

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

14 December 2020, 3.30pm – 6pm
Zoom Conference

Present:

Name	Details	Initials
Pat O'Mahony	Chairperson	POM
Tony McNamara	Board Member	TMcN
Jim Kiely	Board Member	JK
Caroline Spillane	Board Member	CS
Lynsey Perdisatt	Board Member	LP
Michael Rigby	Board Member	MJR
Paula Kilbane	Board Member	PK

In Attendance:

Phelim Quinn	CEO	PQ
Kathleen Lombard	Board Secretary and Chief Risk Officer	KL

Apologies:

Bernadette Costello	Board Member	BC
---------------------	--------------	----

1. Quorum

The Chairperson welcomed participants to the meeting. It was noted that a quorum was present and the Board meeting was duly convened. The Chairperson advised that a number of items deferred from the meeting on 2 December are on the agenda and following these items there will be a session on risk.

2. Conflict of Interest

No conflicts were declared.

3. Report from the Board Committees

Resource Oversight Committee (ROC)

The Chair of the ROC, Lynsey Perdisatt (LP), reported on the main items that were considered at the recent ROC meeting. She advised that the committee had received

a report from Marian Bergin who is providing additional expertise to HIQA on succession planning and organisational change. LP also updated the Board on:

- A report from the Head of Communications on the current challenges for HIQA and the need for additional resources to manage workload
- A report provided by the Chief Information Officer on the DDTs. An indicative start of year submission for capital funding was also presented.
- Annual assurance statements in relation to their respective functions were provided by the Head of Communications and the Chief Information Officer and
- An update on the accommodation strategy in the context of immediate and future organisational needs.

Regulation Committee

The Chair of the Regulation Committee, Jim Kiely (JK), reported that an annual assurance statement from the Chief Inspector/Director of Regulation was reviewed by the committee and will be included in the ARGc's report to the Board in January. Other matters reviewed by the Committee included:

- An update on recent inspection/enforcement activity
- An update on addressing the Expert Panel's Report on nursing homes and
- The paper on regulatory reform which was subsequently considered by the Board at their meeting on 2 December.

Standards Information Research and Technology Committee (SIRT)

The Chair of the SIRT committee, Michael Rigby (MJR), advised the Board that the SIRT committee reviewed the draft recommendations on a National Electronic Patient Summary and made a number of suggested amendments which were reflected in the final draft that was approved by the Board on 2 December. In addition progress on the development of National Standards for the Care and Support of Children using Health and Social Care Services was provided and the Committee acknowledged the innovative approach to their development including consultation with children.

A briefing on a survey currently underway to gather the public's views on sharing information was also provided and the Committee noted that this work is progressing well.

The HTA team presented on the proposed approach for executing the new function for justification of new practices of ionising radiation and the committee were satisfied with approach outlined.

Audit Risk and Governance Committee (ARGC)

The Chair of the ARGC, Caroline Spillane (CS), reported that the Committee had its annual visit from the Comptroller and Auditor General's (C&AG) office. The report from the C&AG on the annual accounts was positive. As recommended by the Code of Practice for the Governance of State Bodies, the committee met with the C&AG representative without members of the executive present. The C&AG confirmed that there were no areas for concern.

In addition, CS reported that:

- The anti-fraud policy and procedure were reviewed and recommended for Board approval
- The risk management policy and handbook were reviewed and recommended for Board approval
- An internal audit report on the inspection process was reviewed. Overall, the report was positive but there are recommendations for improvement which the team committed to examining and reporting back to the Committee in February 2021.

The Chairperson thanked the Committee Chairs for their reports and acknowledged their value in supporting the Board's oversight responsibilities.

4. Risk report

KL summarised the recent changes to the corporate risk register including additions/removals from the register and where risk ratings were increased or decreased.

It was noted that there will be a specific consideration of existing and potentially new risks as part of the item on risk management.

KL also highlighted the first edition of a Quality and Risk newsletter which is a new initiative aimed at providing guidance and updates on risk management, quality improvement and compliance issues to staff in HIQA.

