

## Public Board Meeting

Shearwater Hotel, Ballinasloe, Co Galway  
14 October 2015

### Present:

#### Non Executive Directors

Dr John Killeen, Interim Chair (JK)  
Ms Sharon Moohan, Non Executive Director (SM)  
Ms Phyllis MacNamara, Non Executive Director (PMN)  
Mr Gerry McManus, Non Executive Director (GMM)  
Dr Jim Browne, Non Executive Director (JB)

#### Executive Members

Mr Maurice Power, CEO (MP)  
Dr Pat Nash, Group Clinical Director (PN)  
Mr Tony Baynes, A/Chief Financial Officer (AB)  
Ms Jean Kelly, A/ Group Director of Nursing and Midwifery (JMK)  
Ms Fiona McHugh, Secretary, (FMH)

### Apologies:

Dr Brendan Day, Non Executive Director (BD)  
Mr Zubair Javeed, Non Executive Director (ZJ)

### In Attendance:

Ms Caitriona Meehan, Communications Manager  
Mr Michael Moloney, Communications

### Non Attendance :

Mr Colam O Neill, Non Executive Director (CON)

Agenda Item	Discussions / Comments	Action
1.	<b>Apologies/ Minutes of Board Meeting/ Declaration of Interest</b>	
	<p>Minutes of Board meeting of the 9<sup>th</sup> September were approved on the proposal of Phyllis MacNamara and seconded by Dr Jim Browne.</p> <p><b>Conflict of Interest Declaration:</b> No Declaration of Interest made.</p>	JK
2.	<b>Matters Arising and Review of Action Points</b>	
	<p>Dr John Killeen Chairman welcomed all Board Members, Public representatives, Media, Staff and member of the public attending the 2<sup>nd</sup> Public Board Meeting held by the Group in 2015.</p> <p><b>(Chairman's welcome address attached)</b></p> <p>The action points were reviewed and updates were provided by the CEO.</p> <ul style="list-style-type: none"> <li>The Executive Council at its September meeting formally signed off on</li> </ul>	

	<p>the Board's decision to include University in the title of each hospital and will be writing to each General Manager to implement the name change with immediate effect.</p> <ul style="list-style-type: none"> <li>• Ms Ann Cosgrove has been appointed Chief Operating Officer for 6 months. The post of General Manager GUH has now been advertised with interviews scheduled to take place on Thursday 9<sup>th</sup> October 2015.</li> <li>• Wrote to Mr Liam Woods National Director of Acute Services outlining the concerns of the Board and Executive regarding the Portiuncula Maternity Service Review.</li> </ul>	
<b>3.</b>	<b>Report on implementation of recommendations from the North West Cardiology Review Report 2013 delivered by Dr Pat Nash Chief Clinical Director</b>	
	<p>Dr Nash provided a detailed update on the progress of the 4 recommendations of the North West Cardiology Review Group Report. (55/2015)</p> <ol style="list-style-type: none"> <li>1. PPCI, PCI and angiography from Letterkenny</li> <li>2. Cross Boarder Department and Cardiology in Letterkenny</li> <li>3. Elective Cardiac Laboratory in North West</li> <li>4. Department of Cardiology in expanded Galway Roscommon Hospital Group</li> </ol> <p>Following Dr Nash's update a number of questions were raised regarding the development of an Elective Cardiac Laboratory in Sligo University Hospital. Recommendation 3 of the report</p> <p>Dr Nash advised the Board that currently the cross border discussions have not agreed to progress the PCI or angiography components primarily due to funding. Dr Nash recommended that the Group proceed with the development of a Cardiac Laboratory in Sligo University Hospital which will provide an elective service for patients from the North West (including counties Sligo, Leitrim and Donegal).</p> <p>The Board following consideration formally accepted the recommendation to proceed with an elective Cardiac laboratory in Sligo on the proposal of Gerry McManus and seconded by Dr Jim Browne.</p> <p>Mr Tony Baynes CFO agreed to commence the initial tender process and will keep Board advised of progress.</p> <p>Mr Tony Baynes and Zubair Javeed to discuss the financial model for a managed equipment Service as part of this development.</p> <p>The Chair thanked Dr Pat Nash for his report and also thanked the staff for their hard work in implementing the recommendations to date</p>	<p>TB</p> <p>ZJ/TB</p>
<b>4.</b>	<b>Board Quality and Patient Safety Committee update delivered by Ms Sharon Mochan and Dr Pat Nash</b>	

### **Update on Portiuncula Hospital Maternity Services Review**

The Chairman of the Board called for an update on Portiuncula Hospital Maternity Services Review, provided by Dr Pat Nash Chief Clinical Director (Chief Clinical Director's update attached).

