

MINUTES OF THE MEETING OF BOARD OF DIRECTORS OF OUR LADY'S HOSPICE & CARE SERVICES, BLACKROCK, HELD IN THE BOARDROOM, AT 5.00pm, ON MONDAY JANUARY 27th 2020

PRESENT: Mr. Brian Murray, (Chairperson)
Mr. Sean Dorgan
Mr. Stephen Walsh
Mr. Eugene Murray
Ms. Helen Nolan
Ms. Mary Rose Gearty
Mr. Lorean Birthistle
Dr. Terry McWade
Ms. Kay Connolly

APOLOGIES: Ms. Carole Pollard
Mr. Pat Costello
Dr. Philip Wiehe

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

Board of Directors Closed Session
CEO Performance Review.

Strategic Plan Medical Director Lead for Palliative Care Services

Dr. Stephen Higgins briefed on the existing Palliative Care Services, and the following points were raised:

With changing demographics and increasing older population, demands on CPCT and inpatient services are increasing and OLHCS are evaluating how best to provide service. It is anticipated that growth in outpatient and community services will meet this demand. An examination of statistics to review the numbers of patients under CPCT with the ability to attend an Out-patient service is required.

The Board of Directors is at the Strategic review stage and need to be informed for Capital Planning decision making as requirements to invest in new infrastructure to deliver future care needs to be planned.

Wicklow Hospice model is currently being explored, taking into consideration location and catchment area.

1. Minutes

The minutes of the Board meeting on November 25th 2019 were approved.

2. Matters Arising / Action Tracker

AIHPC Status - included on CEO's Report.

Staff Survey - an external company have been appointed to collate staff returns independently. Survey to progress in mid-February.

Directors Compliance Statement- the Compliance Statement was circulated in advance of the BOD meeting and all reviewed and approved.

Parnell Road Property - agreed that this is not feasible, but CP will continue to liaise with a view to possibilities for obtaining an access route to OLHCS.

140th Anniversary Celebrations - all events were successful and the Board extended congratulations to all the teams involved.

Closure of AGH Smoking Room - all complaints have now been resolved and the room has been reallocated as a Patient Activity Room.

BM advised that the Board require a 'future service needs' scoping to establish capital requirements, and an away-day will be scheduled for May/June for a full review. All service related statistics that can inform decisions would be useful in advance of this.

Agreed/Action:

Directors Compliance Statement reviewed and approved by all.

Away day to be scheduled for May/June for future service needs review to inform capital planning decisions.

3. Conflict of Interest

No conflicts were noted for the meeting agenda.

The Directors were reminded to complete the Col form and return as soon as possible.

4. CEO Report

Documentation was circulated on the AIHPC Corporate status, and options available. Following discussion it was agreed that a Company Limited by Guarantee (CLG) be established and all partners be invited to participate as Company Directors. The CLG would be required to register with the Charities Regulatory Authority and apply for a Charity Registration Number. AH will revert to the AIHPC advising of the Board recommendation.

Wicklow Hospice progress update was provided.

An FOi request for Board meeting minutes and Management Team minutes has been received from an Irish Times journalist and we will release 2019 minutes of both forums within the required timeline.

AH is representing the Voluntary Hospice Group (VHG) on the Independent Review Group Discussion forum. This is an intensive project but participation is very worthwhile. BM proposed that OLHCS commence putting any recommendations from the review in place. AH advised that the VHF will put a group action plan in place, though some of the recommendations are very straightforward and easy to implement so can be advanced locally.

AH briefed on feedback following shortlist for Annual Report good governance award - this will be circulated for implementation in 2020.

Agreed/Action:

AIHPC - BOD recommend formation of Company Limited by Guarantee (CLG) be established and all the AIHPC Partners be invited to participate as Company Directors.

VHF Action Plan on Independent Review Group recommendations to be drafted and implemented.

Feedback recommendations for Annual Report to be applied to 2019 report and circulated to the Directors.

5. Service Level Agreements

The Service Level Agreements (SLAs) were circulated to the Directors in advance of the meeting. There are no significant changes to the 2019 SLAs.

However, a change on the reporting structure should include the Quality & Safety Committee reporting to the Clinical Governance Committee, as the Q&S Committee is not a Board Committee and this structure will ensure reporting to the Board.

The 2020 budget confirmation is awaited, but it is expected that the similar level of services as 2019 will be provided, noting a €90k cut to overall budget allocation.

OLHCS is awaiting confirmation of additional Palliative Care allocation, agreed by the Department of Health as part of a three year plan to redress underfunding of PC services.

6. Finance & Quality Reports

Balanced Scorecard (December 2019)-

SC briefed on end of 2019 figures, having achieved a break-even position.

AH advised that the BOD census figure is not a true reflection, as the Fundraising staff have now been included on SAP and therefore included in the BOD census. This will be rectified to reflect accurate figure, as over the past two years the BOD staffing census has reduced. The negative variance on pensions will be recouped from the HSE.

Year-end Fundraising total cash balance of €7.7M was noted.

7. Board Committee Reports

7.1 Audit & Finance Committee

No meeting update.

7.2 Education & Research Committee

TMcW noted that the restructuring of the E&R Centre resources has reduced costs. The service is now more inclusive of and aligned with the clinical services on site.

AH noted that there will likely be an increase in staffing levels with the appointment of the Chair in Palliative Medicine.

7.3 Mission Committee (10.12.19)

A report was circulated in advance of the meeting and there were no queries.

7.4 Capital Committee (13.01.20)

AH briefed in CP's absence.

Following tender process, Reddy Architects have been appointed as Design Team for Blackrock Hospice refurbishment. The brief will include future-proofing of the building and will involve consultation process to include Board feedback.

The HIQA non-compliance on multi-occupancy rooms in Anna Gaynor House remains an issue. The HSE have advised that OLHCS is included in the Capital Plan 2016- 2021, but to date we have not received any funding, and there is a need to have a written plan to address the non-compliance when HIQA Inspection takes place this year. We will advance request for funding with HSE again.

[REDACTED] (ongoing negotiations)

The Alzheimer's Society will commence operating Day services from the Admin building on February 11th for a period to allow remedial works on their own premises. This gives OLHCS the opportunity to develop potential future working relationships.

7.5 Fundraising Committee (21.01.20)

SW updated on the last meeting, noting that there is a good deal of work required to integrate Wicklow Hospice fundraising. BM noted that the work on achieving compliance with the Charities Act at Harold's Cross will automatically expand out to Wicklow Hospice.

In terms of Fundraising Income, events are not a growth area, and costs of events are increasing. A strong and growing source of income over the past three years has been through bequests.

Fundraising recognise the primary source of new donors is through Light up a Life, and will develop an increase in communication to link with attendees and supporters.

HN suggested that there is a need to research Corporate organisations and find out specific areas that they would be most interested in supporting, and develop individual propositions in line with this.

An 'Away Day' will be scheduled to carry out a review of Fundraising in total.

Agreed/Action:

Board 'Away Day' to be scheduled to conduct a full review of Fundraising.

Develop an increased communication to link with attendees and supporters of LUAL.

7.6 Clinical Governance Committee (20.01.20)

EM briefed on the meeting, which he Chaired for the first time. The Balanced Scorecard for December was reviewed. Absenteeism was discussed and absence reasons relate to age profile and musculoskeletal conditions. The Governance Dashboard was reviewed and Lisa Ivory is scheduled to brief on the data collection at the next meeting.

The Environmental Health Report and Action Plan following an inspection at Blackrock Hospice was reviewed.

The Clinical Governance Committee will participate in the Corporate Risk Register review with the Audit & Finance Committee - date to be scheduled.

EM queried some figures from the 2019 Quarter Four Report on Palliative Care and SH briefed on same.

Agreed/Action:

LI, Business Manager, to provide briefing session on data collected and metrics.

Clinical Governance Committee to participate in Corporate Risk Register review - to be scheduled.

7.7 Nominations Committee

The Committee approved the appointment of Professor Berman to the Education & Research Committee, following proposal by the Committee Chair.

HN recommended Ms. Ashley FitzGerald as new member of the Audit & Finance Committee. Ms. FitzGerald is Auditor for the Religious Sisters of Charity, but this does not present as a Conflict of Interest for OLHCS. The appointment was approved by the Committee.

Agreed/Action:

The Nominations Committee approved the appointment of Professor Berman to the E&R Committee, and Ms. Ashley FitzGerald to the Audit & Finance Committee.

7.8 Remuneration Committee

No meeting update.

8. Wicklow Hospice Progress Update

The opening took place on January 24th and was very well attended. All areas are progressing - fit-out; recruitment etc. Submissions are being prepared for fit-out funding from the HSE.

9. Strategic Plan

Refer to SH presentation

10 AOB

None.

Signed: _____
Chairperson

Date: _____

**The next Board meeting is scheduled for
5.00pm on Monday, March 25th 2020
The Boardroom, Harold's Cross**

MINUTES OF THE MEETING OF BOARD OF DIRECTORS OF OUR LADY'S HOSPICE & CARE SERVICES, HAROLD'S CROSS, HELD IN THE EDUCATION & RESEARCH CENTRE VIA ZOOM AT 5:00pm, ON MONDAY APRIL 20th 2020

PRESENT: Mr. Brian Murray, (Chairperson)
(via Zoom) Mr. Pat Costello
Mr. Sean Dorgan
Mr. Stephen Walsh
Mr. Eugene Murray
Ms. Helen Nolan
Ms. Mary Rose Gearty
Dr. Terry McWade
Ms. Kay Connolly
Dr. Philip Wiehe

APOLOGIES: Mr. Lorean Birthistle
Ms. Carole Pollard

IN ATTENDANCE: Ms. Audrey Houlihan, CEO
Ms. Mary Flanagan, Director of Nursing
Mr. Tommy Beatty, Capital Projects Manager/Head of Non-Clinical Services
Ms. Eleanor Flew, Director of Fundraising & Communications

Dr. Stephen Higgins, Medical Director
Mr. Simon Costello, Head of Finance
Ms. Mary Kirwan, Head of Human Resources

Board of Directors Closed Session

No closed session took place for this virtual meeting.

Strategic Plan Implementation - Fundraising - deferred

Opening Address by Chair to propose and agree the virtual meeting format:

- ~ 30 minutes to discuss and sign-off on items requiring formal Board approval
- ~ 15 minute update from OLH&CS management team on Covid-19
- ~ 15 minute Q&A

Board papers were circulated in advance of meeting and taken as read.

1. Minutes

The minutes of the Board meeting on January 27th 2020 were approved.

2. Matters Arising / Action Tracker

Three-year Board review

BM recommended postponement of the three year formal review of Board until May 2020 meeting.

BOD 'Away Day'

BM proposed to defer the Board 'Away Day' for scoping future service needs to inform capital planning decisions until autumn 2020.

Annual Report

AH expressed the preference of the management team to adhere to the normal timeline for producing the Annual Report. It was agreed that most of the data could be compiled, albeit in a more limited form for some of the clinical areas. It was also proposed to apply the feedback recommendations of the Voluntary Health Forum to the 2019 report as discussed at January 2020 BOD meeting.

Agreed/Action:

Three-year BOD review agenda item for May meeting.

Away-day for future service needs review to inform capital planning decisions deferred to the autumn.

Annual Report to be compiled within normal timeframe.

