

Board Meeting
West /North West Hospitals Group
 Tuesday 13 May 2014 08.30 -12.30
 Abbey Hotel, Roscommon

Present:

Mr Noel Daly, Chair (ND)
 Mr Bill Maher, Group CEO (WEM)
 Dr Jim Browne, Non Executive Director (JB)
 Dr John Killeen, Non Executive Director (JK)
 Ms Phyllis MacNamara, Non Executive Director (PMN)
 Dr Brendan Day, Non Executive Director (BD)
 Ms Sharon Moohan, Non Executive Director (SM)
 Mr Gerry McManus, Non Executive Director (GMM)
 Ms Colette Cowan, Chief Director of Nursing and Midwifery (CC)
 Mr Maurice Power, Chief Financial Officer (MP)
 Mr Zubair Javeed, Non Executive Director (ZJ)
 Mr Colam O Neill, Non Executive Director (CON)
 Dr Pat Nash, Chief Clinical Director (PN)
 Mr Tony Canavan, Group Chief Operating Officer (TC)
 Ms Fiona McHugh, Secretary, (FMH)
 Mr Ray Mitchell, HSE Assistant National Director

Joined the meeting:

Dr Donal Reddan, Group Clinical Director, Medical Directorate
 Prof. W.J.M van der Putten, Chief Physicist, UHG
 Ms Elaine Prendergast, General Manager, Roscommon Hospital

Apologies: Nil

Item No.	Discussions /Comments	Action
	Before opening the meeting the Chair welcomed everyone to the first public meeting held in Roscommon and outlined the arrangements for the meeting. <ul style="list-style-type: none"> • The Chair introduced the Members of the Board and advised the Public that the Board is required to conduct Board Meetings in Public as per Tallaght Hospital Investigation Report published by Health Information and Quality Authority and this was the third meeting held in public since the Group was established. • The Chair advised the Public that our governance arrangements at this time does not allow the Board to take direct questions or comments from the floor and that this will change when the Group is established as an independent Trust. • The Chair advised the Public that he and members of the Board are available at the end of the meeting to meet with members of the public. 	
1.	Minutes of Board Meeting on the 15 April and Matter Arising	
	The minutes of Board Meeting 13 March approved on the proposal of Dr John Killeen and seconded by Ms Phyllis MacNamara.	

	<p>Matters Arising Not on agenda Ms Phyllis MacNamara sought a date for the Arts Trusts Committee to present to a future Board Meeting. The Chair agreed to fix a date with CEO.</p>	<p>ND/WEM</p>
<p>2.</p>	<p>Chairman Verbal Update</p>	
	<p>Endoscopy Unit at Roscommon Hospital</p> <p>The Chair on behalf of the Board thanked Ms Elaine Prendergast, General Manager and the team on a very successful launch held yesterday by Minister O Reilly T.D. to mark the commencement of the construction of the new endoscopy unit at Roscommon Hospital.</p> <p>Groups Chairs meeting of the 15th April</p> <p>The Chair briefed the Board on the Group Chairs meeting held on the 15 April and informed the Board that the memorandum submitted by the Chairs to the Secretary General and Director General had been responded to at that meeting and the key points of note:</p> <ul style="list-style-type: none"> • Timeframe for the legislation to Trust Status to be agreed. • A number of the Groups have failed to secure the appointment of a CEO despite a public competition. A report and a business case is going to DPER seeking new terms and conditions for CEO's and if successful a further recruitment campaign will commence. • The four new Boards have yet to appoint Board Members • The Chair noted Mr Daly's concerns regarding the momentum for Group <p>The Chair agreed to keep the Board advised on progress at future Board meetings</p> <p>Patient Safety Committee</p> <p>The Chair reported that for personal reasons Dr Brendan Day is unable to continue as Chairman of the Patient Safety Committee and will outline at the next Board meeting his reasons for this. He went on to acknowledge the contribution Dr Day has made over the last 12 months to the patient safety committee.</p> <p>The Chair sought formal approval to appoint Ms Sharon Moohan as Chair and Mr Gerry McManus as a member of the Patient Safety Committee and this was endorsed by the Board.</p>	<p>ND</p> <p>ND</p>
<p>3.</p>	<p>Chief Executive Officer</p>	
	<p>Mr Bill Maher spoke to the CEO report circulated prior to the meeting and taken as read (25/2014) and drew the Boards attention to a few items it was noted that the Chair had touched on a number of the important ones.</p> <ul style="list-style-type: none"> • We are in receipt of government paper on Universal Health Insurance and asked Board Members to submit their views or comments to Fiona McHugh who will prepare a response on behalf of the organisation. • Members were asked to hold 26 and 27 June in their diaries referenced in his paper as Legislation Summit which Mr Maher had agreed to organise following a recent Board meeting. It was noted that Ernst and Young have 	<p>FMH</p>

