

Board Minutes 2021 (for publication)

MINUTES OF THE MEETING OF BOARD OF DIRECTORS OF OUR LADY'S HOSPICE & CARE SERVICES, HAROLD'S CROSS, HELD VIA MICROSOFT TEAMS AT 5:00pm, ON MONDAY FEBRUARY 8th 2021

PRESENT: Mr. Brian Murray, (Chairperson)
Mr. Sean Dorgan
Mr. Stephen Walsh
Ms. Cathy Maguire
Dr. Terry McWade
Mr. Pat Costello
Mr. Lorcan Birthistle

IN ATTENDANCE: Ms. Audrey Houlihan, CEO
Ms. Mary Flanagan, Director of Nursing

APOLOGIES: Mr. Eugene Murray
Ms. Carole Pollard
Dr. Philip Wiehe
Ms. Kay Connolly
Ms. Helen Nolan

1. Board Resolution

At the meeting of the Directors of Our Lady's Hospice & Care Services that the Company authorise the bringing of a renewal Application for a Lottery Licence under section 12 of the Gaming and Lotteries (Amendment) Act, 2019 for the promotion of a lottery during the period from the 12th day of February 2021 to the 15th day of May 2021.

Agreed / Actions:

CM proposed the resolution, and it was seconded by Mr. Sean Dorgan, and approved by all Directors present.

2 Covid-19 Update Report

AH advised that the Covid-19 status is mixed across the sites and fluctuating. From the period December to January there have been significant staff shortages, mainly associated with community transmission, and this has put a lot of pressure on admissions and existing service demands. Following stabilisation of staff figures, admissions recommenced, and some patients were admitted with Covid-19 (non-Hospice acquired). [REDACTED]

[REDACTED]

Anna Gaynor House still remains clear of outbreaks; however this is the area with greatest staff absenteeism related to Covid-19 which has placed additional pressure on the service.

There was a plan to cohort Blackrock and Harold's Cross COVID related activity, however it was not feasible to transfer positive patients due to their condition, so positive patients remain on both sites.

The vaccination programme has been rolled out, and all of Anna Gaynor House residents and staff have received their first and second dose vaccinations. Older Persons Services / Social Care has been prioritised over Palliative Care / Primary Care as per national prioritisation list and HSE Community Health Area 7 (CHO7) have provided sufficient vaccinations for AGH residents and frontline staff. They have also prioritised OLH&CS frontline staff in other areas for excess vaccines in other organisations. Through this we have managed to get the CPCT staff in Blackrock and Wicklow vaccinated. CHO6, which covers Blackrock and Wicklow, have been slower in providing vaccines for Primary Care staff, but will prioritise the nursing and medical staff as vaccines become available.

OLH&CS has fully complied with the national vaccination protocol, in ensuring that relevant staff are receiving the vaccine as it becomes available, and non-front-line staff will be included in the next phase.

Overall staff are feeling a lot of pressure, with the duration of the pandemic and the winter conditions further exacerbating things.

MF advised that today's figures reflect 4 positive cases in in-patient units. The Department of Public Health has deemed that OLH&CS has had 3 outbreaks in the past 5 weeks (1 positive staff member is deemed as an outbreak). However, they have provided positive feedback on how the organisation has dealt with these and are satisfied with the outcomes.

Signed : _____
Chairperson

Date : _____

**The next Board meeting is scheduled for
5.00pm on Monday, February 15th 2021
(Meeting via Microsoft Teams)**

**MINUTES OF THE MEETING OF BOARD OF DIRECTORS OF OUR LADY'S
HOSPICE & CARE SERVICES, HAROLD'S CROSS, HELD VIA MICROSOFT
TEAMS AT 5:00pm, ON MONDAY FEBRUARY 15th 2021**

PRESENT: Mr. Brian Murray, (Chairperson)
Ms. Helen Nolan, (Company Secretary)
Mr. Sean Dorgan
Mr. Stephen Walsh
Ms. Cathy Maguire
Dr. Terry McWade
Dr. Philip Wiehe
Mr. Lorcan Birthistle
Mr. Eugene Murray
Ms. Carole Pollard
Mr. Pat Costello

IN ATTENDANCE: Ms. Audrey Houlihan, CEO
Mr. Simon Costello, Head of Finance
Ms. Mary Flanagan, Director of Nursing
Dr. Stephen Higgins, Medical Director

APOLOGIES: Ms. Kay Connolly

BOD CLOSED SESSION

Discussed topics:

- CEO Performance Management

1. Minutes

The minutes of the Board meetings on November 11th 2020 and February 8th 2021 were approved.

2. Matters Arising / Action Tracker / Matters for Approval

AIHPC - the draft constitution reviewed at last Board meeting is currently with the Council of Partners (26 members) for review, and is for discussion at next week's Council of Partners meeting. A number of the Council of Partners have referred the matter to their legal/governance teams for review and the deadline for review completion is extended to March 15th 2021.

Some early feedback themes are emerging particularly relating to the restrictions around fundraising, in that it has to be specifically stated that the AIHPC cannot go after the same streams of fundraising as partner organisations.

Regional Clinical Governance Review – the 'desktop' review is completed and the review has now commenced.

IFMS – the Voluntary Hospitals Forum (VHF) have raised this matter with the HSE, but, due to the pandemic, the project is deferred to April 2021.

Dying with Dignity Bill – a submission has been lodged with the Oireachtas Committee.

3. Conflict of Interest / Lobbying Declarations

CM will exempt from one of the Board Nominations due to a potential conflict.

There is a Constitutional requirement to report on any ongoing lobbying. There is no current lobbying and 2020 lobbying around funding has been recorded in the relevant Board minutes.

4. Board Sub-Committee Reports

4.1 Audit & Finance Committee (09.02.21)

The minutes were circulated to the Directors, and HN briefed on key points.

2020 Accounts are not yet closed due to ongoing discussions with the HSE on the allocation of the additional restricted funding for specialist palliative care in 2020. Accounting rules must be met, and we need clarification as the fund cannot be used to cover RMDU COVID related deficits.

We have reached agreement with the HSE that from 2021 onwards, separate budget accounts for the services will be accepted and this will enhance clarity around funding issues.

Two Internal Audit reports (SLA Compliance / Financial Controls) were reviewed, both providing reasonable assurance of compliance, which is a good outcome. There is one outstanding issue relating to Procurement, which requires clarification from the HSE around contract approval, and there are some partial compliance matters for completion in relation to Financial Controls which need to be advanced.

Data Protection is progressing, with confidential waste disposal issues being addressed.

Resolution of 2020 end of year accounts was discussed and Management are meeting with members of the Senior Acute Hospitals team in early March for further discussions on outstanding deficits and model review, and pending this the accounts are unlikely to be signed off.

4.2 Fundraising Committee (Meeting: 08.02.21)

Financial reports were circulated to the Directors and SW gave a verbal report as the Minutes were not yet available.

Fundraising was down 21% on 2019. This was a significant achievement.

A list of properties bequeathed to OLH&CS was circulated. OLH&CS legal team issued correspondence on a property donation in Mayo and the Board reviewed the offer on the property. It was discussed by the Directors to accept the offer, but to avoid entering into contract, if possible. However, as the matter is considered low risk, contract can be entered into in preference to the offer being removed.

Three of five donors are approved under the Immigration Fund, and funds are due in shortly.

It is likely that the other two donors will also be approved.

€467k income from Wicklow Hospice is noted to be good, and it is believed that the launch of Light up a Life in Wicklow this year attributed to the largest income for the event to date. Committee membership is for review as Mr. David Strahan has stood down from the Committee.

The Directors formally acknowledged the commitment and good work contributed by Mr. Strahan, to both the Board of Directors and the Fundraising Committee.

4.3 Clinical Governance Committee (Meeting: 15.02.21)

EM provided a verbal report on the meeting.

[REDACTED] Otherwise there were no other major issues discussed.

4.5 Remuneration Committee (12.01.21)

The minutes were circulated to the Directors, and SD briefed on same.

The Committee approved the Remuneration Policy, and approved the pension contribution of 7% by all new Board funded posts holders, to be matched by OLH&CS.

A framework for succession planning is in place. This is under the remit of the Remuneration Committee currently, but SD proposed that this come under the Nominations Committee.

All of the initiatives were formally approved by the Directors.

Agreed / Actions:

The Board approved the Remuneration Policy and the implementation of including a compulsory 5% contribution to pension for all new Board funded posts.

The Board approved that secession planning come under the remit of the Nomination Committee.

5. CEO Report

The CEO Report was circulated to the Directors and AH briefed on same.

