

## Board Meeting

University Hospital Galway  
8<sup>th</sup> June 2016

### Present

#### Non Executive Directors

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

### Apologies

Mr Zubair Javeed, Director (ZJ)

### In Attendance

Mr Michael Moloney, Communications  
Ms Caitriona Meehan, Communications  
Ms Karen Reynolds, Quality Improvement  
Division, HSE

### 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 (JK)  
Mr Tony O’Gorman, Secretary (TOG)

### Non Attendance

Mr Colam O Neill, Director (CON)

Agenda Item	Discussions / Comments	Action
1.	<b>Apologies/ Minutes of Board Meeting/ Declaration of Interest</b>	
	Minutes of Board meeting of the 11 <sup>th</sup> May 2016 were approved on the proposal of Ms Phyllis MacNamara and were seconded by Ms Sharon Moohan.  <b>Conflict of Interest Declaration:</b> No Declaration of Interest made.	
	<b>Matters Arising and Review of Action points</b>	
	None.	
2.	<b>Chairperson</b>	
	<b>Chairman’s Update (verbal)</b> The Chair welcomed Ms Karen Reynolds, Quality Improvement Division, HSE who was attending the meeting as an observer. The Board of Saolta University Health Care Group Board plans to undertake a Quality Improvement Project involving the development of a dashboard to display metrics relating to the quality of clinical care, which will be reviewed by the	

	<p>Board at each Board meeting.</p> <p>Dr Killeen noted recent correspondence received from patients who wanted to thank Saolta frontline staff for the quality of care they experienced. The Chair stated that it was important for staff members to be aware of such positive feedback. It was noted that positive feedback received from patients is already posted on staff notice boards located at ward level. The feasibility of adding patient feedback to the Saolta website is to be investigated as a means of recording and disseminating feedback from the patients we serve. Dr Jim Browne observed that this type of initiative is essential to build staff morale.</p> <p>Dr Browne advised the Chair that the Minister of Health has been invited by NUIG to open the new medical Academy in LUH. The Board acknowledged the contribution of Dr Browne, NUIG and academic teams in developing the learning and research capability in hospitals across the Group, noting that NUIG are the first University in Ireland to invest in Hospital Academies, providing € 9.5 million funding across hospitals in the Saolta Group.</p> <p>Dr Killeen, on behalf of the Board, offered condolences to the relatives of nursing staff member Ms Michelle Silke, Galway University Hospitals.</p>	Caitriona Meehan
3.	<b>Chief Executive Officer</b>	
	<p>The Chief Executive Officer report (29/2016) circulated prior to meeting was taken as read and the following updates were provided:</p> <ul style="list-style-type: none"> <li>• Saolta executives are engaging with the IPA for advice regarding Governance and Risk Management best practice and will advise the Board of outcomes from this process.</li> <li>• 2016 year-to-date patient activity has significantly increased across the Group in the categories of Daycases (6.9%), ED Presentations (4.7%), and Outpatients (6%) when compared to last year. ED Admissions have fallen by 4.1% and Roscommon Minor Injuries Unit (MIU) presentations by 6.6% over the same period.</li> <li>• The Cost-Benefit Analysis for the UHG ED is to be submitted to the National Capital Steering Group for consideration in August. This development is urgently required by the Group, in the context that, within Emergency Departments across the Group, there has been 30% reduction on trolley waits compared to the same period last year, whilst numbers attending EDs have gone up 8%.</li> </ul>	
4.	<b>Chief Clinical Director</b>	
	<p>The Chief Clinical Director report (30/2016) circulated prior to meeting was taken as read.</p> <p>Dr Nash presented on the proposed Group Integrated Group Governance</p>	

	<p>Model which the Group's Executive Council has recently approved. Dr Nash advised the Board that the subgroup formed to develop a proposal on Group Governance Structure had examined various clinical leadership and governance models. The proposed model will allow for greater financial and risk accountability within seven clinical directorates. The HSE will resource this strategic change programme with external project management expertise from Price Waterhouse.</p> <p>The Chair welcomed this development, stating that the implementation of a clear, integrated plan for the delivery of services, with measurable outcomes, was of critical importance to the development of the Group.</p> <p>Dr Nash will continue to report to the Board on progress with this programme of strategic change.</p>	
<b>5.</b>	<b>Chief Financial Officer Report</b>	
	<p>The Chief Financial Officer report (31/2016) circulated prior to meeting was taken as read and the following updates were provided:</p> <ul style="list-style-type: none"> <li>• Mr Baynes reiterated that the Group's base budget was not sufficient to fund the level of activity undertaken currently by the Group. This was compounded by a drop of income from private patients as a result of lack in capacity across the Hospital Group due to unscheduled winter demand.</li> <li>• The Group is €19.2 million overspent so far this year and the forecast for year-end 2016 indicate that Saolta will be €52.7m over budget, in line with previous projections. Significant savings have been made in the area of pharmacy procurement and timely processing of income claims to insurers for private patients will remain a key focus area for the Group.</li> <li>• The HSE has issued a strict directive to Saolta, restricting the recruitment of new staff. The CFO and his team are engaging with individual hospital managers to oversee employment ceilings in each hospital in the Group. There is a pause in recruitment with no continuation of unfunded developments or services.</li> <li>• The CFO advised the Board that he had met with the CEO and Mr Zubair Javeed and presented a draft finance plan for how the Group would operate as a standalone entity. Further work is required on this to finalise these plans.</li> </ul>	
<b>6.</b>	<b>Chief Operating Officer</b>	
	<p>The Chief Operating Officer (COO) report (32/2016) circulated prior to meeting was taken as read and the following updates were provided:</p> <ul style="list-style-type: none"> <li>• The Roscommon Endoscopy Service is opening on a phased basis and is forecast to be fully operational by Q3 2016. Additional</li> </ul>	