3. Conflict of Interest

No conflicts were noted for the meeting agenda.

4. CEO Report/Covid-19 update

CEO report circulated in advance of meeting and taken as read.

Contested Will

AH advised that the legal team have recommended acceptance of the draft terms for a 60/40 split and sought formal approval from the Board to proceed on this basis. Work on apportioning costs and to manage the winding up of the estate could then commence.

Legacy Update

AH briefed the meeting on the following legacy update that required a response:

- OLH received notification in June 2018 that OLHCS and the JCS were to be the equal beneficiaries of the residue of the estate of
- The estate includes a property in Rush that was valued at €450k in 2017 (at time of death) and assets valued @ c. €250k. Total estate value @ c. €700k.
- From the estate value there are €170k of specific bequests due to a number of individuals.
- We are not involved in the sale of the assets as there is an executor appointed.
- We have accrued €200k against this legacy.
- The house was put on the market in July 2019 for €450k and there has been little interest / no offers.
- The executor has now received an offer of €400k and by way of courtesy he is reaching out to both OLHCS and JCS to see if we are comfortable with accepting this offer.
- We believe this to be an acceptable offer on the property and it has received no other offers. We are in the process of establishing if the JCS has accepted the offer - but believe they have.
- If we accept this house price offer then the total estate value is at c. €650k less €170k of specific bequests, which is €480k which would be divided between OLH & JCS (minus expenses).
- The potential value to OLH is c. €240k (minus expenses).

BM confirmed formal board approval to proceed with the sale of the property given the current climate.

Strategic Objectives

AH advised that the management team were revisiting the strategic objectives with a view to progressing those items that could be actioned.

Staff Survey

MK advised that 3 quotes had been received for the "Great Place to Work" survey. It was hoped to have a revised plan in place by June as this matter is temporarily deferred.

PC shared his experience of this survey and advised that it would need to be run a number of years in succession to establish a trend. It was important for small teams not to feel exposed and for staff to be sure of guaranteed confidentiality if they participated in the survey.

KC concurred that staff must be assured about the confidentiality of the survey, citing an example of a perception that serial numbers used in the survey were linked in some way to identify staff.

Wicklow Hospice and capital projects

Working towards end of June timeframe for Wicklow Hospice. Fit-out and recruitment ongoing. There may be a challenge with getting new staff released from other settings.

EM sought an update on telecoms and broadband situation.

TB confirmed that a site survey was due to take place to establish any further capital works requirements and costs. It should be possible to connect to the government network on the OLHCS account with the proposed solution.

Blackrock Hospice refurbishment - to be advanced for this year subject to COVID service restrictions.

Kildare Hospice

AH advised that OLH&CS Medical Director and Director of Nursing were providing support to help Kildare Hospice through their current staffing challenges and support them to increase from 8 to 13 beds.

BM queried whether OLH&CS could get some agreement in principle with the HSE on the governance of Kildare Hospice. AH advised that HSE need to scope out requirements and revert.

Professor of Palliative Medicine - post delayed by 1 month

Fundraising branding /Together for Hospice

Marty Morrissey had given his support as ambassador to the national brand launch and appeal due to commence on Monday 27th April 2020.

Alzheimer Society of Ireland

Service on site ceased until the Covid-19 situation resolves. Their staff have been redeployed to assist in OLH&CS in the interim.

AIIHPC - no update for this meeting.

HIOA report - no written report received to date

High Court Ruling

AH gave an update on a recent ruling in a case taken by an employee that was heard in the Circuit Court and appealed to The High Court. The subsequent High Court ruling has been challenged by the Data Protection Commissioner and referred to the Supreme Court.

AH confirmed that OLH&CS legal team would be in attendance at the DP/Supreme Court hearing.

BM noted compliment letters received.

Agreed/Action:

Legal team to be advance that draft terms were accepted relating to 60/40 split in contested will case

Approval for legacy property sale to be notified to estate agent

Legal team to attend Supreme Court/DP hearing as a point of learning

Seek agreement in principle from the HSE on Kildare Hospice

Progress Wicklow Hospice fit-out, funding and recruitment

5. Executive Team Update

5.1 Clinical update

AH advised that over the last 6 weeks services were adapted to meet the challenges posed by Covid-19 to patients, staff and on PPE procurement.

OLH&CS engaged with the HSE and responded to their demand for additional bed capacity to relieve pressure on acute hospitals such as SIB, SVUH and Tallaght. 50 additional beds were identified between the different services and sites. A 7/7 service was reinstated in CRU and RMDU for sub-acute L2 beds from Acute and community settings, putting additional demand on existing teams. Patients now admitted to CRU remain there for a 14 day isolation period before transferring to AGH and other parts of the service.

No volunteers are allowed on site and this has had a huge impact on staff, patients and residents. The visiting restrictions in place, which have served us well from a safety perspective, are also a cause of concern and anxiety for residents and relatives.

A second wave of people presenting with chronic illness is anticipated and this would need to inform the decisions on how we move forward to the next stage and plan to reverse out of the current Covid-19 position in order to meet the needs of our regular patient cohort.

SH praised staff for their remarkable resilience and willingness to keep up with the pace of change. Things have stabilised somewhat after a chaotic start. Face to face interactions have suffered and there was a need to rethink how things could be done differently.

The struggle to procure and maintain PPE stocks was an ongoing challenge. OLH&CS have held to the national HSE guidelines, whereas some acute hospitals have adopted a different approach. Appeals have been made locally and nationally for PPE equipment.

SH explained the different types and uses of facemasks and the requirement for 1,000's of surgical facemasks for day to day interactions, as distinct from FFP2 masks for high risk patients.

MF advised that resources were also deployed to assist the Infection Prevention & Control team and the Occupational Health nurse with contact tracing and monitoring of staff. No outbreaks had occurred to date in either AGH residents or palliative care patients in Harold's Cross.

MF further advised that a lot of strong partnerships had been forged and organisations were working more regionally. Geriatricians and palliative care consultants were working well together. AIIHPC was project managing very informative webinars led by OLHCS Senior clinicians, drawing large online participation and interest particularly from nursing homes and ID sector.

The Board of Directors complimented and commended the management team and their teams working across OLH&CS on their efforts in dealing with the Covid-19 crisis.

In particular, KC expressed her thanks for easing the pressure on SVUH.

5.2 Financial update

SC gave an overview of the finance position to end March 2020 and sought board approval to formally sign-off on the 2020 Budget as circulated.

SC confirmed that a revised budget would be presented for board approval once the Wicklow Hospice figures had been agreed with the HSE.

AH advised that a Letter of Determination had been requested from the DOH for 5 months running costs. €300k had been received in 2019 to cover current set-up costs.

The impact of Covid-19 on finances was discussed. It was noted that RMDU closed mid-March 2020, resulting in a loss of private income. Income streams from other services are also down e.g. catering, respite and education. The challenges of Private Health Insurance income are ongoing. Additional costs for PPE and other Covid-19 resources also have a negative impact, yet to be quantified.

BM confirmed the support of the board to the management team and added that whatever needed to be spent to keep everyone safe, should be spent. He was grateful and proud of the role that OLH&CS were playing during this pandemic.

5.3 Fundraising update

EF briefed on the current fundraising figures and income breakdown to end March.

The impact of Covid-19 on fundraising efforts was discussed, as were the challenges of fundraising in the current environment.

EF advised that a major gift of €25K had been received from a very generous donor, who previously gifted €60K to OLH&CS. Donors have responded to frontline organisations.

National digital/text appeals to be scoped on foot of the success of the online Spring Raffle event.

Challenges are anticipated with Coffee Morning due to social distancing restrictions for gatherings.

Aviva have confirmed their sponsorship of LUAL for 2020 and Nathan Carter has confirmed that he would be guest of honour for the event.

BM queried whether it might be possible to approach the supported coming through the gates at LUAL and distribute an information leaflet at point of entry.

EF undertook to consider this option and confirmed that that format of LUAL would be confirmed as the year progressed.

BM noted the Hospice Herald and Hospice Times publications.

5.4 HR update

MK advised that currently 93 staff were on special leave with pay. The recommendations in the HSE guidance on 'Pregnant HCW and other HCWs and the risks from COVID-19 in the 'delay phase' were being followed. Confidential one-to-one support meetings had been offered to HODs/line managers with the aim of supporting them in supporting their teams. Other supports in place included access to the Employee Assistance Programme (EAP) and a dedicated HR phone line service to give staff and managers information and advice during the coronavirus outbreak.

5.5 Capital update

Discussed under CEO update.

SW sought an update on the €2m grant application for Blackrock Hospice renovation.

AH advised that she hoped to have an update by end April 2020 and if successful, funding received by November 2020, or early 2021.

6. Finance & Quality Reports

March 2020 Balanced Scorecard, Activity Data and Dashboard were circulated prior to meeting and taken as read. The impact of Covid-19 on this data was noted.

7. Board Committee Reports

7.1 Audit & Finance Committee (14.02.2020)

HN briefed on the Audit & Finance Committee meeting, documents circulated in advance.

HN confirmed that the committee was working through year-end process and sought formal approval of the accounts at May BOD.

HN/SC advised that the categorisation of the Capital funding provided to Wicklow Hospice had been reviewed in the accounts i.e. it was not a permanent loan on the balance sheet as it would be offset by the transfer of land and buildings when that process was formalised.

HN recommended that OLH&CS reliance on HSE funding should be documented in the accounts.

The Audit work plan for 2020 was approved.

It was further recommended the Capital Plan should be updated to show how funds were designated including future capital commitments.

MF, TB & HN to review the existing Capital Plan and adapt to take account of the changing model of developing and evolving services.

Agreed/Action:

Audit work plan actions to be progressed

Finalise draft accounts for formal approval at May BOD

Update Capital Plan to show how funds were designated to meet clinical needs.

7.2 Education & Research Committee - deferred

7.3 Mission Committee (03.03.2020)

KC updated on the Mission Committee meeting, noting that the groups represented on the Mission Committee can build on the work done to date to provide support to staff.

Agreed/Action:

Mission Committee to continue its support to staff via the groups represented

7.4 Capital Committee (23.03.2020) - deferred

7.5 Fundraising Committee (No meeting update)

7.6 Governance Committee - (no meeting update)

7.7 Nominations Committee (Refer to Jan BOD Minutes)

7.8 Remuneration Committee (No meeting update)

8. Wicklow Hospice Progress Update

Discussed under updates above.

9. AOB

Nomination to Fundraising Committee

The nomination of Cathy Maguire to the Fundraising Committee was discussed and approved.

BM suggested that recruitment to the board and membership of the board should be included for review at the 'Away Day'.

Board meeting schedule

The consensus of the Board was to adhere to the original schedule of board meetings and sub-committee meetings in a virtual format until such time as the situation dictates otherwise. The importance of supporting staff at this critical time was emphasised, as was the importance of keeping abreast of current developments.

AH concluded by thanking the board members for their ongoing support to the staff and management team at this challenging time.

