

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

20 March 2024, 10:00am – 2:00pm
Smithfield Office, Dublin

Present:

| Name | Details | Initials |
|----------------------|----------------|-----------------|
| Pat O'Mahony | Chairperson | POM |
| Marion Meany | Board Member | MM |
| Michael Rigby | Board Member | MJR |
| Paula Kilbane | Board Member | PK |
| Danny McConnell | Board Member* | DMcC |
| Lynsey Perdisatt | Board Member | LP |
| Bernadette Costello | Board Member | BC |
| Caroline Spillane | Board Member | CS |
| Martin O'Halloran | Board Member | MOH |
| Clíodhna Foley Nolan | Board Member | CFN |
| Martin Higgins | Board Member | MH |

*Joined meeting until 1pm

In Attendance:

| | | |
|-------------------|--|----|
| Angela Fitzgerald | Chief Executive Officer | AF |
| Mairin Ryan | Director of Health Technology Assessment | MR |
| Susan Montgomery | Head of Human Resources and Organisational Development | SM |
| Sean Angland | Acting Chief Operations Officer | SA |
| Carol Grogan | Chief Inspector | CG |
| Pat Miller | Clarion Consulting | |
| Ronan Foley | Clarion Consulting | PM |
| Tarik Lahar | IPSOS | TL |
| Karen Egan | Board Secretary | KE |
| Michaela Flynn | Executive Officer (minute taker, training) | MF |
| | | |

Apologies

| | | |
|-----------|--------------|----|
| Jim Kiely | Board Member | JK |
|-----------|--------------|----|

1.0 Welcome and Quorum

The Chairperson welcomed Board members to the meeting. A quorum was confirmed and the Board meeting was duly convened. The Chairperson advised that a Board

only session had been scheduled to discuss the cessation of the designation of the designated CEO and any other items that members wished to raise.

1.1 Cessation of arrangements for designated employee to perform the functions of the CEO

The Board noted:

- The return to active duty of the CEO from that morning.
- That the designation of Mairin Ryan as the designated employee to perform the functions of the CEO under S.22 and S.23(1)(a)(b) of the Health Act 2007 is hereby revoked as of today's date.

1.2 Resourcing

The Board noted that the Executive Management Team was managing a consistently heavy workload in addition to embedding a new organisation structure. The need to support staff and to monitor where additional resources are needed was discussed.

Regarding the culture review being undertaken by Mazars, the Board recommended that the findings of the IPSOS B&A staff engagement survey should be considered by Mazars with a view to avoiding repetition of work already done. BC, chair of the Audit Risk and Governance Committee (ARGC), advised that the ARGC will reflect on the findings of the IPSOS B&A survey. The committee will also consider the scope of the culture review to see where there is opportunity for the review to add value in addition to the work already undertaken by IPSOS B&A.

AF joined the meeting at this point.

2.0 Conflict of Interest

In relation to agenda item 8.0 (DER status report) LP declared that a member of her household works for Microsoft. No immediate conflict was identified. No further action was deemed necessary.

3.0 Board Minutes (i) 31 Jan (ii) 14 Feb (iii) 21 Feb

The minutes of the meetings of the 31 January, 14 February, and 21 February 2024 were reviewed by the Board and it was agreed that they were an accurate record of these meetings.

POM proposed approval of the minutes of the 31 January meeting and MH seconded the proposal; **accordingly it was resolved that the minutes of 31 January be approved by the Board.**

MM proposed of the minutes of the 14 February meeting and BC seconded the proposal; **accordingly it was resolved that the minutes of 14 February be approved by the Board.**

POM proposed the approval of the minutes of the 21 February meeting and MJR seconded the proposal; **accordingly it was resolved that the minutes of 21 February be approved by the Board.**

The Chairperson advised that a meeting of the Coordinating Committee had been arranged for 21 May and all Board members were welcome to attend.

4.0 Matters Arising

There were no matters arising.

5.0 Review of Actions

KE referred the Board to the Review of Actions paper on actions arising from the previous meetings. A number of actions are in progress as indicated.

6.0 Health and Safety Matters

There were no notifiable health and safety matters since the last Board meeting.

