strategy being presented for approval, including the comments on budget and contingency.
-   Following approval by the Board, the Strategy will be submitted to the Department of Health.

SON advised that the biggest challenge to delivery of the Strategy will be recruitment or procurement of the required specialist roles on a timely basis.

The Board thanked BK and his team for the very detailed document and noted the following:

-   A profile of costs to 2030 is provided in the Strategy, however the contingency provisions for major fixed projects require careful consideration. It was noted that the vast majority all of the projects within the current DDTS are on a time and materials basis but deliver on time and on budget. It was agreed that for major fixed price projects we need to include appropriate contingency provisions.
-   The challenge of securing and retaining the necessary skills and expertise over the lifetime of the Strategy was noted. In this context, BK highlighted that current market conditions were enabling successful recruitment of suitable candidates.

- It would be important to build in mechanisms to review the Strategy at its mid-point to consider the adequacy of the resourcing, the contingency provisions and changing priorities.
- Project management will also be critical, including use of effective project governance models.
- There will be a need to engage with the Learning and Development team to support change management arising from digitisation so the full benefits can be realised and demonstrated.
- The data analysis and AI strands of the Strategy will bring potential efficiencies and timesaving benefits to the organisation.

In response to comments and queries from the Board, the following was clarified:
- HIQA has already introduced market leading platforms to the organisation and has many internal IT skillsets available.

AF advised that internal resourcing and capability will be key in delivery of the Strategy. She also noted the benefits of having a Programme Management Board in place to drive and oversee IT projects.

POM proposed the approval of the Digital and Data Strategy and PK seconded the proposal; **accordingly, it was unanimously resolved that the Digital and Data Strategy be approved by the Board.**

BK and SON left the meeting at this point.

11.0 Board Committee report

Standards, Information, Research and Technology Committee (SIRT) – 06 May 2025

JK, Chair of the SIRT Committee, advised that the main items reviewed at the last SIRT meeting were as follows:

- An update on the Mid West Review.
- The National Standards for Home Support Standards were recommended by the Committee for approval by the Board.
- Updated Health Information Quality and Assurances QAF and Work plan were recommended by the Committee for approval by the Board.
- An update to HIQA Conflict of Interest SOP (HTA) was presented for information.
- An update on Corporate Performance in HTA and HIS Directorates was provided.
- An update on Risks in HTA and HIS Directorates was discussed by the Committee.

JK noted the high quality of the papers presented at the meeting.

Regulation Committee – 12 May 2025

MOH, Chair of the Regulation Committee, advised that the Committee had reviewed the following items in detail the 12 May 2025 meeting:

- A Report from the Chief Inspector.
- A Report from the Director of Healthcare Regulation, including an update on the CHI review, NIS-2 Directive Update and IPAS.
- An update on Corporate Performance and Risks in Regulation Healthcare and Social Services was discussed by the Committee.

AF provided an update to the Board on the transfer of IPAS from the Department of Children, Disability and Equality to the Department of Justice, Home Affairs and Migration.

Audit, Risk and Governance Committee (ARGC) – 13 May 2025

BC, Chair of the Audit, Risk and Governance Committee reported that the following items were reviewed in detail at the ARGC meeting on 13 May 2025:

- An update on the 2025 IA Plan was provided by Forvis Mazars.
- The draft IA Charter and proposed KPIs to measure performance were discussed.
- A paper on the appointment of the IA Function provider was reviewed and recommended by the Committee for approval by the Board.
- A presentation on Finances to March 2025 was provided.
- The HIQA Budget 2025 was presented and recommended by the Committee for approval by the Board.
- An update on DER Finances was presented.
- An update on Risk Management and was provided by the Head of Quality, Risk and Compliance.
    - o The Six monthly report to Board on Risk was presented and recommended by the Committee for presentation to the Board.
    - o A presentation on Risk Management and Internal Audit Recommendations in the Communications function was provided.
    - o A presentation on the Risk Comparative Review was provided.
- Three items were deferred to the next meeting of the Committee in June.

DMC left the meeting at this point.