Signed : _____

Chairperson

Date: _____

**The next Board meeting is scheduled for
5.00pm on Monday, 25th May 2020
The Boardroom, Harold's Cross
(or via Zoom if social distancing restrictions remain in place)**

MINUTES OF THE MEETING OF BOARD OF DIRECTORS OF OUR LADY'S HOSPICE & CARE SERVICES, HAROLD'S CROSS, HELD IN THE EDUCATION & RESEARCH CENTRE VIA ZOOM AT 5:00pm, ON MONDAY MAY 25th 2020

PRESENT: Mr. Brian Murray, (Chairperson)
Mr. Pat Costello
Mr. Sean Dorgan (Except Agenda Item 9)
Mr. Eugene Murray (Except Agenda Item 9)
Mr. Stephen Walsh
Ms. Helen Nolan
Ms. Mary Rose Gearty
Dr. Terry McWade
Ms. Kay Connolly
Dr. Philip Wiehe
Mr. Lorean Birthistle
Ms. Carole Pollard

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

(Strategic Plan Presentation only)

Ms. Eleanor Flew, Head of Fundraising & Communications

1. BOD Closed Session (5pm - 5.15pm)

Fundraising Strategic Plan Implementation

Eleanor Flew delivered a Powerpoint presentation on the Fundraising and Communications implementation of the Strategic Plan to date. The BOD acknowledged the work of EF and her Team with the success of Fundraising over the past three years. AH acknowledged the incredible performance, with a significant uplift on Fundraising income (18M - 19M approx. uplift over 3 years), along with a decrease in expenditure, such as a reduction of over 1M in BOD funded posts and other items.

2. Minutes

The minutes of the Board meeting on January 27th 2020 were approved.

3. Matters Arising / Action Tracker

Code of Behaviour & Ethics

AH proposed that this be referred to Prospectus for review, in order to get the documents closed out. This will involve a small investment, as they will review the existing draft and make recommendations on same. BM requested that the documents should be in line with other healthcare organisations. The proposal was approved.

Agreed/Action:

Prospectus to review/make recommendations on the Codes of Behaviour and Ethics for OLHCS.

4. Conflict of Interest

SD and EM will excuse themselves for Agenda Item 11.

5. External Board Review (SHRC Ltd)

AH advised that Mr. Hannaway (SHRC) would be happy to meet with the BOD at a later date, if required.

BM noted that it was a positive and clear report and the Directors would review today.

He noted two issues:

Item 2.2 *"The Board Survey highlights a concern around the financial capability of some Board members and, in particular, the competencies and time spent on financial matters ..."*

BM acknowledged that OLHCS complies with HSE reporting format, which is complex. However, he noted that the role of the Audit & Finance Committee expanded to include review of Finance Reports, which happens at every meeting. PC suggested that a review of other healthcare organisations reports as there may be a more user-friendly format in use elsewhere. HN advised that Aisling FitzGerald, a member of the A&F Committee, who has a background in this area, has offered to do a briefing on the Charities Act and Corporate Governance for the A&F Committee, and this could include a briefing on Financial reports. It was agreed that this is an area for focus as part of new Directors orientation, and HN will liaise with Aisling FitzGerald for a briefing at the Board away-day.

The Code of Governance is currently being revised.

"There will be a need to review governance arrangements as the change in scale challenges the ability to provide effective oversight- particularly from a clinical perspective."

AH noted that SH and MF are currently providing significant support to Kildare Hospice, though the HSE have yet to progress any clinical governance arrangement with OLHCS. An independent governance review will be carried out shortly and the matter can be progressed with an agreed governance model.

It was agreed to include this as an Agenda item at the October Board meeting for discussion.

"The work of the organisation is strongly values driven, although this approach could be more explicit."

Unsure of how this can be more explicit and will need clarification.

"The Board is reliant on the sub-Committees....."

To move the sub-Committee reports up on the agenda.

Agreed/Action:

Review financial reporting formats from other organisations for a user-friendly report format.

Further education on understanding financial reports to be included in Orientation of new Directors and a briefing session will be included in the away-day schedule.

Review governance arrangements to ensure oversight with change in scale of services at the October Board meeting agenda.

AH to evaluate the report for implementation of recommendations.

6. Deloitte Audit Report

Both the Deloitte Summary Report and the 2019 Audited accounts were circulated in advance of the meeting. The reports were reviewed by the Audit & Finance Committee meeting, and recommended changes have since been included.

HN noted that Deloitte reported that the audit process went very smoothly, and they were extremely complimentary of SC and his team on their assistance in providing documentation during this time.

HN briefed on the areas of change from the previous audit and advised that the A&F Committee have recommended approval for sign-off.

BM recommended that 'Executive' be removed on Pg 7, as there are no Executive Directors on OLHCS Board.

Terms of Reference of Board sub-Committees - need to ensure that all are included and consistent in Committee roles.

BM requested consistency in using either 'Chair' or 'Chairperson' throughout the report.

The reports were formally adopted following the above amendments.

The BOD thanked SC, HN and the A&F Committee for their work on reviewing the Audit.

Agreed:

The Deloitte Audit Report for 2019 was formally adopted by the BOD, with the inclusion of some minor amendments (above).

7 CEO Report

The report was circulated in advance of the meeting.

AH briefed on the report as follows:

Covid-19- CRU and RMDU now provide a different service model with different patient needs.

Patients are referred from the acute hospitals to prevent emergency admission to the acute services.

Loss of private income averages €200k per month, and will result in considerable income deficit.

PW queried if there are any plans to recommence CRU service, and AH advised that this is being planned, and the Consultant is liaising with SJH on identifying patients for admission. In the interim OPD services are planned.

A planned return to routine services will be progressed, and this will include review of the Clinical Care Programme and the strategy for service delivery.

The HSE are piloting Anyone/Anywhere telehealth system, and this is being used for RMDU and Palliative Care patients.

The organisation continues to support a high number of staff (70 approx) with personal/family underlying conditions.

Restricted visiting to Palliative Care is facilitated, and plans to facilitate restricted visiting to Anna Gaynor House are underway. It may require a return of some volunteers to assist with this. The limited visiting facilitated in Palliative Care has resulted in more admissions, though the length of stay is shorter than average.

The agreed funding, to be phased over three years, for Palliative Care Services, has now been front-loaded, with OLHCS to receive €0.9M.

AH acknowledges that there is a need to be proactive in obtaining Covid-19 funding from the HSE.

PC expressed concern at the delay in conducting the staff survey, though he complimented the choice of Great Place to Work. AH advised that OLHCS was ready to proceed with the service provider and education sessions were planned. This has now been postponed until Q3 2020.

BM queried level of Covid-19 positive testing in staff. AH advised that there were two sessions of testing in Harold's Cross, but there was a negative national response to this level of testing.

OLHCS have now made arrangements for in-house testing, and, in conjunction with the co-operation of SVUH laboratory services, there will be a quick turnaround with the results. OLHCS has been carrying out temperature checks on front-line staff from the outset, but the testing revealed a small number of positive staff, and most of these were asymptomatic.

KC queried how implementation of social distancing is working, and AH did note that there is non-compliance in a low number of areas and that this is being addressed, but overall staff are remaining in their own Units with restricted movement around the campus, and seating in the restaurant has been reduced and laid out to ensure compliance.

KC noted that services such as OPD can be very challenging, but separate entrances and exits can help. AH agreed, and noted that the restricted visiting to Palliative Care requires a lot of supervision at the moment.

CP noted that such precautions (distinct entrance/ exit) spacing in restaurants should be considered in the Master Development Plan for future developments.

The HIQA report was received this week, and will be circulated to the Directors when the Management Comments have been added to the report.

The opening of Wicklow Hospice is expected in July. AH briefed on the telephony and wifi progress. Telephony was included in the OLHCS upgrade programme, which will result in significant savings. The wifi is progressing with a booster upgrade to the local service, and Eir have agreed to spread the cost over three years.

8. Finance & Quality Reports

Finance:

SC advised that he had recently done a presentation on Healthcare Accounts and would be happy to provide a briefing to any of the Directors in advance of the away-day.

Figures were circulated in advance of the meeting, and SC briefed on these and the following comments were noted:

It is likely that the Fundraising income will decrease as the year progresses with the cancellation of events. Currently the balance is €8.3M, inclusive of payroll and restricted funding.

There is a negative income variance of €406k with €347k of this coming from RMDU private health income due to the closure of this service in mid-March. A negative income variance of €210k per month on RMDU will occur going forward. €253k of PCU core funding was received in April which offsets much of the negative income variance in PCU to date.

BM requested AH circulate a report in advance of the next meeting, outlining RMDU finances and patient service issues.

Covid-19 costs are now being reported to the HSE each month as part of their monthly accounts template. AH noted that PPE alone has cost over €300k to date, and the acute sector have access to an HSE funded central stock of PPE. TMcW queried if OLHCS would be entitled to NTPF funding for increased expenditure and AH advised that we didn't qualify as Section 38 organisations are not eligible, but there are other possible sources of funding which are being reviewed.

HN noted that the HSE will fund net Covid-19 costs, but there will probably be a lot of debate around the actual costs, as the HSE will offset costs against savings from closed services.

The pay budget is in surplus by €260k, which is a continuation of cost savings from the 2019 plan, but this not sustainable.

AH noted that OLHCS were at risk of losing additional funding for Palliative Care due to having a cost containment plan and introducing non-recurring cost savings measures.

Quality:

MF advised that there are a number of missing stats from the quality section of the report, but this is due to prioritisation around Covid-19 activity. Auditing and stats recording are ongoing throughout this period, as is relevant mandatory reporting. She noted that there has been a reduction in Incidents, primarily due to low occupancy.

9. Board Committee Reports

9.1 *Audit & Finance Committee (14.05.2020)*

Draft minutes of the last meeting were circulated.

HN advised that she has linked in with Mazars and requested that Internal Audit proceed where remote auditing is feasible, in areas such as the HSE Service Level Agreement (SLA), and ICT.

BM noted that the SLA submission date has been extended to the end of July and requested that the A&F Committee review in advance of sign-off by the Board. AH will circulate a draft copy to the A&F Committee.

The review of the Risk Register was postponed, but a date in June is to be scheduled suitable for both the A&F and Clinical Governance Committee members.

The Committee also reviewed the Audit in advance of Board sign-off.

9.2 *Education & Research Committee - deferred*

9.3 *Mission Committee (03.03.2020)-deferred.*

9.4 *Capital Committee (18.05.2020)*

Draft minutes of the last meeting were circulated.

CP advised that planning for BH renovation works is proceeding, and restricted funding is available for this project. Fortunately Reddy Architects were able to access the site before the lock-down.

There is also funding available from Dun Laoghaire Rathdown Council for works on the Chapel.

Reception staff in Hx have moved from the Admin building to a new reception area at the front of Anna Gaynor House.

A table outlining schedule of capital works was circulated. AGH works is awaiting confirmation of HSE funding. M.CO will update the Master Development Plan. AH noted that M.CO are on the HSE tender framework and they will be involved in a two phase consultation - the development of an Out-Patients Department (OPD) and to update the Master Development Plan.

Any changes to the bus corridor on Kimmage Road Lower/ Harold's Cross Road have been deferred due to the pandemic.

AH advised that the HSE requested update of the old CRU ward in the event of bed shortages during the pandemic, and they funded the renovation works. Should demands on the acute hospitals increase later in the year, it is possible that the HSE may request opening of these beds. Ideally this can be used for the relocation of BH patients during the renovation works.

BM queried which project is first up for development and if there are any draft outline plans for BH. CP advised that BH will be first up and she expects that draft plans will be available later in the week. The BH team will be consulted on the development to ensure they are happy with the proposal, and CP will liaise with Reddy Architects to ensure optimal renovation for the budget. CP will have a report available for the July BOD meeting.

