

**MINUTES OF MEETING OF RCSI HG BOARD HELD ON 16<sup>TH</sup> FEBRUARY 2018 AT 10.00 IN THE ROBERT SMITH MEETING ROOM, RCSI**

**PRESENT:** Ms. Anne Maher (Chair, Designate)  
Prof Cathal Kelly  
Dr Maria Wilson Browne  
Mr Enda Connolly  
Prof Anthony Cunningham  
Mr Colm McGrattan  
Prof Helen Roche  
Dr Donal de Buitleir  
Mr Douglas Keatinge

**IN ATTENDANCE:** Mr. Ian Carter, Chief Executive  
Prof Paddy Broe Group Clinical Director  
Ms Sheila McGuinness Chief Operations Officer  
Mr Rory Farrelly Chief Director of Nursing and Midwifery  
Mr Chris Kenny Chief Financial Controller

**APOLOGIES:** None

<i>Opening Remarks</i>	The Chair opened the meeting and welcomed the new members to the Board.
<i>Welcome and introductions</i>	Each member of the Board introduced themselves and provided a brief overview of their background /career.
<i>Role and Function of RCSI HG Board</i>	<p>The Chair discussed the Role and Function of RCSI HG Board.</p> <p><b>Hospital Group Overview:</b> Hospital Groups were established by Minister James Reilly following the Higgins report. As such the Group Board currently operates on an administrative basis and is appointed by, and reports to, the Minister for Health. It is anticipated that this will be moved to statutory basis over the next two year period. For this period, line of executive accountability for the Group CEO is to the National Director for Acute Hospital Services.</p> <p><b>Board Governance:</b></p> <ul style="list-style-type: none"> <li>- Chair - appointed for 2 years</li> <li>- Board Members - appointed for 3 years</li> </ul> <p>The roles and responsibilities of board members are described in the Code of Practice for the Governance of State Bodies outlined in correspondence issued from the Minister.</p> <p><b>Board's Key Role:</b> Chair outlined the Board's key role:</p> <ul style="list-style-type: none"> <li>- oversee Hospitals within the Group</li> <li>- support and challenge the CEO</li> <li>- foster close effective working arrangements with Community Healthcare Organisations (CHO's)</li> <li>- foster relationship with academic partner - RCSI</li> <li>- Chair acknowledged the significant support from RCSI to date.</li> </ul>

	<p><b>Challenges:</b> Chair outlined the challenges faced by the Board</p> <ul style="list-style-type: none"> <li>- to get legislation drafted</li> <li>- work to ensure current Group structures are sustained and developed</li> <li>- work to support the implementation of the Slaintecare Report</li> </ul> <p><b>RCSI HG Current Position:</b> Chair advised that Group is performing well and that the success of the Group has been acknowledged by both Government and media.</p> <p><b>RCSI HG Board Strategy:</b> It is intended to hold a Strategy Review and Development session later this year - possibly in May.</p> <p><b>(MWB) enquired:</b></p> <ul style="list-style-type: none"> <li>- As to the Board's legal status / obligations? Chair confirmed <ul style="list-style-type: none"> <li>- during this administrative stage, Hospital Group Boards have no legal accountability in relation to the Hospital Group or the Hospital Group CEO.</li> <li>- there is no formal meeting / reporting structure in place and that updates are normally done on an informal basis.</li> <li>- The Chair suggested that Minister Harris be invited to attend a Board meeting. AM to engage with Minister's office re same.</li> </ul> </li> </ul> <p><b>(MWB) enquired:</b></p> <ul style="list-style-type: none"> <li>- Should there be representation from statutory hospitals <ul style="list-style-type: none"> <li>- IC confirmed unlike Beaumont and the Rotunda, statutory hospitals do not have Board constructs.</li> </ul> </li> </ul> <p><b>Patient Advocate Board Member</b> The Chair advised that no suitable applications received.</p> <p><b>(DK) enquired:</b></p> <ul style="list-style-type: none"> <li>- Regarding the Hospitals reporting relationships and their accountability to the Group? IC confirmed <ul style="list-style-type: none"> <li>- Group Chief Executive has delegated authority to manage Hospitals within the Group under the <i>Health Act 2004</i>.</li> <li>- CEO of each Hospital Group has full authority to execute an annual Service Arrangement between the HSE and those hospitals within the Group which are funded pursuant to Section 38 of the <i>Health Act, 2004</i></li> </ul> </li> </ul>
<p><i>Hospital Group Overview Presentation</i></p>	<p>IC provided an overview presentation to the Group.</p> <p><b>(AC) enquired:</b></p> <ul style="list-style-type: none"> <li>- If the Group provide a singular obstetric service? <ul style="list-style-type: none"> <li>- IC confirmed obstetric service provision is split across 3 separate sites.</li> </ul> </li> </ul> <p><b>(CaK) advised:</b></p> <ul style="list-style-type: none"> <li>- recruitment in Level 3 hospitals has proven difficult; however, with the introduction of cross-site posts, it has made recruitment in Level 3 hospitals more appealing to potential staff.</li> </ul> <p><b>(MWB) enquired:</b></p> <ul style="list-style-type: none"> <li>- If Consultant contracts proven problematic when it comes to recruitment?</li> </ul>