endoscopy capacity in RUH will relieve pressure on endoscopy service provision in GUH. Other service developments in RUH include increased max-fax and vascular capacity. There are now six consultants travelling to RUH, on a weekly basis, to provide specialist clinical services.

- Waiting List performance is under ongoing review by the Group, with outpatient 15 month breaches currently at 4,332 and 18 month breaches at 2,343. Inpatient 15 month breaches are 1,718 and 18 month breaches are 782.
- Multiple initiatives are on-going to address waiting lists across the Group. Particular concern was expressed regarding waiting lists for ENT, Ophthalmology, Urology and Orthopaedics. It was also noted that in specialties such as ENT, conversion rates from outpatient to inpatient are high, further adding to capacity issues.
- The DEXA Bone Scanner service in GUH has been impacted by a shortage of Radiographers. There are currently 17 vacancies in the service and there is an on-going recruitment campaign to fill these vacancies. In the interim, several short-term options are being examined, including overtime, use of private service providers and staff up skilling.
- Endoscopy Services in GUH have been impacted by maternity leave and Ms Cosgrove advised that an extended working day for this service is being examined currently.
- Cath Labs in UHG & SUH: The COO was nominated as lead for this project from May 17<sup>th</sup> 2016. A Statement of Needs for both sites has been completed. The COO is engaging with HSE Procurement and Estates specialists to examine the most suitable procurement and building options for both sites. The solutions for Galway and Sligo will be different, with Sligo being proposed as a managed service option, while Galway is likely to be a traditional procurement process given the variables involved in context of accommodation. Ms Cosgrove will advise the Board of ongoing progress with this important project.
- Dr Nash advised the Board that both existing Cathlabs on the UHG site are at end-of-life and represent a significant service risk, as are the UHG Radiotherapy Linear Accelerators and the IR Suite on the Sligo site. The CEO informed the Board that Saolta have continually highlighted these equipment risks to the HSE and will continue to do so. Specification is ongoing for a list of replacement medical equipment across the Group, with an estimated value of €4.09m.
- Ms Cosgrove advised the Board that the HSE Chief Information Officer and the HSE Corporate IT Dept were engaging with the

Ann  
Cosgrove

	COO in proactively seeking ICT funding for the Group. The Board were also advised that planning for IT System resilience testing in GUH is also underway.	
<b>7.</b>	<b>Chief Director of Nursing</b>	
	<p>The Chief Director of Nursing (CDON) report (33/2016) circulated prior to meeting was taken as read and the following updates were provided:</p> <ul style="list-style-type: none"> <li>• The Saolta Patient Council, continues to be actively engaged in Group activities and members are participating in a range of hospital-based committees across the Group. Council members have engaged recently with HIQA in the development of a service quality questionnaire.</li> <li>• The next steps of the Board Quality Improvement Project were discussed by the CDON and Board members. This project will have project support from HSE Quality Improvement Division and involves the development of the Group Board quality of clinical care dashboard to inform Board discussion and to hold the Group accountable for the quality of clinical care delivered.</li> <li>• The recruitment processes for Director's of Midwifery for SUH, PUH and LUH were discussed. Backfills will be required for any internally recruited candidates.</li> <li>• Interviews will take place for all NUIG student nurses qualifying in September 2016.</li> </ul>	
<b>8.</b>	<b>Any other Business</b>	
	<p>The following additional items were noted:</p> <ul style="list-style-type: none"> <li>• Mr Mc Manus invited the Saolta Chief Academic Officer to a future Board meeting to present out on current academic activities and initiatives within the Group. Dr Nash is to arrange.</li> <li>• The Chair acknowledged members of the public who attended the recent public Board meeting in Letterkenny and thanked the staff of Letterkenny University Hospital for their assistance in organising the meeting.</li> <li>• A summary of ED Activity audit was presented to the Board by the COO (34/2016).</li> <li>• The Group headcount breakdown was presented to the Board by the CFO (35/2016).</li> </ul>	Dr Pat Nash
<b>9.</b>	<b>Date of Next Board Meeting</b>	
	Wednesday 13 <sup>th</sup> July 2016 Board meeting 16.00 – 18.00, Boardroom, Roscommon University Hospital.	

SIGNED DIRECTOR:

  
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 Interim Chair of Board

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