BM queried the plan for the development of OPD and AH advised that, at the next meeting, they will work on outlining the proposal for facilitation of various disciplines and the type of services planned.

9.5 *Fundraising Committee (19.05.2020)*

Draft minutes of the last meeting were circulated.

SW advised that, at the end of April there was just a 15% reduction on Fundraising income from the previous year. Considering the effects of the pandemic, this is a good outcome. Public fundraising is up, and it is hoped that the emergency appeal will yield more funds, as all events are cancelled for the remainder of the year. SC drafted a brief on non-HSE income over the past 3 years (including Education & Research), which shows an income of €19.7M.

AH advised on two properties - a holiday home in Mayo has been donated to OLHCS, and legal advice on cost-benefit analysis will be followed.

The property on Reuben Street has been with OLHCS for a number of years, but the occupant has now passed away. Again advice on the next steps will be sought.

9.6 Clinical Governance Committee - (11.05.2020)

Draft minutes of the last meeting were circulated.

EM advised that the Committee reviewed the Governance Dashboard and Balanced Scorecard report, both of which reflected the changes due to the pandemic.

The Quality & Safety Annual Report was reviewed, and this has been issued to the Board also.

The Committee discussed the future uptake of Covid-19 vaccination, when available, in terms of the current uptake of 'flu vaccination and the feasibility of introducing mandatory uptake.

The HIQA report was not available for review, but the Committee were advised that it was positive.

BM proposed that the Board dedicate one meeting per year to review the quarterly report, as there is a vast amount of information on activity and quality in the report.

9.7 Nominations Committee (No meeting update)

9.8 Remuneration Committee (No meeting update)

10. Wicklow Hospice Progress Update

AH briefed on progress to date, advising that the Wicklow Hospice Foundation (WHF) are experiencing a decrease in community fundraising due to COVID. The final capital cost is currently being negotiated, but there is also a need to cross check the final bill with overlap in capital bill for some fit-out items. The Quantity Surveyor's report, commissioned by the bank, is near completion. Following discussion it was agreed to proceed with the Deed of Transfer as quickly as possible. This will enable OLHCS to close out on final build requirements and transfer to term loan with Bank of Ireland (BoI).

Woodcock Solicitors have recommended an early sign-over, despite the fact that the building is currently not finalised (final completion and certification anticipated in coming weeks) and are in the process of preparing the final Deed of Transfer.

PC queried the value of the asset comparable to the loan amount, and AH advised that the building is estimated at €10M sale value, with land at €2M/3M, versus a €2.75M BoI loan, in addition to the HSE lien.

SW noted that OLHCS has already agreed in principle to fund €1.1M and queried the feasibility of fundraising in that area to cover the loan repayments. AH advised that this is unlikely until the service opens, which should then regenerate the fundraising income. Following transfer the WHF will cease to be involved in fundraising with the exception of transferring legacies. The Charities Regulatory Office will be notified and WH will be registered with them. The WHF will remain as a 'shell' entity in the event of future donations to that body and two WHF Directors will be appointed to the OLHCS Board of Directors.

AH noted that, with the transfer, OLHCS will have full accountability for construction completion / fit-out / snagging, and that cost-savings have already been recognised and put in place.

BM asked the Directors if they were clear on this proposal and all agreed with progressing the Deed of Transfer.

Agreed:

Progress the Deed of Transfer for Wicklow Hospice as soon as possible.

11. AOB

AGM:

BM proposed, as the AGM will be held via Zoom, with just Directors and Shareholders, that it should be deferred to the June meeting (June 29th) and held before the regular meeting.

This was approved by all, and formal notice will be circulated accordingly. The Long Service Awards will be issued on a one-to-one basis, but the list of those receiving awards can be published.

BM noted that MRG would be standing down at the AGM, so formally thanked her for her contribution to the Board over the years. MRG will be replaced on the Board by Ms. Cathy Maguire, and BM will liaise directly with CM to discuss, and MRG will arrange an introduction.

BM advised that the Board have agreed to meet more frequently for the remainder of the year, with additional meetings in June and September.

[REDACTED]
[REDACTED] (Personal/ Confidential Information)

An FOI has been received from a Journalist for 2019 Board minutes (now available on the internet) along with January 2020 minutes. These will be issued in compliance with the request.

AH briefed on an alleged fraud matter involving a staff member, who has since resigned. The matter is being investigated by the Gardai and was reported to Deloitte's.

Signed : _____
Chairperson

Date: _____

**The next Board meeting is scheduled for
5.00pm on Monday, June 29th 2020
To be preceded by the AGM
(Both via Zoom)**

MINUTES OF THE MEETING OF BOARD OF DIRECTORS OF OUR LADY'S HOSPICE & CARE SERVICES, HAROLD'S CROSS, HELD IN THE EDUCATION & RESEARCH CENTRE VIA ZOOM AT 5:00pm, ON MONDAY JUNE 29th 2020

PRESENT: Mr. Brian Murray, (Chairperson)
Mr. Pat Costello
Mr. Sean Dorgan (Except Agenda Item 9)
Mr. Eugene Murray (Except Agenda Item 9)
Mr. Stephen Walsh
Ms. Helen Nolan
Ms. Mary Rose Gearty
Dr. Terry McWade
Ms. Kay Connolly
Dr. Philip Wiehe
Mr. Lorean Birthistle
Ms. Carole Pollard

APOLOGIES: Ms. Cathy Maguire

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

BM advised that Ms. Cathy Maguire has been appointed to the Board of Directors, replacing Ms. Mary Rose Gearty. Ms. Maguire was unavailable to attend today's Board meeting.

6. Minutes

The minutes of the Board meeting on May 25th 2020 were approved.

7. Matters Arising/ Action Tracker

BH Capital Project

A presentation will be delivered at the July Board meeting. A lot of progress has been made, with the Design Team consulting with the BH staff. Feedback following consultation will be closed out next week and a final draft will be presented at the July Capital committee and Board meeting.

Code of Governance & Behaviour

This is with Prospectus for review and is due for sign-off at the next Board meeting.

AIIHPC

Currently AIIHPC have gone to tender for legal services to carry out due diligence on setting up company limited by guarantee.

Governance Arrangements

AH liaised with the HSE on carrying out an external independent review of clinical and corporate governance, following an informal request to take on the governance of Kildare Hospice and given our commitment to Wicklow. This will be commissioned and conducted in partnership with HSE (2 - 3 month turnaround).

8. Conflict of Interest

None noted.

9. Covid-19 Action Report

The report was circulated in advance of the meeting.

AH briefed on the report as follows:

AH noted that the report is based around actions and statistics, but the 'human' stories will be compiled for the future, as some difficult decisions with major impact on patients, residents and families had to be made resulting from the pandemic.

She noted the early learning from the pandemic was the closure of RMDU and CRU services at the early stages of the pandemic, and the introduction of mandatory wearing of face masks, both of which had the greatest impact.

The organisation is now working on the resumption of normal services. MF and her team are working with the Volunteer Co-ordinator on the resumption of some of the volunteer roles, but the challenge is with the age profile of volunteers. A social model is being developed, which will limit volunteers time on-site. Volunteer drivers, and those who work in the Coffee Shop have participated in Infection Control training. Overall, the return of volunteers will be a slow process to ensure maximum safety.

The Education & Research Centre is now functioning very differently. Income is down, and the enterprise aspect of the service is under review by the Business Manager, with a likely longer term redeployment of staff.

RMDU and CRU have had the greatest impact with the closure of these services and a move to 7 day alternative services. Some emergency admissions have been facilitated in the past few days, and RMDU services will revert to a 5-day IPU in August. This will require acceleration of Out-patient service model, subject to funding, as €2M per annum comes from private insurance. AH will engage with the HSE and the relevant Clinical Programme Lead to discuss availability of funding.

RMDU will change from the original 46 in-patient unit, currently at 40 in-patient/ 6 Day Service, to 20 in-patient beds and an out-patient basis.

BM noted the significant impact of the pandemic on service admissions, along with the financial impact. AH concurred and advised that direct pandemic related costs should be funded through the HSE Covid-19 funding stream, and acknowledged and there is a requirement to assess models of care going forward.

KC commended OLHCS on how the pandemic situation was handled, evidenced by the report statistics. She queried the most important lessons learned. MF advised that education/training of staff on use of PPE requires more ongoing investment and energy, as additional training had to be put in place. The early implementation of staff swabbing would probably have reduced the amount of time staff were out, and, thanks to the support of SVUH, testing is now being turned around within 48hrs, which has significantly reduced absenteeism.

SH noted that there was a lot done right, but some of the smaller issues could have been improved, such as an earlier introduction of telehealth to support patients in the community. The use of PPE could have been improved, though OLHCS did follow the HSE guidelines, and PPE wasn't always available.

BM queried the status for visitors, and AH advised that, initially visiting was restricted to patients at end of life, with no visitors to Residential per HIQA guidelines. However, OLHCS eased the

restrictions due to pressure and the significant impact on patients and families. Visiting is strictly restricted for limited periods / minimal visitors, and is controlled through a booking system, with sign-in and sign-out. BM acknowledged the diligence of nursing staff and security, having to take an unfortunate stance with relatives and the demands around visiting. He thanked them for tolerating the additional difficulties around this.

BM queried the resumption of CRU services. AH advised that this is underway, though some patients are reluctant to come in due to apprehension around the pandemic. A blended model of care will be provided initially, with a one-week admission period, but CRU patient profiles are now more dependent and require additional input. There is a strong desire to deliver a 7-day service, but costings and service needs require evaluation. There is a large waiting list, and some urgent patients have been admitted via acute A&E referrals. This, however, reflects the value of the service.

SH noted that that CRU provided a very useful service of quarantining patients prior to admission to Residential care during the pandemic. AH agreed, and also noted that this highlighted the need for a 7-day service and single rooms.

EM queried the level of CPCT service. SH advised that Palliative Care experienced the greatest change as a result of the pandemic. The CPCT initially ceased all visits, and provided a phone service initially. The service also had a spike in referrals at that time (up 30%), less community services available to support patients, and patients extremely fearful of admission. The service is now carrying out more face-to-face visits, initially this was at 50% face-to-face and 50% virtual, but has now moved to 80% face-to-face. 50% of first visits are conducted by phone/video, but patients/families are not comfortable with use of video, and this needs to be improved and promoted. MF advised that a telehealth working group has been established, and CPCT is now looking at care pathways to include Physiotherapists and Occupational Therapists. We were supported to become an early adapter of the HSE 'Attend Anywhere' tele-support and that is at advanced stage in most areas of the Hospice.

EM queried the management of syringe drivers with virtual assessments, and SH assured that face-to-face visits were always available, though in restricted numbers, and transdermal patches were used where possible.

EM queried if sufficient PPE was provided for CPCT teams. SH noted that this ran very tight on occasions, but we always managed to deliver care for priority patients.

BM noted that, with the potential for another spike in infection rates and possible regional lockdowns, there is a need to ensure that 'lessons learned' can help to deal with a further surge.

MF acknowledged the work of the ICT staff in responding and providing supportive technology in a timely manner.

Education & Research Activity

BM noted that there is little to note here. AH advised that the majority of activity has been deferred to year end, and Post/Undergraduate courses will be delivered remotely. The Centre will be prioritised for internal use to meet the demand for space. Two classrooms have been restricted for use of zoom and these will be retained for the foreseeable future.