### **Board Quality and Patient Safety Committee Report**

The Board Quality and Patient Safety Committee Report (56/2015) circulated prior to the meeting taken as read was discussed in some detail.

Ms Moohan advised the Board that at its last Quality and Patient Safety Committee the Saolta Group Corporate Risk Register a standing item on their agenda was discussed in detailed to ensure it accurately reflects the risk profile of the organisation at any given time and outlined the top five risks currently facing the organisation.

- Maintaining service delivery within budgetary/ resource constraints
- Emergency Department capacity, especially at the UHG site
- Clinical staff recruitment and retention, NCHDs, Consultant Medical Staff, specialist nurses.
- External Review of maternity services at PHB
- Patient flow and availability of ambulance transportation between the different hospital sites of the Group.

Ms Moohan also advised the Board that to strengthen governance of Quality and Patient Safety within the organisation the following initiatives are being progressed.

- Secured external member to sit on Board Quality and Patient Safety Committee.
- Wrote to the Director of Human Resources to prepare and resent to the Board a solution to deal with the ongoing challenges that face the quality and safety department of the Group.
- Quality and Safety Framework is in final draft format
- A training programme on Serious Incident Investigation using Systems Analysis is being provided by the National Incident Management and Learning Team to enhance the Groups capacity to allocate suitably trained individuals to undertake serious incident investigations.

The immediate concerns for the Group including the filling of Quality and Safety Coordinators and the provision of quality and patient safety audit were discussed at length and the following actions were agreed.

- Director of HR to update Board at December Board meeting re filling of Quality and Safety Co-ordinators for the Hospital Groups
- Raise Quality and Safety Framework and recruitment of Senior Quality and Safety coordinators for each of the Clinical Directorates to support the rolling out of the Quality and Safety Department with Dr Philip Crowley at Board Development day
- Extend audit committee to include quality and patient safety
- Co-opt External Member to Board Quality & Patient Safety Committee

SM/JS

JK

PN/TB  
TB/JME

5.	<b>Chief Executive Officer</b>	
	<p>The Chief Executive Officer report (57/2015) circulate prior to meeting was taken as read:</p> <p><b>Unscheduled Care:</b></p> <p>A discussion took place regarding the Winter Resilience Plan for the Group Mr Power informed the Board that the</p> <ul style="list-style-type: none"> <li>• Executive Team continue to engage with the HSE and Department of Health in a focused programme of work to ensure that every possible measure is taken to progress the capacity and resource issues.</li> <li>• A comprehensive plan that incorporates all of the individual plans setting out the Group’s oversight and control mechanisms for addressing winter pressures has been produced and clearly identifies: <ul style="list-style-type: none"> <li>• Risk areas and the mitigating action</li> <li>• Specific arrangements for engaging with the relevant CHOs</li> <li>• Specific targets to address trolley volumes and over 9 hours during the winter period based on the Minister’s agreed priorities.</li> </ul> </li> <li>• The Winter Resilience Plan will be reviewed weekly by a Subgroup of the Unscheduled care Group and a weekly teleconference will be held with Chief Clinical Director with all site General Managers to report on progress.</li> <li>• UHG - Emergency Ward Fit-Out Project is progressing well. It is anticipated that phase 1 of the project will be complete by 31<sup>st</sup> December 2015.</li> <li>• All escalation beds will be opening by year end.</li> </ul> <p><b>Scheduled Care:</b></p> <p>A discussion took place regarding the waiting list breaches. Mr Power informed the Board that following on from a recent performance meeting with the National Team; the Group submitted revised clearance plans and the Group Management Team are actively managing these plans.</p> <p>Mr Power advised the Board that the Groups ability to clear inpatient waiting list is severely impeded by the Groups limited theatre capacity due to theatre nurse staffing levels and also bed capacity. Also added it is likely the Group will not meet the target that no patient will wait less than 15 months for an appointment / procedure due to capacity issues internally and externally.</p> <p><b>Urology Services at Letterkenny :</b></p> <p>A discussion took place regarding Urology Services at Letterkenny. Mr Power informed the Board that an interim solution has been proposed to provide ongoing Urology Service in Letterkenny General Hospital. An issue arose regarding Clinical cover arrangements and is currently being resolved.</p> <p>Members received this report and noted the key areas of progress and ongoing issues and agreed the following actions:</p> <ul style="list-style-type: none"> <li>• Raise reconciliation between Group Strategy and National Policy/</li> </ul>	

