

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

30 November 2022, 10am – 2pm

Board Room, Smithfield, Cork

**Present:**

<b>Name</b>	<b>Details</b>	<b>Initials</b>
Pat O'Mahony	Chairperson	POM
Marion Meany	Board Member	MM
Martin O'Halloran	Board Member	MOH
Danny McConnell	Board Member (virtual)	DMcC
Martin Higgins	Board Member	MH
Tony McNamara	Board Member (virtual)	TMcN
Michael Rigby	Board Member	MJR
Jim Kiely	Board Member	JK
Bernadette Costello	Board Member	BC
Lynsey Perdisatt	Board Member (virtual)	LP
Caroline Spillane	Board Member (virtual)	CS
Paula Kilbane	Board Member	PK

**In Attendance:**

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

**Apologies:** No apologies

**1. Welcome and Quorum**

The Chairperson welcomed Board members to the meeting. A quorum was confirmed 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 following items were discussed and agreed:

- An additional Board meeting will be scheduled before Christmas to deal with a number of items
- A discussion on corporate governance best practice will also be scheduled and
- The CEO performance review had been reviewed by the Resource Oversight Committee at their meeting on 24 November and the outcome endorsed. The performance review was considered and agreed by the Board at the Board only session.

Following the Board only session, AF joined the meeting.

## **2. Declarations of Interest**

DMcC reminded the Board that he had previously declared that he works for the same company that provides support on the organisational review but he is in a different jurisdiction, different sector and has no relationship with any of the personnel involved.

POM declared that a close relative of his resides in a nursing home but that on no occasion has a conflict or potential conflict arisen.

MJR stated for the record that he is a member of the National Screening Advisory Committee (NSAC).

The Board noted this information.

## **3. Minutes of Board meeting 28 September 2022**

The minutes of the meeting of 28 September 2022 were reviewed by the Board and it was agreed that they were an accurate record of the meeting. MH proposed approval of the minutes and DMcC seconded the proposal; **accordingly it was resolved that the minutes of 28 September 2022 be approved by the Board.**

## **4. Review of Actions**

KL referred the Board to the paper with an update on the actions arising from the last meeting of the Board and advised that verbal updates will be provided on many of the actions throughout the meeting.

## **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. Process Outline for HTA of domiciliary invasive ventilation for adults with spinal cord injuries**

Mairin Ryan, Director of HTA, introduced Kieran Walsh (KW) Senior HTA analyst, who joined the meeting for this item. KW advised that the Process Outline had been reviewed by the SIRT committee at their recent meeting where suggestions were put forward and reflected in the documents before the Board. KW also advised that the Expert Advisory Group (EAG) will consider the Committee's suggestion to add clinical therapists and psychologists to the EAG membership.

KW summarised the Process Outline for the HTA, the terms of reference and the methodology which is in compliance with the HTA Quality Assurance Framework (QAF).

MJR, Chair of the SIRT committee confirmed that the Committee had reviewed the Process Outline. On behalf of the Committee, he recommended its approval to the Board for approval.

PK proposed approval of the Process Outline for the HTA of domiciliary invasive ventilation and MJR seconded the proposal; **accordingly it was resolved that the Process Outline for the HTA of domiciliary invasive ventilation be approved by the Board.**

## **8. HTA of addition of severe combined immunodeficiency disease (SCID) to the national new-born bloodspot screening programme (NNBSP)**

Mairin Ryan introduced Susan Spillane (SS) Head of Assessment and Laura Comber (LC) Senior HTA Analyst who joined the meeting for this item.

SS explained that SCID is an inherited inborn error of immunity and that this HTA was requested by the National Screening Advisory Committee (NSAC). SS outlined the project milestones and referred the Board to the statement of assurance accompanying the report. It was confirmed that the HTA was carried out in accordance with the HTA Quality Assurance Framework (QAF).

SS reported that the HTA report was discussed in detail at the SIRT committee meeting and a number of adjustments have been made to the papers as a result of these discussions.

MJR, Chair of the SIRT stated that the Committee reviewed the report in detail. The Committee provided some suggestions relating to ensuring that complexities and uncertainties were presented as clearly as possible.