7.0 Emerging Risk or Issues

There were no Emerging Risk or Issues to discuss with the Board.

8.0 DER status report

Carol Grogan Chief Inspector and Program Sponsor (CG), Ronan Foley Program Manager (RF) and Pat Miller Steering Member (PM) joined the meeting at this point.

LP, chair of the Resource Oversight Committee (ROC) introduced the DER status report. She advised that the ROC had received a full presentation on DER at its last meeting and had recommended that there be a discussion on the matter by the full Board so as to consider the options available.

RF gave the presentation on the DER project, which had been previously circulated. He highlighted the following:

- HIQA was now in escalation with the vendor, Codec. This was the second escalation in a matter of months and was at the highest level of the escalation Framework.
- The project is still ongoing with both sides still engaged, at project level, on work within the project scope.

The Board had an in-depth discussion on the potential options presented.

In response to queries and comments from the Board the following was clarified:

- Deliverables relating to Directory Change and Receipt of Solicited Information were present in the specification from the start and did not represent a change in scope. An additional 14 weeks work was required to develop the agreed scope because of the technical requirements.
- It is not permitted to meet cost variation requests relating to retrospective costs incurred by Codec that were not subject to an approved Change Request.

- The review process undertaken conjointly between HIQA and the Vendor during December had sought, inter alia, to address any further opportunities for reducing the scope.

The following actions were agreed by the Board:

- A meeting would be arranged between the vendor and senior representatives from HIQA to seek to close out the current escalation. The Board agreed on the parameters for such negotiation.
- A market assessment of emerging technologies in terms of meeting HIQA requirements would be undertaken having regard to the need for an agile response.
- A revised road map would be prepared for the Board setting out key deliverables and associated timelines.

9.0 Board Committee report

Audit Risk and Governance Committee (ARGC) Meetings - 12 February & 12 March

BC, Chair of the ARGC, reported that the following items were reviewed in detail at the ARGC meeting on 12 February 2024:

- The draft Annual Accounts (pre C&AG audit) for 2023 – these were recommended for approval by the Board at their meeting on 14 February.
- The 2024 start of year submission for capital projects – also recommended to the Board for approval at their meeting on 14 February.

BC reported that the following items were reviewed in detail at the ARGC meeting on: 12 March 2024:

- An update on the Internal Audit Plan.
- A process document for the planning and delivery of IAs was agreed subject to minor changes. This will be circulated to the Executive to support awareness of the process.
- A detailed report on DER related risks and DER finance were presented.
- The Corporate Procurement Plan for 2024 was discussed.
- The Budget for 2024 was reviewed and is included in the Board papers with a recommendation for approval.
- Appendix C to the Code of Practice for the Governance of State Bodies (Checklist for the Effectiveness of the Audit and Risk Committee) was reviewed in detail.
- The corporate risks were reviewed - no specific risks were raised by the Executive for the Committee's attention.

Resource Oversight Committee (ROC) – 14 March 2024

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

- The delivery of the ROC's terms of reference during 2023.
- An update on the DER project (Board DER report on agenda).
- A detailed presentation on the IPSOS MRBI staff survey (included on Board agenda).
- Update on the Action Plan to address findings from the review of Blended Working
- Report on delivery of Business plan objectives.
- Report on Risks – no specific risks were raised by the Executive for the Committee's attention.

Standards, Information, Research and Technology Committee (SIRT) – 13 March 2024

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

- A presentation on the updated HTA Quality Assurance Framework (recommended for approval by the Board at their meeting on 20 March).
- A presentation on the Review of the Process Outline for the HTA on the expansion of age range for Bowel Screen Plan for updating the suite of National HTA Guidelines (recommended for approval by the Board at their meeting on 20 March).
- Change to the HTA Work plan to include a HTA of Tele dermatology (recommended for approval by the Board at their meeting on 20 March).
- Process Outline for National Standards for Home Support (recommended for approval by the Board at their meeting on 20 March).
- Annual update on Standards function and plan for 2024.
- Annual update on the National Care Experience Programme.
- An update on HTA and HIS risks - no specific risks were raised for attention of the Committee.