<p>agreed to Sponsor this event which will discuss the current challenges and help shape legislation to manage the transition from Groups to Trusts. An invitation has been extended to Mr William Moyle's, Mr Paul Corrigan and Mr Chris Hopson who played a key role in the establishment of Foundation Trusts in the UK.</p>	<p>WEM</p>
<ul style="list-style-type: none"> • Since the last meeting there has been significant change in Leadership within the HSE. The CEO extended the Groups full support to Dr Tony O'Connell in his new role as National Director of Acute Hospitals and in particular to help him establish the other groups, as it is important for this Group that other Groups are up and running as soon as possible to maintain some of the momentum. 	<p>WEM</p>
<ul style="list-style-type: none"> • Updated the Board on progress against a range of priorities agreed at the start of the year and in particular asked the Board to note that we recently have gone out to procurement for consultancy support to help develop our 5 years Group Strategy Plan . The CEO hopes to brief the Board at the next meeting regarding appointment of such support and will be working over the next few months to pull the strategy together for Board approval. 	<p>WEM</p>
<ul style="list-style-type: none"> • Continue to make good progress on the Centre for Leadership and Innovation which Ms Colette Cowan is leading on and Ms Cowan will provide a full update at next Board Meeting in terms of development of both the brochure and business case that is now in place which will help secure funding for this and will also be discussing some potential locations for this centre. 	<p>CC</p>
<ul style="list-style-type: none"> • Major rebuild programme at Letterkenny Hospital continues to make good progress. It was noted that the new Pharmacy unit was officially reopened by Mr Alex White, Minister of State and Primary Care yesterday. 	
<ul style="list-style-type: none"> • Mr Maher advised the Board that much media attention followed a presentation given to the staff at Portincola Hospital last Friday as part of the staff engagement process about the development of maternity service and in particular with reference to the development of alongside midwife lead unit as agreed at a previous Board Meeting. This media attention was unsettling for staff and Mr Maher took the opportunity to reassure everyone again that the Board neither had given recommendation nor made any decision to close any maternity service. It was noted that Mr Maher, Ms Cowan or Dr Nash will be in attendance at future staff engagement presentations alongside Dr Gaffney, Clinical Director for Women and Children's Directorate. 	
<ul style="list-style-type: none"> • Work continues on the development of our Branding Strategy and the first meeting of the Steering Group took place on the 7 May. The Board will be updated on a regular basis with a view to launching our new name and logo at our conference in October. 	
<ul style="list-style-type: none"> • Sponsorship has been secured for the CEO awards for Patient Quality and innovation and the Board were asked to hold this date in their diary and Mr Maher agreed to come back with further details at to a future Board meeting. 	
<ul style="list-style-type: none"> • Sponsorship has been secured for WNWHG 2014 Conference and agenda near completion and the Board were asked to hold this date in their diary. 	
<ul style="list-style-type: none"> • The CEO attended the recent opening of the National Organ Donor 	