	<p>Strategy at Board Development Day with Liam Woods</p> <ul style="list-style-type: none"> <li>• On completion of Urology Review bring to December Board Meeting for approval</li> <li>• Maintain mixed gender policy as part of winter planning for the Group.</li> </ul>	<p>JK</p> <p>PN</p> <p>JMK</p>
<b>6.</b>	<b>Chief Director of Nursing and Midwifery</b>	
	<p>The Chief Clinical Directors report (58/2015) circulated prior to meeting was taken as read.</p> <p><b>Nursing and Support Services</b></p> <p>A discussion took place regarding Nursing and Support Services Ms Kelly informed the Board that</p> <ul style="list-style-type: none"> <li>• They continue to work with the CFO to address agency and overtime usage in Nursing &amp; Support Services.</li> <li>• Staffing has improved across the group with the retention of the newly qualified nurses. Recruitment continues in GUH with 40 candidates being processed.</li> <li>• There is a high attrition rate from theatres but the Group continue to actively recruit via the international programme with interviews taking place on an ongoing basis.</li> <li>• Following national meetings the Group will be recruiting 4 Directors of Nursing and Midwives for SUH, PUH, LUH and MUH as per recommendation 5 of the Portlaoise report.</li> <li>• Overcrowding in the Emergency Department remains a serious risk issue in GUH. The risk issues for nurse management are the availability of staff to care for patients throughout the hospital and this requires overtime or agency covers. There continues to be a high proportion of frail elderly patients nursed on trolleys. Their nutritional needs and pressure area care remain challenging for staff to deliver when patients are nursed on trolleys.</li> <li>• The ADON Sepsis post will be interviewed in mid October</li> <li>• The National Nurse Metric System is now in all hospitals in Saolta except MUH, where they have their own Nursing Metrics</li> <li>• Following a meeting with Dr Timothy O'Brien, Dean of Medicine and Dr Adeline Cooney, Head of School of Nursing and Midwifery NUIG and the CEO, it has been agreed to progress the development of joint positions in nursing between NUIG and Saolta using the model that already exists in the Medical School.</li> </ul> <p>Members received this report and noted the key areas of progress and ongoing issues and agreed the following actions:</p> <ul style="list-style-type: none"> <li>• Measuring "compliance with medication" nursing audit bring to the December Board meeting</li> <li>• Extend Patient Officers to all hospitals in the Group</li> </ul>	<p>JMK</p> <p>JMK /JS</p>
<b>7.</b>	<b>Chief Financial Officer Report</b>	
	The Chief Financial Officer report (59/2015) circulated prior to meeting was	