BM hopes that the July meeting can be held on-site, if Directors are willing, and all agreed to this. There is some capacity with social distancing and will be offered to a small number of Directors. All agreed to abide by the processes required by OLHCS.

CP raised the issue of such requirements for future building projects, and the need for quarantine areas. Also, to facilitate family visits through the use of 'garden access rooms'. She will discuss with Tommy Beatty and the Design Team, and see how these can be facilitated.

AH concurred and noted that the style of rooms in Palliative Care saved the day, and highlighted the issue of multi-occupancy rooms in AGH. The AGH project now needs to be moved and she has escalated the issue with the HSE.

5. Finance & Quality Reports

Finance:

SC briefed on Fundraising, year to date. Excluding legacies there is a positive variance of €87k year-to-date. Accrued legacies of almost €1.2M has been received to date with €0.6m still to come in. The Fundraising cash account to the end of May stands at €8.6M, €2m of which is restricted. There is an un-restricted available cash balance for future capital projects of €4.5m, up from €3.3m at year-end. In relation to 2020 forecasts, the predicted gain is expected to fall by €0.6m to €1.2m. The biggest factor contributing to this is a fall in donation (non-legacy) income of €0.6m, which is to be expected.

On HSE funding, year to date, excluding pensions there is a €900k negative variance. Both Pay and Non-Pay are approximately at break-even, despite the pandemic, which is offset against savings.

Overall the biggest area of impact is on Private Income.

SC has submitted a cash acceleration request of €1.2M, as it takes 1 - 2 months to process.

Overall, the year-end forecast is a €3.3M deficit - €2.9M attributable to lost Income; €0.9M attributable to Covid-19 costs and €0.5m of cost containment savings. AH advised that a submission for Covid-19 related costs will be submitted to the HSE.

SD noted that the reimbursement from the HSE for Covid-19 costs cannot be relied on. AH agreed, but noted that the HSE are offsetting costs against reduced activity, while OHLCS can verify that activity was maintained. She also advised that the additional Palliative Care funding (€0.9M) has been included in the Programme for Government, and the DoH have included a proviso that this be given priority consideration for all future budgets. This €0.9m has been assumed in the forecasts.

HN noted that the team has done a fantastic job with fundraising, and controlling costs. However, she noted that the organisation will continue to be under pressure with the exacerbation of private income loss, which may never return to levels of the past. She concurred that service model reviews will be invaluable in terms of service funding and the demands on fundraising.

BM emphasised the need to highlight the projects and ongoing pay commitments impact on fundraising monies.

Quality:

No queries raised.

AH noted that April absenteeism figures were high, but a high volume was related to staff having to self-isolate post travel, along with suspected Covid-19 infection, but May and June figures reflect an improvement.

6. Board Sub-Committee Reports

There have been no Sub-Committee meetings since the last Board meeting.

7. Blackrock Hospice Capital Project

Documentation was circulated in advance of the meeting.

AH advised that draft plans are near completion of consultation process with BH staff, and the Capital Committee will review in two weeks.

MF noted that some adjustments have been made, such as the use of ceiling hoists in all rooms. This is now not possible due to different ceiling structures, and alternative solutions are under review.

CP advised that she will link with the Design Team and Tommy Beatty before the July Board meeting, and will prepare a report for then, to include options for any future pandemics.

MF noted the challenge in giving clinical environments a 'homely' atmosphere whilst maintaining standards of infection control. SH noted that no flaws were evidence with the new PCU in Hx during the pandemic, whereas there were issues with the RMDU and AGH environments. BM noted that QS involvement and tender process will predict costs, but acknowledged the €2M in reserve, with a possible further IIP grant of €2M, so there is scope to future proof the building. AH advised that preliminary revised capital forecast is close to €3M, though this is an estimate. CP agreed that the maximum work can be facilitated on the rooms, and also to ensure that the remainder of the building is kept in line with the rooms update. KC commented on the plans, noting that the head of the bed doesn't appear to be visible from doorways, and this is an important aspect for monitoring of patients. BM noted the time pressure and the need to progress the project, and also advised that RMDU needs to be reviewed to include update of call bells and development of OPD. AH advised that the timeline is dependent on the opening of Wicklow Hospice and the availability of a suitable area to facilitate patients in Harold's Cross. An outline of plans and costings for capital works required at Harold's Cross needs to be drafted. CP and AH will set up a meeting in the coming week and discuss with the Design Team in advance of the next Capital Committee meeting. PC highlighted the importance of taking the potential shortfall in 2020 into account. BM outlined the BH renovation project, the commitment to the WH loan, the development of an OPD in Hx and AGH multi-occupancy issue all need addressing. This gives a comprehensive Capital Programme requiring funding, and it is expected that the HSE can fund the AGH issue. However if the reduced Income requires subsidisation, this has to be kept to a minimum.

Actions:

CP to present report on BH renovation project at the July BOD meeting.
An outline of all capital plans, to include costings to be drafted.

9. Wicklow Hospice Progress Update

The Directors approved a resolution to open a Bank Account for WH, to facilitate any income which may come to the Wicklow Hospice fundraising in the future.

HN concurred that a new bank account is required to keep separate from Harold's Cross and Blackrock.

BM queried the expected opening of WH. AH advised that staffing levels are dependent on the Letter of Determination from the DoH, but recruitment is ongoing and quite advanced.

Issues around fit-out continue, mainly related to telephony and wi-fi.

The transfer of the property is proving challenging, with a number of legal teams involved representing the bank, the HSE, WHF and OLHCS. This is further complicated by the HSE lien requirement, to include retrospective lien on AGH tied in. Woodcock Solicitors, representing OLHCS, have advised that this is disadvantageous to OLHCS as the lapsed time period has not been taken into account, and have requested the HSE legal team to remove and deal with as a separate matter. While we are committed to meeting this compliance requirement it may not be possible to do so while meeting our commitment to open Wicklow inpatient unit.

Sherry FitzGerald provided a valuation of €8.75million last week. This significantly exceeds the loan and grant amounts in place.

AH advised that every effort is being made to ensure completion of the transfer before August, when all legal teams take leave with a proposed opening date of September 1st.

Assuming all can be progressed in time, it is expected to commence CPCT from the building in August and open the IPU in September.

Agreed:

Directors approved the resolution to open a separate bank account for Wicklow Hospice.

10. AOB
None.

Signed : _____
Chairperson

Date: _____

The next Board meeting is scheduled for
5.00pm on Monday, July 27th 2020

MINUTES OF THE MEETING OF BOARD OF DIRECTORS OF OUR LADY'S HOSPICE & CARE SERVICES, HAROLD'S CROSS, HELD IN THE EDUCATION & RESEARCH CENTRE VIA ZOOM AT 5:00pm, ON MONDAY JULY 27TH 2020

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

APOLOGIES: Ms. Kay Connolly
Mr. Pat Costello
Ms. Mary Flanagan, Director of Nursing
Dr. Stephen Higgins, Medical Director

IN ATTENDANCE: Ms. Audrey Houlihan, CEO
Mr. Simon Costello, Head of Finance

BOD CLOSED SESSION



BM welcomed Ms. Cathy Maguire as a new Board Director.

BM recorded sympathies on the recent passing of Ms. Helen Nolan's father, RIP and Ms. Patricia Hallahan's husband, RIP.

Education & Research Strategic Plan Implementation Report

Michael Connolly provided a presentation on the implementation of Strategic Plan initiatives to date and briefed on same.

BM congratulated MC on advancing synergies with the European Palliative Care Association, and noted that it is an excellent achievement and will further the profile of OLHCS internationally.

BM queried the delay on completing the organisational Learning Needs Analysis for non-clinical teams and AH advised that the Staff Survey is being prioritised, commencing in early August, and all other surveys are temporarily delayed to ensure maximum participation.

CP queried if there is a way of overcoming risks to facilitate nursing training placements. MC advised that nursing placements are over 64 different sites, and nursing students are primarily in multi-occupancy accommodation, therefore the risk is too great when providing care to vulnerable clients. AH advised that OLHCS is investigating the possibility of longer placements, but this requires a process change for the Universities.

TMcW informed the Board that research will commence on assessing the impact of Covid-19 on patient/resident relatives, which will provide valuable information.

10. Minutes

The minutes of the Board meeting on June 26th 2020 were approved.

11. Matters Arising / Action Tracker

The Board acknowledged that all outstanding actions were advanced, with Wicklow Hospice covered later on the agenda. They noted that the feedback received from the draft Code of Governance review including some housekeeping action, but that further clarity would be sought regarding the comments about sub committees. AH to follow up with Prospectus to seek further clarity on same.

Actions / Agreement:

AH to follow up with Prospectus to seek further clarity on Sub-Committee recommendation included in the Draft Code of Governance.

12. Conflict of Interest

None noted.

13. Board Sub-Committee Reports

4.1 Capital Committee (Meeting: 20.07.20)

CP briefed on the BH Renovation Project and covered a presentation to update on the options.

The Committee had discussed the costs associated with the high standard renovation, acknowledging the needs of other services in the organisation. CP emphasised that the complete vision of the Master Development Plan is to bring all services to the same standard accommodation. AH confirmed that there was a healthy debate around the cycle of refurbishment works and the perception that Palliative Care is prioritised over other services. She noted that in the last decade €22M was invested in our older persons services with the new Anna Gaynor development for older persons and that we are in planning phase for the development of an Out-Patients Department. We are also waiting for HSE confirmation of financial support to proceed with addressing the multi-occupancy rooms in AGH is pending confirmation of funding from the HSE.

Following discussion, it was agreed that, due to the immediate inability to decant BH patients, it would allow time for confirmation of grant applications, and would facilitate planning permission application, which can take up to three months.

AH/CP will organise an update of the Master Development Plan (MDP).

AH advised that, due to C-19, the shared services OPD service is progressing, but needs time to bed- in the change management, before progressing with the updated capital plan.

A defined commitment for reserve is required to build a case for financial support.

TMcW queried if there are work practice changes due to C-19 that can be maintained, and AH briefed on the relocation of CPCT teams to other offices and the aspiration to use Primary Care Centres as bases, and this can continue. The increased usage of telehealth will continue and we will extend our 'Attend Anywhere' service across the organisation.

BM thanked CP for the presentation and briefing.

Actions / Agreement:

The Directors approved the high standard renovation of BH in principle, and to proceed with Planning Permission application, pending feedback on grant application and availability of facility for decanting of patients. This will need to be funded through Blackrock restricted funds and the budget carefully monitored to ensure no overruns.

MDP to be updated, and financial support cases for projects to be developed.

4.2 Fundraising Committee (Meeting: 21.07.20)

SW advised that, year-to-day, Fundraising is down 10%, which compares very well with a national average deficit of 30% - 40%. However, some of the larger campaigns are scheduled for the second half of the year (Coffee Morning and Light up a Life), and are unlikely to yield funds on a par with previous years. The Fundraising Team are seeing how best to run these campaigns to increase on-line income, but are projecting a 30% deficit by year-end.

BM noted the second donor newsletter and acknowledged these communications as a good idea.

4.3 Clinical Governance Committee (Meeting: 13.07.20)

EM briefed on the meeting.