MJR thanked the Executive for including the additional clarifications. PK proposed approval of the HTA of adding SCID to the NNBSP and MOH seconded the proposal; **accordingly it was resolved that the HTA of adding SCID to the NNBSP be approved by the Board.**

## **9. Code of Governance**

KL presented the revised Code of Governance to the Board and explained that HIQA is required under the Health Act 2007, as amended (the Act) to develop a Code of Governance and to revise it as required. She also highlighted that in line with the Act, the revised Code will be submitted to the Minister for approval.

KL outlined the key changes contained in the revised version and highlighted that due to the ongoing organisational review underway, the organisational chart will not be included when submitting the Code to the Minister.

In the context of references to the UK Code of Governance, it was suggested that it should be clarified that HIQA's compliance obligations will be in accordance with the

Code of Practice for the Governance of State Bodies. KL agreed to include wording to this effect.

The Board noted importance of the Code and commended the clear layout of the document. BC proposed approval of the Code and MH seconded the proposal; **accordingly it was resolved that the revised Code of Governance be approved by the Board.**

KL also advised the Board that a related Scheme of administrative responsibility is currently being drafted which will support staff awareness and understanding of the Code. This scheme will be presented to the Board when finalised.

## **10. Quality Service Charter and Action Plan**

KL presented the Quality Service Charter and Action plan to the Board and clarified that these documents are required by the Code of Practice for the Governance of State Bodies. KL explained the process applied when developing the Charter and Action plan.

KL also outlined the purpose of these documents, which is to describe the nature and quality of service that those engaging with HIQA can expect and the actions HIQA will take to meet the principles of Quality Customer Service for Customers and Clients of the Public service.

The Board reviewed the documents and noted that they include clear performance indicators. In response to the Board's queries, KL clarified that an update on the actions will be published annually.

POM proposed approval of the Quality Service Charter and Action Plan and LP seconded the proposal; **accordingly it was resolved that the Quality Service Charter and Action plan be approved by the Board.**

## **11. Draft Business Plan**

Sean Angland (SA) Acting Chief Operating Officer joined the meeting for the coming items. He explained to the Board that the draft Business Plan is developed annually at this time of year but that it is not finalised until HIQA receives the letter of allocation of funding for year concerned.

SA highlighted that the Annual Business Plan is in line with HIQA's overall Corporate Plan and reflects input from relevant government departments and the Board's strategic discussions in September.

The Board considered the draft Business Plan and the following comments were noted;

- Financial resources should be included as a critical dependency
- Where possible, timelines for delivery of individual actions should be specified rather than use single timeline of end of year for all actions
- The objective relating to PRISM replacement should be more specific
- Plan should place more emphasis on the service user's voice.

It was also noted that actions should be included on areas discussed at the ARGC including seeking feedback from key stakeholders and progressing the culture audit.

In response to a query from the Board on capacity of resources to deliver the finance system replacement, SA clarified that much of this work will be implemented by the finance department but it was agreed to review overall resource requirements as part of the project.

SA and AF confirmed that the points raised by the Board will be addressed by the Executive management.

MH proposed approval of the draft business plan for 2023 and MM seconded the proposal; **accordingly it was resolved that the draft business plan for 2023 be approved by the Board.**

## **12. Contracts for approval**

SA advised that in line with HIQA's Code of Governance, Board approval is required for contracts of a certain value.

Accordingly, SA referred the Board to a number of contracts set out under section 5 of the paper included in the Board pack. These relate to procurements for:

- Finance management system (preferred vendor) has been identified but approval of business case is awaited from DoH)
- Managed security services to implement, manage and maintain replacement firewalls (successful tenderer identified)
- Supply of ICT and PMO resources (procurement process underway).

SA confirmed that appropriate procurement processes have been followed and that the templates and guidance provided by the Office of Government procurement (OGP) are applied by HIQA. In response to whether the HIQA seal is applied to contracts, KL advised she will clarify and revert.

SA referred the Board to Appendix 1 of the paper which sets out the values (estimated where procurement is in progress) and duration of the contracts. He also referred the Board to Appendix 2 which lists contracts that are being extended.

MH proposed approval of all three contracts with LP seconding approval; **accordingly it was resolved that the following contracts be approved by the Board**

- **Finance management system**
- **Managed security services to implement, manage and maintain replacement firewalls**
- **Supply of ICT and PMO resources.**

The Chairperson thanked SA for the work involved in procuring the required services.

