

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

27 January 2021, 10am – 2pm  
Zoom Conference

**Present:**

<b>Name</b>	<b>Details</b>	<b>Initials</b>
Pat O'Mahony	Chairperson	POM
Tony McNamara	Board Member	TMcN
Jim Kiely	Board Member	JK
Bernadette Costello	Board Member	BC
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

**1. Quorum**

The Chairperson welcomed participants to the meeting. It was noted that a quorum was present and the Board meeting was duly convened.

A short Board only session took place, in line with the Code of Practice for the Governance of State Bodies, where the Chairperson reflected on 2020 and the altered approach to Board business where there is less social contact and opportunity for individual conversations. In particular he:

- Expressed his appreciation for the support and commitment of members during 2020, when a number of additional meetings of the Board were necessary to progress immediate matters
- Expressed his appreciation for the work of the committees and the support they provide to the Board
- Expressed his hopes that new members will be appointed in the near future so that additional support will be available to the Board and committee structure and
- Invited all members of the Board to contact him on any issues he/she might wish to discuss.

## **1.1 CEO performance review 2020 and plan for 2021**

During the Board only session, LP, Chair of the Resource Oversight Committee (ROC) reported to the Board that she and POM as Chairperson, had carried out the annual performance review of the CEO. It was the view of LP and POM that there had been an excellent performance by the CEO during 2020 and that a number of additional demands, in addition to the planned objectives were met with energy and commitment. The Board unanimously supported the outcome of the evaluation.

In addition LP reported that with the CEO, she and POM had agreed the objectives for 2021; these had been circulated to the Board. POM added that while this is the final year of the CEO's tenure, PQ is committed to progressing key initiatives which is reflected in his 2021 objectives.

Following the discussion on the CEO's performance review, PQ joined the meeting.

## **1.2 Update on Organisational structure**

LP, as Chair of the ROC updated the Board on the organisation review and the following points were noted:

- Work has progressed on risk based succession planning
- Candidate booklets for the CEO's post and the Chief Inspector's post are in development
- Priority areas for restructuring have been identified and
- Additional developments are being introduced in support services such as finance business partnering and HR input at EMT meetings.

In response to the Board's observations the following was clarified:

- Integration of resources and key skills will be leveraged across the organisation
- The CEO recruitment process will be managed by the Board through the ROC with the assistance of an external recruitment specialist.
- Succession planning is underway at the next level to the Executive management
- An embedding phase for the new CEO will be necessary and
- The finance function will require development of systems and technology to keep pace with the organisational needs.

## **1.3 Board evaluation – implementation of recommendations**

KL reported that the recommendations from the Board evaluation were examined by a small working group as agreed by the Board. KL highlighted the key areas where changes have been or are in the process of being made which include:

- An enhanced Board reporting pack
- Formal reporting on Environmental, Social and Governance (ESG) initiatives
- "Town hall" style events to be re-introduced post pandemic and
- Enhancing induction for new Board members to include Committee chairs.

In response to the Board, KL stated that individual performance evaluation for Board members can be enhanced and changes reflected in future evaluations. KL advised that the recommendations will be implemented over the coming months.

## **2. Conflict of Interest**

No conflicts were declared.

## **3. Board minutes**

### 3.1 Minutes of Board meeting of 2 December 2020

The minutes of the meeting of 2 December 2020 were reviewed by the Board and it was agreed that they were an accurate record of the meeting. TMcN proposed approval of the minutes and JK seconded the proposal; **accordingly it was resolved that the minutes of 2 December be approved by the Board.**

### 3.2 Minutes of Board meeting of 14 December 2020

The minutes of the meeting of 14 December 2020 were reviewed by the Board and it was agreed that they were an accurate record of the meeting. MJR proposed approval of the minutes and PK seconded the proposal; **accordingly it was resolved that the minutes of 14 December be approved by the Board.**

## **4. Review of Actions**

Updates on the actions arising from the Board meetings held in December was provided including:

- The letter of allocation has been received from the DoH and therefore the Business Plan is being adjusted to reflect specific requirements and will be submitted to the DoH within the required 30 day timeframe.
- The standing orders and terms of reference for the Board has been amended and is on the agenda for approval.

Updates on all actions are included in the Board papers.

## **5. Matters arising**

The Chairperson updated the CEO on the discussion during the Board only session and that there was unanimous agreement in respect of the CEO's performance for 2020.

## **6. Health and safety matters**

PQ advised the Board on the status of COVID-19 cases in HIQA staff. The Board expressed their concern about the timeliness of vaccination of inspectors and considered that this process should be progressed without delay, given that inspectors are deemed front line workers. It was confirmed that PQ has corresponded with the CEO of the HSE and the designated vaccination lead on this matter. PQ agreed to update the Board on progress.