	<p><b>(HR) enquired:</b></p> <ul style="list-style-type: none"> <li>- If dual appointment location posts are bridging any recruitment issue?           <ul style="list-style-type: none"> <li>- IC confirmed that having cross-site posts has made recruitment more appealing. One example of this is establishment of the Foetal scanning service (anomaly scan) for OLOL / Cavan with Consultant work force shared with the Rotunda.</li> </ul> </li> </ul> <p><b>(AC) advised:</b></p> <ul style="list-style-type: none"> <li>- He had attended a recent lecture given by Prof John Hyland and noted that 84% of new graduates only want to train in level 4 Hospitals.</li> </ul> <p><b>(CaK) enquired:</b></p> <ul style="list-style-type: none"> <li>- If the paperless project rolled out in the Rotunda will be extended to the Group?           <ul style="list-style-type: none"> <li>- IC advised that no National agreement to this development at this time.</li> </ul> </li> </ul> <p><b>(MWB) advised:</b></p> <ul style="list-style-type: none"> <li>- That GP's use Healthlink</li> </ul> <p><b>(AC) advised:</b></p> <ul style="list-style-type: none"> <li>- That Meditech supply an electronic health record (EHR) in the private sector.           <ul style="list-style-type: none"> <li>- IC acknowledged that there are solutions available. However, these are currently not available in the public sector.</li> </ul> </li> </ul> <p><b>(MWB) advised:</b></p> <ul style="list-style-type: none"> <li>- Relocation from the Rotunda campus to Connolly campus will take a number of years. Clinical risks identified within existing campus.           <ul style="list-style-type: none"> <li>- IC confirmed that the expenditure requirements for the redevelopment works of the Neo Natal ICU / Theatre Development will be provided by the Rotunda in the first instance on present site. The HSE will directly provide necessary capital grant to Rotunda Hospital in 2019 to support these costs.</li> </ul> </li> </ul> <p><b>(HR) enquired:</b></p> <ul style="list-style-type: none"> <li>- If there is integration with the Community?           <ul style="list-style-type: none"> <li>- IC confirmed that there is some level of integration with community services.</li> </ul> </li> </ul>
<i>SMT joined meeting</i>	<p>RCSI Senior Management team joined the meeting at 11.45am. The Chair introduced the team and welcomed them to the Board.</p>
<i>Activity Report Agenda Item 4</i>	<p><b>Activity Report tabled and key points included:</b></p> <p><b>1. Macro Activity cumulative trends- December 2017</b></p> <ul style="list-style-type: none"> <li>ED attendances (new) - 4.5% increase YTD (n=7,515)</li> <li>In patient discharges - 0.8% increase YTD (n=822)</li> <li>Day case attendances - 2.8% increase YTD (n=4,225)</li> <li>OPD attendances (new) - 1.5% increase YTD December (n=1,862)</li> <li>OPD attendances (new) - 0.2% increase YTD December (n=770)</li> </ul> <p>Overall increase of all activity YTD vs SPLY (same period last year).</p> <p><b>(MWB) enquired:</b></p> <ul style="list-style-type: none"> <li>- If the statistics for OPD virtual clinics are recorded?           <ul style="list-style-type: none"> <li>- SMCG confirmed that this information is recorded separately.</li> </ul> </li> </ul> <p><b>(MWB) enquired:</b></p> <ul style="list-style-type: none"> <li>- As to Beaumont performance in relationship to ED patient wait times / volumes           <ul style="list-style-type: none"> <li>- SMCG identified               <ul style="list-style-type: none"> <li>- Beaumont had achieved trolley wait targets set in Winter Plan                   <ul style="list-style-type: none"> <li>- the average time spent in ED for admitted patients has reduced by 19%</li> </ul> </li> </ul> </li> </ul> </li> </ul>