Resource Oversight Committee (ROC) – 15 May 2025

LP, Chair of the Resource Oversight Committee advised that the Committee had reviewed a range of topics at its recent meeting, including the following items:

- An update on DER was presented.
- A report on Human Capital was presented.
- The People and Culture Strategy was discussed and recommended by the Committee for approval by the Board.
- The HTA updates to the Conflict of Interest Policy were reviewed and recommended by the Committee for approval by the Board.

- The updated Induction of new Board Members - Standard Operating Procedure was reviewed and recommended by the Committee for approval by the Board.
- Updates on Corporate Performance and Risk Management in the HR, ID, and Communications Directorates were reviewed.
- The annual meeting between the Chairs of the ROC and ARGC was discussed.
- Board Training Requirements were discussed and it was recommended that the matter be brought to the full Board for discussion.

The Board agreed that Board Training Requirements would be put on the agenda for the next Board meeting in July.

Committee Coordination Group meeting – 20 May 2025

POM, Chair of the Committee Coordination Group, provided an update on the recent meeting of the group as follows:
- The Committee had reviewed a paper on formalising a process for HIQA's consideration of additional functions it may be asked to take on. The paper would be presented to the full Board at its next meeting.
- The Committee undertook a performance review of its own operations and noted that the Committee was still at an early stage in its maturity.
- The Board Committee structure was reviewed and no changes were proposed at this time.

12.0 CEO's report

Finbarr Colfer (FC) joined the meeting and SE re-joined the meeting at this point

AF highlighted the following from her report which was previously circulated:

Governance and Compliance
- The Quality, Risk and Compliance (QRC) team is reviewing the QRC governance arrangements with a view to re-focusing the QRC agenda.
- External support would be sought to cover the period during which the Head of Quality, Risk and Compliance is on leave.

Healthcare Regulation — Strategic Developments
- HIQA published the *Review on governance of implantable medical devices at CHI, including use of non-CE marked springs in surgery at CHI at Temple Street* on 8 April 2025.
- The review made 19 recommendations of relevance to either CHI, the HSE, or all health services.
- Following the review, HIQA understands that the HSE has established a high level implementation group, chaired by the HSE CEO, to oversee implementation of the recommendations both nationally and within CHI.
- HIQA will follow up to ensure progress in implementing these recommendations through routine monitoring activities.

- HIQA was now reflecting on lessons learned from the conduct of the review, and was also working with the Medical Council on an information request.

AF and the Board commended SE on his work and the work of his team on the review. She also highlighted the importance of the engagement of senior staff from the EMT in the development of the report in terms of providing specialist input and insights. In line with the Board recommendation, a lessons learned exercise is planned to support the conduct of future reviews.

Implementation of the Patient Safety Act
- HIQA continues to roll out a programme of monitoring in private healthcare services in line with the expanded remit under the legislation.

The Networks and Integration Security Directive (NIS-2)
- HIQA and the Department of Health continue to engage with the Department of the Environment, Climate and Communications (DECC) and the National Cyber Security Centre (NCSC) in relation to outstanding queries.
- Queries relate to proposed enforcement powers and the potential for transitionary arrangements being in place to enable HIQA adequate time to prepare for the taking on of the new function.
- An update on recent correspondence from DECC was provided.

The Board asked that SE seek clarification on the legal position when enforcement powers move from one agency to another.

Critical Entities Resilience Directive (CER) Directive
- SE provided clarification on the differences between the NIS-2 and CER Directives, and advised that engagement is ongoing with the Office of Emergency Planning within the Department of Defence to continue to scope out necessary requirements for HIQA as required by the CER Directive.

Health Technology Assessment
- AF outlined a summary of the comprehensive work of the HTA Directorate included in the CEO report.
- By agreement with the Department of Health, the Public Health Policy Team paused its work on the evidence to inform the updated national guideline on low-risk drinking and was reassigned to support the delivery of the Mid-West Review within the specified timelines. Now that the evidence synthesis work for the Mid-West Review is moving towards completion, this work will recommence.
- The cross-directorate approach to the Mid-West Review has been very effective.
- The Public Health Policy Team will also begin a new international review of services for assisted human reproduction and specifically donated assisted human reproduction requested by the Chief Medical Officer to inform policy in this area.

The Board asked that further clarification be sought on the scope of the review of services for assisted human reproduction, including on if surrogacy is included.