The Regional Governance Review is expected to be completed by June 2021, but, in the interim, due to a shortage of senior nursing staff in Kildare Hospice, Mary Flanagan, Director of Nursing has agreed to provide Nursing Governance. The Board approved this action in principle.

The Great Place to Work actions are currently being drafted, following workshops with staffing groups.

Wicklow Hospice in-patient unit is open, and currently assessing the service demands.

Bus Connect – a document outlining lost opportunities for the front field site, which is likely to be acquired for local resident parking, will be drafted. An additional entrance/exit, limited for staff/volunteer use is to be explored.

[REDACTED]

Service Level Agreements (SLAs) – Part 1 does not include any significant changes from previous years, and the Board gave approval in principle for sign-off by the Chair. Part 2 requires further discussion with the HSE, in line with previous discussion (Refer to 4.1). The deadline for sign-off is the end of February, but it is unlikely that this will be concluded until March.

Responses / clarification on queries:

HSE approval on ICT expenditure is to ensure compatibility with national systems introduced.

The HSE has no responsibility for BOD funded posts, however they expect to be advised of these appointments in the SLA part 2.

Participation in use of IFMS is being discussed through the VHF, and is at Senior HSE level. OLH&CS already participate in Agresso and SAP HR/payroll systems.

The CEO briefed on the Covid-19 current situation.

Residents and staff in Anna Gaynor House have now all been fully vaccinated, with a 98% uptake on the vaccine.

[REDACTED] There is no protocol as yet on

provisions for staff who refuse the vaccine. Frontline staff in both Blackrock and Wicklow Hospices have also received vaccination. The HSE portal has opened to registering of non-frontline staff for vaccination.

6. Finances

Reports and commentary sheet were circulated to the Board, and SC briefed on same.

Fundraising: Fundraising, including Education & Research Centre shows a positive variance of €0.3M. Accrued legacies of €0.6M is due, mainly related to completion of property sales and the Auditors will advise on what needs to be included in the 2020 accounts.

Overall there is a cash balance of €9.9M, of which €5.4M is restricted. This is an increase of €2.1M on 2019 year-end figures and will allow for commencement of our capital commitments.

HSE Accounts:

HSE accounts reflect a positive variance of €1.3M, but, pending discussions with the HSE on the treatment of designated palliative care funding to cover deficits in other services, along with Covid-19 costs, there will not be sign off on the accounts. This may also pose challenges for Accounting Practices (SORP) and this will be advanced with the HSE.

Policies:

The Directors Compliance statement was circulated to the Board, and noted that there were no major changes to this, and the document had undergone a review in 2020. However, SC requested approval for appointment of external review of the Policy in 2021 as we have conducted self-assessments over the last 3 years and had used PWC for external review previously.

The statement was approved by the Directors, and the Board also approved the appointment of external review.

Activity / Quality:

The Q4 2020 Information Pack was circulated to the Board, and MF noted that pages 3 – 12 included data on patient activity and quality reports.

The Information Pack was discussed, and it was agreed that certain reports should be extracted to highlight interesting information, which is lost in the overall report. An example being the huge amount of work carried out by ICT to adapt so quickly to the pandemic with the roll out of remote access for staff, and virtual meetings, and technology to facilitate virtual patient consultations for Community Palliative Care Teams.

It was also noted that it is difficult to compare this report with previous years due to the change in patient activity, staffing roles and practices.

The report is issued to Senior Management and Heads of Departments, and has evolved over the years. A review of the content is scheduled for 2021 to streamline the information and extract some higher level information for ease of access. An Executive Summary will be provided to the Board for information.

Agreed / Actions:

Management to Review Information Pack and an Executive Summary will be extracted for Board information.

Director compliance statement agreed and external review will be commissioned in 2021.

7. Regional Governance Review

Following a meeting with the Governance Review Chair, the Board Chair, the HSE and OLH&CS Senior Management, a number of initial issues were discussed.

However, though valuable questions were raised, the role of the Regional Governance review is to advise on how best to restructure governance to include all sites, current and future, and this report will be presented to the Board for discussion in due course.
It was clarified that the HSE have invested in this Review for the Eastern region, and the final report may be relevant for other regions.

Agreed / Actions:

Regional Governance Review to remain within the remit of the Terms of Reference.

8. Voluntary Hospitals Forum: Plenary Session Update

The main areas under discussion with the HSE are:

Financial Management

Service Level Agreements with the HSE.

The VHF is predominantly for Voluntary Organisation's Board Chairs, but a structural change will facilitate Voluntary Organisation's CEOs, as the Forum is very active on key matters of relevance.

9. Capital Developments

Planning Permission application for Blackrock Hospice development was not submitted until January 2021. However, the application was invalidated. A meeting with the Architects has taken place, outlining recent concerns about progress, including the plans for Anna Gaynor House submitted to HIQA for licence renewal. A new Architect has been assigned to OLH&CS and this should improve efficiencies.

There are complexities around the decanting of patients however areas in Harold's cross and Wicklow have been identified and consultation with the HSE/Blackrock team will commence.

Conservation works on the Chapel in Blackrock is required, but funding will be made available from the Council for this.

MCo have held a number of workshops on the outpatient capital needs of the organisation.

There has been good progress on this project. Further workshops are scheduled, and a report should be ready for Board review in April 2021.

Sign-off from the HSE National Director is awaited on the Anna Gaynor House project.

Capital Funding:

Estimated costs for Blackrock Hospice project is €5.5 and there is €5.5M restricted funding in the bank. There are no estimated costs for the Out-Patient Unit project available to date.

Anna Gaynor House project is estimated at €14M - €15M, with anticipated 50% funding from the HSE. All of the above are good cases for fundraising support, and Fundraising are working on drafting funding cases for these projects.

It was noted that Anna Gaynor House planning may prove challenging, as there is no scope for extension on the current building footprint.

It was also noted that Hydrotherapy and Rheumatic & Musculoskeletal Disease (RMD) Unit are also in need of upgrade.

Agreed / Actions:

Case for support for capital developments to be progressed by Fundraising.

11. AOB

Redacted and un-redacted Board minutes for 2020 were circulated to the Board for approval to post on OLH&CS's website.

Agreed / Actions:

Directors approved the redactions of 2020 Board minutes.

Approval to post the minutes on OLH&CS website was given.

Signed : _____
Chairperson

Date : _____

**The next Board meeting is scheduled for
5.00pm on Monday, March 29th 2021
(Meeting via Microsoft Teams)**

**MINUTES OF THE MEETING OF BOARD OF DIRECTORS OF OUR LADY'S
HOSPICE & CARE SERVICES, HAROLD'S CROSS, HELD VIA MICROSOFT
TEAMS AT 5:00pm, ON MONDAY MARCH 29th 2021**

PRESENT: Mr. Brian Murray, (Chairperson)
Ms. Helen Nolan, (Company Secretary)
Mr. Sean Dorgan
Mr. Stephen Walsh
Ms. Cathy Maguire
Dr. Terry McWade
Ms. Kay Connolly
Mr. Lorcan Birthistle
Ms. Carole Pollard
Mr. Pat Costello

IN ATTENDANCE: Ms. Audrey Houlihan, CEO
Mr. Simon Costello, Head of Finance
Ms. Mary Flanagan, Director of Nursing
Dr. Stephen Higgins, Medical Director

APOLOGIES: Dr. Philip Wiehe
Mr. Eugene Murray

BOD CLOSED SESSION (5pm – 5.15pm)

Introduction:

Professor Andrew Davies, Joint Professor in Palliative Medicine (OLHCS/TCD/UCD) commenced in post in February 2021. He introduced himself to the Board and outlined his vision and plans for the development of education and research. One of his aims is to have sufficient income from research grants to fund the associated staff, which will reduce the financial support currently provided by the Board. Prof Davies areas of interest are – symptom management / oral healthcare / circadian rhythms / remote monitoring technology. He intends to increase on research nurses, and is also trying to attract medical students in PC specialisms to increase numbers involved in research. He is currently rolling out smaller research projects, with a view to attracting larger projects, and funding, in the future. In the areas of education, Prof Davies plans for high quality postgraduate education for multidisciplinary team. He recognises that the care provided at OLHCS is very good, but it is not evidence based and there is a need to develop evidence to support this, along with the development of new interventions. AD was thanked for joining the meeting to introduce himself and outline his plans. The Directors hope to meet with him in person in the not-too-distant future.

