

ATTACHMENT 1

RCSI HOSPITALS GROUP
BOARD MEETING
 MONDAY 18TH JULY 2016 AT 14.00HRS

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

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

Item	Discussion	Action
1. Minutes of previous meeting 20th June 2016	<p>Previous Minutes Previous minutes agreed with no amendment</p> <p>Matters Arising</p> <ul style="list-style-type: none"> Meetings with TD's to be scheduled for September / October. ML to progress arrangements directly. <p>Update from Chair:</p> <ul style="list-style-type: none"> Meeting with Minister 14.07.16. HSE DG and the Interim Director of AHD was also present. Minister advised that the Hospital Group Board vacancies should be advertised openly through PAS at the beginning of September with the aim to appoint in early October. The Board will be Administrative rather than Statutory. AM asked Board members to encourage suitable people to apply including a patient representative. Board to be made up of between 7-9 members including the chairs of the 2 Voluntary Hospitals and RCSI representative - Cathal Kelly. An Oireachtas All -Party Committee has been established, to develop a single long term vision for healthcare over a 10 year period - identified for completion by January 2017. At meeting HSE DG had confirmed there was no plan to change the current HG construct. The Minister acknowledged IC was carrying out both roles of RCSI CEO and Beaumont CEO. AM & IC met with the Rotunda. This meeting proved productive. Meeting with Secretary General (19.07.16) AM / IC to update at next meeting. 	<p align="center">ML</p> <p align="center">AM / IC</p>

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2. Activity Report	<ul style="list-style-type: none"> • ED cumulative activity for Group remains 8.7% > than 2015 values. • OPD (New) activity commensurate with 2015 values. <p>PET's – 9 hours target</p> <ul style="list-style-type: none"> • AM queried if targets set are realistic. IC confirmed they were. <ul style="list-style-type: none"> - Cavan – Jan-July 2016 cumulative 91.2% compliant with PET non admitted / 72.4% compliant with PET admitted. - OLOL – Jan-July 2016 cumulative 88.5% compliant with PET non admitted / 48.2% compliant with PET admitted. - Connolly – Jan-July 2016 cumulative 85.8% compliant with PET non admitted / 68.1% compliant with PET admitted. M Boland reviewing current flow of patients through AMAU. - Beaumont – Jan-July 2016 cumulative 82.4% compliant with PET non admitted / 32.3% compliant with PET admitted. <p>Trolleygar</p> <p>Connolly - 42% cumulative reduction 2016 / 2015 demonstrated. Cavan – 92% cumulative increase 2016 / 2015 as a result of necessary correction to counting methodology introduced in July (July daily average n=3). OLOL – 32% cumulative reduction 2016 / 2015 demonstrated Beaumont - 10% cumulative reduction 2016 / 2015 demonstrated.</p> <p>Overall HG demonstrating cumulative reduction secured.</p> <p>In patient activity</p> <ul style="list-style-type: none"> • Emergency admissions cumulative 9.4% increase 2016 / 2015 (note Cavan 7.8% reduction 2016 / 2015). • Elective admission composition starting to increase, cumulatively 0.9% increase. IC noted elective composition of total admission value should be @ 25% currently HG recording 12.8%. <p>Day Case Attendances</p> <ul style="list-style-type: none"> • DC cumulative 0.7% increase 2016 / 2015. • Causal factors for significant decrease in Cavan to be explored and corrected. <p>OPD</p> <ul style="list-style-type: none"> • 2016 Group OPD cumulative activity commensurate with 2015 • Causal factors for significant decrease in Monaghan (6%) and Louth (25%) to be examined and corrected. <p>Waiting List – In patient / day case</p> <ul style="list-style-type: none"> • 17.8% patients waiting > 12 months. Predominantly as a result of diminished bed capacity arising from increased ED related activity. COO to provide status report for each Hospital in terms of securing national access targets. <p>Waiting List – Out-patient</p> <ul style="list-style-type: none"> • 18.6% waiting > 1 year for an appointment. 	<p style="text-align: center;">COO</p>