Health Information and Standards (HIS) and National Care Experience Programme
- In relation to Children's Standards, AF acknowledged the work of the team on this challenging project.
- The Department of Children, Disability and Equality has established a tri-partite group with HIQA and Tusla to develop guidance for foster care on implementing National Standards for Children's Social Services.
- In relation to Health Information Standards, the first meeting of the Steering Group to oversee the development of a national framework for the responsible and safe use of AI in health and social care services took place in March.
- An update on the Health Information Bill was provided.

In relation to the Health Information Bill, the Board noted that the HSE was intended to be the designated Digital Health Information Authority.

Information Division Update
- AF noted the volume of projects ongoing in the Information Directorate and the significant outputs by the team in delivering on the current Digital and Data Strategy.

The Board thanked AF for her comprehensive report.

13.0 Chief Inspector's Report

FC, Chief Inspector Designate, advised that there has been a detailed discussion on the Chief Inspector's Report at the recent Regulation Committee. He provided an update on the Chief Inspector's activities and highlighted the following from his report:

Older Persons team

- As of 17 April 2025, there were 5,491 designated centres for older people, providing 32,536 registered places. This reflects an increase of one in the number of registered designated centres, while there has been an additional 171 registered beds since the previous report to the Board.
- An application had been granted for a registered provider to take over the operation of a designated centre. The previous registration of this designated centre had been cancelled pursuant to section 59 of the Act, and the new registration reflects a positive outcome for the residents who live in this nursing home and the staff who work there.
- On 31 March 2025, a number of amendments to the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 came into effect. To prepare for these amendments, the older person's team hosted webinars for registered providers and persons in charge, with nearly 900 attendees.
- Between 01 January and 17 April 2025, the older person's team completed 245 inspections of designated centres for older people (392 inspection days) and published 195 inspection reports. It is anticipated that each designated centre for

older people will be inspected at least once in 2025, with a significant percentage (depending on resources) being inspected twice.
- The top four non-compliant regulations remain as Governance and Management, Fire Precautions, Premises and Notification of Incidents.

Disability Activity
- As of 15 April 2025 there were 1,670 registered designated centres with the capacity to support 9,281 individuals with a disability. This reflects an increase of 23 designated centres and 78 residential placements and is indicative of the continued growth in the number of applications to register new centres in the disability pillar.
- Several centres continue to be in escalated regulatory programmes; detail was provided on these.
- Between 01 January and 15 April 2025, inspectors had completed 334 inspections of centres for people with disabilities and published 234 inspection reports. As of 15 April 2025 there are 284 centres that have not had an inspection in 20 months or more.
- The top four non-compliant regulations are Fire Precautions, Governance and Management, Premises and Written policies and procedures.
- In March 2025, a webinar was hosted for chairs of the board and the executive of providers which was well attended. The topic of the webinar was 'Further exploration and reflection on governance; A focus on the role of risk management in good governance'.

Children's Team
- TUSLA continues to be challenged by resourcing services, and is taking active measures in relation to recruitment.
- Special Care Units are operating at reduced capacity due to insufficient numbers of staff.
- Significant numbers of separated children are in unregulated special emergency arrangements.

The Board noted that the NIS-2 Directive may be useful for the Chief Inspector from a governance perspective. The Board also noted the role of the HSE in taking over from providers whose registration had been cancelled.

AF noted the importance of maintaining a regular schedule of inspections across all areas of the Chief Inspector's function and welcomed the approval of the additional staff for the Disability team in recognition of the increase of designated centres.

The Board thanked FC for his report. FC and SE left the meeting at this point.

14.0 Finance Report and Budget 2025

Sean Angland (SA), Acting Chief Operations Officer, and Marian Brady (MB) Financial Planning Analysis and Reporting Officer joined the meeting.

MB presented the Finance Report to March 2025 and the Budget 2025. In her presentation she highlighted the following:
- The Department of Health determined that the allocation of funding for HIQA will be €35m for the financial year 2025. This is an increase from the original allocation of €28m for 2024.
- An overview of the Budget for 2025, including income, costs including payroll, headcount, non-pay costs, and project costs was provided.
- The Budget is based on certain assumptions, including assumptions in relation to pension lump sums and unknown staff absences.
- The projected headcount increase year on year to December 2025 is a 19% increase.