	<p>Commemorative Garden in Salthill and placed on record his thanks and appreciation to Denis and Martina Goggin for their excellent development in memorial to their son</p> <ul style="list-style-type: none"> The CEO thanked Ms Phyllis MacNamara and Ms Colette Cowan for participating on the interview panel to appoint members of the public to the patient council as part of the public engagement strategy. Ms Cowan will update further at the next Board meeting. <p>Members received the above report and noted the key areas of progress and concern and formally noted that the</p> <ul style="list-style-type: none"> 5 Year Strategy plan is a requirement of the Higgins Report which is now Government Policy. Legislation Summit is to discuss the current challenges and also help shape legislation to manage the transition from Groups to Trust and share the UK experience and lessons learnt. <p>Ms Moohan on behalf of the Board thanked Mr Sean Murphy, General Manager and the team on a very successful launch held yesterday to mark the opening of the new Pharmacy unit by Mr Alex White, Minister of State and Primary Care.</p> <p>Performance Management Report</p> <p>Mr Maher presented the WNHWHG performance report (27/2014) for the period March 2014 which summarised key performance targets during this period. The Board received this report and noted the contents of the report.</p> <p>Service Plan 2014 – q1 update</p> <p>Mr Maher presented the Q1 update on progress to deliver WNHWHG Service plan for 2014 (27/2014) The Board received this report and noted its contents.</p>	CC
5.	Chief Financial Officer	
	<p>Chief Financial Officer Report</p> <p>Mr Maurice Power presented the Chief Financial Officer Report for the period ended March 2014 (28/2014) and reported a deficit of €12.3m</p> <ul style="list-style-type: none"> Significant overspend on pay €4.5 million, driven by increase cost in agency. Non Pay costs over budget by €5.7 million, while compared to last year we were over budget by €2.7 million. Increase in non pay costs relate to a slight increase in activity but due more to the complexity of activity now being carried out and in particular the high cost of implants and increase in use of oncology drugs. Income €2m less than budget but €0.5m better than last year a positive sign and this is due to the overall impact of the new income legislation. Significant gap on HRA budget with an 18 million budget reduction for HRA with potential savings of only €11 million. We are finalising a further validation on additional hours and this will be available for next Board meeting. Medical agency costs €4.7 m which compared to last year was €1.3m, this is huge cost pressure for the Group an increase of €3.4 million on the 	

	<p>same period last year. The McCraith report will help this in the long term. However it needs to be addressed in the interim at a national level to address the challenges faced by the Group with recruiting Consultants and the consequent impact on agency and locum costs in terms of finance and quality.</p> <ul style="list-style-type: none"> • Patient related debt at the end of March 2014 totals €59.9m an increase of €5.2m since the beginning of the year. Some progress made with insurance companies which will see a reduction of €1 to 1.5 which is very good progress and thanked Mr Baynes on the work done to date. • The forecast for yearend is from an adverse variance of €47.6m on budget. However savings on our cost containment plan will help reduce this variance. <p>The members of the Board received this report and noted the key areas of progress and concern.</p> <ul style="list-style-type: none"> • The Group continue to await response to position paper submitted to outgoing Director of Acute Services and CFO. • An exercise to consolidate drug pricing across the Group is work in progress. • Moving towards Money Follow the Patient to generate income in anticipation of Trust Status • Decrease in Management Administration pay roll costs welcome development. • Following comment from Dr Jim Browne, Mr Power undertook to revise break down of pay roll variances in each category for next meeting. • Members of the Board raised their concerns in relation to significant agency cost being incurred and Mr Power advised the Board that the Group are looking at a number of opportunities to address the Doctor and Nursing Midwifery agency costs and will bring back progress to a future Board Meeting. It was noted that agency costs were raised at National Level through a number of channels. • The Group are going out to tender to seek support to address the debt management process. • Following comments from Mr Zubair Javeed and other members of the Board regarding the delivery of services for 2015 and allocation of funding to support this. The Chair agreed to extend an invitation to Mr Mulvaney newly appointed National CFO to a future Board Meeting to discuss this in more detail. • Mr Power agreed to circulate a copy of the white paper on Money Follows the Patient to members of the Board. <p>NHS Foundation Trust Status Mr Power presented a summary of the paper “applying for NHS Trust Foundation Trust Status” previously circulated to the Board (Report No 29/2014). The Board received this report and noted its contents.</p>	<p>MP</p> <p>MP</p> <p>MP</p> <p>ND</p> <p>MP</p> <p>MP</p>
6.	Chief Clinical Director	
	<p>Chief Clinical Director Report Dr Pat Nash spoke to the Chief Clinical Director report (30/2014) circulated prior to the meeting and taken as read and drew the Boards attention to the</p>	PN

following:

