

ATTACHMENT 1

**RCSI HOSPITALS GROUP
BOARD MEETING
TUESDAY 17TH MAY 2016 AT 14.00HRS**

MCT BOARDROOM, RCSI, 123 ST STEPHEN'S GREEN

In Attendance		
Anne Maher (Chair)	Chair RCSI Hospitals Group Board	AM
Ian Carter	Group Chief Executive Officer	IC
Sheila McGuinness	Acting Group Chief Operations Office / Group Chief Nursing Officer	SMcG
Chris Kenny	Group Chief Finance Officer	CK
Eric Brady	Group Director of Human Resources	EB
Trevor Duffy	Group Chief Academic Officer	TD
Cathal Kelly	Chief Executive Officer, RCSI	CaK
Susan Moloney	Group Quality, Safety & Risk Manager	SM
Suzanne Daly	PA to the Executive Team	SD
Apologies		
Patrick Broe	Group Clinical Director	PB

Item	Discussion	Action
1. Minutes of previous meeting 18th April 2016	<p><u>Matters Arising</u></p> <ul style="list-style-type: none"> Minutes agreed without change. AM has written to new Minister for Health regarding future meeting to discuss RCSI Hospitals Group development and progression to date. Beaumont Hospitals CEO retirement expected in early June 2016, interim CEO arrangements discussed. 	
2. Chief Executive Officers Report	<ul style="list-style-type: none"> In relation PET time per performance activity report identifies <9 hours compliance: <ul style="list-style-type: none"> - Cavan - 85% - OLOL - 77.7% - Connolly - 64% - Beaumont - 70.8% <p>It is noted that Beaumont Hospital is the third best performer of the MATHs (Major Academic Teaching Hospital)</p> AM raised concerns for winter period, IC informed the Board that a winter planning discussions were underway and a proposal for additional capacity for two of the group hospitals has been submitted to the HSE to ensure all available funds to assist in the provision for same. Referral pathways have been reviewed recently and GP referrals have increased for the Group, particularly in Beaumont. Self-referrals are also noted to be increasing. <ul style="list-style-type: none"> - a number of out of hours GP services also referring directly to Hospitals, TD explained that workload is a contributing factor (under Age 6 (GP free initiative) referrals, locum quality / availability and retirements. 	
3. Quality & Risk	<ul style="list-style-type: none"> SM provided an update for the Quality & Safety Directorate - 5 months 	

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Management	<p>of data now available and a number of trends are emerging. Recommendations to shift culture will be required to address issues.</p> <p>Complaints</p> <ul style="list-style-type: none"> • Level 3 complaints – Group wide complaints audit to be completed, beginning with Cavan Hospital. A number of complaint responses are to be reviewed and emphasis on inclusion of apology, learning and quality improvement highlighted to hospital personnel. <ul style="list-style-type: none"> - a proportion of the level 3 complaints are being referred back to the Hospital GM/CEO in the first instance. • Group Complaints Policy has been developed and will be disseminated throughout the group for implementation. <ul style="list-style-type: none"> - bespoke complaints training for the group to be rolled out in June 2016. • Linkage with RCSI colleagues to assist with training in quality would also be invaluable. <p>Hospital Incident Reviews</p> <ul style="list-style-type: none"> • 37 Incident Reviews at hospital level are open to date. A policy for the streamlining of Incident Reviews process currently under development to simplify process and improve timeliness of reviews. Typically HSE / External reviews take >1year to complete. 	
4. Financial Report	<ul style="list-style-type: none"> • Financial position year to date Mar 2016 results in a budget deficit of €15.1m (7.2%) <ul style="list-style-type: none"> - Winter Funding and NCCP Drug funding if received would reduce deficit to €12.7m (4.7%) • Key Drivers include: <ul style="list-style-type: none"> - Pay costs / increments /Landsdowne Road Agreement / Consultant pay pressures / support interns salary / pension - Drug costs increased by €1.8m • €45.1m (6.9%) projected deficit for the year • Income has increased by €2.8m (6.1%) but remains lower than budget growth target – projected 2016 deficit versus budget expected to be €5m (3%) • Additional cost pressures include: <ul style="list-style-type: none"> - WRC – ED Agreement €1.8m - Consultant rostered overtime at weekends €0.7m - Beaumont Board Improvement Plan - €5.7m (when complete will impact cost by €7.8m) • Beaumont costs are up and expected further dis-improvement this year – Robust review and measures will be required. • Cash flow issues will arise for voluntary hospitals in Q3 unless deficits are addressed. • Pay bill management exercise undertaken by the HSE – headcount to be reduced ultimately. • Confirmation of development funding – written confirmation has been received but cash adjustment to budget is awaited. <p>ABF Update</p> <ul style="list-style-type: none"> • Q1 figures demonstrated OLOL to be worst performing hospital in the group however costs have stabilised and activity is increasing. 	