The Committee discussed the increase in medication incidents, but noted that none of these are categorised as serious.

The HIQA Inspection report was reviewed and overall noted to be a positive report with most areas substantially compliant.

A joint Audit & Finance/ Clinical Governance Committees meeting is scheduled for September to review the Risk Register, and AON will participate.

A review of audits is also planned.

4.4 Education & Research Committee (Meeting: 21.07.20)

TMcW advised that the meeting focused on the Strategic Plan Implementation, as presented by Professor Michael Connolly.

Committee membership is for review as 2 external committee members have reached their full term on the committee.

4.5 Mission Committee (Meeting: 07.07.20)

KC submitted apologies for the meeting, but the minutes of the last meeting were circulated.

AH noted that activities to support staff have continued, overseen by the Staff Council and Diversity Group. While the social aspect of the activities were postponed due to restrictions, there has been a high number of initiatives launched. She noted that there are levels of increased stress noted in recent months, some related to significant change, C-19 matters and personal stressors such as child minding and carers challenges.

5. CEO Report

AH briefed on the report.

She noted that it is very important that funding be secured for the change service models in both CRU and RMDU. This would facilitate service demands during the ongoing C-19 and potential for a spike, along with the upcoming 'flu season. It has also been noted that patients are presenting with greater dependency needs and cognitive changes. A proposal has been submitted to the HSE to facilitate winter demands, but a long-term solution is required.

Currently there is one ward closed in RMDU, and the loss of private income has had a major impact. HSE funding for income deficit needs to be secured for community settings consistent with acute hospitals. OLHCS is currently looking at other options for the top floor of the building, and are liaising with the HSE on providing a service requiring Multi-disciplinary Team input, and there are a number of proposals under review.

A successful candidate was appointed on Friday following interviews for the Joint UCD/TCD/OLHCS Chair in Palliative Medicine. There were three appointable candidates, and confirmation of acceptance is awaited for the selected candidate. AH noted that OLHCS is not very advanced in the areas of Palliative Care research and teaching curriculum despite good progress in recent years. She proposed that OLHCS scope the appointment of a Joint Senior Lecturer post, or equivalent, in conjunction with the Joint Chair, which would be a real opportunity to ensure development in both areas.

BM requested a Business Case be presented to the Board, and AH will draft same.

TMcW queried the specific areas of weakness in relation to Palliative Care and AH advised that it was in relation to general palliative care, along with chronic disease. AH advised that the Kildare Hospice independent Governance Review is outstanding, and a third person is now being asked to conduct the review. There are staffing issues in the organisation at present, but OLHCS will await the review prior to giving a governance commitment.

The IFMS financial system was discussed. AH noted that OLHCS is currently on SJH platform for SAP payroll and HR, but the Voluntary Hospitals Forum have engaged with the HSE to outline their concerns about the system wide implementation of IFMS.

CM recommended that OLHCS obtain independent legal advice and ICT details on level of information accessible, prior to progressing with the system. She noted that the document circulated raises very valid questions.

TMcW noted that it may prove challenging to ensure that adequate reports are generated for Board oversight by a standard system and they we need to avoid duplication.

LB queried the timeframe outlined by the HSE, as this is being introduced on a phased basis. AH confirmed that OLHCS is not in the first group, but the likelihood is within two years. LB advised that there are 14 frameworks to be implemented.

HN requested a copy of the report for review.

Agreed/ Actions:

AH/BM to meet with VHF Patricia Doherty to discuss concerns about IFMS

AH/LB to discuss details of SAP Financial system.

Prospectus to complete the Code of Governance document.

HN to be issued a copy of the review feedback.

AH/MC to scope the appointment of a Joint Senior Lecturer post, or equivalent, in conjunction with the Joint Chair, to ensure development in both areas.

6. Finances

SC briefed on the reports circulated.

Again, he noted that Fundraising income is doing well, despite the pandemic.

Fundraising cash at the end of June is at €8.8M - €6.7M of which is unrestricted monies.

Healthcare account deficit has further decreased since the May Board meeting, and now reflects a €1.4M deficit, of which €1.3M is attributable to private income loss. Pay and Non-Pay budget is near break-even.

Finance continue to submit templates to HSE Finance on C-19 costs and lost income, being split across the three services.

BM queried if a core deficit of €1.4M at year end is a best-case scenario, and this was confirmed by SC. AH noted that RMDU has never been fully funded, and the private health income may never recover with the change in model. HN noted the accelerating trend around income deficit and advised that the strategic direction needs to be reviewed as quickly as possible. AH agreed and confirmed that palliative care funding cannot be used to redress deficits in other services.

BM requested that this be reviewed by the Audit & Finance Committee. HN agreed and advised that the Committee will revert to the Board for decision making.

Fundraising Balanced Scorecard June 2020 -

SC briefed, noting that the year opened with €7.6M in the account. Following costs and income, there has been a gain of €1.3M. €2.1M of this is restricted for BH renovation works.

With an estimated capital projects closing balance of €6.7M; a €2M commitment to payroll; and a possible €500k outstanding capital payment on WH, this leaves available funds of €3.3M - €4.1M. SD noted that it is unlikely that the BH capital costs will be incurred in 2020.

AH advised that estimates cost for Anna Gaynor House is €12M - €14M, though there is an expectation that the HSE will provide partial funding for the project. CM queried if the BH 'restricted' funding was related to grants received, and AH confirmed that this was related to donations/legacies specified as restricted for BH use.

Agreed/ Actions:

Audit & Finance Committee to review strategic direction of increasing income deficit, and revert to BOD for decision making.

7. Wicklow Hospice Progress Update

AH circulated a report and briefed on same.

CPCT staff transfer to OLHCS will be completed this week.

Progress on wi-fi / telephony is progressing, though slowly. Though there is very little labour time involved, it is difficult to get specific start/finish timelines, but contact is being made daily to try to get the project started. Wicklow County Council have signed-off on all planning for the telephony project.

EM noted that it is a high price for installation, and a date for completion should be included in the contract. AH confirmed that there is a signed project plan since April 2020, giving a 10-week timeline, but OLHCS requested a 6 - 8 week timeline, however, there is no assurance that this can be achieved. The OLHCS ICT Team are carrying out internal works, so connection to this will be required at the final stage. OLHCS continues to work towards the September 14th deadline.

EM queried the mobile/telephony service, which is essential for services, and AH advised that this is connected with the wi-fi service, and it is the only option available.

OLHCS legal team have linked with HSE Capital Estates and are in process of seeking separation of retrospective liens associated with Harold's Cross sites. Both HSE Corporate and HSE Capital Estates are confident that this can be done, but approval is required from the HSE Compliance Unit and legal representatives, and they are aware of the timelines.

BM noted that, pending resolution of these issues there is no possibility of commencing service delivery.

SD advised that the WHF paid €8.5M (pre-VAT) on the contract, and over the last three months the Contractors have been unable to identify specifics attributable to the additional costs. The Contractors have been requested to submit an itemised invoice for review.

CP advised that, included in the Contract, is the use of a conciliation process, and this can be utilised if resolution cannot be achieved.

SD advised that a Certificate of Practical Completion has been obtained.

BM noted that this requires resolution in order to complete the Deed of Transfer, and AH confirmed that the bank need confirmation that OLHCS have the resources to cover the remaining costs should a worst case scenario arise however we anticipate that the final costs will be way lower than the €700k (excl VAT) currently presented without validation by the builders.

CP noted that if the matter is not resolved 12months from the final account, there can be difficulties in having defect issues resolved.

BM/AH will discuss the matter next week.

Agreed:

BM/AH to discuss the outstanding issues around Wicklow Hospice next week.

8. AOB

The HSE Compliance Statement was circulated in advance of the meeting, and all Directors approved sign-off.

The Board 'Away Day' is to be postponed to early 2021 due to the ongoing Covid-19 restrictions.

Signed: _____
Chairperson

Date: _____

The next Board meeting is scheduled for
5.00pm on Monday, September 28th 2020
(Meeting via Zoom)

MINUTES OF THE MEETING OF BOARD OF DIRECTORS OF OUR LADY'S HOSPICE & CARE SERVICES, HAROLD'S CROSS, HELD IN THE EDUCATION & RESEARCH CENTRE VIA ZOOM AT 5:00pm, ON MONDAY SEPTEMBER 28th 2020

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

BOD CLOSED SESSION

14. Minutes

The minutes of the Board meeting on July 27th 2020 were approved.

15. Matters Arising / Action Tracker / Matters for Approval

AIHPC - an update on progress establishing AIHPC as its own legal entity will be available at the November Board meeting. Following a tender process John O'Connor Solicitor has been appointed to carry out due diligence, and a draft constitution will be available to the Board for review, and following this AIHPC Executive Committee to review at their December meeting.

HSE independent review of clinical/corporate governance - Prof. Charles Normand and Dr. Karen Ryan have agreed to conduct the review, with a three-month turnaround. Terms of Reference for the review are being developed.

QLHCS Code of Governance - In-house work will be carried out in accordance with Prospectus recommendations. However, Prospectus have recommended a separation of Audit and Finance functions to two separate Committees, which they advise is best practice. They also recommended that the fundraising terms of reference are reviewed to reflect a strategic/development approach and also linking in with the Capital Committee. The Board have had previous discussions around the challenges associated with linking Finance with Fundraising.

There was discussion around these proposals, and it was agreed to defer any decisions for the moment so that the matter could be considered further at relevant committees.

BM proposed inclusion on Agenda for Board away-day.

The following matters were unanimously approved by the Board:
The Board approved the CEO as authorised signatory on behalf of OLHCS.
The Board approved the sale of a bequeathed property in Galway, per legal recommendation.
The Board approved the VHF Data Sharing Agreement Framework.

Agreed/ Actions:

Prospectus governance recommendations for further review. For inclusion on Away-Day Agenda.

Blackrock Hospice - Planning Permission has been applied for, and outcome of grant application is awaited, but an outcome should be available before the November BOD meeting.

IFMS System -AH/BM spoke with Patricia Doherty, and AH fed back the Board's concerns to the Voluntary Hospitals Forum (VHF). Concerns of the VHF will be compiled and issued to the HSE at a scheduled meeting with Mr. Paul Reid scheduled for October.

16. Conflict of Interest

None noted.

 (Personal / Confidential information)

17. Board Sub-Committee Reports

4.1 Capital Committee

No report.

4.2 Fundraising Committee (Meeting: 24.09.20)

SW provided a verbal report on the meeting, and reports were circulated in advance of the meeting. SW advised that, to the end of August 2020 €3.3M has been raised, which is down 11% on the previous year, with an end of year forecast of €4.5M, estimating a 30% decrease. The two major events, Coffee Morning and Light up a Life are likely to be heavily impacted by the pandemic. SW noted that nationally organisations are reporting a 30% reduction in income, which shows that the Fundraising Team are doing very well.

A cash flow summary for year-end indicates €8.5M, with a breakdown of €2.26M reserved for Blackrock Hospice refurbishment; €800k for reserves; €1.25M for payroll reserve. This leaves €4M towards any future Capital developments, pending receipt of grant applications.

Fundraising will come under the organisation's procurement, and a briefing paper was circulated on this.

BM thanked SW for the report, and also noted that there has been some positive press coverage on OLHCS over the previous month.

4.3 Clinical Governance Committee

No meeting update.