Data Protection Report:

Gillian Traynor, on behalf of Ambit Compliance, Data Protection Officer for OLHCS, presented the Q4 Data Protection Report. Gillian briefed on the ongoing work, focusing on policies updates; completion of Data Sharing and Data Processing agreements; Subject Access Requests; and breach notifications/investigations. Overall, she advised that the organisation

has reasonable assurance regarding compliance under the regulations, with one exception related to the use of the Insurance portal in advance of palliative care patients' admission. Following discussion on this, the Board agreed that the practice should be discontinued to ensure compliance in this area.

Agreed / Actions:

Practice of reviewing the Insurance portal in advance of Palliative Care patient admission is to be discontinued.

5. Minutes

The minutes of the Board meeting on February 15th 2021 were approved, following a proposal by SD to ensure clarification on the roles of the Remuneration Committee and Nominations Committee around succession planning. Responsibility for Director succession planning will be with the Nominations Committee, and the Remuneration Committee will have a review role of staff succession planning.

6. Matters Arising / Action Tracker / Matters for Approval

AIHPC – A meeting with the legal team took place at the end of February and a report will be submitted for the May Board meeting.

IFMS – this has been paused pending a meeting between the VHF and Mr. Paul Reid, HSE.

Mayo Property – legal documentation relating to the sale of the property in Mayo was submitted, and the Directors approved the sale. The documents will be signed by the Board Chair and Company Secretary.

Bray Property – the Board agreed to take legal advice on this matter and accept the revised share of the bequest to OLHCS.

Agreed / Actions:

The Board agreed to take legal advice on this matter and accept the revised share of the bequest to OLHCS.

Legal documentation for Mayo bequest to be signed by Board Chair & Company Secretary.

7. Conflict of Interest / Lobbying Declarations

None declared.

All Directors yet to submit the annual Conflict of Interest form are reminded to do so.

8. Board Sub-Committee Reports

4.1 Mission Committee (23.02.21)

The minutes of the meeting, along with update report were posted on the shared drive.

The Great Place to Work feedback is being reviewed at focus groups, and following input from all disciplines across the organisation, an Action Plan will be drafted and presented for approval at the May Board meeting.

A number of initiatives are in place for Staff Welfare, and this is to be continued considering the challenges staff have had to deal with over the past year. Staff support is very important at this time.

The Directors strongly supported the Staff Welfare initiatives and their importance.

4.2 Education & Research Committee (Meeting: 01.03.21)

The minutes of the meeting were posted on the shared drive.

This was the first E&R Committee meeting attended by Prof. Davies, and his contribution, outlining his commitments to education and research were very helpful. As stated in his introduction, Prof Davies aims to have a strong income from research, with a correlative reduction in Board funding. In line with this, a budget of €300k per annum, reducing over 3-years is requested. Currently the Board provide €250k, which amounts to a 35% contribution to the overall cost of running the centre.

This was approved by the Directors.

The Centre has ceased external space rental, and this will continue with the exception of practices aligned to the services provided by OLHCS.

The Research Policy is currently being revised and will include requirement for a co-sponsor on-site for external research applicants.

Committee membership is under review, and the skill set required for two external members is being considered.

A letter of thanks to past external members of the E&R Committee to be issued.

Agreed/Actions:

Propose membership for committee at next forum.

3 year finance budget agreed.

4.3 Fundraising Committee (Meeting: 23.03.21)

The minutes of the meeting and a Fundraising report were posted on the shared drive.

Income year to date amounts to €1.243M, which includes two of the INIS grants totalling €800k).

Current practices and processes around legacies was reviewed by a legal expert in the area, and all were found to be in line with best practice.

AH confirmed that current Solicitors employed by OLHCS for conveyancing purposes hold historic property details and are very diligent to date.

There are currently seven properties in process with OLHCS and legal teams, but three of these should be sold before end of May.

4.4 Capital Committee (Meetings: 07.03.21 and 24.04.21)

The minutes of the Capital committee of 07.03.21 and 24.04.21 were posted on the shared drive.

The Committee recently had a meeting with the Architects, and the draft time schedule for the BH capital project was presented. Planning permission outcome is due on April 7th, with final outcome due in mid-May. The Design sign-off with stakeholders will progress, and a tender process is planned for June. With all approvals in place, construction is expected to start in August, with a completion date of April 2022. Planning for decanting of staff and patients has commenced and will be in place to implement following the tender process in June 2021.

An up-to-date quantity surveyors estimate of works costs is not available, so the estimated cost remains at €4.8M. It is expected that €4M will be available through Fundraising by June 2021. Final plans will be presented to the Capital Committee for review, followed by Board review for approval.

The renovation of the Chapel in BH will be a separate project, and an application for funding is being processed. Conservation Architects have been engaged for this project.

A briefing document is in preparation for Anna Gaynor House, and this will form the basis for the Design Team. Funding for the Design Team has been agreed in principle by the HSE, and AH confirmed that the project is awaiting sign-off by the HSE National Director.

MCo have been doing an excellent job with engaging the stakeholders on the multi-specialist OPD development, and this will also feed into the Master Development Plan update. MCo will have a final draft report for the Capital Committee in April, and this will be presented to the Board for approval at the May meeting. It was noted that this is a very important foundation for the overall infrastructural decisions, estimated at approx. €30M, and it is hoped that the Directors will be able to do a site review in June / July to assist with decision making.

Wicklow Hospice is undergoing snagging list at present and final retention funds will be withheld pending completion of same.

Expert opinion has been sought to prepare a response to Bus Connect and it has been confirmed that the most practical location for an additional entrance/exit would be on to Clogher Road, but would require purchase of 1 – 2 properties to facilitate. An options report will be submitted to the Board for consideration.

Action/Agreed:

MCO to present on outpatient space allocation at May Board meeting.

Expert report regarding Bus connect and separate entrance option to be prepared by external experts.

Blackrock Hospice refurbishment costs and implementation plan to be developed post securing of planning permission.

5. CEO Report

The CEO Report was posted on the shared drive in advance of the meeting.

Covid-19 continues to impact on service delivery, and adapting to changes is challenging for staff.

There was an outbreak in one Unit, but this was managed and has since been closed out. The vaccination programme is ongoing, with over 366 staff vaccinated to the end of February. All staff and patients have been vaccinated in the Residential Unit, with all front-line staff in Blackrock, Harold's Cross and Wicklow vaccinated. Vaccination of second tier staff has now commenced.

The remainder of the report was taken as read.

RMD Funding:

AH shared the RMD presentation, delivered to Mr. Liam Woods, Dr. Vida Hamilton and Mr. Ciaran Brown, HSE to support service development and funding. The HSE were very receptive to the case presented, and immediately followed up with a request for a draft SLA with acute directorate. Further discussions will be required around Clinical Governance of the service, and the HSE advised that they will not have an option to address historic deficits but did note that these were related to Covid-19, and should be covered under that funding stream. This matter has been referred to CHO7. A Business Case is being developed for development funding.

The Board were very pleased with the progress. This puts the RMD service in a solid position for the future.

Business Plan 2021:

AH presented the Business Plan 2021, outlining the targets for the year, in line with the Strategic Plan. The Board noted that it was a very good plan and made the objectives very clear and gives the Board a clear focus on the implementation process for monitoring.

Agreed/Actions:

RMD service level agreement to be advanced and reviewed at later meeting.
Business plan 2021 approved.

7. Finances

Figures presented were taken as read by the Directors.

Of note, private income is down €700k, year to date, reflecting the same trend as in 2020.

The Board formally approved the 2021 budget, which has minor variations from 2020 budget – healthcare remains the same, but additional funding relating to minor capital, capital developments and website development.

Agreed/Actions:

Budget 2021 approved.

7. AOB

No other matters raised.

Signed : _____
Chairperson

Date : _____

**The next Board meeting is scheduled for
5.00pm on Monday, May 31st 2021
(Meeting via Microsoft Teams)**

**MINUTES OF THE MEETING OF BOARD OF DIRECTORS OF OUR LADY'S
HOSPICE & CARE SERVICES, HAROLD'S CROSS, HELD VIA MICROSOFT
TEAMS AT 5:00pm, ON MONDAY MAY 31st 2021**

PRESENT: Mr. Brian Murray, (Chairperson)
Ms. Helen Nolan, (Company Secretary)
Dr. Philip Wiehe
Mr. Eugene Murray
Mr. Sean Dorgan
Ms. Cathy Maguire
Dr. Terry McWade
Mr. Lorcan Birthistle
Ms. Carole Pollard
Mr. Pat Costello
Mr. Vincent Barton

APOLOGIES: Mr. Stephen Walsh
Ms. Kay Connolly

IN ATTENDANCE: Ms. Audrey Houlihan, CEO
Mr. Simon Costello, Head of Finance
Ms. Mary Flanagan, Director of Nursing
Dr. Stephen Higgins, Medical Director

Simon Gregory, M.Co] M.Co Presentation only
Aisling Ahern, M.Co] M.Co Presentation only
Eleanor Flew] Fundraising Presentation only

BOD CLOSED SESSION (5pm – 5.15pm)

M.Co OPD Development Report Presentation:

Simon Gregory and Aisling Ahern briefed on the report circulated to the Board of Directors in advance of the meeting and the following was noted:

The OPD is currently operating at 30% of current capacity and an MDT approach, co-ordinated in a more structured manner will increase capacity.

