



Minutes of Board of Directors Meeting held on Wednesday 11th July 2018 at 10 a.m.

Venue: The Large Conference Room, Letterkenny University Hospital.

Present

Non Executive Directors

Dr. John Killeen, Chairman (JK)
Dr. Aislinne Freeman (AF)
Gerry McManus (GMM)
Darina Kneafsey (DK)
Dariona Conlon (DC)
Brian Thornton (BT)
Tom Canavan (TC)
Dr. Brendan Day (BD)

Apologies

Phyllis Mac Namara (PMN)
Dr. John Morris (JM)
Mary Dunne (MD)
Prof Ciarán Ó hÓgartaigh (COH)

Executive Members

Maurice Power, Chief Executive Officer (MP)
Ann Cosgrove, Chief Operations Officer (AC)
Tony Baynes, I/Chief Financial Officer (TB)
Jean Kelly, I/Chief DONM (JMK)
Pat Nash, Chief Clinical Director (PN) (left at 12pm & returned at 12.30pm)

In Attendance

Caitriona Meehan, Group Communications Manager (CM)
Anne Marie Farrington, Board Secretary (AMF)
Joe Travers, Deputy General Manager, LUH (JT) left at 10.30am

Item	Discussions / Comments	Action
1.	Presentation by Joe Travers, Deputy General Manager, LUH	
	<p>The Deputy General Manager of Letterkenny University Hospital, Joe Travers, provided the Board with an overview of Letterkenny University Hospital. The Chairman, on behalf of the Board, thanked Mr. Travers for attending the meeting and presenting. A copy of the powerpoint presentation is to be circulated to the Board Members.</p> <p>The Board Members briefly questioned Mr Travers on his presentation.</p> <p>The Chair of the Board Audit Committee requested that Mr. Travers follow-up on the implementation of outstanding internal audit recommendations for LUH.</p>	<p>AMF</p> <p>JT</p>
2.	Apologies / Conflict of Interest Declarations / Minutes / Matters Arising	
	<p>Apologies were noted from Phyllis Mac Namara, Mary Dunne, Dr. John Morris & Prof Ciarán Ó hÓgartaigh.</p> <p>Conflicts of Interest Declarations: no Declaration of Interest was made.</p> <p>Minutes: the minutes of the last meeting held on 13th June 2018 were approved on the proposal of Dariona Conlon and seconded by Dr. Brendan Day.</p>	

	<p>Actions Log: the Actions Log was reviewed and the CEO gave a verbal update on the following:</p> <p><u>Procedure for making a Protected Disclosure to Board Members</u> The CEO advised that he has spoken with the HSE Authorised Person for Protected Disclosures and she will be writing to the Board in the near future confirming the position of the HSE in relation to making protected disclosures to Board Members.</p> <p><u>State Claims Agency</u> The CEO advised the Board that he has written to the State Claims Agency and is awaiting a response.</p> <p>Matters Arising: nil.</p>	
3.	Chairman's Update (verbal)	
	The Chairman advised the Board that all Board Sub Committees have now met and work is progressing.	
4.	Saolta Group Executives Report to the Board	
	<p>The Saolta Group Executives Report (14/2018), circulated prior to the meeting, was taken as read. The following verbal updates were provided:</p> <p><u>Sláintecare</u> The CEO advised the Board that the Minister recently held a briefing in Dublin for senior HSE management, Hospital Group CEOs and CHO Chief Officers on the Sláintecare Implementation Plan, where he outlined the high level goals and confirmed that an executive lead would be appointed to oversee its implementation. The CEO agreed to provide a presentation to the Board on Sláintecare.</p> <p><u>Finance</u> The CEO updated the Board on the HSE financial situation and forecast deficit at year end.</p> <p>Discussion took place in relation to the Saolta Group finances. The CFO confirmed to the Board that the performance of all hospitals in the Group is being monitored closely and that two hospitals (SUH & PUH) have been escalated under the HSE Performance and Accountability Framework.</p> <p>The CFO outlined that the Group were €2.7m over the maximum agreed limit and were achieving €6m of the required €7.1m VIP (Value Improvement Programme) savings target.</p> <p><u>Cancer KPIs</u> The Board raised concerns regarding the Medical Oncology KPIs for GUH. Dr. Nash advised that the percentage decrease is due to short term issues with Oncology Day Ward capacity and resources at UHG which is currently being addressed.</p> <p>The Board raised concerns regarding the Symptomatic Breast Cancer KPIs</p>	MP