The Board complimented SA and MB on the clarity with which the Budget was presented. AF acknowledged the work of SA and his team in terms of effective ongoing engagement with the Department to secure the necessary revenue resources for HIQA.

BC, Chair of the ARGC, welcomed the increased budget and increased headcount. She advised that the Budget has been examined in detail at the recent ARGC meeting and recommended for approval by the Board.

BC proposed the approval of the Budget 2025 and MH seconded the proposal; **accordingly, it was resolved that the Budget 2025 be approved by the Board.**

MB left the meeting at this point.

15.0 Corporate Performance Report (Twice yearly report to the Board)

SA presented the Corporate Performance Report and highlighted the following:
- At this stage in the year, the vast majority (102) of the 2025 Business Objectives are forecast to be achieved by their completion date.
- Two Business Objectives were already fully achieved.
- Four Business Objectives are forecast as unlikely to be achieved by the completion date due primarily to external dependencies. These relate to redesign of the HIQA website, implementation of the new Financial Management System, updating of the National Standards for Residential Services for Children and Adults with Disabilities, and revision of the national standard for patient discharge dataset.

The Board noted the four delayed Business Objectives and that there is no indication at this stage that these objectives would not be met within the year. In relation to Implementation of the new Financial Management System, the Board noted that a go-live plan was expected from the provider shortly.

SA left the meeting at this point.

16.0 Human Capital Report

Susan Montgomery (SM), Head of Human Resources and Organisation Development joined the meeting.

The Board noted the Human Capital Report previously circulated.

17.0 People and Culture Strategy

Josephine Pierce (JP), HR Organisational Development Programme Lead and Damien Ryan (DR), HR Organisational Development joined the meeting.

SM introduced the People and Culture Strategy and advised that the organisation was becoming increasingly complex and diverse. She also advised that line manager capability would be key in delivering the Strategy and there is a need to make adequate provision for effective people management in role profiles.

JP and DR gave the presentation in which they highlighted the following:
- An overview of the workforce as of March 2025.
- An overview of the three pillars of the Strategy; Building Capability, Employee Experience, and Culture.
- Key initiatives included under the Strategy and how they will be delivered.
- The importance of cultivating culture underpinned by supportive leadership and communication, and the importance of turning HIQA's values inwards.
- Subject to Board approval, the Strategy would be launched in the coming weeks using a variety of channels, including video, in-person roadshows and infographics.

AF noted the benefit of the staff-led structures already in place to support diversity and inclusion. The Strategy makes provision for formalising and strengthening these arrangements

The Board thanked SM and her team for the presentation and for their work on the Strategy which was timely given the rapid growth of the organisation. The Board also expressed its support for the HR function and advised that should additional resources be required to implement the Strategy, the Board would be supportive of this.

LP, Chair of the ROC, advised that the Strategy has been discussed at the recent ROC meeting and recommended for Board approval.

PK proposed the approval of the People and Culture Strategy and CFN seconded the proposal; **accordingly, it was resolved that the People and Culture Strategy be approved by the Board.**

LP, SM, JP and DR left the meeting at this point.

18.0 Communications and Stakeholder Engagement Strategy 2025-2027

The Board noted the paper previously circulated.

Marty Whelan (MW), Head of Communications and Stakeholder Engagement re-joined the meeting at this point.

AF introduced the Communications & Stakeholder Engagement Strategy 2025-2027 and advised that the Strategy had been developed through consultation with stakeholders, including internal stakeholders. She also advised that the Communications & Stakeholder Engagement Strategy, the Digital and Data Strategy and the People and Culture Strategy are all aligned with the Corporate Plan.

MW provided an overview of the Strategy and highlighted the following:
- The value of the Corporate Plan in communicating with external stakeholders, including Oireachtas members.
- The changing media landscape.
- Following approval by the Board, the Annual Report will be submitted to the Minister for Health for approval and a staff launch will be arranged as in previous years

The Board expressed appreciation for the work of the Communications team and noted the transparency of HIQA's communications, including the routine publication of HIQA's reports.