The change from Day Care to a mixed social/clinical outpatient model, ie. 1 – 3 appointments of programmed sessions was discussed. This will provide the needs required by patients and optimise the use of the service. The demand for the Day Care social model had greatly reduced, and this approach will facilitate a 'wellness' model of care, which will be enhanced by 'companionship programme' delivered by Volunteers.

The OPD service development aligns to the National Palliative Care Development Framework and recent learnings from COVID 19 infection control measures.

An outline of the RMD service has been shared with the HSE and they are interested in supporting this as a development, recognising the broader scope for the out-patient group. The model also fits in with Slaintecare and the current Health Policy.

M.Co were thanked for their comprehensive presentation, and it was noted that there is a lot of information for Board consideration.

The Board continued the discussion, noting that the next step is to get the Anna Gaynor House project approval and design, and then to fit the two projects together in a two-phased development.

It is hoped that the AGH scoping and Master Development Plan can be concluded in 2021, and this will then allow discussions/decisions around phasing and prioritisation of projects.

AH advised that initial discussions have commenced with the HSE, though it is likely that funding will be made available for the AGH project only, though support may be provided for additional staffing and resources requirements that meet the access to care criteria.

Fundraising Update Report:

EF presented a high level report on Fundraising, noting the following:

Income and expenditure year to date

Communications and Marketing activities

Customer Relations Management (CRM) system and website update

The branding exercise is the next strategic item in progress.

A discussion followed on the sequencing of the branding exercise and website update, but the rationale for prioritising the website is based on the urgent need for a reliable well-functioning system, particularly with the growing use of digital fundraising. Inclusion of branding post website design is taken into consideration and the revision of branding on the site will be easily facilitated.

A two-year plan will be drafted on Political Engagement events. VB advised that he would be happy to contribute to this project.

Agreed / Actions:

The Directors approved the transfer of a bequeathed property in D12 to OLHCS and subsequent sale with engagement from relevant legal estate management expertise.

9. Minutes

The minutes of the Board meeting on March 29th 2021 were approved.

10. Matters Arising / Action Tracker / Matters for Approval

AIHPC – A majority of the Council of Partners have approved the Constitution, but overall approval is expected in mid-June, to allow for legal consultation. Some remaining partner queries regarding new governance are still outstanding. There are two new members to the Council of Partners, with one step-down.

IFMS – this has been paused pending a meeting between the VHF and Mr. Paul Reid, HSE.
PC Regional Review: The HSE have requested a revision of the Terms of Reference, though the review process is progressing. OLHCS is providing support currently to Kildare Hospice, as MF is providing Nursing Governance oversight. The HSE have approved the appointment of a 0.6WTE Consultant appointment, and the application for the permanent post is being developed. OLHCS are currently employing a locum consultant. The appointment of a Social Worker is also required. There will be need for the provision of Pharmacy services, but significant review of the service will be required in advance.

The report conclusion is expected by mid-July however this may be extended due to delays experienced during the cyber-attack. EM noted the additional management time and effort required with taking on another facility, and AH acknowledged that the Management Team is at capacity at present, and additional support has been considered as part of this review.

BM advised that the AGM is postponed to September 2021 and the date of same will be confirmed.

11. Conflict of Interest / Lobbying Declarations

None declared.

12. Board Sub-Committee Reports

4.1 Audit & Finance Committee (20.05.21)

The minutes of the meeting, along with update report were posted on the shared drive. A recent internal audit on Payroll provided reasonable assurance of compliance, with four medium and one low recommendations, all of which are straightforward to implement. HN confirmed that in-depth testing of systems is included in the audit process to ensure compliance in practice.

4.2 Education & Research Committee (Meeting: 10.05.21)

The minutes of the meeting were posted on the shared drive. LB has now joined the E&R Committee. The Committee reviewed a draft of the new Balanced Scorecard, and the draft E&R Strategy was reviewed. KPIs are being progressed with Professors Davies and Connolly. Recruitment of external Committee membership will be based on skills/knowledge requirements in line with the new Strategy. A new policy on research applications in OLHCS is complete, and this includes a co-investigator in OLHCS for external applicants. The Strategy document will be presented to the Board of Directors at the next meeting in July for approval.

Agreed/Actions:

E&R Strategy document for Board approval in July.

4.3 Remuneration Committee (Meeting: 29.04.21)

The minutes of the meeting were posted on the shared drive. The main item of focus at the meeting was the Succession Planning, and a planning document was reviewed. All Senior Management positions will be put to open competition, but some internal appointments are feasible. CM noted that the areas of gender balance and gender pay gap should be reviewed. However, OLHCS is compliant with the Health Sector Pay Policy, which does not allow for gender pay balance. Gender balance in healthcare is on average 80% female and 20% male, and OLHCS's Senior Management Team are predominantly female.

CP noted that it may be good for OLHCS to join the International Programme for Equity, particularly if the organisation has a high number of part-time workers and a diverse workforce.

4.4 Capital Committee (Meetings: 26.04.21)

The minutes of the meeting were posted on the shared drive.

CP advised that full Planning Permission has been obtained for the BH renovation project, and tender process will commence in July. A grant has been obtained for the conservation work on the Chapel, with funding from Dun Laoghaire Rathdown Council.

CP briefed on the Busconnects project and to date a verbal agreement that left and right turns at the exit will remain.

A review of entrance/egress on Clogher Road took place, but this will require the purchase of residential properties. However, it is recognised that another entrance is essential for OLHCS with increasing services planned. This is a significant matter and needs to be included on the corporate risk register.

EM advised of a 21acre site available near WH for sale. The Directors confirmed that, with capital demands on fundraising at this time, it would not be feasible to purchase additional land in the area.

Action/Agreed:

Round-table discussion with Architects, local representatives, policy makers, Dublin City Council, the Roads Authority and Busconnects to progress a suitable solution with minimal impact on OLHCS.

Include risk of single access point on the risk register.

5. CEO Report

The CEO Report was posted on the shared drive in advance of the meeting.

AH provided an overview as follows:

Great Place to Work action plan has been postponed, as this requires input from the Mission Committee, which was cancelled due to the impact of the cyberattack on systems. A final report should be ready for presentation at the July BOD meeting.

Mason Hayes Curran Solicitors updated all of the HSE Compliance workbooks, and changes have been taken into consideration for the 2020 Compliance Statement submission. This is near completion and will be submitted to the HSE in due course.

The Cyberattack did have an impact on OLHCS, and there were hacking attempts to access OLHCS systems for a number of days. Thankfully, security measures in place were strong, but, due to connected systems with the HSE, OLHCS is still restricted on access to some systems, pending approval by the HSE, which may take some time. Several forensic scans took place assisted by the HSE and OLHCS has received all clear to proceed. SAP payroll is still impacted however BOI and IBM have accommodated offsite data processing so staff pay is not impacted.

AON were consulted on security measures and risk.

The Directors acknowledged the great work done by Ciaran McCarthy and the ICT team.

AH briefed on the Voluntary Hospitals Forum, which was predominantly a group comprised of Board Chairs. Arising from the review on Voluntary organisations, the CEOs have now joined the forum. There is a proposal to formalise this as a Company Limited by Guarantee (CLG). The group is currently comprised of 16 members and is continuing to recruit additional Healthcare organisations. All related papers were posted on the shared drive for review.

[REDACTED]

LB queried the role of the Association of Hospital Chief Executives (AHCE), and AH advised that merge with the VHF will be trialled for a year, with the AHCE paused for this period.

A report from Together for Hospice (TfH) was posted on the shared drive, and AH confirmed that TfH is a fundraising vehicle for the national hospice group, and each of the partners contribute to costs of co-ordinating events and staffing costs. All fundraised income goes to local hospices.

Agreed/Actions:

[REDACTED]

8. Finances

Financial reports were posted on the shared drive in advance of the meeting, and SC provided a brief overview.