- In addition to the 4 group wide Clinical Directors 18 of 19 site based Associate Clinical Directors (aCDs) have been appointed. These aCDs are the local operational lead for their directorate and will be a member of the Group Directorate Team.
- Dr Paul Naughton has decided to step down as the Group CD for the Peri-operative Directorate and a selection process has been initiated.
- A competition is in progress to appoint Group-wide Clinical Leads (38 in total) – these posts will act as a Group wide lead for their specialty and provide strategic advice to the relevant Directorate/Executive on the development of their specialty across the Group.
- A bespoke Clinical Directors leadership and development programme is commencing on 14 May for all the Clinical Directors/Associate Clinical Directors and Dr Nash welcomed this development.
- A further workshop is planned for 4 June 2014 to engage further with the key stakeholders to refining the new proposed governance structure, which will transition from a Hospital site based Governance Structure to a group wide Clinical Directorate based Governance Structure and it is hoped to bring an agreed plan to the Board in the autumn.
- A Group wide quality and safety framework has been finalised and will be brought to Executive Council later this month and to the next Board Patient Safety Committee meeting. The Board Patient Safety Committee met on 13 Feb 2014 and will be due to meet again before the next Board meeting and will report back to the Board then.
- Q-pulse is the electronic database for reporting and managing all aspects of quality, risk and patient safety across the group. A single database is in place for the Galway/Roscommon hospitals and this is being expanded to include MGH, SRH and LGH, with a target completion date of October 2014. This will help facilitate the group wide Clinical Directorates to manage quality and risk across all hospital sites.
- The Group are progressing with both a Corporate Group wide and site based assessments against the National Standards for Safer Better Healthcare. The current timeframes for completion of the self-assessment process was outlined.
- All serious clinical incidents are reported through the directorates to him as the executive lead for Quality and Patient Safety and the incidents reviewed and where necessary a full systems review is performed to identify causal and contributory factors and make recommendations to minimise the risk of recurrence. All on-going reviews are discussed at the monthly SIMT with each directorate reporting on the status of on-going reviews and resulting QIPs.
- Maternal Services Strategic Group (MSSG) continues to meet on a monthly basis and has representatives from each site. Local implementation groups are been established one each site to risk assess and monitor implementation of strategies to address all the recommendations. A web-based “tool” is being developed to integrate the assessment by each of our 5 maternity sites against the recommendations from the HSE review and the HIQA investigation.
- As agreed at the special October 2013 Board, an external review is being

commissioned to review our implementation of the recommendations and report back to the Board in November 2014. A tender process has been initiated for this review. The National implementation group led by Ms Angela Fitzgerald, RDPI Dublin Northeast meets on a monthly basis and is addressing the national recommendations of which Dr Nash is a member.

- All emergency departments within the Group continues to be monitored closely and Dr Nash outlined in detail the steps now been taken to managing patients attending the Emergency Department and in respect of UHG ensuring that the acute medical unit (AMU) was “protected” to be able to see patients presenting to ED with acute medical problems. Dr Nash reported that earlier in the year we had struggled to keep patient flow through the unit due to delays in moving patients from the unit when a decision to admit had been made – a focus on prioritising these patients has significantly improved patient flow reducing delays across the hospital and take 5 direct GP referrals to the AMU per day. Dr Nash advised the Board that the Unscheduled Care Team continue to engage with the Special Delivery Unit who are providing both oversight and support with our implementation plan. Dr Nash advised the Board that focus has moved to the patient experience time – time from presentation to ED to transfer to a bed “total time on trolley” which gives a better overall representation of waiting times.
- Dr Nash reported that filling vacancies at NCHD level remains very challenging across the group, especially on Letterkenny and Portlucan Sites. Specific areas of concern for July 2014 are with Emergency Medicine and Paediatric registrar staffing. All options are being explored to address this there is a critical shortage of these nationally. The second report of the MacCraith group will outline the issues and make recommendations from a national perspective and is due by June 2014. This remains a significant risk for our hospital group.
- Dr Nash advised the Board that the report on Medical Manpower commissioned by the Minister for Health on consultant staffing in April 2014 was published and went on to outline the finding and recommendations of this report led by Dr Brian MacCraith, President of DCU and advised the Board that a number of groups will be working on addressing the recommendations from this group in the coming months.

