

Board Meeting

Roscommon University Hospital, Roscommon
9 December 2015

Present

Non Executive Directors

Dr John Killeen, Interim Chair (JK)
Ms Phyllis MacNamara, Non Executive Director (PMN)
Mr Gerry McManus, Non Executive Director (GMM)
Dr Jim Browne, Non Executive Director (JB)
Dr Brendan Day, Non Executive Director (BD)

Executive Members

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

Apologies

Mr Zubair Javeed, Non Executive Director (ZJ)
Ms Sharon Moohan, Non Executive Director (SM)

In Attendance

Ms Caitriona Meehan, Communications Manager
Mr Michael Moloney, Communications
Dr Donal Reddan, Group Clinical Director
Medical Directorate
Ms Jo Shortt, Project Lead for Clinical
Directorate Development
Dr Fergal Hickey, ACD Medical Directorate
SUH (joined via teleconference)

Non Attendance

Mr Colam O'Neill, Non Executive Director (CON)

Agenda Item	Discussions / Comments	Action
	The Chair opened the meeting by welcoming Ms Ann Cosgrove the newly appointed Interim COO for the Group, and wished her well in her new appointment, which was endorsed by the CEO.	
1.	Apologies/ Minutes of Board Meeting/ Declaration of Interest	
	Minutes of Board meeting of the 14 th October were approved on the proposal of Dr Jim Browne and seconded by Mr Gerry McManus. Conflict of Interest Declaration: No Declaration of Interest made.	Chair
2.	Matters Arising and Review of Action Points	
	The action points were reviewed and updates provided by the CEO. The CEO advised the Board that the National Service Plan for 2016 is still	

	<p>awaited and the budget for the Group has yet to be determined.</p> <p>The initial competitive dialogue process has commenced following approval by the Board to proceed with the development of an elective Cardiac Laboratory in Sligo.</p>	
3.	Interim Chairman's Update	
	<p>The Chair noted that the Board Development Day held recently was well received and covered a number of key areas for the Board and would welcome feedback for future agendas and speakers.</p> <p>The Chair thanked those who had returned their completed Good Governance Standard Questionnaire presented by Aidan Horan IPA and to return outstanding questionnaires to Fiona McHugh, for discussion at a future Board meeting.</p> <p>The Chair briefed the Board that progress regarding statutory status of Group Boards following significant efforts by a number of parties the MOU remains outstanding. It was noted that four of the current Non Executive Directors term of appointment is coming to an end on the 31st January 2016. The Chair agreed to raise with the Department of Health and at the next Forum of the Chairs.</p> <p>The Chair advised the Board that he had met with Ms Laura Slevin and Mr Michael McDaid Systems Reform Group regarding the governance strand of the Reform Group. The Board will be kept updated on developments.</p> <p>The Chair advised the Board that The Friends of PUH and GUH held separate charity events last month which were very successful and similar events will take place in MUH and RUH in the new year.</p>	<p>Chair</p> <p>Chair</p>
4.	Board Audit Committee update delivered by Mr Gerry McManus	
	<p>Mr Gerry McManus presented the Audit Committee Report (60/2015) as circulated and taken as read.</p> <p>Mr Gerry McManus advised the Board that the General Manager and Finance Manager from PUH attended the Audit Committee in October and all remaining recommendations from the Internal Audits carried out at the hospital over the last 2 years are currently being implemented.</p> <p>Ms. Noreen Fahy, Senior Finance & Governance Specialist, Institute of Public Administration attended the meeting in an advisory capacity. Ms. Fahy has issued a report to the Chair of the Audit Committee containing recommendations to improve the efficiency of the committee. This report will be discussed at the next Audit Committee meeting.</p> <p>He also advised the Board that the 2016 Audit Plan will be discussed at the forthcoming December meeting.</p> <p>The contents of the report was noted and adopted by the Board.</p>	