Fundraising reflects a €0.5M positive variance to the end of May. There is now €5.8M in restricted funds for capital projects, of which €4.2M is available for the Blackrock project. The HSE accounts reflect a €1.3M deficit, €1.2M of which is attributable to private health insurance income loss. The Palliative Care income loss will be absorbed through the additional €2.3M palliative care funding, brought forward from 2020.

OLH&CS are working with the HSE on drafting a Service Level Agreement for RMD service, and it is hoped the income deficit, including the 2020 deficit, can be addressed as part of these discussions.

7. Covid-19 Update Report

There are no major issues to report, and the vaccination of residents and staff is now at a high level.

Patients transferred to OLHCS from acute hospitals are vaccinated before transfer, and the HSE are working with OLHCS on providing vaccines to new admissions.

A national directive is awaited on the working arrangements for staff who do not take a vaccine, though this percentage is extremely low.

8 Home Care at End of Life

PW raised this as a topic for discussion in line with the organisation's duty of care to community palliative care patients. An element of the care for patients is dependent on the provision of night nurses, which is currently provided by the Irish Cancer Society. For GPs, this has proven difficult to source on occasions, and there are increasing numbers of non-cancer patients dying in the home. Patients with prolonged life-spans, i.e. those with chronic diseases need to be facilitated, and OLHCS is the organisation best placed and most experienced to provide this care. There is also the aspect of empowering carers in the home, and providing education on care in the community. This could be enhanced with the provision of out-patient services and the expansion of virtual services. However, the provision of night nursing care needs to be raised.

The following points were made:

Blackrock Hospice, in partnership with Public Health Nurses, are providing a 3-week course on end of life care for patients with MND. The programme will be evaluated, and, if successful, can be expanded to include non-cancer illness education.

There is always great demand for night nurses around public holidays and Christmas, but there are a range of measures that need to be addressed, and education is one of the easiest to tackle.

OLHCS also provides respite care, which is very beneficial for carers.

With competition in Dublin for a limited supply of night nurses, OLHCS can look at how to work more efficiently with the ICS, ensuring the right skills for the right cohort of patients.

Agreed/Actions:

Community education options to be explored immediately, and provision of night nurses can be listed as a priority area on the service development agenda. In the interim, challenges can be tracked to get a measure of requirements.

9 AOB

No matters raised

Signed : _____
Chairperson

Date : _____

**The next Board meeting is scheduled for
5.00pm on Monday, July 26th 2021
(Meeting via Microsoft Teams)**

**MINUTES OF THE MEETING OF BOARD OF DIRECTORS OF OUR LADY'S
HOSPICE & CARE SERVICES, HAROLD'S CROSS, HELD VIA MICROSOFT
TEAMS AT 5:00pm, ON MONDAY JULY 26th 2021**

PRESENT: Mr. Brian Murray, (Chairperson)
Ms. Helen Nolan, (Company Secretary)
Dr. Philip Wiehe
Mr. Sean Dorgan
Ms. Cathy Maguire
Dr. Terry McWade
Mr. Lorcan Birthistle
Ms. Carole Pollard
Mr. Vincent Barton
Mr. Stephen Walsh
Ms. Kay Connolly

APOLOGIES: Mr. Pat Costello
Mr. Eugene Murray

IN ATTENDANCE: Ms. Audrey Houlihan, CEO
Mr. Simon Costello, Head of Finance
Mr. John Fogarty, Management Accountant
Ms. Mary Flanagan, Director of Nursing
Ms. Mary Kiran, Head of HR (GPTW Presentation only)

BOD CLOSED SESSION (5pm – 5.15pm)

Great Places to Work Action Plan (MK)

MK briefed on the GPTW survey, and action plan following staff review and recommendations.

The survey will be repeated in October 2022, which will allow time to measure impact of actions, which will be captured under the Quality Framework. It is hoped that the outcome of the next survey will reflect the implementation of actions and acknowledge that Management have taken recommendations on board with a view to increasing the positive responses overall. The survey reflected 14 of 18 areas had a positive response, and increased satisfaction from the 4 other areas would be a good outcome. The following comments were noted:

Entry/exit interviews are valuable, but more important are the opinions of staff who do not provide qualitative comment.

'Office Vibe' is an app which automatically circulates surveys on a 4-weekly basis and can identify areas/Departments with low satisfaction ratings. It is very user friendly and effective as a 'real time' satisfaction survey for Management.

A one-page communication to all staff monthly, separate to the CEO report, reflecting progress in the organisation would be beneficial to address the communications area matters.

Staff retention is an issue for a lot of organisations currently, following the pandemic and people's lifestyle changes.

MK will provide an update report at the end of the year.

1. Minutes

The minutes of the Board meeting on May 31st 2021 were approved.

2. Matters Arising / Action Tracker / Matters for Approval

AIHPC – 14 organisations have now signed up to the CLG legal status formation for the AIHPC. However, this is proving challenging for the academic organisations, whereby their Constitutions prohibit Company membership. A further meeting will be arranged with university partners and legal representatives to resolve this matter. Currently they are proposing to keep the Research aspect separate, but this would work within AIHPC structures. Remaining partners have expressed interest in remaining on board, however have further legal concerns to be addressed.

The proposed structure is also presenting concerns in relation to perceived lost control and influence of AIHPC direction and vision.

VHF – Legal advice was issued by Mason Hayes Curran Solrs, following concerns at the last BOD meeting (31.05.21), and circulated to the Directors. The matter was discussed, and though the legal advice was not definitive in terms of the query, the Directors agreed to proceed, noting that the risks are minimal, and it is important to sign up with the other voluntary organisations.

Day Care / Social Clinical Model – As discussed at the last BOD meeting (31.05.21), the Board approved in principle the change of service model and increase in outpatient capacity. The Volunteer coordinator has developed plans to support patients who would have previously attended the day hospice service.

Night Nursing Service – MF advised that she has contracted leadership in ICS, who have agreed to come on-site for a meeting to scope the education aspect and assess feasibility.

3. Conflict of Interest / Lobbying Declarations

Two Directors expressed conflict of interest in relation to Agenda a section of Agenda item 4 and will excuse themselves from discussion.

A Lobbying Register needs to be maintained as required under the Service Level Agreement.

4. Board Sub-Committee Reports

4.1 Audit & Finance Committee (14.07.21)

The minutes of the meeting, were posted on the shared drive (A&F Committee folder).

HN briefed on the meeting, and noted a recommendation from the Committee, to designate the unrestricted funding (€6.6M) to specific projects, on which the funds will ultimately be spent.

The Directors approved the designation of €4M towards the Blackrock Hospice capital plan; €2M towards the OPD capital development, and €2.1M required annually for pay/running cost commitments.



HN noted that there was a good outcome to the Payroll/HR Internal Audit. One of the recommendations was that HR policies be approved by the Board, but it was agreed that some high-level policies can be designated to the Remuneration Committee, and others to the Senior Management Team. This was approved by the Directors. The revised Risk Register was discussed, and the new format was approved by the A&F Committee.

BM noted that the Risk Register was posted on the Shared Drive, and HN advised that the A&F Committee recommended approval, along with the Clinical Governance Committee. The Directors approved the new format.

Action/Agreed:

The Directors designated unreserved funds to specific capital projects.

The Directors approved sign-off of high-level HR Policies by the Remuneration Committee. The Directors approved the new format Risk Register.

4.2 Education & Research Committee (Meeting: 06.07.21)

The minutes of the E&R Committee were posted on the Shared Drive (E&R Committee folder)

Following review of an early draft of the Research Strategy at the meeting, it was agreed that further work is required to ensure inclusivity of all clinical services. A discussion highlighted the limitations of aiming for a 'Centre of Excellence', as not all services are at the same standards in terms of research. An assessment of the ambitions and aims of each Department needs to be determined, and the strategy developed in line with this. With PC research likely to be self-funding, there is a need to provide funding for smaller projects, along with a need to reflect joint research with the linked Acute Hospitals.

It was agreed to defer decision on E&R Committee membership pending completion of Strategy document.

Agreed/Actions:

E&R Research Strategy for further development.

E&R Committee membership deferred pending completion of Strategy document.

4.3 Capital Committee (Meeting: 14.06.21)

BH renovation works was the main topic at the last meeting. Building costs are indicating a price increase (15% - 40%) on products, with estimated costs now coming in at €5.5M. The tender process should be completed by late August / early September, but overall cost will be reflective of current market. The SEAI grant funding is subject to meeting the target objectives, and CP is trying to source an engineer with energy experience to help with this application, though an issue is that the whole building will need to be equally energy efficient.

Ultimately, the BOD will be consulted on costs.