4.4 Education & Research Committee

No meeting update

4.5 Mission Committee

No meeting update

5. CEO Report

The report was circulated in advance of the meeting.

The DoH had approved €0.9M over three years to address the reduction in Palliative Care income, of which €250k was issued to OLHCS. However, due to the pandemic it was agreed to front-load

the €0.9M in 2020. Since then the DoH have changed the formula to include C-19 costings and requested a new submission to include same. This amounted to €11.75M for the Voluntary Hospice Group, with OLHCS approved for €1.23M (plus the €250k already allocated). Unfortunately this allocation does not redress the full private income deficit. AH is trying to get the €1.23M included in the estimates for annual budget allocation.

Professor Andrew Davies has been appointed Joint Professor of Palliative Medicine, and, pending due diligence, will commence post in January 2021. This post will include clinical sessions.

The staff/volunteer survey, Great Place to Work (GPTW) has concluded and a feed-back session will be scheduled for the Board in late October.

PC noted that a return of 47% is disappointing and OLHCS should aim for a higher return next year. He also queried if the Volunteer returns can be separated from the staff returns.

AH advised that the GPTW considered it brave to conduct such a survey during the pandemic, considering the significant changes occurring during this period.

The Capital work on Anna Gaynor House has received HSE Divisional support, and a capital plan can now be progressed. The HSE will be requested to support Design Team costs (approx. €2k-€3k), but will seek BOD approval for use of Fundraising funds if the HSE are not forthcoming. CP queried if this would jeopardise HSE funding if already paid for, and AH confirmed that 100% funding from the HSE is unlikely due to the above quality standard accommodation OLHCS will apply. The development of the OPD has been delayed to October due to the volume of changes that have been taking place. By default the pandemic has led to a number of changes prematurely. MCO will commence on this in October to facilitate clinical and key staff, and will revise the 2011 Master Development Plan.

Due to the additional demand on the Community Palliative Care Team (CPCT) during the pandemic related to Nursing Homes and an obvious need to link with the acute hospitals, a Business Case was developed for additional staffing and submitted to the HSE. However, though recognised as a good initiative, it was not successful. AH requested that the Board approve use of Fundraising monies to support the initiative for a restricted 6-month period at a cost of €75k. It is believed that the initiative will have a huge impact on supporting the Nursing Homes and acute hospitals, and will strengthen the argument for future funding. SH noted that the demand on CPCT services has risen by 25% this year.

Following discussion the proposal was approved for a limited 6-month funding.

Ambit Compliance, DPO, issued a report on Data Protection Compliance for OLHCS, which was circulated in advance of the meeting. The DPO are currently working through some local breach issues and will provide feedback on same. There were no queries on the report.

HN acknowledged the work done on compliance in advance of the appointment of Ambit Compliance and noted that it was a good report and a huge achievement within existing report. She acknowledged Pat Pierce's role in driving progress.

Agreed / Actions:

GPTW Survey findings to be presented to the BOD in October (date to be confirmed).

AH to seek HSE funding for Design Team costs (approx. €2k - €3k).

The Directors approved use of Fundraising monies for CPCT initiative for a 6-month period (€75k).

7. Finances

SC briefed on the reports circulated.

Fundraising:

Legacies are expected to come in on budget by year end.

Overall the accounts are up €170k year to date on budget, and are up €57k year to date on donations. Costings are being managed on budget.

HSE Accounts:

The year to date operational accounts reflect a €2M deficit, comprised of €1.8M income deficit; €200k pay deficit, inclusive of pandemic costs; and non-pay at break even.

SC noted the €650k originally allocated towards the Palliative Care income deficit, has now been withdrawn, and this will be highlighted at the HSE IMR meeting this week.

PC queried if there were any figures which could be projected for 2021, but SC noted that this is dependent on the HSE's response to the deficit at year-end and if there is additional funding allocated at year end to address the deficit. AH advised that all conversations with the HSE will focus on redress of baseline funding, rather than remedial funding towards the deficit.

HN advised that the Audit & Finance Committee will discuss the outcomes of the IMR meeting at the A&F meeting this week.

Agreed / Actions:

AH / SC to present deficit and underfunding position at the IMR meeting.

A&F Committee to review feedback from IMR meeting.

7. Rheumatic & Musculoskeletal Disease Service Business Case

The document was circulated to the Board in advance of the meeting, and AH briefed on same.

She noted that the Business Case is aligned with the strategic objective around reduction of in-patient beds and development of out-patient service. This is also supported by the National Clinical Programme. She advised that formal approval and funding needs to be obtained from the HSE.

Overall the proposal will enable OLHCS to fulfil a duty of care to patients on the waiting lists.

AH will provide feedback on the proposal following the IMR meeting discussion.

Agreed:

AH to present the RMD proposal at the HSE IMR meeting seeking immediate assurance regarding C-19 costs and will feedback to the Board.

8. Assisted Dying/ Euthanasia Statement

A draft Euthanasia Statement was circulated in advance of the meeting.

BM noted that this issue was discussed by the Board in 2019, but, due to the Oireachtas Bill and new Directors on the Board, an updated position of the Board needs to be agreed.

SH briefed on the current legal position, and noted that a lot of attention is being brought to the legislation by various lobby groups and individuals. The Board's position in 2019 was to adhere to the legal status quo. However, the question at this time is whether or not to engage in the current discussions.

SH advised that the current position of Palliative Care Consultants is to support the current legal status, which is also supported by other medical bodies.. However, OLHCS's position on whether or not to speak publicly on the matter as an informed service provider, as current discussions have referenced and defined palliative care in several different ways. SH feels that this is an opportunity for OLHCS to step forward and reinforce what palliative care is and is not.

The matter was discussed by the Directors and the following was agreed:

The document needs to be revised to ensure clarity on what the palliative care service provides and OLHCS's position and posted on the OLHCS website for reference.

The Communications Policy applied to ensure that staff are aware that they cannot speak on the matter on behalf of OLHCS

PR Company to give advice and support where necessary.

Agreed/ Actions:

The Euthanasia Statement needs to be revised to ensure clarity on what the palliative care service provides and OLHCS's position and posted on the OLHCS website for reference.

The Communications Policy applied to ensure that staff are aware that they cannot speak on the matter on behalf of OLHCS

PR Company to give advice and support where necessary.

9. Capital Developments

Refer to CEO Report discussion.

10. Wicklow Hospice Progress

AH advised that progressing telephony and wi-fi has proved very challenging, but there has been some progress made and it is hoped that this will be in place within the next couple of weeks. Staff orientation is planned over the next two weeks.

If current progress continues it is hoped to have CPCT on-site by October 19th, with the in-patient unit opening the following week.

A communications report will be issued, in conjunction with the Wicklow Hospice Foundation (WHF). The Minister for Health has expressed interest in participating in the opening.

The HSE and OLHCS legal teams are discussing the liens issue, required for Deed of Transfer completion, and an update will be provided at the November Board meeting.

The bank loan (€2.75M) paperwork is nearing completion and awaiting final building certification.

OLHCS Board needs to nominate Directors to the WHF shell company in accordance with legal advice. OLHCS will look at the Governance structure to ensure full compliance.

WHF will maintain an active link with Wicklow Hospice through the Fundraising Committee and inclusion for local involvement will be covered under the Volunteer Strategy, though noting that there are no patient-related volunteers at present due to the pandemic restrictions.

BM acknowledged that this is a great achievement for the WHF, and credited OLHCS for the support so far and that of the future.

BM noted that the WHF are holding an AGM on October 22nd and he was spoken with SD regarding the nomination of Directors to the WHF Board. There are seven existing Directors on the WHF Board, and all wish to remain as Directors. However, the Board understood that, on completion of the transfer, the WHF Board would continue as a shell foundation for the purpose of future legacies, and this was covered under the Memorandum of Understanding. BM proposed HN and PC as the Directors to join the WHF Board, who would continue to remain in place for a period of one year.

SD acknowledged that there is no function for the WHF Board post transfer, but requested that no time limit be placed on the Directors.

SW advised that he felt a definite time period should be put on the WHF Board.

EM noted that he fully understood the concerns, but advised that the WHF Board have not discussed the matter, and advised that putting a deadline on their Directorships would be difficult if they are not afforded the opportunity to discuss this.

BM agreed that this would be fair and it was agreed that HN and PC be appointed to the WHF Board, with one or two members of the WHF Board to be appointed to the Fundraising Committee. However, he emphasised the need for clarity around the governance structure and the fact that the organisation cannot have two Boards in place.

Agreed/ Actions:

Agreed the nomination of HN and PC to the WHF Board, with one or two members of the WHF Board to be appointed to the Fundraising Committee.

11. AOB
None.

Signed: _____
Chairperson

Date: _____

The next Board meeting is scheduled for
5.00pm on Monday, November 30th 2020
(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 NOVEMBER 30th 2020**

PRESENT: Mr. Brian Murray, (Chairperson)
Mr. Sean Dorgan
Mr. Stephen Walsh
Ms. Helen Nolan
Ms. Cathy Maguire
Dr. Terry McWade
Dr. Philip Wiehe
Mr. Lorean Birthistle
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
Mr. John O'Connor, Solicitor [**Item 7 only**]

APOLOGIES: Mr. Eugene Murray
Ms. Carole Pollard
Mr. Pat Costello

BOD CLOSED SESSION

Discussed topics:

- Voluntary Hospitals Forum
- Right to Die / Euthanasia
- Wicklow Hospice

1. Minutes

The minutes of the Board meetings on September 9th 2020 and November 17th were approved.

2. Matters Arising / Action Tracker / Matters for Approval

AIHPC - Agenda Item 7: John O'Connor Solicitor in attendance to present proposal for AIHPC status. Following OLHCS board feedback the constitution will be issued to the council of Partners for review and the final draft presented to OLHCs Board for consideration.

OLHCS has appointed a temporary Consultant post to Kildare Hospice to assist during the pandemic and are preparing a Consultant appointment application for a permanent post. There are some staff shortages at present and the HSE are seeking further assistance, but OLHCS have advised of a preference to await the outcome of the regional governance review. However, the HSE transferred €400k towards the funding of Social Work appointment and other vacancies as they require assistance with clinical supervision for some positions.

HSE independent review of clinical/corporate governance - Prof. Charles Normand and Dr. Karen Ryan will conduct the review, with a three-month turnaround. Terms of Reference are with the HSE for final approval following which the process will commence.

Matters for Approval -

The Board approved the appointment of Mr. Lorean Birthistle as Residential Care Provider on behalf of the Board of Directors, as a HIQA requirement.

The Charities Regulatory Authority Governance Code was approved by all. TMcW noted that it would be very useful to have hyperlinks to the documents references as evidence of compliance.

3. Conflict of Interest

None noted.

4. Board Sub-Committee Reports

4.1 Audit & Finance Committee (19.11.20)

HN noted that the minutes of the last two A&F Committees were issued - there were no queries on these. She noted that the Income deficit is of concern and, excluding palliative care, Covid-19 costs have not been funded by the HSE. A letter has been submitted to the HSE outlining these concerns. SC has submitted for cash acceleration to provide sufficient cash flow to cover costs to year end. Fundraising has been holding strong, despite the pandemic, but a deficit of €2M remains on the healthcare accounts.

The last internal audit covered the HSE Service Level Agreement compliance, and reasonable assurance was provided within the draft report, which is a very good outcome.

