

**ATTACHMENT 1**

**RCSI HOSPITALS GROUP**  
**BOARD MEETING**  
 MONDAY 20<sup>TH</sup> JUNE 2016 AT 14.00HRS

SIR THOMAS MYLES ROOM, RCSI, 123 ST STEPHEN'S GREEN

<b>In Attendance</b>		
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
Patrick Broe	Group Clinical Director	PB
Trevor Duffy	Group Chief Academic Officer	TD
Eric Brady	Group Director of Human Resources	EB
Susan Moloney	Group Quality, Safety & Risk Manager	SM
Suzanne Daly	PA to the Executive Team	SD
<b>Apologies</b>		
Cathal Kelly	Chief Executive Officer, RCSI	CaK

<b>Item</b>	<b>Discussion</b>	<b>Action</b>
<b>1. Minutes of previous meeting 17<sup>th</sup> May 2016</b>	<p><b><u>Matters Arising</u></b></p> <ul style="list-style-type: none"> <li>• Minutes agreed with one minor amendment for AM under AOB. <b>SD to update as appropriate.</b></li> <li>• AM provided a brief update following her meeting with Hospital Group chairs today – each Group encountering similar common challenges. Group Chairs eager to fully establish Group Boards and will continue to engage with Secretary General and Department of Health. Date awaited for meeting with Minister for Health. DOH indicated Minister plans to meet separately with each Hospital Group.</li> <li>• Engagement with the TDs is necessary – <b>Briefings to be coordinated.</b></li> </ul>	<p><b>SD</b></p> <p><b>IC/ML</b></p>
<b>2. Chief Executive Officers Report</b>	<ul style="list-style-type: none"> <li>• In relation to PET time per performance activity report identifies &lt;9 hours compliance:</li> <li>• Increased ED attendances continue 9/10%             <ul style="list-style-type: none"> <li>- Update PET %               <ul style="list-style-type: none"> <li>- Cavan – 89%</li> <li>- OLOL - 79.2%</li> <li>- Connolly – 66.4%</li> <li>- Beaumont – 70.3%</li> </ul> </li> </ul> </li> <li>• Elective access is likely to be diminished further in Q3/4 due to sustained increased ED Attendances and Admissions. Day Case activity needs to be increased.</li> <li>• Confirmation of additional €500m budget allocated to the Department of Health which may assist with winter initiative / improving access / outsourcing initiative / psychiatry and home care packages.</li> <li>• OPD Waiting lists demonstrating performance deterioration in relation to &gt;12 months – less than optimal Chronological booking indicated. Chronological scheduling improvement required focusing on &gt;12 month period as the majority of patients waiting have received appointments</li> </ul>	

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	<p>previously.</p> <ul style="list-style-type: none"> <li>• Surgical migration of patients from Beaumont underway to Connolly/Cavan in order to address current long <i>waiters</i>.</li> <li>• Home Care Packages (HCP) for CHO 8 have been curtailed – CHO Area 8 is one of three areas currently in Black Escalation and a new process regarding accessing HCPs is now in place whereby any application is approved via Community Allocation Forum – this will have a very negative impact for Group Hospitals ability to discharge.</li> </ul>	
<b>3. Quality &amp; Risk Management</b>	<ul style="list-style-type: none"> <li>• Development of a suite of Metrics is underway to assist with performance management for hospitals / Clinical Directorates. <b>SM to include metrics in next month's Quality &amp; Safety report.</b> A collaborative meeting is planned for Quality &amp; Safety Directorate and all General Managers to implement same.</li> <li>• An update on reported SREs for the Group was provided. A recent study of adverse events in the Irish Healthcare context suggests there may be significant under reporting of these occurrences (<b>Rafter et al, 2016</b>). Quality &amp; Safety Directorate continue to support and encourage reporting at hospital level.</li> <li>• Group complaints policy is in place. A bespoke programme to assist with complaints management to be developed with RCSI Institute of Leadership – primary focus to educate staff to include quality improvement and learning in responding to complaints for the Group.</li> <li>• Hospital incident reviews process also under development, a significant variation in timeliness and quality of responses across the sites. The Directorate are working towards streamlining and improving this process with a view to standardising reviews across the Group. Dr McKenna, Associate Clinical Director fully engaged in this initiative.</li> <li>• This will be supported by training provided by LaTouche - first training day scheduled for 22.16.16. 30 slots allocated for training in 2016 targeting Senior Management and Clinicians initially.</li> </ul>	<b>SM</b>
<b>4. Financial Report</b>	<ul style="list-style-type: none"> <li>• Financial position YTD April 2016 resulting in a budget deficit of €18m (6.8%). The increase year on year is €13.4m (5%), this translates to a projected budget deficit of €45.1m (7%) for 2016.</li> <li>• Key drivers include: <ul style="list-style-type: none"> <li>- increments</li> <li>- Lansdowne Road Agreement</li> <li>- consultant pay pressures</li> <li>- support interns salary regularisation</li> <li>- new developments</li> <li>- unfunded developments</li> <li>- pension costs</li> <li>- drug costs</li> <li>- medical / surgical supplies</li> <li>- non-pay activity</li> </ul> </li> <li>• Income has increased by €3.4m (6%) although this remains lower than income target (€4m).</li> <li>• Debtor's day's improvement demonstrated, decrease from 165 March / 137 April – attributed to improved arrangements at hospital level with insurance companies, further improvements anticipated. <b>CK to provide further analysis on debtor days for next meeting.</b></li> </ul>	<b>CK</b>