Regulation Committee – 22 February 2024

As the Chair of the Regulation Committee (JK) was away, CFN provided the update on the Regulation Committee. She advised that the following were reviewed at the meeting on 22 February:

- A Report from the Chief Inspector - a detailed account was given across each of the service pillars within the Directorate (Chief Inspector report is included with Board papers).
- A report from the Director of Healthcare which focussed on key developments.
- A presentation on behalf of the Chief Inspector on Quality Improvement in social care services.
- The corporate performance and risk reports for both Directorates were reviewed. No specific risks were raised for attention of the Committee. The committee was advised that there continued to be a Social Services directorate risk identified in relation to resourcing for Disability Activity.

10.0 CEO Report

AF highlighted the following from her report:

- Corporate Governance

The Board Secretary will oversee the implementation of the Internal Audit Plan. The new Head of the Quality, Risk and Compliance Unit took up her position on 19 March.

- Strategic HR Issues

In relation to workforce planning, an initial meeting had been held with the Department of Health. A review and analysis of agency and consultancy costs is also ongoing. A further Workforce Plan meeting is scheduled once the financial analysis for 2024 is concluded.

- International Protection Accommodation Services (IPAS)

- o The IPAS monitoring team has planned to complete 15 inspections in Q1 2024. Inspectors have found a number of services where levels of compliance have been relatively good.
- o There were also a number of services where risk issues were identified and required further action from the provider to address identified areas of non-compliance with the Standards.
- o The IPAS monitoring team will provide an overview report of initial findings and activity towards the latter end of 2024.

- Section 8 Review at CHI Temple Street

- o Phase two of the review is now underway and focuses on the controls and oversight processes and governance within CHI on the use of surgical implants / implantable medical devices, including processes around regulatory requirements and notifications.
- o Finalisation and publication of the review is planned for mid-2024.
- o The Programme Board, which is chaired by HIQA's CEO to oversee this work from an internal governance perspective, and an external Expert Advisory Group to support the work of the review team meet regularly in accordance with HIQA's Quality Assurance Framework.
- o The Chair and CEO had sought clarification on issues relating to the authorised person in the context of the review and necessary clarification was provided in writing.

- Patient Safety (Open Disclosure and Notifiable Incidents) Act

- o An initial portion of the full staff complement required by HIQA for this function was sanctioned by the Department of Health in late December. Further work is ongoing to progress sanction for the remaining staff required.

- Protected Disclosures

- o Up to the end of February 2024, HIQA has received 72 protected disclosures showing an upward trend compared to last year.
- o There is a significant administrative burden associated with this increased volume of protected disclosures.

- Health Technology Assessment
 - o The success of the HRB-CICER programme was commended.
 - o HIQA has been successful in the competitive grant process for the HRB Evidence Synthesis for Clinical Guidelines (HRB-ESCG) grant.
- Health Information
 - o The ongoing work to expand and restructure the Directorate was outlined.
- Information Division Update
 - o The Information Division closed out on several projects in 2023 with a particular focus on cybersecurity policies.

11.0 Chief Inspector's Report

CG advised that she had presented the Chief Inspector's report in detail at the recent Regulation Committee meeting and highlighted the following key points to the Board:

- Older Persons Team
 - o The first 6 months of 2024 are the busiest period in the 3-year regulatory cycle for the Older Persons Team with 153 nursing homes (28% of total number) requiring renewal of registration before the end of June.
 - o To date this year, the team have completed 165 inspections and published 150 reports.
 - o To mark 15 years of the regulation of nursing homes by the Chief Inspector it is intended to write a report reflecting the last 15 years and to hold a conference towards the end of the year to mark this milestone.
- Proportionate Regulatory Actions (Escalation)
 - o Since the last Report, two inspections were escalated.
- Disability Team
 - o As of 1 March 2024, the total number of newly registered centres since 01 January 2024 is 19, with an increase of 65 residential places. There are now a total of 1,586 designated centres for people with disabilities with 9,130 residential places.
 - o There is an ongoing risk in relation to insufficient resources to meet the growth in the number of centres and associated oversight requirements. A business case for additional resources has been submitted to the Department of Health and the matter was also raised at a recent meeting with DCEDIY.
 - o The Chief Inspector is hosting a shared learning day for the Chairpersons and CEOs of provider organisations on 26 March 2024.
 - o A 10-year Review of Regulation of Designated Centres for Adults and Children with a Disability will be published in 2024 with an event planned to launch the report.
- Children's Services
 - o Inspections of Tusla services that met the criteria of the provider approach commenced in February 2024. To date, three inspections have been completed.