## **7. CEO's Report – key strategic and operational matters**

Mary Dunnion (MD) Chief Inspector joined the meeting for this item as some items on the CEO's report are relevant to regulatory activities. PQ highlighted the following items from his report:

- COVID-19 response – Business Continuity Plan

Since the Government's decision to move to level 5, a further appraisal was undertaken of staff working in HIQA offices. As a result, all staff with the exception of those staff whose presence is essential, are working from home. All offices are compliant with health and safety requirements as they pertain to COVID 19.

- Letter of allocation/business planning

The letter of allocation for 2021 has been received. As a result the business plan will now be finalised and submitted to the DoH within 30 days. The CEO and Head of Corporate Services met with the DOH to discuss the Business Plan for 2021 and related policy and legislative plans including:

- Regulation of homecare services
- The Patient Safety Bill (and the suggested inclusion that HIQA has powers to investigate complaints within the nursing home sector) and
- Communication between the Department of Children, Equality, Disability, Integration and Youth to extend HIQA's powers to undertake the function of interim inspectorate for Direct Provision Centres.

It was noted by the Board that the suggested additional role for HIQA in respect of the Patient Safety Bill and its implications needs be considered carefully. The Executive confirmed that they will continue to engage with the DoH on this matter and update the Board accordingly. The Chairperson also stated that he and the CEO will raise it at the next meeting with senior officials in the DOH.

- COVID-19 and Nursing Homes

A number of meetings between HIQA, the Department of Health (DOH), and the HSE on nursing homes management of COVID outbreaks.

- Evidence Synthesis (COVID-19)

The majority of the HTA team remains focussed on COVID-19 related work. Due to the ongoing demand, additional staff have been sanctioned and will be recruited to provide more capacity.

- Health information and Standards

Details on the National Inpatient Experience Surveys for 2021 is provided in the report.

- Strategic HR

Significant progress is continuing on HR issues and is being reported to the ROC.

- Regulatory Bodies seminar

A seminar with participants from regulatory bodies from the British Isles and Ireland took place recently where a number of common areas of discussion took place including regulatory reform, policy, legislation issues and stakeholder engagement.

- Communications and Stakeholder Engagement

The National Patient Safety Office has moved from the responsibility of the Chief Medical Officer to the Chief Nursing Office, Ms Rachel Kenna.

The Board thanked PQ for his report.

## **8. Chief Inspector and Director of Regulation report**

MD referred the Board to the Chief Inspector's and Director of Regulation report and highlighted the following from the report:

- The dashboard summary of COVID-19 information for all designated centres which supports inspectors in management of their case portfolios
- Inspection activity is focussed on centres with significant outbreaks of COVID-19 and where known risks have implications for registration renewal decisions
- A brief overview of legal proceedings and enforcements
- An overview of activity in Disability services
- An overview of work underway in the healthcare unit where monitoring activity has been temporarily suspended but focus has been on reviewing methodologies, preparatory work relating to the Patient Safety Bill and a desktop risk assessment of acute hospitals on infection prevention and control which has aided targeted support where necessary
- Risk based inspection of medical exposures to ionising radiation commenced in 2020 with the first regulatory notification issued in December
- An overview of work carried out in the children's services unit and meetings with the DoH and Tusla on specific issues
- Surveys arising from the Expert Panel on Nursing Homes report are yielding poor response levels
- An overview of the Regulatory Practice Development Unit (RPDU) which is focussed on induction programmes, training, research into various practice areas such home care regulation and
- Work in relation to the digital strategy as it pertains to regulation, with staff assigned to support requirements.

In response to the Board's queries, MD clarified that:

- Current legal challenges tend to relate to the right to publish rather than regulatory judgements

- Risk factors identified in nursing homes relate to clinical oversight and staffing
- Environmental factors continue to have a significant impact on compliance. The Board recommended writing to the Minister to progress this matter further
- Previously identified weaknesses in the regulatory framework means that there are limited options available to the Chief Inspector for centres that are not compliant with certain regulations. The regulatory framework continues to be raised at meetings with the DoH.

The Board expressed the view that more urgent action is required to ensure that changes to the regulatory framework are progressed. It was agreed that the Chairperson will write to the Minister on this matter.

The Board thanked MD for a comprehensive report and for the significant work being carried out by the teams within the Directorate.

## **9. Regulatory reform and Communications plan**

Paul Dunbar (PD) and Martin McMahan (MMcM) from the Regulation Directorate and Marty Whelan (MW) Head of Communications joined the meeting for this item.

JK, Chair of the Regulation Committee advised the Board that he had requested that this item had been reviewed by Board at the Board meeting in December. Following that discussion, further changes were made to the paper and a communications plan developed for taking the paper forward.

