

ATTACHMENT 1

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

2ND FLOOR BOARDROOM, RCSI, 121 ST STEPHEN'S GREEN

In Attendance		
Anne Maher (Chair)	Chair RCSI Hospitals Group Board	AM
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
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
Maria Kenny	Clinical Directorate Business Manager	MK

Item	Discussion	Action
1. Minutes of previous meeting 15th March 2016	<p><u>Matters Arising</u></p> <ul style="list-style-type: none"> • Minutes of the previous meeting agreed without amendment. • AM provided update on meeting with Secretary General (12/04/16). • SMcG provided update on nursing taskforce. Both Beaumont and OLOL have been accepted and the pilot commences in May 2016. SMcG noted that this is being carried out in partnership with the Unions. • Strategy Plan is underway with a deadline of end of June. High-level document to be provided to Board for May meeting. • Academic Development Strategic Plan – TD will present at the next Board meeting in May. • Oireachtas Members Briefings to be arranged. 	<p>IC</p> <p>TD</p> <p>IC</p>
2. Chief Executive Officers Report	<p>Emergency Department New attendances:</p> <ul style="list-style-type: none"> • ED attendance activity increase continues – 13.7%. <p>Macro Hospital Activity Overview</p> <ul style="list-style-type: none"> • IC advised that at next Board meeting related demographic report will be presented. <p>TrolleyGAR Performance</p> <ul style="list-style-type: none"> • All hospitals bar Beaumont are improving. <p>Inpatient activity</p> <ul style="list-style-type: none"> • Overall 13.4% growth in emergency admissions. This is reflected nationwide. • AM noted that there was a large drop in elective activity in Connolly. IC clarified that this was as a % reduction and actual number (51). <p>Day Case Attendances</p> <ul style="list-style-type: none"> • Day Cases are showing overall increase of 31.7%. • 3 hospitals have Day Wards being used for emergency admissions. <p>OPD Attendances</p>	<p>IC</p>

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	<ul style="list-style-type: none"> • PB pointed out the ratio of return attendances versus new attendances as being nearly all 3:1 whereas the benchmark should be 2:1. • AM queried how RCSI Hospitals Group scored against other hospital groups. IC confirmed provision of comparative data at next Board meeting. • Colonoscopy – Beaumont has 1020 patients waiting >9 months. • IC confirmed current development of additional Group colonoscopy capacity/capability to address current number of patients waiting in Beaumont. <p>Overall</p> <ul style="list-style-type: none"> • PB acknowledged that since IC had commenced in post there has been a very strong message that patients can move to be treated. 	IC
3. Quality & Risk Management	<ul style="list-style-type: none"> • SM provided overview of the Quality and Safety Directorate. • AM queried low/missing data for Beaumont SREs over this period. SM confirmed now updated. • PB noted that a significant number of patient concerns go straight to litigation and have not been identified previously to the hospital. • Complaints: <ul style="list-style-type: none"> - SM advised that these are complaints where the complainant is not satisfied by the hospital response and the complaint has been referred back to the hospital group. - AM queried when the Complaints Policy would be implemented. SM advised that same had been approved in March 2016, with a view to implement later in the year. - CaK queried the cultural impact/checklist in relation to the Stanford Report. - SM stated that using narrative/real stories can be beneficial. • PB pointed out that when setting up a Clinical Directorate structure last year the Group decided to have a standalone Quality & Safety Directorate and that the post of Director of Medical Audit will be advanced later this year. 	
4. Financial Report	<ul style="list-style-type: none"> • CK provided an overview of the Group financial status. • Based on March data: <ul style="list-style-type: none"> - €10.8M deficit (6.9%). This is due to some Winter Initiative and high-cost drugs which brings it down to €9M deficit (5.5%). - Income target is €6.8M off (unfunded Beaumont Improvement Plan is €7.5M). - €20M cut in budget. - Pay issues including Landsdowne Road. - Up €23M in spend – Winter Initiative €4.2M; Beaumont Improvement Plan €7.5M; Pay Issues €5.3M; Renal €5.6M • SMcG pointed out that one positive factor is the opening of the Geriatric Unit in Raheny. • TD raised query regarding the type of Consultants. 90% of admissions through Connolly are via ED, then Geriatrics. All of these Consultants are Type A. Discussion ensued in relation to specialties. IC pointed out that it is the same price for a standard bed charge, regardless of the type of operation. 	

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5. HR Report	<ul style="list-style-type: none"> • EB provided overview of HR in RCSI Hospitals Group. • Staffing metrics including: <ul style="list-style-type: none"> - Starters and Leavers: 82 v 86 (-4) March 2016. Cumulatively 428 v 319 (+108) to end March 2016. - EWTD Compliance: 24hr 94% (LCH temporarily skewing figures due to operational constraints). 48hr 63% - Absence: Significant challenges in Nursing, Patient and Client Care and general support staff. Absence levels in OLOL, LCH and Cavan/Monaghan (figures up to 4.7 times performance targets recorded in some staff categories). 	
7. Communication and Media Plans	<p>Web Update</p> <ul style="list-style-type: none"> • Website is operational. Details to be circulated to Board to view. • Board meeting minutes, Performance minutes and Maternity Patient Safety Statements are being uploaded to the site. <p>Media/PR</p> <ul style="list-style-type: none"> • AM/IC reviewing current media contracts. 	
Clinical Directorates	<ul style="list-style-type: none"> • PB provided an overview of the current status of the Clinical Directorate structure and related clinical actions: <ul style="list-style-type: none"> - Aligned to moving patients between hospitals as the only way to improve patient access. - Orthopaedic Theatre in OLOL has been given extra space. - Non-acute has been moved to Cavan in the interim. Approx 10% of patients offered treatment in Cavan refused and wished to remain on Beaumont list. Patient surveys have been completed and there is a high level of satisfaction. - There are currently no Associate Clinical Directors in Peri-operative or Women & Children's in OLOL. - There is a strong message that the Clinical Directorate structure is becoming well-established and inclusive of all hospitals. - AM queried putting RCSI Hospitals Group branding in Consultant advertisements. SMCg stated that this already is in place for nursing advertisements. HR to ensure consistency. 	
AOB	<ul style="list-style-type: none"> • AM/IC/PB going to Castletown House on Thursday 21/04 in relation to the Transformation Programme and will feed back at the next Board meeting. 	
Date & Time Next Meeting	<ul style="list-style-type: none"> • Tuesday 17th May, 2pm, MCT Boardroom, 123 RCSI 	