5.	Chief Executive Officer	
	<p>The Chief Executive Officer report (61/2015) circulate prior to meeting was taken as read:</p> <p>Unscheduled Care: A discussion took place regarding the Winter Resilience Plan for the Group Mr Power informed the Board that the Executive Team continue to engage with the HSE and Department of Health and have made significant progress in increasing the capacity on individual sites as part of our winter resilience plan. All escalation beds will be opened by year end as follows:</p> <ul style="list-style-type: none"> • PUH 5 beds opened • LUH 10 beds to open 3rd week in December 2015 • SUH 14 beds to open end of December 2015 • GUH 15 beds to open in January 2016 15 beds to open in February 2016 <p>The Board discussed the next steps to secure approval for a new Emergency Department for UHG and agreed the following actions</p> <ul style="list-style-type: none"> • Completion of the cost benefit analysis and submission to Capital Steering Group to progress. <p>Scheduled Care: A discussion took place regarding the waiting list breaches. Ms Ann Cosgrove provided an update on the latest breaches for inpatient and outpatient waiting lists and advised the Board 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 which she outlined in detail.</p> <p>Roscommon Endoscopy Unit: Approval received to recruit staff to open the above unit. The aim is to open the unit in February/ March 2106 pending the recruitment campaign. The Board will be kept updated on developments.</p> <p>Urology Services at Letterkenny : A discussion took place regarding Urology Services at Letterkenny. Mr Power informed the Board that</p> <ol style="list-style-type: none"> 1. A locum has been appointed and is doing a regular surgical urology theatre list and cystoscopy lists to address urgent patients waiting. 2. Outpatient clinics are being delivered by our Group lead for Urology Services based in Galway based and now seconded to Letterkenny. 3. All OPD referrals have and are being triaged. <p>The above contingency measures are in place pending completion of a group wide urology review. This review should be completed in early Jan 2016 and will be brought to a future Board for approval.</p>	<p>MP/AC</p> <p>JS/AC</p> <p>PN</p>

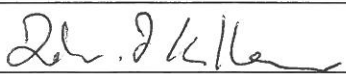
	<p>Following a lengthy discussion lead by Dr John Killeen in relation to the strategic direction and vision for GUH the Executive Board requested members of the Executive Team to submit a proposal to the Board on the short, medium long term plans for GUH for their consideration.</p> <p>The Executive agreed to prepare this proposal and bring back to a future Board Meeting.</p> <p>Members received this report and noted the key areas of progress and ongoing issues and agreed the above actions.</p> <p>Performance Management Report (62/2015)</p> <p>The performance monitoring report for October 2015 circulated prior to the meeting was taken as read. Ms Cosgrove advised the Board that she is revising the performance management report and asked the Board members to feedback to her directly with any suggestions for inclusion.</p>	<p>MP/AC/PN</p> <p>AC</p>
6	Chief Clinical Director	
	<p>Saolta University Health Care Emergency Department Analysis (65/2015)</p> <p>Following a presentation and lengthy discussion in relation to Emergency Development Analysis the Board endorsed the report on the proposal of Dr Jim Browne and seconded by Mr Gerry McManus.</p> <p>The Executive Board requested the Executive team to prepare an action plan detailing the short term, medium and long term actions with related funding requirements. These actions will be considered further at the February Board meeting.</p> <p>Dr Killeen acknowledged that this was a significant piece of work and thanked all those involved in particular Dr Donal Reddan, Dr Fergal Hickey and Ms Jo Shortt.</p> <p>Update of recommendations from the 3 reports into the maternal death at UHG on 28 October 2012 (64/2015).</p> <p>Dr Pat Nash provided a full report outlining progress of the recommendation from the 3 reports as agreed at the Public Board meeting on the 4th December 2014. Dr Killeen thanked Dr Pat Nash for his report and also thanked the staff for their hard work in implementing the recommendations.</p> <p>Chief Clinical Director Report (63/2015)</p> <p>The Chief Clinical Director report circulated prior to meeting was taken as read and the following updates were provided.</p> <ul style="list-style-type: none"> • A fourth Clinical Directorate training event is scheduled for December, with e-learning modules to run over the subsequent few months. 	<p>PN</p>

	<ul style="list-style-type: none"> • A tender process is being progressed by the National Clinical Programmes Office to identify a consultancy to provide intensive support for a “whole system” patient flow system nationally using the Saelta Group as the initial pilot site. • The <u>Quality and Patient Safety Governance Framework</u> is now in final sign off phase with the processes for the management of Complaints and Incidents modified to facilitate both site and Clinical Directorate involvement. Resourcing remains an issues on all sites. • <u>Portiuncula Hospital Maternity Services Review</u> Team have now reviewed the healthcare records in each of the eighteen cases and have received the individual reports from most of the investigation teams. The Review Team will be meeting again in the next few weeks to progress their report. • A template has been returned nationally documenting the Group’s status against each of the recommendations of <u>HIQA Portlaoise Report May 2015</u>. • A look back review of the work of a locum Histopathologist has been taking place in Sligo to date; no serious adverse clinical events have been identified to date. Letters have been sent to all patients this week. • The <u>Groups Risk Register</u> was discussed at our last performance meeting with the HSE National Team held on 28 October 2015. The risk register is reviewed at the Quality and Safety Meeting and updated monthly. • A Group lead for Management of Standards is essential to progress and oversee the implementation of the <u>HIQA Standards</u> and a workshop will be held in the New Year to progress further. <p>Following a number of clarifications from Board members addressed by Dr Nash the Board received the report and agreed the following actions:</p> <ul style="list-style-type: none"> • Arrange presentation by National OPD Lead to Brendan Day. 	MP
7.	Chief Financial Officer Report	
	<p>The Chief Financial Officer report (66/2015) circulated prior to meeting was taken as read and the following updates were provided:</p> <ul style="list-style-type: none"> • The Group is overspent by €43.5m (-8.2%). at the end October, with a forecast of €48m for year end. Deficit includes expected costs in respect of waiting lists and winter planning, and has not taken into account additional funding that may be received in this regard and the benefits of the MOU to year end as the Group cannot determine the extent of the additional funding and MOU benefits with private insurers. • Breakdown of pay pressures inside and outside the control of the Group outlined. • The Chief Information Officer for the HSE has received approval to go to recruitment for Group IT Director Position. This will happen in the first qtr of 2016. Reporting relationship will be directly to the HSE CIO 	