The Board considered the final paper and the communications plan. The Board requested that the following inclusions be made to the communications plan:

- a schedule of events
- actively seeking support from stakeholders rather than briefings only
- extend the list of stakeholders to include organisations such as the Association of Integrated Care, those with responsibility for independent living, e-Health in the HSE and Sláintecare and
- include the British Isles and Ireland's Regulatory Bodies.

The Board indicated their approval for both the paper and the communications plan, with the inclusion of the points made. The Executive confirmed that the Board's observations on the communications plan will be incorporated and that appropriate communications will commence without delay.

The Chairperson thanked the work of the Regulation Committee and the work of the Executive in bringing forward an important piece of work.

## **10. Scheme of delegation**

Carol Grogan (CG) Head of Regulatory Practice Development Unit (RPDU) presented HIQA's scheme of delegation. She advised that the full scheme of delegation had come to the Board in September 2020 but that a number of functions and schemes had been approved by the Board since that time and are now incorporated into the full scheme before the Board. CG also advised that the scheme is reviewed annually

and in the meantime, if any additional requirements occur, approval will be sought from the Board.

The revised scheme of delegation was reviewed by the Board. MJR proposed approval of the scheme of delegation and BC seconded the proposal; **accordingly it was resolved that the revised scheme of delegation be approved by the Board.**

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

### Resource Oversight Committee (ROC)

The Chair of the ROC, Lynsey Perdisatt (LP), reported on the main items that were considered at two recent ROC meetings. These included the CEO's performance review for 2020 and the CEO's objectives for 2021. The assessment of the CEO's performance had been fully endorsed by the committee and had been reported during the Board only session earlier in the meeting.

LP advised that the committee had been fully briefed on developments relevant to the organisational structure, which again had been reported during the Board only session.

In addition, she reported that the committee had reviewed delivery of the 2020 business plan objectives for which the committee provides oversight and it was considered that overall there had been significant progress made. The Committee also provided feedback on the risks associated with the Committee's oversight remit.

### Audit Risk and Governance Committee (ARGC)

The Chair of the ARGC, Caroline Spillane (CS), reported that the Committee had reviewed;

- The finance report to the end of November
- Two internal audit reports; the annual internal controls audit where findings were low rated and a follow up review of previous internal audit recommendations, which showed good progress
- The internal audit plan for 2021 was approved
- The report from Grant Thornton on HIQA's budgeting processes was reviewed and the additional development whereby the Executive have decided to undertake an expanded and strategic project, the aim of which is to strengthen capacity and capability, to upgrade systems and to enhance processes
- A presentation from the Data Protection Officer (DPO) on the management and controls of data protection in HIQA.

The Chairperson thanked the Committee Chairs for their reports.

## **12. Finance Report**

SA presented the end of year financial statement to the Board and highlighted that the full year grant from the DoH has been drawn down. SA clarified that some additional income had been received from the HSE for the National Care Experience Programme

which together with some small underspends has resulted in a surplus of income over expenditure of just over 400K.

The Board noted the report.

### **13. Corporate Performance and Risk Reports**

#### 13.1 Corporate performance

SA presented the end of year summary on delivering the 2020 business plan objectives. He highlighted that a small number of objectives had not been completed due to external factors and a small number had not been completed by the target date, many of which will be completed in early 2021. The Board noted that there was significant delivery of objectives during the year and that there is a clear and reasonable rationale for those objectives that deviated from original timeframes. It was also noted that additional objectives had been added during the year which related to the Covid-19 response effort and demonstrated the agile and positive ethos of HIQA as an organisation.

The Board commended the Executive on the work carried out in 2020 and in achieving the majority of the planned objectives.

#### 13.2 Risk report

The Board reviewed the risk register and noted the changes on the front page of the report which were made following the Board risk session in December.

### **14. ARGC assurance report to the Board**

CS, Chair of the ARGC introduced the ARGC's annual assurance statement. She explained that the purpose of the report is to provide assurance to the Board on the internal controls operating within HIQA and to meet the requirements as described in the Code of Practice for the Governance of State Bodies 2016, where "the Board is responsible for ensuring that effective systems of internal control are instituted and implemented in the State Body...and the Board should review the effectiveness of these systems annually".

It was noted that as part of the process of reviewing the effectiveness of the controls, the Board committees reviewed the areas relevant to their respective oversight remit.

The report outlines the sources of assurance, drawn from internal audit, the C&AG audit, risk management, review of financial statements review and areas of specific attention by the ARGC during 2020. This year's report also includes a status review by the Executive against recent guidance published by the C&AG on control environments in the context of COVID-19.

The Board received the report and considered that the process and the range of assurances were comprehensively described. The Board thanked CS for the work of the ARGC and for providing the assurance report.