- Routine inspections of children’s residential services are taking place throughout the quarter and to date, these inspections continue to show high levels of compliance against the National Standards for Children’s Residential Centres.
 - A Stakeholder Event was held with the Persons in Charge and Persons participating in the management of special care units on 29 February 2024.
- Legal proceedings
 - CG summarised the current legal proceedings underway in the Directorate.

The Board thanked CG for her report. CG left the meeting at this point.

12.0 IPSOS B&A staff engagement survey results

LP introduced the IPSOS B&A staff engagement survey results and advised that a full presentation had been given at the last Resource Oversight Committee meeting.

Susan Montgomery (SM) Head of Human Resources and Organisational Development, and Tarik Lahar (TL) from IPSOS joined the meeting at this point. TL gave a presentation summarising the key findings from the staff engagement survey. Areas with positive findings and areas for improvement were also highlighted.

The Board noted the following:

- Overall, the results were very positive and the 80% response rate to the survey was welcomed.
- There is still room for improvement in some areas, including responses around health and wellbeing which would need to be looked into further at directorate and divisional level to understand key causal factors. This work is underway.
- Despite HIQA strategy being included in the induction programme and the number of town hall events, a third of staff reported not knowing the strategy well enough to say if it is moving in the correct direction. This will form part of the Executive’s review of Communications Strategy.

The Board discussed the Culture Review being undertaken by Mazars and noted that there were areas of overlap between the IPSOS B&A survey and the Culture Review. The Board recommended that the findings and data now available following the IPSOS B&A survey should be provided to Mazars with a view to avoiding duplication of work already done and exploring further with staff areas for improvement identified through the IPSOS exercise

The Board indicated that it was now a matter for the Executive to progress the culture review as appropriate.

13.0 Annual Health and Safety Report

Sean Angland (SA), Acting Chief Operations Officer, joined the meeting at this point and gave a presentation on the Annual Health and Safety Report. He highlighted the following key points to the Board:

- The report gives assurance to the Board regarding compliance.

- There is an increased focus on blended working.
- The table of accidents in the report indicated that no accidents reportable to the Health and Safety Authority occurred within HIQA during the 2023 period.

In response to queries and comments from the Board, the following was clarified:

- The heating issues in the Dublin office have to be resolved by the Office of Public Works.
- No accidents occurred during remote working.
- No claims were made in relation to accidents.
- Issues raised by staff through the IPSOS MRBI survey have been considered by the HSA Group and will form part of the Culture Review.

SA also briefed the Board on an ongoing court case. The Board thanked SA for the comprehensiveness of the Health and Safety Report.

14.0 Corporate Performance & Risks Report

The Board noted that the Corporate Performance and Risk Report would now be brought to the Board twice annually for a full review. Any changes arising between Board meetings would be addressed in the CEO's report under the heading of Risk. The reports would continue to be standing agenda items at each committee meeting where they would be discussed in detail.

15.0 Budget 2024

SA presented Budget 2024 and highlighted the following:

- The Department of Health grant for 2024 is just under €28m which represents a 17% uplift in Exchequer funding for 2024. Much of this is expected to be expended on increased payroll costs due to increased headcount for approved service developments, pay awards and incremental scale increases.
- Agency and consultancy costs are trending upwards and require attention to ensure cost control. This is included in the overall cost containment plan prepared for 2024.
- The need for additional resources to undertake proposed new functions has been flagged to the Department of Health and is the subject of ongoing discussion with them.
- The third party costs for the National Inpatient Experience Survey are high. In the short term, this is an unavoidable cost as long as the HSE does not have the technical capability to make contact with all its clients using methods other than post. This is being addressed with HSE and DOH as part of HIQA's review of the Programme.

BC advised the Board that the Audit, Risk and Governance Committee had reviewed the Budget for 2024 in detail and that the Committee were happy to recommend it to the Board for approval.