JK proposed the approval of the Communications & Stakeholder Engagement Strategy 2025-2027 and MOH seconded the proposal; **accordingly, it was unanimously resolved that the Communications and Stakeholder Engagement Strategy 2025-2027 be approved by the Board.**

MW left the meeting at this point.

19.0 Home Support Standards

The Board noted the papers previously circulated. JK advised that the Home Support Standards had been reviewed at the recent SIRT meeting and recommended for Board approval. He also noted that the Standards were developed in the absence of a regulatory framework and acknowledged the excellent work of the team in this regard.

PK advised that there would be merit in looking at the approach taken in Northern Ireland regarding accreditation of workers.

MM proposed the approval of the Home Support Standards and CFN seconded the proposal; **accordingly, it was unanimously resolved that the Home Support Standards be approved by the Board.**

20.0 Health Information Quality and Assurances QAF and Work plan

The Board noted the papers previously circulated. JK advised that the Health Information Quality and Assurances QAF and Work plan had been reviewed at the recent SIRT meeting and recommended for Board approval.

JK proposed the approval of the Health Information Quality and Assurances QAF and Work plan and PK seconded the proposal; **accordingly, it was unanimously resolved that the Health Information Quality and Assurances QAF and Work plan be approved by the Board.**

21.0 Approval for appointment of Internal Audit function provider

The Board noted the papers previously circulated. BC advised that the paper on the appointment of the Internal Audit function provider had been reviewed at the recent ARGC meeting and recommended for Board approval.

BC proposed the approval of appointment of the Internal Audit function provider and POM seconded the proposal; **accordingly, it was unanimously resolved that the approval for appointment of Internal Audit function provider be approved by the Board.**

22.0 Board Policies

23.1 Review of Board Terms of Reference

The Board noted the papers previously circulated and noted the proposed amendments. MOH suggested an additional amendment in section 5.3 relating to Membership.

POM proposed the approval of the Review of Board Terms of Reference subject to the agreed additional amendment in section 5.3 and MOH seconded the proposal; **accordingly, it was unanimously resolved that the approval of the Review of Board Terms of Reference be approved by the Board subject to the additional changes as outlined.**

23.2 Conflict of Interest Policy (HTA)

The Board noted the papers previously circulated. LP advised that the HTA related updates to the Conflict of Interest Policy had been reviewed at the recent ROC meeting and recommended for Board approval.

JK proposed the approval of Conflict of Interest Policy (HTA updates) and LP seconded the proposal; **accordingly, it was unanimously resolved that the approval of Conflict of Interest Policy be approved by the Board.**

23.3 Retiring Board Members – Standard Operating Procedure

The Board noted the papers previously circulated.

PK proposed the approval of Retiring Board Members – Standard Operating Procedure and CFN seconded the proposal; **accordingly, it was unanimously resolved that the approval of Retiring Board Members – Standard Operating Procedure be approved by the Board.**

23.4 Induction of new Board Members - Standard Operating Procedure

The Board noted the papers previously circulated. LP advised that the Induction of new Board Members – Standard Operating Procedure had been reviewed at the recent ROC meeting and recommended for Board approval.

POM proposed the approval of the Induction of new Board Members - Standard Operating Procedure and PK seconded the proposal; **accordingly, it was unanimously resolved that the approval of the Induction of new Board Members - Standard Operating Procedure be approved by the Board.**

PK asked that the position regarding legal indemnity for Board members be clarified.

23.5 Functions and Duties of the Board Secretary - Standard Operating Procedure

The Board noted the papers previously circulated.

POM proposed the approval of the Functions and Duties of the Board Secretary - Standard Operating Procedure and CFN seconded the proposal; **accordingly, it was unanimously resolved that the approval of Functions and Duties of the Board Secretary - Standard Operating Procedure be approved by the Board.**

23.0 Risk (Twice yearly report to Board)

Emma Deenihan (ED), Head of Quality, Risk and Compliance joined the meeting.

ED introduced the report on Risk Management and advised that this was the first time that the report to the Board would be based on the updated risk framework. In her presentation she highlighted the following:
- An overview of open Team, Corporate and Directorate Risks.