The Board noted the increased costs from the original agreed budget of €2M, increased to €4M and now estimated at €5.5M, but recognised that there are no comparable costs available.

Busconnects – a first step CPO was issued, and a response was submitted to Bus connects, requesting a meeting. This has not been acknowledged to date. The goal is to ensure that any future interests and developments on the campus cannot be compromised, along with

ownership/control of the main entrance/driveway. An impact assessment report on the organisation is being prepared.

CP advised that Tom Phillips has provided pro-bono advice to date, but this arrangement may need to be formalised. Discussion concluded that there is a need to resist the CPO due to the negative impact on the campus and the single entry/egress route.

Agreed/Actions:

BOD to decide on Capital tender process in terms of costs.

Busconnects CPO to be challenged, with relevant expertise to be contracted as necessary.

4.4 Mission Committee (Meetings: 06.07.21)

KC briefed on the last meeting and advised that a presentation on the Volunteer Strategy was very impressive, and recommends that this be shared with the Board.

The Hospice twinning proposal was reviewed and the risks associated with not having oversight of expenditure were recognised. It was also recognised that there are a number of NGOs / Charities who provide support in this area, which would be better placed than OLHCS to assist. It was agreed that options be explored for providing assistance other than direct funding, and EM / SH agreed to provide advice on this.

Agreed/Actions:

Jimmy Scurry to present Volunteer Strategy at the AGM.

Hospice support other than direct funding to be explored. EM/SH available for advice.

4.5 Clinical Governance Committee (Meetings: 15.07.21)

AH briefed in the absence of EM.

Following the malware attack, mandatory ICT training for all staff was discussed and this will be progressed. Decisions around unvaccinated front-line staff were discussed, and OLHCS is awaiting HSE guidelines in September. In the interim all precautions in the form of PPE and infection controls are in place. The Management Team acknowledge that this is an ongoing risk, but risk assessments and all possible precautions will be put in place pending national guidelines.

Action/Agreed:

Risk assessment / maximum precautions for non-vaccinated staff, pending national guidelines.

4.6 Fundraising Committee (Meeting: 16.06.21)

The Fundraising accounts to the end of June reflect a €4.6M income (incl. €1.6 Inis grant, with another grant due in July). Car raffle income is up 25% from 2019.

Christy Dignam has been confirmed as LUAL host for this year, but decision around format of the event will be based on Covid-19 restrictions in place at the time. Aviva have now completed their 4-year sponsorship commitment, so another sponsor will be sought.

SW updated on status with bequeathed properties. There were no queries on the report.

AH advised that a Fundraising Strategy is being developed in WH, and the consultation process will include WHF.

5. CEO Report

The CEO report was circulated to Directors in advance of the meeting. BM noted that CMcC and the ICT Team are to be congratulated on their work through the malware attacks. AH

advised that a new member has been recruited to the team, with experience in the area of security.

The Voluntary Hospitals Forum have progressed a number of key items through workshops with both the HSE and HIQA and continues to progress a partnership approach. Two HSE BOD members have joined the group which is endorsed by Paul Reid and Robert Watt, with positive engagement to date. The issue of balanced autonomy around governance is yet to be addressed, and for the moment IFMS discussions have been put on hold.

The BH political briefing went well and there was good follow-up from attendees.

There were no queries on the CEO Report.

The Board agreed to postpone the AGM to the end of September (27.09.21), holding a regular meeting at 4pm, followed by the AGM at 5pm.

Agreed/Actions:

The AGM will be held on 27.09.21, with a regular meeting at 4pm, followed by the AGM at 5pm.

Jimmy Scurry Volunteer Coordinator to present at AGM.

6. Finance & Quality reports

The Board were advised that Simon Costello has resigned from the position of Director of Finance at Our Lady's Hospice & Care Services.

AH thanked SC on behalf of everyone for his achievements under difficult circumstances and noted that the organisation was very lucky to have had him and that he has left a huge legacy of achievements. HN and SW also thanked SC on behalf of the Audit & Finance and Fundraising Committees.

Mr. John Fogarty will be taking over from SC, pending recruitment process, and was welcomed by the Board.

JF briefed on the accounts reports circulated.

MF briefed on the quality and safety reports, with nothing significant to note. The Q2 Information Pack was also available for Board information.

7. Covid-19 Update Report

Noting previous discussion around non-vaccinated staff, all precautions continue to be applied in the organisation. MF noted that there was only one Hospice acquired infection throughout the pandemic, which is reassuring, but advises that best practice continues to be applied.

9 AOB

AH noted a circular from HIQA, advising that the Registered Provider (LB) can now nominate another person to deal with local matters and be designated as a signatory. The Board approved AH be nominated for this role.

Signed : _____
Chairperson

Date : _____

**The next Board meeting is scheduled for
3pm on Monday, September 27th 2021**

**MINUTES OF THE MEETING OF BOARD OF DIRECTORS OF OUR LADY'S
HOSPICE & CARE SERVICES, HAROLD'S CROSS, AT 5:00pm, ON MONDAY
SEPTEMBER 27th 2021**

PRESENT: Mr. Brian Murray, (Chairperson)
Ms. Helen Nolan, (Company Secretary)
Dr. Philip Wiehe
Mr. Sean Dorgan
Ms. Cathy Maguire
Dr. Terry McWade
Mr. Lorcan Birthistle
Ms. Carole Pollard
Mr. Vincent Barton
Mr. Pat Costello
Mr. Eugene Murray
Ms. Kay Connolly

APOLOGIES: Mr. Stephen Walsh

IN ATTENDANCE: Ms. Audrey Houlihan, CEO
Mr. John Fogarty, Interim Head of Finance
Ms. Mary Flanagan, Director of Nursing
Dr. Stephen Higgins, Medical Director

13. Minutes

The minutes of the Board meeting on July 26th 2021 were approved, following minor amendment to the Audit & Finance Committee report.

14. Matters Arising / Action Tracker / Matters for Approval

AH noted that all of the Actions on the tracker are in progress. The Code of Governance completion is pending decision around the Sub-Committee structure, and this will be reviewed at the Board away-day.

IFMS/SAP are national issues, but are currently on hold due to the cyberattack.

15. Conflict of Interest / Lobbying Declarations

No Conflict of Interest declared.

The launch of the Government's Public Consultation on the Update of the Adult Palliative Care Policy by Minister for Health Stephen Donnelly took place in Wicklow Hospice recently. The Minister was approached regarding the matter of changing the Hospices status from Section 39 to 38 status. Political briefings are scheduled for Harold's Cross and Wicklow Hospices shortly.

16. Board Sub-Committee Reports

4.1 Capital Committee (13.09.21)

The minutes of the meeting, were posted on the shared drive (Capital Committee folder). The tender process for BH project is ongoing, with five confirmed applicants. The commencement date has been extended out to December 2021 due to demands in the industry,

however, as the site will be fully vacant, the estimated completion date of the project will remain at Q3 2022. Enabling works will commence in December 2021.

AH advised that the HSE have been approached in terms of funding the €500k fit-out costs. The overall project, based on Quantity Survey estimate is €5.5M, but this will be confirmed as part of the tender process.

Confirmation of HSE funding for Anna Gaynor House (AGH) has been paused by the HSE pending review of capital projects at local CHO level. However, HIQA will no longer allow a derogation on multi-occupancy non-compliance and the issue has to be prioritised. M.Co will be contracted to update the Master Development Plan (MDP), and AGH will be a priority project as part of this. OPD development will also be included.

Some final snagging is ongoing in Wicklow Hospice.

The issue of possible Compulsory Purchase Order (CPO) on the entrance driveway has been logged on the risk register, but no further feedback has been received from BusConnects. A secondary entrance/egress is also a priority matter.

A comprehensive schedule of capital developments and funding requirements to be drafted and included in the MDP, along with estimated costings.

Action/Agreed:

M.Co to be contracted for update of MDP to include broad scope of capital requirements and estimated costs.

Strategy for obtaining HSE support for AGH to be developed.

4.2 Fundraising Committee (Meeting: 14.09.21)

The minutes of the meeting were posted on the shared drive (Fundraising Committee folder). CM chaired the meeting and briefed on same. The main points from the meeting were that the financial position is positive with income exceeding projections year to date. Light up a Life will be held as a virtual event again this year and is well into the planning stage. AVIVA, who have sponsored LUAL for the past four years, have stood down, so another sponsor needs to be sourced.

An update was provided on the development of the new website and the branding project to date.

A proposed documentary on OLHCS is with the Broadcasting Authority of Ireland for approval currently, and sensitivity and privacy for patients and families will be considered. LB is happy to help on any matters, having experience of on-site filming of documentaries.

