

**Minutes of the Blended General Board Meeting of
Thursday 9th May 2024 at 5.00 p.m. in the Boardroom, Rotunda Hospital**

Present

Prof. Tom Matthews, Chairman
Mr. David Browne via zoom
Mr. Cedric Christie via zoom
Mr Barry Holmes
Prof Mike Geary
Professor Fred Falkiner
Mr Denis Reardon
Dr David Abrahamson
Mr Ian Roberts
Ms Lucinda Woods
Mr David Browne
Ms. Niamh Gallagher
Ms Kate Webb
Ms Dolores Sullivan
Mr Greg Power via zoom
Ms Michelle McGarry
Prof Fergal Malone
Ms Margaret Philbin via zoom
Mr Stuart Switzer
Prof. Sam Coulter Smith
Ms. Jennifer Cullinane
Dr. Jimmy Gardiner
Mr. Richard Nesbitt via zoom
Mr. John Diviney via zoom

Apologies

Dr Maria Wilson-Browne
Ms Fiona Hanrahan, Director of Midwifery/Nursing
The Lord Mayor
Cllr Darcy Lonergan

In Attendance

Prof Sean Daly, Master
Mr Jim Hussey, Secretary/General Manager
Mr Peter Foran, Head of Finance and Procurement
Ms Claire Murphy, Minute Taker via zoom

Non-Attendance

Rev. Michael Jackson
Rev. William Wright Morton

1 Opening Items

1.1 Welcome

The Chairman welcomed everyone to the blended May meeting of the Board.
Attendees via zoom were noted.

1.2 Apologies

Apologies as listed were noted.

1.3 Conflict of Interest

The Chairman asked if there were any conflicts of interest with any of the items listed on today's Agenda. There were no conflicts reported.

1.4 Draft Minutes of the General Board of 8th February 2024

Prof. Matthews asked if there were any amendments to the Draft Minutes previously circulated. The February Minutes were agreed as an accurate reflection of the Board meeting and will be signed by Mr. Holmes as acting Chair.

1.5 Matters arising from the February Board

Matters arising from the last meeting were reviewed and in order or listed on today's Agenda for further discussion.

2 Quality Safety and Risk

CEO Report – Master

The Master took his report as read, asked if there were any questions and reported on salient matters –

SREs

An update on the 6 SRE cases was given. Two events related to the same baby and listed for Coroner's post mortem. This case was reviewed and discussed by the Quality Safety Risk Committee including consideration of a comprehensive review. The Master said he had met the parents and addressed their questions/concerns.

Patient Feedback / Complaints Management

An increase in complaints for Q1 2024 was reported. The Master is working with the Director of Midwifery/Nursing to document new guidelines for early labour and management of women presenting to the Emergency Room particularly at night time.

Service Planning

GP Study Evening – engaging and involving GPs more in the provision of services at primary care in collaboration with the Rotunda to streamline care pathways and ensure best use of same with preliminary investigations done prior to consultant appointment.

Gynecology Waiting Times

95% of patients are seen within 9 months.

Four categories of patients waiting > 9 months relate to-

Complex menopause, Uro-gynaecology, Infertility and Outpatient Hysteroscopy.

Questions were taken.

2.1 KPIs Q1 2024

The Master took the Full Report and Summary Report of key performance indicators uploaded for information as read and reported on the following –

Mothers Delivered

An increase in birth rate of 5% was advised.

The significant difference in birth rates between the Rotunda, Coombe and National Maternity Hospital continues. High risk patients and acuity incur additional costs and require resourcing and funding to maintain a safe and quality service. Reference was made to the Critical Care Wing timeframe.

Questions were taken.

2.2 HIQA Final Report

The Master updated on the HIQA Final Report on the announced Inspection against the National Standards for Safer Better Healthcare held on the 12th and 13th September 2023.

The Report found the Rotunda -

- partially compliant with one national standard (6.1)
- Non-compliant with one national standard (2.7)

Partially Compliant- related to workforce management (midwifery staffing levels). Rotation of midwives/ADOMs and management of activity on any given day for a demand led service.