- Detail on the numbers of risk by risk level, business area, age, risk category and category appetite.
- Detail on the Risk Deep Dive exercise which would be carried out later in the year.
- The regular risk business partner meetings would provide a structure to allow for consolidation and standardisation of corporate risks. A risk coordination group would also be convened to support standardisation of risk.
- The next report to the Board on risk was scheduled for November and a report the risk deep dive would be included.

The Board noted the following:
- The updated risk framework is only now being fully embedded.
- Work to consolidate corporate risks was ongoing. There is a need to examine the approach to risk across the business areas to streamline and consolidate risks.
- There should be a single organisational risk for cyber security at a corporate level.

AF noted that the Board had previously identified the need to keep our risk appetite under review particularly in light of the significant expansion of our remit and the changing landscape. This will inter alia be considered in the Risk Deep Dive exercise.

The Board thanked ED for her presentation and for the good work being done on risk management in the organisation.

ED left the meeting at this point.

24.1 Risk Comparative Review Report

The presentation on the Risk Comparative Review Report was deferred to a later meeting.

24.0 Board Evaluation 2025

The Board noted the Board Evaluation report previously circulated.

KE provided an overview of the actions proposed by Board members in their responses. The three proposed actions in the paper were agreed by the Board.

In the context of the action to consider seeking feedback from all service users, AF provided an update on the Service User Advisory Forum and the importance of the Board securing independent assurances about service use experience.

In response to a query from the Board, AF outlined the existing measures for the Board to receive unfiltered feedback from service users and other stakeholder particularly in Healthcare and Chief inspector functions. She also noted the work of

the NCEP in eliciting direct feedback from service user. The Board agreed that independent assurance of service user experience is critically important. She advised that a proposal would be brought back for the consideration of the Board at a later stage and it will incorporate points raised by the Board, including the processes for receiving unfiltered feedback.

25.0 Chairperson's report

The Board noted the Report previously circulated.

26.0 Any other business

There being no further business, the meeting concluded at 2pm.

Signed

_____
Pat O'Mahony
Chairperson

_____
Karen Egan
Board Secretary

Actions arising from Board meeting – 21 May 2025

No	Action	Person Responsible	Timeframe
1	An assurance report on the Mid-West Review, with a summary of the findings, to be brought back to the Board later in the year.	MR	At appropriate time
2	[Redacted]	[Redacted]	[Redacted]
3	Board Training Requirements be put on the agenda for the next Board meeting.	KE	For next Board meeting
4	Paper on formalising a process for HIQA's consideration of additional functions to be presented to the full Board at its next meeting.	KE	For next Board meeting
5	NIS-2 - clarification to be sought on the legal position when enforcement powers move from one agency to another.	SE	Update to be brought when matter has been clarified
6	Review of services for assisted human reproduction - clarification be sought on the scope of the review of services for assisted human reproduction, including on if surrogacy is included.	MR	Update to be brought when matter has been clarified
7	Clarification to be sought on the position regarding legal indemnity for Board members.	KE	Update to be brought when matter has been clarified
8	Risk register to include a single organisational risk for cyber security at a corporate level.	BK	For next Board meeting
9	Proposal regarding independent assurance of service user experience to be presented to Board at appropriate time, incorporating the processes for receiving unfiltered feedback.	AF/MW	When appropriate
Actions carried forward from previous meetings		**Person Responsible**	**Timeframe**
10	Executive to engage with the Department of Health to seek clarity on the statutory fee model and its application to HIQA. Fee paper to be updated accordingly. Fee income to be kept under review. Review and outcome to be documented.	AF/SA	Ongoing
11	A paper providing clarification on the NIS-2 proposal, including setting out the impact on HIQA as an organisation of taking on the new functions under NIS-2, to be brought to the Board.	SE	At appropriate time

12	Show percentage of training/education days against the overall number of working days.	SM	Ongoing
13	Regulation committee to maintain oversight of developments on OPCAT. A report will come back to the Board at the appropriate time.	MOH/KE	When appropriate
14	Palliative care regulation to be brought back to the Board for further discussion at the appropriate time.	SE	At the appropriate time
15	Consideration to be given to governance arrangements for occasions when staff members are appointed to external bodies.	SM/KE	Ongoing