	<p>from reporting month 2016 (<b>16 hours</b>) to reporting month 2017 (<b>13 hours</b>)</p> <ul style="list-style-type: none"> <li>- the average time spent in ED for non-admitted patients has remained constant from reporting month 2016 to reporting month 2017 (<b>6 hours</b>)</li> </ul>
<i>Finance Report Agenda Item</i>	<p><b>The Finance Report for December 2017 was tabled and key points included:</b></p> <ol style="list-style-type: none"> <li>1. Pay - Deficit €0.60m (0.1%)</li> <li>2. Non pay - Deficit €19.2m (2.7%)</li> <li>3. Income - Deficit €6.3m (0.8%)</li> </ol> <p><b>(CaK) enquired:</b></p> <ul style="list-style-type: none"> <li>- Regarding status of public / private mix?           <ul style="list-style-type: none"> <li>- IC confirmed that the Group is well under threshold.</li> <li>- PB advised that the vast majority of Consultants practice &lt; 80% / 20%</li> </ul> </li> </ul> <p>Opportunities and challenges to maximise private patient income discussed.</p> <p><b>(MWB) enquired:</b></p> <ul style="list-style-type: none"> <li>- If a private patient in A&amp;E requires admission?           <ul style="list-style-type: none"> <li>- IC confirmed that a private patient can opt out of using their insurance and will be charged a standard fee of €80 per night, up to a maximum of €800 in one year.</li> </ul> </li> </ul> <p><b>(CMcG) enquired:</b></p> <ul style="list-style-type: none"> <li>- Regarding the recouping of Road Traffic Accident Charges (RTA)?           <ul style="list-style-type: none"> <li>- CK confirmed that there are robust processes in place to recoup same and fully provided for.</li> </ul> </li> </ul>
<i>Clinical Director Overview</i>	<p>Prof Broe provided a brief overview regarding new clinical initiatives / developments within the Group.</p> <p><b>Trauma Bid</b></p> <p>Under the new trauma system there will be two major trauma centres in Dublin and one in Cork. The HG will be preparing a bid to secure same. Community / primary services require investment to support same. The Chair requested that Board members promote the HG bid with anyone appropriate.</p>
<i>Proposed Future Meeting Dates 8.1</i>	<p>It was agreed that Board meetings will be held at 8am. LK to circulate revised schedule.</p>
<i>Academic Update</i>	<p>CaK confirmed that the RCSI resources and expertise are available to work with the Group to support academic and quality improvement agenda.</p> <p>CaK extended an invitation to the Board to attend an Inaugural Conference on Professionalism: Why it matters for Patient Safety, Quality and Risk on the 12th April 2018 in RCSI.</p> <p>Director of Research – Appointed and will be announced in the coming weeks.</p>
<i>AOB Agenda Item 10</i>	<p>Board papers to be issued via hard copy only.</p>
<i>Date of next meeting</i>	<p>It was agreed that the next meeting would take place at Friday, 16<sup>th</sup> March 2018 at 8am.</p>

Signed: \_\_\_\_\_

Date: \_\_\_\_\_