Ongoing recruitment challenges were outlined.

Non-Compliant- related to the physical environment of the 1757 Hospital. Mitigations in place including interim actions to reduce risks and extensive minor capital works over the last 5 years were reported. The Critical Care Wing, Earl Building and Dominick Hall will all optimise the infrastructure.

The findings were discussed with reference to the Quality Improvement Plans 2024 (Agenda 5.3.2) which outline a broad range of quality improvements for service users.

The Joint Dublin Maternity Hospitals have invited HIQA to meet with them on an annual basis.

Overall the positive Report provides assurance to the Board on the management and safety of the Hospital.

Questions were taken

3. For Decision

3.1 Draft Audited Financial Statements 2023 & Management Letter for approval/sign-off (Mr. Switzer)

Mr. Switzer reported on audit of the Financial Statements 2023 by new external auditor, JPA Brenson Lawlor. The financial statements and auditors report were reviewed by the Finance and Audit Committee. As supplementary budget was not received pre meeting, Finance and Audit Accounts were to be considered and to be updated on confirmation of final budget for 2023. The Auditors reported a clean/unqualified audit for all financial statements.

The following 3 sets of Financial Statements were presented to the Board for approval-

1. Rotunda Hospital FS YE 2023- issued to the HSE with the Annual Compliance Statement and the SLA relate to HSE funded activities of the hospital. Mr. Foran reported on the supplementary budget, positive outturn, gross/net budget,

pay/non-pay and surplus.

The Chairman asked if there were any questions or observations on the Financial Statements, there were none. The FS will be signed by the Chairman and the Master.

Proposed by: Mr. Switzer

Seconded by: Prof. Falkiner

2. Rotunda Hospital Consolidated FS YE 2023 & Governors' Report

Issued to the Charity Regulator in October and incorporates the Rotunda Hospital (HSE funded) Account and Board/Ancillary Fund Account.

Mr. Foran reported on salient points including income, pay/non-pay, cash flow, positive investment income and surplus. An overview of the Governors' Report including responsibility for preparation of the Financial Statements was given. The FS will be signed by the Chairman and Mr. Switzer, Chair of the Finance & Audit Committee.

The Chairman asked if there were any questions.