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	<p>Debtor Days</p> <ul style="list-style-type: none"> • Debtor days have increased from 143 days in December 2015 to 165 days in March 2016 – significant concerns raised for Beaumont and Connolly Hospitals (€36m owed by private insurers to the group hospitals), process improvement is required. • Best practice modelled in St James' Hospital – improved significantly by electronic process implementation. 	
<p>5. HR Report</p>	<ul style="list-style-type: none"> • EB provided an update regarding HR in RCSI Hospitals Group. • Employment control processes are being stringently adhered with only a small increase in headcount for April - 28 WTE increase overall (20 of which are for Beaumont who have independent recruitment autonomy), however an increase is expected in the coming months due to operational necessity on a number of posts for the Group. • Absence Rates show some variation but overall remains problematic and an issue for the Group. <ul style="list-style-type: none"> - Louth and Monaghan noted as significant outliers – TD queried the reasons for these sites. SMcG explained some reasons for same can be attributed to lack of local Occupational Health departments and some personnel moved to the smaller hospitals / number of staff on long term sick leave. Benchmark target is 3.5%. • Starter and Leavers control measures also underway. 	
<p>6. Chief Academic Officers Update - Trevor Duffy</p>	<ul style="list-style-type: none"> • TD circulated Academic Partnership Development Programme Strategic Plan to the meeting. TD provided a high level summary of the plans for the programme. • Number of collaborative projects planned to engage with key stakeholders in various hospitals. Community practice to be developed – online forum with didactic videos pathways / local hospital guidelines patient journey information. Orthopaedics/Radiologist/Rheumatology engagement essential. Online teaching platform for community and hospital staff cohorts. • Log all interaction on the system to show referral pathway improvements. • Rheumatology Project ECHO underway in Connolly Hospital and a number of clinics have taken place. 4 GPs have fully engaged and hopeful for expansion to different specialties. Recently presented to CD (Clinical Directors) Forum and Clinical Directors supportive in principal. • Research / education and innovation key components. • Medical post graduate accreditation is an issue – currently auditing training posts to identify where improvements can be made. TD engaged with RCSI / RCPI around rebranding a number of posts ie - enhanced utilisation of support structures. • Accredited training posts are limited and these may be reduced further. • Create interaction within Group and comprehend training research and innovation challenges within the Group presently. • Nursing and Allied health profession engagement planned for later in year. • Hot spotting in line with the college - HORC (Health Outcomes Research Centre) department. • Management of chronic diseases in the community and poor health 	

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	behaviours. Linkage with Aidan Halligan project – proactive engagement planned. <ul style="list-style-type: none"> • Research Hermitage / RCSI effective working relationship's for Group. • Secure training recognition is a key priority for Cavan and OLOL particularly. 	
7. Group Strategy Development	<ul style="list-style-type: none"> • Draft Group strategy development document circulated to the Board, IC described some potential development opportunities in each of the Group hospitals and discussion ensued. • Capacity / capability to be extended. • Submission of finalised Group Strategy to HSE / DOH upon completion. Estimated timeframe for completion to be agreed with the board. • Further engagement with IEHG is required. • National Strategy currently under development. 	IC
8. Correspondence	National Emergency Endovascular Stroke Service <ul style="list-style-type: none"> • Correspondence received regarding the approval of funding for a joint emergency endovascular service for Cork University Hospital and Beaumont Hospital. Service plan for inclusion for Group Estimates process for 2017. Cystic Fibrosis – Beaumont Hospital Business Proposal <ul style="list-style-type: none"> • Approved Service Development. 	
AOB	<ul style="list-style-type: none"> • Group Chairs meetings planned. • Invitation to future Board meeting may be extended to Chairs of Beaumont and Rotunda Hospitals. 	
Date & Time Next Meeting	<ul style="list-style-type: none"> • Monday 20th June 2pm, Sir Thomas Myles Room - 123 RCSI 	