A document outlining principles around sponsorship has been developed, and will be issued to the Board for approval following review of professional guidelines around this matter.

Fundraising have achieved Triple Lock status from the Charities Institute on governance. This was a major piece of work and the Fundraising team are to be congratulated on this achievement, which is very reassuring for donors.

Agreed/Actions:

Principles of Sponsorship to be issued to the Board for approval when completed.

Risk balance around on-site documentary filming to be carried out should project be approved.

4.3 Nominations Committee (Meeting: 26.07.21)

The minutes of the last meeting were reviewed and the Committee will review nominations at the Nominations Committee meeting today.

Agreed/Actions:

Membership for consideration at today's meeting.

5. CEO Report

The CEO Report was posted on the shared drive in advance of the meeting, and AH briefed on same.

BM congratulated AH on the success of achieving funding for RMD service and recognition within the Acute Hospitals sector with a service level agreement.

Directors discussed the recent Together for Hospice (TfH) review and queried the necessity for an additional brand instead of using the more recognisable brands of the Hospices involved. They also recognised the possibility of confusion for the public with so many brands, such as TfH and the AIIHPC etc.

AH advised that TfH ensures that monies collected locally go directly to the local Hospice and directly to service provision, and is a suitable infrastructure for this purpose.

AVIVA have stepped down as Light up a Life sponsor after four years. A new sponsor is required.

Directors were asked to broker introductions with potential future sponsors.

Agreed/Actions:

A proposal for dedication of a Post Graduate lecture / award was agreed in principle, pending the outcome of legal approval around anonymity as a first stage.

6. Finance & Quality reports

Figures circulated were taken as read and there were no queries.

7 AOB

The issue of Covid-19 unvaccinated staff working in front-line positions was discussed. OLHCS continue to follow HSE guidelines, conduct risk assessments and reduce risk. The numbers of non-vaccinated staff are extremely small, but, where appropriate following risk assessment, staff are reassigned. The organisation continues to monitor the situation pending more definitive guidelines, but advise that there is currently a challenge on recruiting staff, which impacts on the option to reassign staff to non-clinical areas. BM requested that the matter is reviewed by the Clinical Governance Committee.

The Board away-day is to be scheduled before year end.

Agreed/Actions:

Risk associated with non-vaccinated staff working in front-line areas to be put on the Agenda for the Clinical Governance Committee.

The Board away-day is to be scheduled before year end.

Signed: _____
Chairperson

Date: _____

**The next Board meeting is scheduled for
5pm on Monday, November 29th 2021**

**MINUTES OF THE MEETING OF BOARD OF DIRECTORS OF OUR LADY'S
HOSPICE & CARE SERVICES, HAROLD'S CROSS, AT 5:00pm, ON MONDAY
NOVEMBER 29th 2021**

PRESENT: Mr. Lorcan Birthistle, (Chairperson)
Ms. Helen Nolan, (Company Secretary/ Deputy Chairperson)
Mr. Vincent Barton
Ms. Hilary Coates
Ms. Kay Connolly
Mr. Pat Costello
Mr. Sean Dorgan
Ms. Cathy Maguire
Mr. Eugene Murray
Dr. Terry McWade
Ms. Carole Pollard
Mr. Dermot Ryan
Dr. Philip Wiehe

Commented [L1]: Pat can you record Board member attendance alphabetically by surname after myself and Helen, Tks Lorcan

IN ATTENDANCE: Ms. Audrey Houlihan, CEO
Mr. John Fogarty, Interim Head of Finance
Ms. Mary Flanagan, Director of Nursing
Dr. Stephen Higgins, Medical Director

Directors Closed Session

LB welcomed Hilary Coates and Dermot Ryan to the Board as new Directors.

1. Minutes

The minutes of the Board meeting on September 27th 2021 were approved.

2. Matters Arising / Action Tracker / Matters for Approval

AH briefed on the Action Tracker:

AIHPC Legal Status – this is closer to completion. The majority of Universities are now back on board with the provision of a governance framework and assurance on roles and responsibilities. A further workshop is scheduled to iron out any outstanding issues, and it is hoped that a draft revised agreement will be ready for Board review in January with a view to sign-off.

HSE Independent Review of Governance – this will be explored at the Board Away-day on Wednesday.

Design Team Cost / AGH Capital Development – The HSE support for AGH has been referred back for further signatures, and this is being processed at present. However, confirmation of funding is still outstanding, and the Board agreed that a letter from the Board of Directors to the HSE Head of Strategic Operations is required to set out the urgency of the situation and the risks involved. As OHLCS is due a HIQA inspection, there needs to be a definite plan in place

to address the non-compliance issue. M.Co are assisting with scoping refurbishment requirements and the output will be included in the Capital Master Development Plan.

RMDU Funding – as there was no SLA in place for RMDU, the cumulative private income deficit is still outstanding. This has been referred to CHO7 on the grounds that it should be covered under Covid-19 funding. CHO7 have since given an additional allocation of €1M, which covers almost half of the deficit therefore discussions are ongoing.

RMDU SLA – the SLA is almost complete and will be in place for 2022.

RMDU Business Case – indications are that the funding for service development will be provided.

Quarterly Information Pack – changes are ongoing, with local consultation on information required for inclusion.

Directors Compliance Statement – on today's agenda and was also discussed at the last A&F Committee meeting (16.11.21).

Allocation of fundraising to defined projects is ongoing.

E&R Strategy – this will be discussed between AH / LB / TMcW and presented at Board away day early 2022.

BusConnects – no response to date.

Fundraising Principles of Sponsorship – following review by the A&F Committee, recommended amendments are being actioned and the document will be presented to the Board for approval at the January meeting.

Action/Agreed:

Board to issue a letter to the HSE Head of Strategic Operations outlining the urgency on getting full sign-off and funding support confirmation for the AGH project to facilitate all single rooms.

Actions tracker report to be reviewed at year end by the Chair and CEO and closed items removed.

3a Conflict of Interest /

There were no declarations of conflict of interest.

3b Lobbying Declarations

AH advised that a virtual WH Political Briefing took place on Friday, November 19th. There was a commitment to assist with the public signage.

Ministers Simon Harris and Stephen Donnelly were scheduled for a private briefing, but this was postponed.

Cllr Jennifer Carroll McNeill attended a virtual BH briefing on November 26th.

4. Board Sub-Committee Reports

4.1 Audit & Finance Committee (16.11.21)



WH funding is not yet included on the HSE Rosetta system, but will be in 2022, hence the separate reporting of WH finances.

CRU funding for change from 5-day to 7-day service is still outstanding from the HSE.

The Committee reviewed and recommended some changes to two policies.

The Audit Plan was reviewed, and an additional Internal Audit has been added to the schedule for 2022. Fundraising was selected for the audit.

The Directors Compliance Statement was discussed and put on the Board meeting Agenda. Mazaars were requested to carry out an Audit of the Directors Compliance Statement before year end, but they are unable to facilitate this.

A Data Protection update was provided, along with a Prompt Payment Report, which reflects compliance.

The A&F Committee review carried out provided good feed-back. All of the Committee stated a preference for face-to-face meetings but understand that this is not feasible at present. There were some queries around the Committee's TORs, and these will be reviewed at the next meeting.

Action/Agreed:

A&F Committee TORs to be reviewed at the next meeting of the Committee (10.02.22)

Internal assessment of Directors compliance to be progressed in advance of Mazar's internal audit in January 2022.

4.2 Capital Committee (Meeting: 15.11.21)

CP briefed on the last meeting. The BH tender process will be completed in early December and a contract will be signed. All Companies who have tendered are committed to the required commencement date, but costs and staff availability may impact.

The BH Chapel work was completed with a grant from the Rathdown Dun Laoghaire Co Co, and they have advised that a further grant in 2022 would be available for maintenance work.

Some 'tidying up' work in WH is ongoing, such as issue with drainage. Retention fees are still held by OLHCS. The issue around public directional signage to the Hospice has been raised with Wicklow Co Co, and the incorrect location of the Hospice on google maps is also in the process of being corrected.

There has been no response from BusConnects following a request for a meeting, and pending negotiations, the review of obtaining another entry/egress will not be progressed. Work has commenced to evaluate the section of land under CPO and will value this on behalf of OLHCS. AH advised that everything is in place and being actioned for the closure of BH in advance of the capital project.

The HSE have approached OLHCS for accommodation for the Integrated Care Programme for Older Persons (ICPOP). This has been approved by the Capital Committee, and the service will be located on the old CRU ward. This will provide useful links for OP services in Hx.