	<p>with a dotted reporting relationship to the Group CEO.</p> <ul style="list-style-type: none"> Documentation in relation to contract approval for an Electronic Document Management System (EDM) has been received for sign off by the Saolta Group. <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"> Draft operational service plan and financial budget available for next Board meeting for discussion. 	MP/AC/TB
7.	Chief Director of Nursing and Midwifery	
	<p>The Chief Director of Nursing and Midwifery report (58/2015) circulated prior to meeting was taken as read and the following updates were provided</p> <ul style="list-style-type: none"> Continue to work with the Chief Financial Officer to address agency and overtime usage in Nursing & Support Services. A CNM11 has been appointed in UHG to manage the risk issues associated with nursing overnight patients in the Emergency Department and is responsible for ensuring that all patients waiting on a bed receive the care that they require. Recommendation 5 of the <u>Portlaoise Report</u> states that all maternity units require a Director of Midwifery (DOM). The plan is to advertise these posts as soon as the job description is made available nationally. Mr. Ronan O'Cathasaigh from MUH has been appointed as Group Lead for Sepsis. Saolta was selected by the HSE to pilot the Schwartz Rounds. This project supports our mission to care for our patients and our staff. The Patient Council had their last meeting for 2015 on 19 November. The council have now settled into their role and feel they are making a valuable contribution to the patient experience. The yearly report from the Patient Council to the Board was noted. Ms. June Bolger, National Lead for Patient and Public Partnership visited GUH to discuss the plan for extending Patient Liaison Officers across the group. Await approval from the National Acute Hospital Office to extend role of PALS officers to other hospitals in the Group. The first Internationalisation meeting took place in October to establish and strengthen the health partnerships that already exist between Saolta, NUIG and the developing countries. Mixed gender report as part of winter planning for the Group noted. <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"> Following a request from Ms Phyllis MacNamara it was agreed to involve the Arts Trust at the beginning of all future capital projects. 	AC
8.	Director of Human Resources	
	<p>Mr John Shaughnessy presented a proposal to deal with the ongoing issues and challenges that face the Quality and Safety Department of the Group. Following a lengthy discussion in relation to the proposal the Board agreed the following actions :</p> <ul style="list-style-type: none"> Raise the Quality and Patient Safety requirements with Liam Woods 	

	<p>and report back to Board.</p> <ul style="list-style-type: none"> Follow up with National Acute Hospitals to seek approval for staffing for quality and patient safety department. 	Chair PN/MP/JS
9.	Schedule of Board Meetings 2016	
	<p>Schedule of Board meetings for 2016 (69/2015) circulated prior to meeting noted.</p> <p>The Board passed on its thanks to Roscommon University Hospital for hosting the Board meeting and for the staff's hospitality.</p> <p>The Chair thanked everyone for their contribution and commitment this year to the Board and its subcommittees and wished everyone a happy Christmas and New Year.</p>	
10.	Any other Business	
	<p>Following updates were provided to Board Members</p> <ul style="list-style-type: none"> Media statements in relation to a Directive issued by the Director General and Minister for Health intends to impose penalties on hospitals that do not escalate appropriately. Failure to escalate could potentially result in a €10K penalty. Weekly teleconference with CEO and CO Area West 2 in place. The CEO and COO attended the Regional Health Forum Meeting last month. The Senior Management Team briefed the Oireachtas members for Galway, Portlinculla and Roscommon last month. Mr James Keane has been appointed the post of GM for PUH. Ms Chris Kane has taken up her appointment as GM for GUH. The Staff recognition awards took place on the 13 November in the Sligo Hotel and the event was a great success and in particular from a morale point of view. Ongoing meetings are taking place with NUIG regarding operational costs associated with the Clinical Translational Research Facility. 	
11.	Date of Next Board Meeting	
	Wednesday – 10 February 2016 2-4pm, Board Room, Mayo University Hospital	

SIGNED DIRECTOR:


Interim Chair of Board

DATE: _____