### **13. Finance report**

SA presented the Finance Report to the end of October and advised that the report was considered by the ARGC at their recent meeting. SA summarised the report by informing the Board that, allowing from some timing issues, expenditure is in line with expectations including expected end of year position. In addition, he clarified details of the capital drawdown and advised that differences are set out in the report and the DOH has been kept updated.

BC, Chair of the ARGC confirmed that the Committee had reviewed the finance report in detail and that there was a clear account given of variances, with no significant issues arising.

The Board thanked SA for the finance report.

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

#### **- Corporate performance**

SA advised the Board that delivery of the annual business objectives is progressing well. Only 4 objectives have not been delivered by agreed completion dates and the rationale for these variances is provided as a status note for the relevant objective.

He advised that a further objective will not be delivered due to external factors and there are a small number of objectives unlikely to be delivered by the target date. The majority of the remaining objectives are on target or are already delivered.

The Board thanked SA for the performance report and SA left the meeting at this point.

#### **- Risk management**

KL referred the Board to the risk register report which summarises the key corporate risks facing HIQA.

KL advised that a risk management review is underway which is aimed at bringing risk management in HIQA to the next level of maturity. It is anticipated that this review will be ready for the January meeting of the ARGC.

The Board thanks KL for her report.

### **15. Human Capital Report**

The CEO provided a brief overview of the Human Capital Report and highlighted comparator turnover rates. It was noted that turnover rates generally are currently very high and are expected to increase further.

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

Carol Grogan (CG) Chief Inspector and Sean Egan (SE) Director of Healthcare joined the meeting as some items on the CEO's report are relevant to regulatory and monitoring activities.

AF presented her CEO report and highlighted the following items:

- International Protection Accommodation Services (IPAS - Direct Provision)  
A governance meeting took place with the Secretary General and his officials on 29 November. A pilot inspection programme of three IPAS centres was agreed. It was noted that the number of centres are increasing.
- Human Tissue Bill  
It is expected that the Human Tissue Bill will be presented to Cabinet soon and will be commenced mid-2023. It is likely that HIQA's responsibilities under this legislation will be extended to include post mortems conducted through the coronial process which will impact on resourcing requirements and will also necessitate a new relationship with the Department of Justice.
- Legislative reform  
The Government has given approval for the drafting of the Health Amendment Bill to amend the Health Act 2007 – the amendments will include measures to enhance the regulatory toolkit of the Chief Inspector to provide more effective and timely responses where safety and welfare of residents require it
- EU HTA Regulation  
The DoH has nominated HIQA to represent Ireland in the Coordination group to implement the EU HTA Regulation. It is anticipated that joint production of HTAs will commence in 2025.
- Nursing Home Experience Survey  
The results of this first survey on Nursing Home experiences were published on 1 November. It showed that 90% of residents had good or very good experiences. Providers have committed to develop improvement plans to address those areas where experiences were not positive.
- National Inpatient Experience Survey 2022  
This was the fifth national inpatient survey and results are about to be published. It is proposed not to run the survey in 2023 but instead review international models and approaches in this area to inform future surveys in terms of methodology and focus. A particular focus will be on how best to target hard-to-reach groups and how to support sustainable improvements.
- National Standards for Homecare Support  
When the scope of the regulations for home care are finalised, HIQA will finalise the draft national standards.

- Strategic HR issues
  - o Organisational restructure project  
A briefing paper on outline proposals was provided at the ROC meeting recently. It was agreed that the Executive would work with Deloitte to take account of ROC feedback and comments and will prepare a revised paper for consideration by the Board early in 2023.
  - o Time and Attendance  
A project team has conducted extensive consultation with staff in order to identify improvements to the existing system. It is intended to introduce the system early in 2023 to ensure that we can meet our requirements fully under the Working Time Act. A phased introduction of other functionalities such as flexi-time will be undertaken having regard to expected guidance from DPER on flexitime within the context of blended working environments
- PRISM Replacement Project/DER project  
HIQA and the preferred provider are in the process of finalising the contract framework. It is anticipated that these documents will be finalised shortly and will come to the ROC for review and to the Board for approval of the contract before year end.

The Board thanked AF for a comprehensive and informative report.