BM noted the Comptroller & Auditor General's document referencing S38 organisations and Covid-19 funding. AH advised that OLHCS did not receive a copy of this document, and BM will forward to her.

HN advised that external audit plan was reviewed and Deloitte will focus on areas of 'Going Concern' and cash flow.

4.2 Fundraising Committee (Meeting: 24.09.20)

SW gave a verbal report as the Minutes of the last meeting were not yet available. A detailed Fundraising report was circulated and SW briefed on the income and expenditure. CM has arranged for a colleague, with expertise in the area of probate, to speak with the Fundraising Team and advise on best practice in relation to dealing with legacies.

AH reminded all that the virtual Light up a Life event will be available on www.lightupalife.ie at 5pm on Sunday December 6th.

4.3 Clinical Governance Committee

EM was not present, but the Minutes of the last meeting were circulated.

MF updated on the latest HIQA inspection, which was a very positive report. Otherwise there were no significant issues arising and we are working with HIQA to progress registration.

4.4 Education & Research Committee

The Minutes of the last meeting were circulated and there were no queries.

4.5 Mission Committee

KC circulated a report in advance of the meeting. BM acknowledged the appropriateness of recognising all staff and volunteers through the Mission Heroes award. He also requested that the Mission Committee review issues arising from the Great Place to Work survey and participate in implementing recommendations.

4.6 Capital Committee (Meeting: 23.11.20)

Refer to CEO Report (5).

5. CEO Report

A report was circulated in advance of the meeting and AH briefed on same.

The greatest issue at this time is the non-funding for Covid-19, excluding palliative care, and the loss of income. This has particularly impacted on RMD service. This has been highlighted with the HSE throughout 2020, and the HSE agreed to review again at a meeting last week, but advised that OLHCS should have remained within budget. There is no option to address deficits as we responded to the crisis, and reduction of pay costs to supplement private income was not an option in 2020. The MT will draft a business plan to fit in with the reduced budget of €3M for RMDU (this excludes the €2M approx. annual private insurance income). Any impact on service users, both at Hx and SVUH will be included. Additional funding secured to meet underfunding and Covid-19 costs to palliative care is restricted to the service.

€2M will be transferred to Fundraising to meet the capital loan for the completion of Wicklow Hospice and the loss of income in fundraising due to Covid-19. A list of items has been submitted and this will be reviewed and items prioritised and will be presented to the Board for approval. All priority initiatives will be specialist palliative care related.

BM queried the availability of Covid-19 vaccine, and AH advised that this is likely to be available in Q1 2021 for residential care only.

AH advised that a body of work needs to be carried out on implementing recommendations from the GPTW survey. The Mission Committee and Staff Council will be involved with this project. She noted that the GPTW is an annual certificate, however to make it meaningful for OLHCS we will complete bi-annually. This will allow time for implementing recommendations.

AH advised that National Director level approval has been applied for as in addition to Chief Officer sign-off. This has been submitted for Anna Gaynor House. Though the last HIQA inspection did not reference multi-occupancy non-compliance, it is unlikely that OLHCS would meet the requirements at the next registration inspection in 3 years, therefore approval needs to be secured for planning to commence.

Planning Permission for BH renovation work has been submitted. The Capital Committee reviewed the plans, though they lacked detail. Construction tender process will commence after Christmas. Though not confirmed, there have been some positive indications that OLHCS will qualify for the Immigration grant.

M.CO are to be re-engaged for progression of the OPD development in Hx.

In relation to Wicklow Hospice, all legal documentation is finally closed, and the HSE were due to sign-off last week. Staff are currently on-site, and staff orientation is scheduled for this week.

However, some staff have been delayed due to retention by previous employers due to Covid-19 requirements, but all recruited staff should be on-site in January.

Retrospective HSE liens for Anna Gaynor House and Hx PC Unit will be progressed in the New Year.

AH advised that the NTA have launched a third round of public consultation, which will run until 16 December 2020. Included in the proposal is utilising the field at the main entrance for additional parking. OLHCS will liaise with the NTA, and try to reach agreement in advance of a Compulsory Purchase Order. CP will review options for a second entrance/exit to the grounds.

AH noted that two documents from the Voluntary Hospitals Forum (VHF) were circulated to the Directors, one on the IFMS and the report of the UCD research on Service Level Agreements with voluntary organisations. There is a plenary session scheduled for Board Chairs in December. BM advised that the Board had a brief discussion on the documents at the closed session and all agreed in principle the main points raised in the document.

Agreed / Actions:

MT to draft 2021 RMD Service Plan within €3M budget, to include impact on service users.

AH to pursue National Director sign off for Anna Gaynor capital development

Great Place to Work - Mission Committee/ Staff Council involvement with implementing Action Plan recommendations. Survey to take place bi-annually, rather than annually.

Discussions with NTA on options in advance of CPO / CP to review options for another entrance/exit to the campus.

6. Finances

Fundraising:

Covered under Fundraising Committee report (4.2).

SC advised that two expected legacies have been delayed and won't materialise in 2020.

HSE Accounts:

SC advised that, year-to-date, there is a €2.8M deficit, primarily attributable to Covid-19 costs and private insurance income deficit. Excluding Covid-19 costs OLHCS would be near break-even position at year end. WH opening costs should be finalised by Friday. The additional palliative care funding of €2.5M, as briefed in the CEO report. The breakdown will provide for Specialist Palliative Care Covid 19 deficits and fundraising income gaps, including reimbursement of the €750k loan issued to Wicklow Hospice Foundation in September, and €500k will go towards palliative care outstanding projects, to be approved by the Board. Of the €3.9M allocation to palliative care, to meet Covid-19 costs and to address reliance on Fundraising, €1.23M is due shortly, along with a €200k allocation to meet pay costs of RMD ANP posts and Kildare posts. An additional €400k has been allocated to OLHCS, and this is pending clarification.

AH advised that there is clear rationale for inter account transfer to Fundraising, as the HSE recognise the over-reliance on Fundraising for service delivery, and the impact Covid-19 has had on Fundraising activities. This has been recognised also by the Minister for Health.

Activity / Quality:

MF noted the fluctuation of activity throughout the year due to the pandemic. Of note is the unpredictable impact on Palliative Care IPU figures, and the significant increase of CPCT referrals. RMD services have been configured, resulting in 14 IPU beds, and a dynamic OPD service. Metrics are being devised to capture this activity in 2021, but it has greatly helped in addressing RMD waiting lists.

MF noted that the organisation is happy with the recent HIQA license renewal inspection, which was very positive.

The HSE did not set a target for 'flu vaccinations this year, but the aim is to achieve 100% uptake. To date OLHCS has a 72% uptake and will continue to promote the vaccination.

MB queried actions in the event of refusal to take Covid-19 vaccinations, and AH advised that risk assessments will be required in that event. MF noted that there were HSE discussions earlier in the year around mandatory 'flu vaccination, but that it was not agreed. Dr. Linda Sisson, Occupational Health Advisor to the HSE is continuing to review options.

CM noted that some airlines have a contract clause on having to have vaccination. AH noted that that can and is utilised pre-employment for vaccinations such as BCG, but post-employment it is difficult to impose mandatory annual vaccinations.

MF acknowledged the work of the organisation staff for keeping infection control on track and managing risks. BM concurred and expressed frustration that this cannot be expressed directly to the staff on-site.

AH advised that the individual Mission Heroes awards, usually presented to staff at Light Up A Life, have been changed this year, and instead a tree is being planted in appreciation of all staff and volunteers in the organisation. Also, OLHCS face masks will be distributed to staff as a 'thank you' from the Board.

7. AIHPC Legal Status/ Draft Constitution

A draft legal status document was circulated to the Directors in advance of the meeting and Mr. John O'Connor, Solicitor briefed on same.

The aim is to establish a status which will allow the AIIHPC to apply for Charity Registration, and allow representation of the Council of Partners, whilst providing appropriate corporate governance. Following discussion it was noted that the members should have an advisory role to the Board. It has to be explicit that the Board fulfil all its legislative and governance obligations and the members can make recommendations to the Board. It was agreed that the number of Directors would be set at a maximum of 7 and a minimum of 3, with 4 Directors nominated by OLHCS. In terms of consequences and risk for OLHCS, it was clarified that the AIIHPC is not a large organisation, with 7 staff in place, and reserves are held in the event of redundancies. AIIHPC hold no assets. The AIIHPC's annual budget is €600/700k which is partly made up by partner contributions and some grant funding from HRB/PHA/DOH and HSE.

JO'C to review document based on feedback and the Directors approved the document in principle.

Agreed / Actions:

JO'C to revise document in accordance with BOD recommendations in advance of presentation to the AIIHPC Council of Partners for review.

8. Assisted Dying/ Euthanasia Statement

The Board discussed and agreed their position at the last Board meeting.

AH advised that since then advice was to agree to try capture a collective position of the Voluntary Hospice Group, rather than a local position. A Voluntary Hospice Group (VHG) meeting took place facilitated by AIIHPC. OLHCS has a position paper in place, but a sector paper has now been drafted, which include options to be agreed.

SH noted that there is some variances in opinions but the majority are opposed to the bill. SH felt the position should be to oppose the legislation, remain pragmatic, and try to get the message of what good compassionate palliative care can achieve for quality care.

SD queried the Government position on the Bill, and SH advised that it went to a free vote.

HN queried the content of the legislation, and whether OLHCS would be required to seek exemption in the event that the Bill is passed into legislation. SH advised that there is no view expressed on this, but opinion is that, should it come in to legislation, publically funded bodies will be compelled to participate. TMcW concurred, and noted that, if organisations are funded by the Government, there may not be an option to opt out. MF noted that this was the case in Canada, where government funding was withdrawn if Hospices were not participating.

TMcW noted that the Oireachtas has requested submissions of opinions. CM recommended that it would be a risk to wait in the event that the Bill is moved quickly and OLHCS should have a document drafted.

AH proposed that a Board sub-committee be formed and a neutral position paper can be drafted for posting on the website. BM proposed that the Mission Committee would be at the core of this.

TMcW agreed to forward literature review. CM queried if this would also be with a view to making a submission to the Oireachtas, and AH advised that the sub-committee should revert to the Board with recommendations. To support KC, CM, SD, TMcW and BM would be happy to contribute. EM and PW were also requested to participate as members of the Clinical Governance committee.

AH will establish try to find out the timescale for making a submission to the Oireachtas Committee, but expects that this will move very quickly, as the passing of the Bill did in September/October.

Agreed / Actions:

Sub-Committee to be formed, headed by Mission Committee to draft position paper for posting on OLHCS website and make recommendations to the BOD on future actions. Members to be invited to immediate meeting. KC/TMcW/BM/SD/CM/EM/PW.

9. Voluntary Hospitals Forum: Plenary Session Discussion Paper

Refer to CEO Report (5).

10. Capital Developments

Refer to CEO Report (5).

11. AOB

Data Protection Policy for Directors and Great Place to Work Reports paperwork were acknowledged.

Schedule of BOD and Sub-Committee meetings for 2021 was acknowledged.

BM wished all a happy Christmas, and reminded the Directors to tune in to the LUAL event on Sunday, December 6th at 5pm.

Signed : _____
Chairperson

Date: _____

**The next Board meeting is scheduled for
5.00pm on Monday, January 25th 2021
(Meeting via Microsoft Teams)**