5. Finance Report

SA joined the meeting at this point and presented the financial report to the end of October 2020. SA highlighted the following in his report:

- A budget reforecast was carried out in September
- The full grant from the DoH will be drawn down in 2020
- A contribution from the HSE to the National Patient Experience Survey is expected during December. This figure has not been reflected in the budget but will be carried forward
- Variances in payroll, professional fees and ICT and the reasons for these
- Where the main revisions were made to the budget in September and the reasons for these.

SA also advised that a number of significant business cases have been made to the DoH which will have a big impact on spend for 2021. In this context, he noted that the DoH grant to HIQA for 2021 will need to increase considerably.

In response to the Board's comments, SA clarified that HIQA does not hold a contingency fund but adjusts the budget as the year progresses. The Board also noted that the contributions late in the year from other organisations will be monitored in 2021.

The Board thanked SA for a good, clear report.

6. Accommodation Update

SA advised that he had presented an update on HIQA's accommodation strategy to the ROC where it was recommended that the wider Board be informed of key developments. He outlined the factors relevant to HIQA's accommodation needs including:

- The significant growth in staff numbers in 2020
- The expected continued growth in staff numbers in 2021
- Changes in working arrangements since the onset of the pandemic and potential trends for future models of remote or home working
- Space pressures in Cork and the need to expand office space
- Addressing areas identified for improvement in the Dublin office and
- Current negotiation of a lease for a new Galway office.

SA advised that these factors and HIQA's accommodation needs have been communicated to the DoH. In addition, he will keep the ROC apprised of any developments and a further paper will come to the Board on progressing key points outlined in the paper.

The Board raised a number of points including:

- Recent Health and Safety guidance issued by the Government and the costs arising
- The importance of maintaining flexibility for staff
- Consideration of small meeting rooms to facilitate the development of a corporate culture.

SA confirmed that the Board has approved draft terms for a lease for office accommodation in Galway. Good progress has been achieved on the lease negotiations and the final lease will be brought to the Board for consideration early in 2021.

The Chairperson welcomed the report from SA which has prompted a number of issues for further consideration by the Board. He also noted that it is important for the Board to be fully updated on current issues and trends relating to the configuration of HIQA's future office needs.

7. Draft Business Plan 2021

SA presented the draft business plan for 2021 for consideration by the Board. PQ advised the Board that the draft plan reflects:

- The strategic objectives set out in the Corporate Plan
- Key elements arising from HIQA's risk register
- The output from the Board strategy session
- Detailed feedback from the DoH and
- Ongoing COVID-19 challenges and related activities.

In response to the Board's observations, it was confirmed that:

- While the plan is ambitious, staff performance has not diminished since the onset of the pandemic and it is expected that the organisation can deliver on the plan
- The plan will be submitted to the DoH with a clear caveat that implementation is dependent on adequate resources. It was noted that indications are that the DOH grant will be increased significantly for 2021.

SA advised the Board that the draft plan will be finalised following confirmation from the DoH of the grant allocation and will return to the Board for approval.

8. Process Outline for the development of Overarching Standards for the care and Support of Children Using Health and Social care Services

RF, Director of Health Information and Standards joined the meeting for this item and presented the process outline for developing Overarching Standards for the Care and Support of Children using Health and Social Care services. She advised the Board that the process outline follows the same format as previous projects and sets out the project plan, the evidence review, the scoping process, convening the Expert Advisory group, the drafting process and the consultation process. RF also highlighted two additional elements in the development of these standards; working in collaboration with the Mental Health Commission which extends the scope to mental health services and the convening of a children's reference group to represent the frontline experiences of children and families.

The Chair of the Standards, Information, Research and Technology (SIRT) committee advised that the SIRT committee had considered this item in detail at their meeting and recommends the process outline to the Board for their approval.

CS proposed approval of the process outline for developing the Overarching Standards and TMcN seconded the proposal; **accordingly it was resolved that the development of the Process Outline for the development of Overarching Standards for the Care and Support of Children Using Health and Social care Services be approved by the Board.**

9. Risk Management Policy and handbook

KL presented the revised risk management policy to the Board and advised that following feedback from staff, a risk management handbook was developed which includes the procedure and more guidance.

The policy and handbook were reviewed by the ARGC at their recent meeting and indicated their agreement that it be recommended to the Board for approval.