	<p>taken as read.</p> <ul style="list-style-type: none"> <li>• The Group is overspent by €38.1m at the end of September, with a forecast of €47m for year end.</li> <li>• We have been informed by the National Director of Acute Hospitals that a financial penalty of €1.96m will be applied to the Group due to breach of national waiting list targets as at the end of August. The penalty will take the form of a budget reduction, and will be applied in October 2015.</li> </ul> <p>Following a number of clarifications from Board members addressed by Mr Baynes the Board received the report and agreed the following actions:</p> <ul style="list-style-type: none"> <li>• Tender for Consultancy support to look at the Finance function within the Group and recommend the activities to deliver financial management information/ business intelligence capability to the Group.</li> <li>• To outline in the next CFO report the breakdown of cost variances that are within and outside our control</li> <li>• Tender for consultancy support to develop ICT Governance Structure to Group</li> </ul>	<p>TB</p> <p>TB</p> <p>TB</p>
<b>10.</b>	<b>Any other Business</b>	
	<p>Following updates were provided to Board Members</p> <ul style="list-style-type: none"> <li>• The construction of the Roscommon Endoscopy Unit is now complete. Await approval to recruit and employ 19 staff to commission this unit.</li> <li>• Ms Jo Shortt has been appointed as project lead for Clinical Directorate Development.</li> <li>• The Director General held formal meetings under the escalation framework following consideration by the National Performance Oversight Group as outlined in the 2015 Service Plan accountability framework</li> <li>• The Executive are awaiting response on Service Plan 2016 – Estimates</li> <li>• The preferred vendor to implement the Electronic Document Management System (EDM) has been selected. Discussions are ongoing with the supplier.</li> <li>• Representatives from the Saolta Hospital Group and the Management Team at the College of Medicine, Nursing and Health Sciences visited Letterkenny and Sligo on 5<sup>th</sup> and 6<sup>th</sup> October 2015 to further enhance continued lines of communication with regard to the Saolta University Health Care Group/NUI Galway Academic Health Centre.</li> <li>• The Minister for Health Leo Varadkar TD visited Letterkenny General Hospital on the 1<sup>st</sup> October.</li> <li>• The CEO attended the Regional Health Forum Meeting on the 22<sup>nd</sup> September 2015.</li> <li>• The official opening of the Clinical Translational Research Facility by An Taoiseach Mr Enda Kenny took place on 28th September 2015.</li> <li>•</li> </ul>	
<b>11.</b>	<b>Date of Next Board Meeting</b>	

Wednesday – 09 December 2015 2-4pm, Board Room, Roscommon University Hospital	
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SIGNED DIRECTOR: \_\_\_\_\_

DATE: \_\_\_\_\_

**Interim Chair of Board**

### **Chairman's Welcome Address**

“As Interim Chair of the Board of the Saolta University Health Care Group I would like to welcome you here today to this our 5<sup>th</sup> public Board meeting. The role of the Board is to ensure that the Hospital Group is achieving its strategic objectives, and managing the available resources to provide safe and sustainable care. Patient safety and quality are core to our mission and at the centre of our decision making. These public board meetings are a valuable opportunity for staff, patients and the general public to get an insight into that decision-making process.

Our Emergency Departments have been extremely busy across the Group over the last number of months and this will continue to be a significant issue as we go into the winter months, therefore I am glad to note that there will be an update on winter planning at today's meeting. Furthermore we will receive information on the on-going progress across the Group in dealing with waiting lists and we will hear details of the North West Cardiology review recommendations and Portiuncula Hospital Maternity Services review”.

### **Dr. Pat Nash, Chief Clinical Director- Update on Portiuncula Hospital Maternity Services Review**

The review into the peri-natal care of women in Portiuncula Hospital in 18 cases is ongoing. As of the week ending October 9<sup>th</sup> 2015, all families included in the Review have met with the review investigators. The meetings between the investigators and many of the relevant hospital staff are still ongoing.

The Review Team have already examined general information relating to the maternity services at Portiuncula Hospital, met with many of the leadership team and have also reviewed the medical charts relevant to the individual cases. Once the Review Team has received all the reports from the investigators, they will use all of this information to draft their report.

The final report will detail the findings of the review and make recommendations. Members of the Review Team will meet with each family involved in the review to give them specific feedback on their case.

As we have previously stated, the complexity of the Review, and the increase in number of families and staff involved, have been the main reasons why the time frame for the Review's completion has been extended. The Review Team are working towards the Review being completed by the end of this year.

All families have been offered counselling services and staff have been supported with systems analysis training and access to the Employee support programme as needed.

Regular re-audits at the Maternity Unit at Portiuncula Hospital have confirmed that there is no continuing patient safety concern arising from the issues identified last year.

End....