## **15. Lease - Galway Office**

SA updated the Board on the background to the development of a proposed lease for an office in Galway. The proposed lease is before the Board for approval, following a number of steps which includes the Boards approval of "Heads of Terms" for the lease in July 2020. SA advised that since that meeting, HIQA has worked with its solicitors to agree the lease with the landlord. SA referred the Board to the cover document outlining the process and next steps, the copy of the lease and the letter of recommendation from the solicitors.

The Board examined the lease and related papers and noted that this has been the subject of much discussion and challenge at previous Board meetings. In response to some final queries, it was clarified that any arising costs for repairs will remain with the landlord. In addition, it was clarified that the DoH has been briefed on this initiative and are supportive.

The lease for the office space as described in the documentation was agreed by the Board. POM proposed approval of the lease and BC seconded the proposal; **accordingly it was resolved that the lease for the office in Galway as described in the document be approved by the Board.**

## **16. Start of Year submission 2021**

BK provided a brief update on the implementation of the Digital and Data Transformation Strategy (DDTS) and related projects. He explained that a start of year ICT submission is submitted annually to Department of Public Expenditure and Reform. The submission includes the existing projects underway and related costs, the projects that will commence in 2021 and related costs and non-project/operational expenditure for 2021.

It was noted that the start of year submission was reviewed by the Resource Oversight Committee (ROC) at its recent meeting. It was also noted that the profile of the submission is directly related to addressing key risks and issues emerging through the internal audit work.

CS proposed approval of the start of year submission and PK seconded the proposal; **accordingly it was resolved that the start of year submission for 2021 be approved by the Board.**

## **17. Board work plan 2021**

KL advised that the annual work plan for the Board is to ensure that all matters that require Board attention are set out and addressed during the course of the year. JK proposed approval of the work plan 2021 and LP seconded the proposal; **accordingly it was resolved that the Board work plan for 2021 be approved by the Board.**

## 18. Standing Orders and procedures

KL advised that a review of the Board's standing orders and procedures has been conducted. Changes proposed are marked for the Board's reference and reflect:

- The changing nature of Board meetings as a result of COVID-19 where all meetings are currently held remotely - explicit provision for these meetings are now included and referenced to the recent Designation Order signed by the Minister on remote meetings
- Minutes may be signed electronically and
- Procedure for obtaining email approval between Board meetings has been extended to include another step to provide for where a Board member has a query or issue he/she wishes to explore further.

The Board reviewed the standing orders and procedures and agreed the changes. BC proposed approval of the revised standing orders and procedures and MJR seconded the proposal; **accordingly it was resolved that the standing orders and procedures be approved by the Board.**

## 19. Chairperson's report

The Chairperson's report was noted.

## 20. Correspondence

The letter from the DOH confirming HIQA's non-capital funding for 2021 was included for the Board's attention.

## 21. Any other Business

There was no further business identified for this meeting.

### Signed



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Pat O'Mahony  
Chairperson



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Kathleen Lombard  
Board Secretary

## Actions arising from Board meeting on 27 January 2021

No	Action	Person Responsible	Time-frame
1	continue to engage with the DoH on HIQA's role in respect of the Patient Safety Bill	PQ	ongoing
2	The Chairperson and the CEO to raise the matter at the next meeting with officials in DOH.	PQ/POM	When a date is arranged
3	write to Minister to progress issue of nursing home premises not meeting regulatory requirements	PQ/MD	?
4	Chairperson to write to the Minister on the need to progress with changes to the regulatory framework	POM	immediate
5	Amendments to be made to communications plan for regulatory reform paper; <ul style="list-style-type: none"> <li>- include a schedule of events</li> <li>- focus to be seeking support from stakeholders</li> <li>- list of stakeholders to be expanded</li> </ul>	MW	immediate

### Carried forward actions from previous meetings

1	academic publications to be detailed in future CEO reports	PQ	Full list will be included In March CEO report
2	revised dates to be provided in future corporate performance reports for those objectives that have been delayed.	SA	system procured which will provide better reporting
3	Explore securing a temporary resource to work on the AON standards. (Chairperson and CEO to raise the matter with the Secretary General of the DoH at their upcoming meeting)	PQ/R F	Following the prioritisation process this item emerged as third, so will not be progressed in the near future – RF has discussed with Childrens Ombudsman – may be revisited

### Recurrent actions

1	the process for recruitment of a new CEO and a new Chief Inspector to commence and will be overseen by the ROC	PQ/LP/KL	Commenced – regular updates will be provided
2	Provide a more granular update on the various work streams of the DDT strategy at future Board meetings	BK	Future board meetings

### On hold actions

1	Further develop elements of the paper on emergency department overcrowding revisit at the appropriate time	MD	On hold
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2	options set out in relation to the sustainability of the CICER programme to be given further consideration at a future meeting	PQ/MD	On hold
3	CEO and Chairperson to meet with the HRB to explore what is being done in the area of technology research	POM/PQ	deferred