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

CG introduced her report and highlighted key points as follows:

- Designated Centres for Older Persons (DCOP)
  - o The closure of nursing homes continues to be a concern, with 16 closed to date in 2022. These closures have been brought to the attention of the DoH
  - o Provider engagement events were hosted in Dublin and Cork where there were over 300 attendees
  - o Changes in the regulations on complaints procedures will include a requirement for advocacy.
- Designated Centres for Disability Services
  - o The Chief Inspector and members of her team appeared before the Oireachtas committee in relation to disability services and it provided an opportunity to highlight the Residents' Forum Report
  - o Departmental responsibility for disability services has not yet been transferred from the DoH to the DCEDIY
  - o Residential capacity across the sector continues to be a challenge
  - o Sustainability in relation to the capacity of providers to meet the needs of service users is a concern. The HSE is engaging with providers through their Stability and Sustainability programme which is reviewing the expectations and funding requirements of disability organisations
  - o Governance and management is one of the regulations where higher levels of non-compliance is recorded.



- Children's Services
  - o There are continuing challenges for Tusla in terms of resourcing. Children have been placed in statutory residential centres whose purpose is to provide respite and in other facilities which fall outside HIQA's remit
  - o The Children's Ombudsman has arranged a multi-agency meeting and the Chief Inspector and the Deputy Chief Inspector will attend this meeting.

In response to comments and observations from the Board, CG clarified that the following:

- There is no discretion in the Regulations for Older Persons for a Deputy Person-in-Charge role
- No policy response to nursing home closures has been communicated to date
- Covid-19 levels are currently low and visiting patterns are normal in residential centres.

The Board thanked CG for a detailed and comprehensive report and CG and SE left the meeting at this point.

## **18. Report from Board Committees**

### Audit Risk and Governance Committee (ARGC) 22 Nov 2022

BC, Chair of the ARGC, reported that the Committee discussed the internal audit plan for 2023 and the key audit priorities including a review of the DER project and progressing the culture audit.

In addition, progress has been made in terms of the competition for an external member of the Committee.

### Resource Oversight Committee (ROC) 24 Nov 2022

LP, Chair of the ROC reported that much of what was covered at the ROC meeting has been discussed including the DER project and the organisational review project.

In addition, assurances statements from relevant Executives had been reviewed as part of the annual review of the effectiveness of internal controls.

Finally, LP reported that she and the Chairperson had carried out the CEO's mid-year performance review which was considered by the ROC at the meeting and approved by the Board during the Board only session at this meeting.

### SIRT Committee – 15 Nov 2022

MJR, Chair of the SIRT committee advised that two key reports had been presented to the Board at this meeting for approval. The Committee has also reviewed the annual assurances from the Directors of HTA and Health Information and Standards.

## Regulation Committee - 2022

JK, Chair of the Regulation Committee noted that many of the items discussed by the Committee were covered during the Board meeting. The Committee had reviewed the annual statements of assurance from the Chief Inspector and the Director of Healthcare Regulation.

The Chairperson thanked the Chairs of the Committees for their reports and acknowledged the support that the Committees provide to the Board.

### **19. Chairperson's report**

The Chairpersons report was noted.

### **20. Any other Business**

The Chairperson 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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Kathleen Lombard  
Board Secretary

## Actions arising from Board meeting on 30 November 2022

No	Action	Person Responsible	Time-frame
1	Additional Board meeting will be scheduled before Christmas to deal with a number of items.	KL	December
2	discussion on corporate governance best practice will also be scheduled	KL	December
3	include wording in the Code of Governance to reflect that HIQA's compliance obligations are to the Code of Practice for the Governance of State Bodies	KL	immediate
4	Consider points raised by the Board on the draft annual business plan	SA and EMT	immediate
5	Clarification re application of the HIQA seal contracts	KL	December
<b>Actions carried forward from previous meetings</b>			
1	Proposals on the org structure will be presented to the Board at their next meeting.	AF	Verbal update provided 30 Nov
2	When relevant documents for the DER project have been finalised, they will be presented to the ROC for review and then to the Board for approval the contract	AF/BK	Verbal update provided 30 Nov
3	Impact of new Protected Disclosure Act on operations will be considered further by the Commencements Governance Group and outlined to the Regulation Committee when complete.	CG	Following completion of commencements group work
4	Review of MOU arrangements will come to the ROC for further discussion.	AF/Head of Legal	Timeline moved to January ROC
5	Regulation committee to maintain oversight of developments on OPCAT. A report will come back to the Board at the appropriate time.	JK/KL	When appropriate

### On hold actions

1	CEO and Chairperson to meet with the HRB to explore what is being done in the area of technology research	POM/PQ	To be activated now that new CEO is in position
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