Members received the above report and noted the key areas of progress and concern.

Dr Brendan Day raised the concerns of GP's regarding the number of patients that GP's can now refer to the MAU on a given day in UHG as part of the Unscheduled Care Action Plan and the communication plan to GP's around the implementation of this new protocol. Dr Pat Nash explained the reason for the new protocol.

Dr Day and Dr Nash agreed to meet independently to address that points raised by Dr Day at today's Board meeting and will update the Board at their next meeting.

7.	Medical Directorate Overview	
	Dr Donal Reddan newly appointed Diagnostic Clinical Director presented to the Board a comprehensive overview of the new Medical Directorate including proposed organisational structure to integrate diagnostics services across the 7 hospitals, linkages with patient safety and quality assurance, the key priorities, key performance indicators for the directorate for 2014, and the challenges faced by the directorate to deliver cost containment plans and safe patient care.	
8.	Managed Equipment Service	
	<p>Prof Wil Van Der Putten, Chief Physicists provided a comprehensive overview of the current situation regarding medical equipment in the Group and outlined the replacement programme in place for radiology and laboratory equipment that have reached their end of life date.</p> <p>He provided a list of the areas which have no replacement programme within the Group for medical imaging equipment and outlined how a managed equipment service would minimise the risks associated with equipment reaching their end of life span and meet individual hospital needs</p> <p>Prof Van Der Putten advised the Board that feasibility discussions with vendors, site visits and workshops have taken place.</p> <p>Prof Van Der Putten sought approval in principle from the Board to work up a full RFP which will be the bases to negotiate a procurement process with the relevant stakeholders. The Board endorsed this approach and Dr Jim Browne suggested that as well as equipment, services should also be considered as part of managed services.</p>	
9.	Roscommon Hospital 2 years on	
	<p>Mr Bill Maher and Ms Elaine Prendergast provided a comprehensive presentation of Roscommon Hospital 2 years on and the important role Roscommon Hospital plays as part of the Group as a Model 2 Hospital.</p> <p>Ms Phyllis MacNamara commended Ms Elaine Prendergast for an excellent presentation.</p> <p>The Chair on behalf of the Board passed on its thanks and appreciation to all Staff at Roscommon Hospital for all the work undertaken to date.</p>	
10.	Annual Report 2013	
	Mr Bill Maher formally launched the 2013 Annual Report for the Hospital Group the first annual report for the West North West Hospitals Group. There was a significant piece of work required to prepare this report and acknowledged the work put in by Mr Tony Canavan and particularly Ms Anne Conroy in preparing this report.	
11.	Correspondence for information /noting	
	<ul style="list-style-type: none"> • Applying for NHS Foundation Trust Status – Guide for applicants – noted. • Strategic Review of Medical Training and Career Structures (McCraith report) noted. 	

12.	Any other Business	
	<p>Ms Cowan advised the Board that a monthly report on Group Bed Stock usage pertaining to mixed gender ward usage and the bed days used will be circulated shortly to Board members.</p> <p>Mr Daly on behalf of the Board thanked the Roscommon Hospital Action Committee for their significant contribution of €17,500 to purchase a halter monitor which is much appreciated and advised the Board that the Chair, CEO and General Manager of Roscommon Hospital were meeting with the Roscommon Hospital Action Committee after this meeting.</p>	CC
14.	Date of Next Meeting	
	Members noted that the next meeting of the Board was scheduled for Tuesday 1 July 2014 at Sligo Regional Hospital commencing at 08.30am.	ND

SIGNED: _____
Chair of Interim Board

DATE: _____