Proposed by: Prof. Coulter Smith

Seconded by: Ms. McGarry

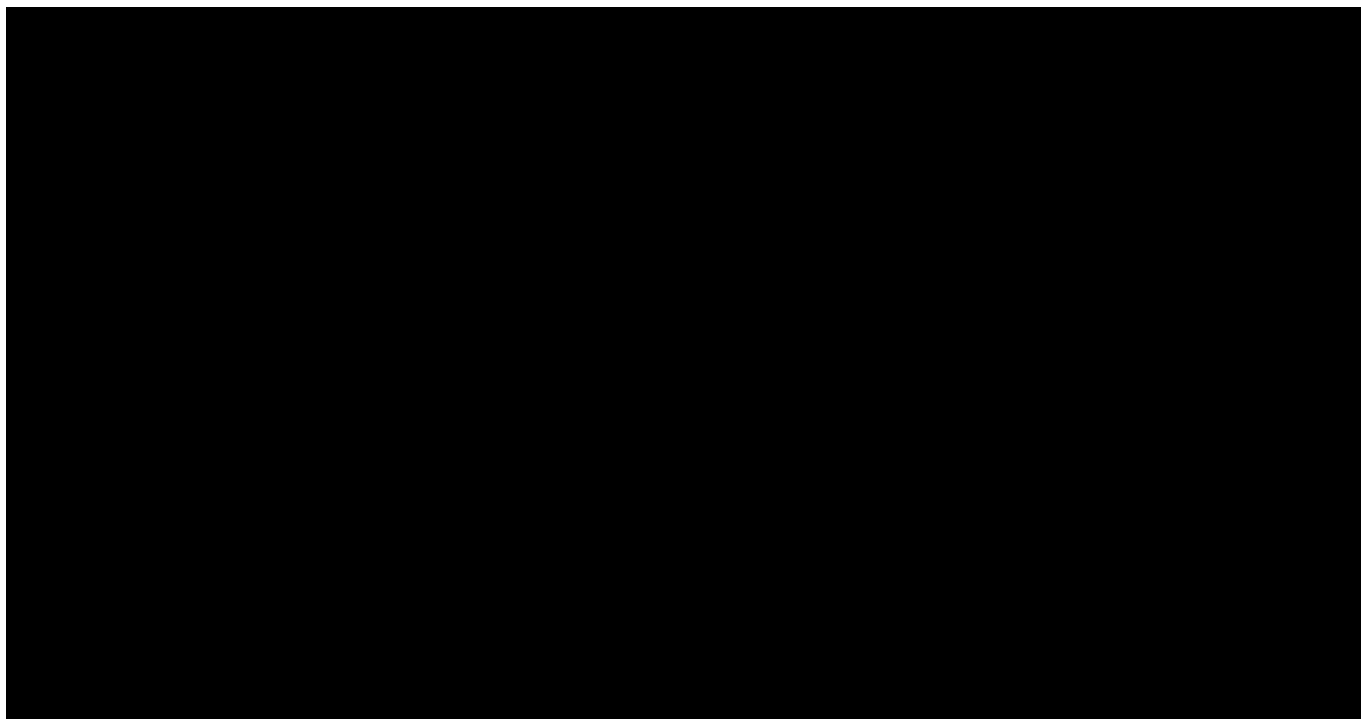
3. Rotunda Hospital Ancillary Fund FS 2023

This account is for internal reporting only and not for reporting or filing externally.

3.2 Annual Compliance Statement 2023

Dr. Abrahamson reported the ACS ensures compliance with core governance standards and is a mandatory requirement for the Board. The ACS is signed-off by the Chairman of the Board and the Chair of the Governance Committee. Changes from last year relate to 5.1 and 8.3 of the Statement which were outlined.

The list of assurances provided by the Master and Senior Heads of Departments including Pharmacy, HR, Finance & Procurement and Quality & Safety were received and uploaded for review. Circular 40/02 relates to procurement and contracts in 2023 not tendered for. The Annual Financial Monitoring Return (AFMR) will also be included with the return.



The Master reported and gave an overview of the successful Candidate, Dr. Ryan Howle.
The post is fulltime in the Rotunda.
Prof. Coulter Smith updated on the excellent candidates interviewed for the position.
Proposed: Prof. Malone
Seconded: Prof. Coulter Smith
The Board was in agreement with this decision.