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	<ul style="list-style-type: none"> • Cavan / Connolly will achieve national target < 12 months with exception of Neurology and Dermatology. • Beaumont has challenges in each OPD specialty • Beaumont endoscopy initiative commenced in June. Update to be presented at next Board meeting 	
3. Quality & Risk Management	<ul style="list-style-type: none"> • Considerable amount of work undertaken in relation to recording of necessary Metrics. SM to present at next Board Meeting. SRE's • SM provided an overview of (new) SRE's reported by hospitals. <ul style="list-style-type: none"> - Rotunda -3 - OLOL -4 - Connolly - 1 - Beaumont -4 - Cavan -1 • SM advised that the New Women & Children Forum has been established chaired by Peter McKenna. • Quality & Safety Directorate continue to support and encourage reporting at hospital level. CaK queried if there was any discernable patterns at this stage. SM to report at next Board meeting. • SM acknowledged large amount of work required in raising awareness of incident reporting and dealing effectively with patient complaints. • SM advised that 22 people have been trained in incident investigation. • IC indicated that the National Perinatal Epidemiology Centre (NPEC) statistics were recently published. • IC acknowledged the efforts of the Q&S team. 	 SM SM
4. Financial Report	<ul style="list-style-type: none"> • In the absence of CK, IC provided an update to the Group. • Budget deficit year to date June 16 is 7.4% -€23.3m. • AHD have requested projections for Pay, Non-Pay and Income. • The Group will have to save 1.5% achieving breakeven will be particularly challenging. • Projected deficit full year 2016 is €46.9m comprising non pay €16.191m, pay €24.556m, pensions €1.1m and income €5.05m. • Income – significant stretch targets have been set by HSE. • Beaumont Improvement Plan reduced by @ €2m as some initiatives are no longer being progressed. 	
5. HR Report	<ul style="list-style-type: none"> • EB provided an update regarding HR in RCSI Hospitals Group. • IR update <ul style="list-style-type: none"> - Industrial action in OLOL – in WRC. INMO/SIPTU agreed to discontinue Work To Rule. Ballot finished Friday. - Laundry in Cavan – outsourced due to boilers going out of commission. Going to Labour Court. Expectation of a positive outcome following management plan. • Starters and Leavers – Report tabled <ul style="list-style-type: none"> - Recent monthly trend showing a greater number of leavers than starters is continued (-14 in June 16). - Cumulative trend indicated an overall year to date figure +146 starters. 	

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	<ul style="list-style-type: none"> - Concern that 25% of leavers are nurses and nationally there is an increasing dependency on recruiting nurses from abroad-despite numbers of Irish nurses graduating annually. AM queried if Group are not recruiting Irish nurses due to wages being offered-SM confirmed this was as a result of previous “Graduate Scheme”, limited variance in salary and perceived other terms and conditions. - CaK queried if there are opportunities for Return To Work nurses and SMcG confirmed that there is already a programme in place for these nurses. - CaK expressed concerns re junior doctors and attracting them to our Hospital Group. IC identified there is a clear requirement to increase the number of training recognised posts, particularly within Cavan and OLOL and offer job share / flexibility. • EWTD <ul style="list-style-type: none"> - Focused on 48hr rosters. Majority of specialties are compliant or semi-compliant with Beaumont and OLOL having proposals for correcting compliance outstanding. • Absence <ul style="list-style-type: none"> - Focussing on back-to-work interviews. - Need to separate sick leave from long-term sick absence. - Current areas of concern with respect to total sick leave are <ol style="list-style-type: none"> 1. Monaghan + 7.92% 2. Louth County + 6.67% 3. OLOL + 5.86% 	
4. Communications Update	<ul style="list-style-type: none"> • Update circulated. • IC noted that the Group Risk Register is published on the RCSI HG website and identified requirement for non-personal FOIs to also be included. ML/SMcG to provide update. • AM queried if there will be a summary of Board minutes on the website. 	ML/SMcG
Date & Time Next Meeting	<ul style="list-style-type: none"> • Monday 26th September 9.30am , CEO’s Office , 111 St Stephens Green, RCSI 	