BC proposed approval of Budget 2024 and CFN seconded the proposal. The Board unanimously agreed; **accordingly it was resolved that Budget 2024 be approved by the Board.**

16.0 Updated HTA Quality Assurance Framework (HTA)

MJR advised the Board that the updated HTA Quality Assurance Framework was reviewed in detail by the Committee and that the Committee were happy to recommend to the Board for approval. MH proposed approval of the updated Framework and MOH seconded the proposal; **accordingly it was resolved that the updated HTA Quality Assurance Framework be approved by the Board.**

17.0 Process Outline for the HTA expansion of age range for BowelScreen

MJR advised the Board that the Process Outline for the HTA expansion of age range for BowelScreen was reviewed in detail by the Committee and that the Committee were happy to recommend to the Board for approval. CS proposed approval of the Process Outline and PK seconded the proposal; **accordingly it was resolved that the Process Outline for the HTA expansion of age range for BowelScreen be approved by the Board.**

The Board expressed their appreciation regarding the clarity of the papers presented and asked this message be relayed to the HTA team.

18.0 HTA of Teledermatology

MJR advised the Board that the proposal to add the HTA of Teledermatology to the HTA workplan was reviewed in detail by the Committee and that the Committee were happy to recommend to the Board for approval. MJR proposed approval and MOH seconded the proposal; **accordingly it was resolved that the proposal to add the HTA of Teledermatology to the HTA workplan be approved by the Board.**

The Board noted that unless additional resources were provided to undertake this work other items on the HTA workplan will be delayed.

19.0 Process outline for National Standards for Home Support (HIS)

MJR advised the Board that the Process outline for National Standards for Home Support was reviewed in detail by the Committee and that the Committee were happy to recommend to the Board for approval. BC proposed approval of the Process outline for National Standards for Home Support and LP seconded the proposal; **accordingly it was resolved that the Process outline for National Standards for Home Support be approved by the Board.**

The Board noted that the scope of the draft primary legislation is limited and that HIS work packages are aligned to the proposed legislation.

20.0 Chairperson's Report

The Chairperson's report was noted.

21.0 Board Skills and Diversity Audit

The Board noted the Board Skills and Diversity Audit previously circulated.

22.0 Any other Business

POM thanked everyone for their contributions during the meeting. There being no further business, the meeting ended at 1:50pm.

Signed



Pat O'Mahony
Chairperson



Karen Egan
Board Secretary

Actions arising from Board meeting on 20 March 2024

| No | Action | Person Responsible | Time-frame |
|---|--|---|-------------------------|
| 1 | ARGC to consider the scope of the culture review to see where there is opportunity for the review to add value in addition to the work already undertaken by IPSOS B&A. | ARGC | May ARGC meeting |
| 2 | <ul style="list-style-type: none"> Corporate Performance and Risk Report to be brought to the Board twice annually for a full review. Any changes arising between Board meetings would be addressed in the CEO's report under the heading of Risk. | Head of Quality, Risk and Compliance (ED) | Q1 and Q4 annually |
| Actions carried forward from previous meetings | | | |
| 3 | Show percentage of training/education days against the overall number of working days. | SM | Ongoing |
| 4 | Develop a policy on recovery of legal costs arising in litigation and present at the next Board meeting for consideration and approval. | A McCann | May 2024 Board meeting |
| 5 | Prepare briefing paper in relation to HIQA's potential role under the NIS-2 Directive. | SE | Q2 Board meeting |
| 6 | Re NITAG proposal: <ul style="list-style-type: none"> Senior counsel advice be sought on key roles and responsibilities A further briefing to be provided to the Board when clarity is brought to the points raised Full agreement by the Board of a final proposal will be revisited when key areas are clarified. | MR | May 2024 |
| 7 | Develop a proposal on HIQA's approach for the CER Directive when implications and impact are clearer. | SE | Q2 Board meeting |
| 8 | Consideration to be given to governance arrangements for occasions when staff members are appointed to external bodies. AF agreed to come back with an update on this to the Board. | KE/AF | Will be carried forward |
| 9 | Regulation committee to maintain oversight of developments on OPCAT. A report will come back to the Board at the appropriate time. | JK/KE | When appropriate |