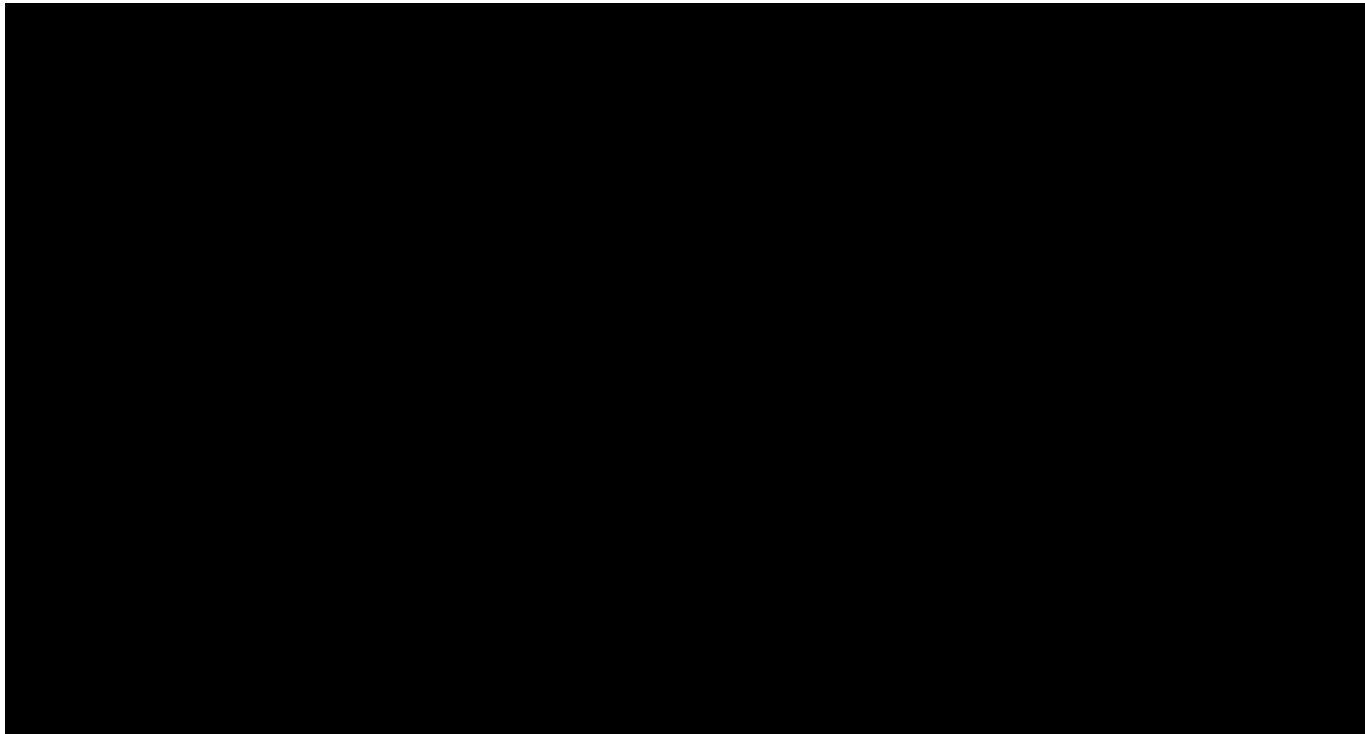
4. Strategic Matters for discussion

4.1 Strategic Plan 2022-2026 – Implementation Update

The Master referred to the Quality Improvement Plans which align to the 4 strategic principles. A total of 324 initiatives will be progressed in 2024. The QIPs were reviewed in detail by the QSR Committee.

Questions were taken

The Chairman asked if there were any staff concerns regarding relocation to the Earl Building. Mr. Hussey reported extensive staff engagement and mitigations being considered to address staff concerns raised.



5 For Consideration

5.1 Governance Committee Report (23.04.24)

Dr. Abrahamson presented the report from the Governance Committee outlining the following-

HR Review – an update on the IA and management responses was given by the HR Manager which addressed recommendations and actions on various areas -payroll processes, additional controls, training/upskilling of staff and upgrading of the payroll and HR systems. The audit report was discussed in full by the Committee. A further report will be given to the next meeting.

Internal Audit - Non-Financial IA Plan 2024-2025 was agreed.
TOR ICT Security & Systems Review – agreed.

ACS 2023 – reviewed and agreed.

Employee Engagement Forum –the low response to the Staff Engagement Survey was discussed in detail with recommendation that it be run again.

Staff Wellness events and ‘Get Well’ accreditation in Wellness was discussed.

Policy Reviews- Code of Conduct and Procedures on Protected Disclosures were reviewed.

Deed of Discharge/Indemnity-in respect of wind-up of Defined Benefit Scheme 397 was signed off.

Governance Committee Attendance 2023 – reviewed for verification.

5.1.1. Charity Governance/Review of Gap Analysis

The Gap Analysis last reviewed in 2021 was updated to reflect current and additional actions taken over the last 3 years to ensure compliance with the Charity code and its 6 principles.

Actions taken by the Rotunda Charity for compliance can be viewed on pages 38-50 and will provide assurance to the Board on compliance with the Charity Regulator.