AH advised that the HSE will fund the capital costs associated with the accommodation requirements.

Following a recent leak and initial repair work it was confirmed that asbestos is present in the flooring, and in an adjacent hallway. A plan is being put in place for safe and compliant removal of all of the flooring for minimal disruption.

4.3 Clinical Governance Committee (Meeting: 04.11.21)

EM briefed on the last meeting. The Covid-19 report was reviewed and discussed, along with staff vaccination status. Reassurance was given that very few staff are unvaccinated, and no patient positive tests are related to staff. There is no indication of a move nationally to mandatory vaccination for front-line staff.

The Risk Register was reviewed, and, of note, the long-standing HIQA non-compliance status of multi-occupancy rooms in AGH.

Clinical activity report reflects good activity levels.

Absenteeism has increased, but this is being managed with high levels related to COVID matters.

In relation to Incidents, the high level of falls in Palliative Care compared with other services was discussed, but this has been reviewed and the rationale was explained.

The Quality & Safety minutes from the last meeting were reviewed, and the repeated positive tests for Legionella in BH was discussed. As part of the Capital development, a water treating plant will be installed. Of note, there have been no related staff or patient symptoms.

4.5 Mission Committee

KC advised that the Mission Committee meeting, scheduled for last month, was deferred and will take place next week. She advised that the Committee's focus for 2022 will be on staff, all of whom have been going through prolonged difficult times as a result of the pandemic.

There are strong local groups under the Mission Committee, and the Committee will review how these can support staff.

The Directors acknowledged KC's point, and proposed that the Board review planned actions and timelines, ensuring that there is no overload on managers. This was agreed and Actions will remain on the Actions Tracker to ensure that they are not lost, but timelines for completion can be flexible.

Action/Agreed:

Mission Committee to focus on staff wellbeing in 2022.

BOD Action Tracker by Chair and CEO to allow flexibility on timelines for completion of actions to avoid unacceptable pressure on managers .

5. Directors Compliance Statement

JF advised that Mazaars were requested to include the Directors Compliance Statement as an additional audit for 2021, but this is not feasible for them. However, they have agreed to conduct a 'desk top' review, which will conclude in early 2022. JF will conduct an in-house review of the Directors Compliance Statement for 2021 and will circulate to the Board before year end.

6. CEO Report

The CEO report was posted on the shared folder in advance of the meeting, and AH briefed on the report.

Reporting requirements on one of the alleged fraud incidents was queried and AH agreed to check if any other reporting is required.

The property on Reuben Street is now under OLHCS ownership. The property is in poor condition. Approval for sale of the property was given by the Board and our legal team will appoint a professional agent to conduct the work.

The Directors also approved the arrangements for the HSE ICPOP (Integrated Care Programme for Older People) use of space in the old CRU area. Terms of licencing agreement from the HSE is awaited, and it was noted that this will involve significant capital investment by the HSE.

Agreed/Actions:

The Board approved the appointment of professional agent to advance the sale of the Reuben Street property.

The Board approved the occupation of the old CRU area for a fixed period by the HSE ICPOP team.

7. Finance & Quality reports

JF briefed on the accounts, posted on the shared folder in advance of the meeting. He noted that a cash acceleration request was submitted to the HSE, but, following the additional €1M funding towards the RMD income deficit, this may not be required.

Income is improving now that Claimsure is active again.

WH funding remains separate, as block funding was not required for 2021 due to the gradual appointment of staff and scaled activity, but this will be in place for 2022. A sum of €600k remains in the account, but this is restricted funding for WH and must be separated out from the OLHCS accounts.

AH advised that an additional €10M has been approved by the DoH for Voluntary Hospices. It is expected that €1.5M of this will be allocated to OLHCS and, as unrestricted, €1M will be allocated towards the WH loan, with the remainder towards the BH fit-out.

The Directors acknowledged AH's work in securing unrestricted funding.

The designation of fundraising cash reserves will be allocated to the A&F Committee, and HN confirmed that the rationale for the designation of funds to forthcoming capital projects will be published in the Annual Accounts.

Balanced Scorecard (October 2022).

Activity – activity is currently stable, but there have been some staffing challenges in CPCT, which has had a big impact on the service. Work on developing a sustainable model is ongoing. Occupancy in Older Persons is being impacted by the non-availability of single rooms, so the progression of AGH Capital project is imperative. The low occupancy impacts on the cost of care per bed, and Management will focus on this area over the next couple of months.

The CPCT waiting times were queried, and AH advised that these are national targets set by the HSE, which do not take into account early or non-urgent referrals. However, the staffing levels have had a recent impact also.

Covid-19

MF briefed on the report, and thanked the Directors for their commitment to staff during this difficult time.

There have been almost 100 positive tests in the year to date. An outbreak on CRU is currently in the end stage and was contracted through a student placement and followed by 2 additional staff with positive tests. This is impacting on CRU activity and the outbreak is expected to conclude on December 6th.

There was a near-event in WH, with 3 staff testing positive, but all of these were community contracted. Since November the highest number of staff at any one time have tested positive, or have been 'close contacts'. It is hoped that the booster programme will help address this.

A Data Protection review has confirmed that pre-recruitment of front-line staff can advise that vaccination status is required, so this will help eliminate appointment of non-vaccinated staff who may then have to be re-designated following commencement. It was queried if a clause could not be inserted in all new contracts advising that vaccination is mandatory, but MF confirmed that this has to be a national decision,.

Serial testing in AGH is to recommence.

Agreed/Actions:

The Board approved the designation of fundraising cash reserves proportionally against upcoming projects.

8. Charities Regulatory Authority Code of Governance

The document was posted on the shared folder in advance of the meeting, and taken as read. EF briefed on the CRA Code of Governance, launched in 2018 and applicable to all Charity organisations in Ireland. All Charities were asked to work towards compliance by 2020, and OLHCS has been deemed compliant in 2021. A declaration of full compliance can lead to a 'spot check' by CRA, and this would be welcomed.

There has been no publication of organisations' status to date, so it's not possible to benchmark OLHCS against other organisation.

EF clarified that the majority of donations to OLHCS are for the charitable purposes of the organisation, but on occasions donations are made for a specific service or purpose, and these funds are held as 'restricted' funds for that purpose. For transparency purposes, all information on services provided by OLHCS are posted on the website.

The Directors thanked EF and all those involved in achieving compliance status, and the CRA Code of Governance was approved by the Board.

Agreed/Actions:

The Charities Regulatory Authority Code of Governance for OLHCS was unanimously approved by the Board.

9. Fundraising Proposal

A fundraising initiative proposal document was posted on the shared folder in advance of the meeting and taken as read. EF briefed on the direct marketing campaign, at an estimated cost investment of €100k per annum over three years.

The following points were raised:

The quality of the Agent appointed is essential to ensure a sensitive presentation, in line with the ethos of OLHCS. Ensure that the approach is consistent with the ethos/values of our services. Sensitivity is required where there may have been a recent family bereavement at OLHCS.

Parameters required to include follow-up by in-house team member.

To seek the best terms of attrition, i.e. no charge if the donor drops up to 3 months post initial donation.

The timing of the campaign should be reviewed if the proposed TV documentary is broadcast, as this would have a positive impact.

Board to be kept fully informed on the finances and any organisational reputation issues.

Agreed/Actions:

The Board unanimously supported and approved the direct marketing campaign and are to be kept fully informed on the progress and any organisational reputation matters which may arise.

10 AOB

LB advised that both he and AH attended the Voluntary Hospitals Forum (VHF) plenary session. Sign-off of the incorporation of the Forum was completed and he briefed on the function of the forum. The current priority is the renegotiation of the Service Level Arrangement, with the existing SLA structure to roll over into 2022. The VHF discussed the IFMS Integrated Financial Management System), which the HSE are seeking to roll out to all healthcare agencies nationally. The VHF have identified significant concerns regarding the operation and governance of the proposed system which have not been addressed..

AH advised that she attends the IRG Dialogue Forum, as representative of the Voluntary Hospices Group (VHG), and one of the groups key actions is on the SLA review; case studies in the sector to inform the review, and working principles around same. A group has been formed to look at the partnership principles between the HSE and the Voluntary sector and AH is a representative on this group.

The BOD Away-Day is scheduled for Wednesday, December 1st in the Winter Room, RCPI, 6 Kildare Street. All were reminded to complete the Covid form circulated and present vaccination status on the day.

LB wished all a happy Christmas and thanked everyone for their support.

Signed: _____
Chairperson

Date: _____

**The next Board meeting is scheduled for
5pm on Monday, January 24th 2022**