	<p>target versus actual figure for Letterkenny University Hospital. The CEO advised that this is due to the backlog of patients now being seen in the Outpatients Dept and that this KPI measures patients seen in clinics outside of the 84 days target. The overall position has seen a significant decrease in patients waiting an outpatient appointment from 600 to less than 100. It is expected all will be seen within the next two months.</p> <p><u>Quality & Patient Safety</u> The Board were given an update on maternity services at Portiuncula University Hospital.</p> <p><u>Consultant Recruitment</u> Discussion took place regarding delays and difficulties experienced by the Saolta Group in recruiting Consultants. The Chief Clinical Director confirmed that he and the Group HR Director are currently undertaking a review of the process for the recruitment of Consultants and looking at options to expedite the timelines. The Board requested that they be provided with a briefing paper outlining the current process through the Public Appointments Service and a proposed plan/process for Saolta undertaking their own consultant recruitment. <u>Action:</u> Pat Nash to provide at next Board Meeting.</p>	PN
5.	Update from Board Sub Committees	
	<p><u>Board Audit Committee</u> The minutes of the meeting held on 16th May 2018 circulated prior to the meeting were taken as read.</p> <p>The report from the Board Audit Committee (15/2018) circulated prior to the meeting was taken as read and noted. All audits prior to 2016 have been closed. The Board Audit Committee is to meet with the General Managers to discuss the implementation of recommendations.</p> <p>It was confirmed that the Board Audit Committee is to oversee non-clinical risks. This is to be added to the Terms of Reference for the Board Audit Committee and the revised Terms of Reference are to be brought back to the next Board Meeting for approval.</p> <p>Darina Kneafsey, Dariona Conlon, Pat Nash and Ann Cosgrove are to meet and draw up a framework for risk management to be brought to the October Board Meeting.</p> <p>The availability and accuracy of a Saolta Group Assets Register was discussed briefly. Tony Baynes to discuss with HSE Estates and provide an update at the next meeting.</p> <p><u>Board Finance Committee</u> The minutes of the meeting held on 14th May 2018, circulated prior to the meeting, were taken as read.</p>	<p>DK</p> <p>DK/DC/PN/AC</p> <p>TB</p>

	<p><u>Board Quality & Patient Safety Committee</u> The minutes of the meeting held on 6th June 2018 circulated prior to the meeting were taken as read and noted.</p> <p>Dr. Fergal Hickey, Clinical Director for Quality & Safety and Dr. John Morris, Non-Executive Director have both joined the committee membership.</p> <p>The revised Terms of Reference for Board Q&PS Committee (16/2018) were approved by the Board.</p> <p>Jean Kelly to provide the Board Quality & Patient Safety Committee with a report on mixed gender wards.</p> <p><u>Board Strategic Manpower Planning Committee</u> Dr. Killeen provided a verbal update in relation to the first meeting of Board Strategic Manpower Planning Committee which was held on 28th June 2018, where staff retention, succession planning, training and education were all discussed.</p> <p>Minutes of the meeting held on 28th June are to be provided to the Board at their next meeting.</p> <p><u>Board Strategic Planning Committee</u> Dr. Killeen provided the Board with a verbal update on the first meeting held on 4th July 2018.</p> <p>The final Strategy is to be brought to the Executive Council on 25th July for sign-off. It will then be forwarded to the Board Strategy Committee for consideration. Following this it will be circulated to the Board of Directors for feedback. Following this feedback, a briefing session will be provided to the Board, if necessary, prior to the final Strategy being brought to the Board Meeting on 12th September 2018 for approval.</p> <p>The Revised Terms of Reference for the Board Strategy Committee (17/2018) were approved by the Board.</p>	<p>JMK</p> <p>JM</p> <p>PN & MP</p>
6.	Updates/Reports	
	<p><u>Update on ICT Projects</u> The report on ICT Projects (18/2018), circulated prior to the meeting, was noted and discussed briefly. The Board queried why Saolta were not implementing a full paperless electronic health record. Ann Cosgrove confirmed that this requires national HSE approval and funding, but in the interim Evolve, a paper-light medical record is being implemented at GUH and will be rolled out to all hospitals within the Group.</p> <p>Ann Cosgrove to provide the Board with a summary of the Digital Maturity Assessment.</p>	<p>AC</p>