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	<ul style="list-style-type: none"> <li>• Cash flow implications for Beaumont Q4 expected.</li> <li>• Confirmation of funding of 28WTE new midwives and 1.5WTE specialist bereavement midwives anticipated from National Maternity Strategy. Confirmation of funding for a number of developments for the Group also awaited.</li> </ul>	
<b>5. HR Report</b>	<ul style="list-style-type: none"> <li>• EB provided an update regarding HR in RCSI Hospitals Group.</li> <li>• Monitoring of headcount for the Group demonstrates that starters and leavers report has stabilised – 6 more starters than leavers this month.</li> <li>• Challenge going forward is to ensure right person - right role particularly with nursing.</li> <li>• Overseas nursing recruitment in the Philippines is nearing completion - Beaumont due to get between 55 – 65 Philippine nurses with a small influx expected the initial cohort's arrival. Process noted to be slow - this particular initiative contract was signed 20months ago. Delays attributed to:               <ul style="list-style-type: none"> <li>- No campaign undertaken in a number of years due to moratorium</li> <li>- Nursing staff not equipped to emigrate immediately - language barrier</li> <li>- NMBI (Nursing &amp; Midwifery Board of Ireland) process although preference being applied to major sites to expedite as soon as possible.</li> <li>- Legal issues / licences to get into the country.</li> </ul> </li> <li>• India initiative also established with anticipated influx of 20 nurses per month.</li> <li>• Engagement with unions, SMcG, EB to meet this week to discuss OLOL work to rule with a view to addressing some of the issues.</li> <li>• Absence rates for the Group discussed. EB to provide current status report regarding absenteeism for next Board meeting.</li> <li>• A number of leadership development programmes are being rolled out to Group colleagues. First tranche expected for September 2016 – MDT approach which will include all disciplines from both Acute hospitals and CHOs, this may assist with integration between community and hospitals. EB to provide current status report for next Board meeting.</li> </ul>	<p>EB</p> <p>EB</p>
<b>6. Draft Estimates 2017</b>	<ul style="list-style-type: none"> <li>• Draft Estimates for the Group submitted to Acute Hospitals June 2016. Draft document circulated to the Board and discussion ensued.</li> </ul>	
<b>7. Correspondence</b>	<p><b>Development of Acute Hospitals Strategy</b></p> <ul style="list-style-type: none"> <li>• The Department of Health has announced a revised timeline for AHD Hospitals Strategy Development until December 2016 in light of the formation of a new Government and the announcement of a 10 year plan for health. A National Strategy aligned with Hospitals Group strategies will also be developed. Working sessions to enable a coordinated approach are planned in the coming weeks.</li> <li>• <b>IC to finalise Group Strategy by September 2016.</b></li> </ul>	<p>IC</p>
<b>AOB</b>	<ul style="list-style-type: none"> <li>• AM provided an update from the recent Rotunda Relocation meeting               <ul style="list-style-type: none"> <li>- currently at the last stage of the tendering process</li> <li>- planning submission envisaged Q4 2017</li> <li>- presentation from the Children's Hospitals Group.</li> <li>- discussion around Governance took place at the meeting, key stakeholders stated that existing separate governance models for Connolly / Rotunda and Children's Paediatric Satellite Unit are to</li> </ul> </li> </ul>	

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	remain in place with shared services. <ul style="list-style-type: none"><li data-bbox="435 220 1268 289">• IC noted that 21<sup>st</sup> June 2016 is the last day for appeals regarding planning permission for National Children's Hospital.</li></ul>	
<b>Date &amp; Time Next Meeting</b>	<ul style="list-style-type: none"><li data-bbox="435 296 1239 327">• <b>Monday 18<sup>th</sup> July 2pm, Sir Thomas Myles Room - 123 RCSI</b></li></ul>	