5.2 Finance & Audit Committee Report (24.04.24)

Mr. Switzer reported as follows-

5.3 Quality Safety Risk Committee Report 29.04.24

Prof. Malone, Vice Chair said most matters discussed at the QSR had already been reported and updated on the following -

Draft QSR Committee Minutes are uploaded to Decision Time for review

KPI Measurement Tool-evidence template to measure progress across 5 key areas

Review of Final HIQA Report

Risk Management Update-clinical incident management report Q1 presented and reviewed

5.3.1 Corporate Risk Register Update

Summary of risks by category including update on controls and mitigations was given. Reports uploaded for Board information.

5.3.2 QIPs 2024

Ms. Sheila Breen presented on the extensive quality and strategic initiatives for progression in 2024. Full QIP listing and summary reports are uploaded for information.

5.3.3 Clinical Risk Legal Report Q1 2024

New legal claims, potential legal claims, settled legal claims and claims listed for hearing in 2024 were reported. Report uploaded for information.

5.3.4 Quality Walk Round Update

Prof. Malone updated on the QWR of the Gynaecology Department undertaken by Dr. Wilson Browne in January 2024 with copy report uploaded for information. Ms. Philbin will draft a list of proposed areas to be visited in 2024 for discussion at the next meeting.

5.4 Estates Campus Development Committee Report (08.05.24)

Mr. Power reported on behalf of the ECDC updating on the following-

CCW / ODCP / Earl Building and Dominick Hall updates were given.

CCW currently at Stage 2a with preliminary design report due from the Design Team in May. A Peer Review of the CCW design will be recommended to the Project Board.

Earl Building-fit-out and operational readiness estimated for 27th November 2024.

Dominick Hall-deadline for public response to planning application is 30th May 2024. Fit out and design tenders will be managed by HSE Estates.

6 For Information

6.1 VHF Change of Name

Mr. Hussey reported on the recent change of name from the Voluntary Healthcare Forum to the Irish Voluntary Hospitals Association (IVHA).

An overview of correspondence to Mr. Ciaran Devane, Chair HSE Board was given and concerned recent and historical deficits and underfunding of members of the IVHA.

6.2 Agenda Annual Board Strategic Away Day

The Agenda for tomorrow's session was uploaded for information.

6.4 Death of Mr. Robert Willis RIP – 1st October 2023-2nd February 2024

The Chairman spoke on the death in February of Bob Willis former Chairman of the Board and Governor who worked tirelessly for the Hospital with over 50 years' service before his retirement in 2014. Prof. Matthews on behalf of the Board wrote to the Willis family extending the Board's deepest sympathy to his children Linda, Neil and Erica.

6.5 Dr. Moira Woods Remembrance 5th April 2024

A letter of thanks from Dr. Mary Henry was noted. The Chairman spoke on the excellent turn out and informative presentations on the day including the future plans for SATU. A special thanks to Prof. Maeve Eogan, Consultant Obstetrician and Gynecologist and National Clinical Lead SATU (HSE) and Dr. Mary Henry, retired Governor who facilitated the event was given.

7 Closing Items / Dates for the Diary

7.1 Board & Sub Committees Attendance 2023

The Board and Sub Committees Attendance for 2023 were uploaded for review. The Chairman reminded Governors of the 60% cumulative attendance requirement across all Committees including the Board.

7.2 Annual Rotunda Charity Golf Classic/Master's Cup

The Annual Golf Classic will be held on 6th June 2024 in the Milltown Golf Club with tickets available from the Rotunda Foundation. Flyer uploaded for information.

7.3 Mediation

Mr. Hussey reported on an upcoming mediation matter.

7.4 Schedule of Meetings 2024

Uploaded for information.

8. Date of Next Meeting

The next meeting of the General Board is scheduled for Thursday 4th July 2024 at 5.00 p.m.

N. G. Matthews

4th July 2024

Signed _____

Date _____