CS proposed approval of the risk management policy and PK seconded the proposal; **accordingly it was resolved that the risk management policy be approved by the Board.**

10. Anti-fraud and anti-corruption policy and procedure

KL presented the revised anti-fraud and anti-corruption policy to the Board and advised that following feedback from a fraud workshop in August, it was agreed that an accompanying procedure should be developed. In response to the Board's query regarding when an instance of fraud is reported to the Garda Síochána, KL clarified that the legal team will be consulted in respect of the nature of the fraud and the level and type of investigation approach required.

The anti-fraud and anti-corruption policy was reviewed by the ARGC at their recent meeting and had indicated their agreement that it be recommended to the Board for approval.

CS proposed approval of the anti-fraud and corruption policy and TMcN seconded the proposal; **accordingly it was resolved that the anti-fraud and anti-corruption policy be approved by the Board.**

11. Chairperson's report

The Chairperson highlighted that he had been involved, along with other members of the Board, the CEO and the Board Secretary, in the assessment process for the SWiFT Governance certification. He was pleased to advise the Board that HIQA has been re-certified for the award.

12. Risk management discussion

It was noted that the following staff members would be present for the risk discussion;

Phelim Quinn, CEO
Bala Krishnan, Chief Information Officer
Rachel Flynn, Director of Health information and Standards
Mairin Ryan, Director of HTA
Mary Dunnion, Chief Inspector and Director of regulation
Sean Angland, Acting Chief operating Officer
Aoife McCann, Head of Legal
Joan Heffernan, Acting Quality and Risk Manager.

KL, as Chief Risk Officer, set out two parts for discussion by the Board as follows:

- a) Consideration of HIQA's risk appetite statements
- b) Consideration of areas of risk submitted by the Board and reconciliation where appropriate against current corporate risks.

Part a) Risk appetite statements

To facilitate discussion, KL presented the rationale and purpose for HIQA's risk appetite statements. She explained that risk categories have been identified and agreed as those most relevant to HIQA and that the risk appetite statements reflect HIQA's approach to these risk categories. As part of the process for reviewing the risk appetite

statements, each Directorate reviewed those most relevant to their functions and the EMT has reviewed and approved the draft statements before the Board.

KL presented each risk category, together with the associated risk appetite statement. The Board recommended a change to the statement associated with human resources to reflect the right for staff to be treated with dignity and respect. Subject to this change, the Board approved the risk appetite statements as presented.

Part b) Risk areas identified by the Board

KL explained that the Board had been invited to submit their views on the key risks faced by HIQA in the context of the current environment and its future plans. The feedback from the Board was summarised into key themes in the document circulated in advance to the Board as follows:

- Expansion of functions/management capacity
- Risks to the ICT programme of investment
- Corporate memory loss with senior staff retirements
- Challenges to recruitment of high calibre staff
- Change management/organisational change and corporate culture
- Financial management capacity in a growing organisation
- Increasing legal challenges
- Changes and pressures emerging from the external environment/pressure for HIQA to take on more functions and
- Relationship management/maintaining the public's trust in a complex environment.

The Board discussed each of these themes in the context of:

- if the current corporate risks captured all the themes adequately
- if new risks are required and
- if some existing risks should be changed or closed.

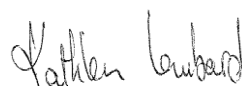
It was agreed that the outcome of the Board's discussion will be compiled and considered by the EMT. Any changes made to the corporate risk register as a result will be highlighted to the Board at a future meeting.

The Chairperson thanked the Board members for their contribution and KL for facilitating the session. He brought the meeting to a close by wishing all participants a safe and happy Christmas.

Signed



Pat O'Mahony
Chairperson



Kathleen Lombard
Board Secretary

Actions arising from Board meeting on 14 December 2020

No	Action	Person Responsible	Time-frame
1	the draft business plan for 2021 will be finalised following confirmation of the grant allocation and will return to the Board for approval.	SA	Dependent on timing of grant allocation
2	the outcome of the Board's discussion on risk to be compiled and considered by the EMT. Any changes made to the corporate risk register as a result will be highlighted to the Board at a future meeting.	KL	Jan/Feb