



Tallaght University Hospital Board Meeting
25th November 2024
09:45am – 12:00pm
School of Nursing & Midwifery, Trinity College Dublin

Participating:

Board member:

Prof. Anne-Marie Brady (AMB) (*Chair*)
 Mr. Mark Varian (MV) (*Vice-Chair*)
 Ms. Darina Barrett (DB)
 Mr. Edward Fleming (EF)
 Rev. David Bowles (DBowl)
 Mr. Tom Lane (TL)
 Dr. Martin Lyes (ML)
 Dr. Vivienne Byers (VB)
 Dr. Darach O’Ciardha (DO’C)
 Mr. John Hennessy (JH)
 Mr. Mike Beary (MB)

Also participating:

Executive Management Team:

Ms. Lucy Nugent (LN)
 Mr. John Kelly (JK)
 Mr. Dermot Carter (DC)
 Ms. Sharon Larkin (SL)
 Ms. Áine Lynch (ÁLyn)
 Dr. Peter Lavin (PL)
 Mr. Shane Russell (SR)
 Prof. Catherine Wall (CW)

In attendance:

Ms. Anne McKenna (AMcK)

Apologies:

Ms. Bridget Egan (BE)
 Dr. Mary White (MW)

No.	Agenda Items	Decisions Made	Action By
24.11.01	1.1	Apologies Noted.	
24.11.02	1.2 1.2.1	Patient’s Story A briefing paper highlighting two Patient’s Stories was circulated in advance of the meeting and taken as read. ÁLyn briefed members regarding the compliment received which acknowledged the efficiency and compassion of staff. ÁLyn briefed members regarding the complaint received regarding a patient at end of life and contact from the accounts department. Patient Complaint. Having been circulated in advance of the meeting the patient complaint was taken as read. It was noted the complainant requested the complaint be brought to the attention of the Hospital Board. MB queried the response to the complainant and suggested that clarity regarding the efforts to support the patient are included in responses going forward.	AL
24.11.03	1.3	New Declarations of Interest AMB requested that any potential conflicts of interest were formally declared of which there were none.	
24.11.04	1.4.	Minutes of the previous meeting.	

		Minutes of the meeting held 21 st October 2024 having been circulated in advance of the meeting were taken as read. AMcK advised of minor amendments received and the Board formally approved the minutes.	
24.11.05	1.5	<p>Issues Log. Having been circulated in advance of the meeting the issues log was taken as read and will be updated accordingly.</p>	
	1.5.1	<p>Complaints Analysis Having been circulated in advance of the meeting the complaints analysis briefing paper was taken as read. ALyn briefed members and the following was noted:</p> <ul style="list-style-type: none"> • TUH adopted the HSE National Healthcare Charter and the eight pillars/principles within same. Complaints are analysed against these eight pillars. • DB queried if a complainant progressing a complaint via the legal route at what stage is the Board notified of same. CW advised the claims review process is undertaken by the QSRM Directorate and presented to the QSRM Board Committee. It was noted a bi-annual review of claims is undertaken in TUH. It was noted that the State Claims Agency monitor all legal action within healthcare. • MB advised whilst the analysis assists in reviewing activity it does not provide insights in terms of what was identified from the analysis. It was suggested further details regarding issues identified from complaints and the frequency of same be reviewed. 	
	1.5.2	<p>Radiology Access. Having been circulated in advance of the meeting the Radiology Access presentation was taken as read. SR briefed members and the following was noted:</p> <ul style="list-style-type: none"> • NTPF have outlined there will no funding for Radiology going forward. • TUH received €272K in October from the RHA for Radiology until year end. This will allow TUH to outsource 50 MRI scans per week until year end. • SR advised TUH will have to reengage with the RHA for funding for 2025. • In 2022 HSE were to select pilot sites for a scaled up radiology access plan however this has not progressed due to resources. • TUH targeted discharges are in place whereby patients are brought back to TUH for diagnostics. • JK advised a regional approach is required. • It was noted the new Clinical Director for Radiology undertook a review of Radiology workforce within the DATHs and highlighted that TUH is significantly under resourced in comparison. • SR advised the NTPF have published a guidance document for Radiology and highlighted the potential opportunities coming with NTPF oversight including the potential for continuous validation. • SR advised CT, MRI and Ultrasound access is the biggest risk within Radiology. SR advised of TUH mitigations in place with teams running priority lists. PL advised of the level of resources required for said mitigations. • JK highlighted the dis-improved access within the community. DO'C advised the impact on the community has not been as 	

		<p>expected however TUH require a plan for 2025 if funding is not forthcoming.</p> <p>It was agreed to consolidate the Radiology issue on the issues log and review same in January 2025.</p>	SR
24.11.06	<p>2.1 Chair's Update</p> <p>2.1.1 For Decision – Revised Charter and Draft Ministerial Order.</p>	<p>Having been circulated in advance of the meeting the briefing paper regarding the revised Charter and Draft Ministerial Order was taken as read.</p> <p>It was noted the legal name of the Hospital will change to the Adelaide and Meath Hospital and the Hospital will continue to trade as Tallaght University Hospital.</p> <p>LN briefed members regarding the requirement to revise the Charter following the demerger of Paediatric Services and to contemporise the Charter.</p> <p>DB queried the reference to children within the Charter and LN advised that the definition of a child is up to the eve of their 18th birthday and children the age 16 and over can be admitted to TUH and placed in an appropriate setting.</p> <p>The Board formally approved the revised Charter and Draft Ministerial Order having been proposed by JH and seconded by MV.</p>	
24.11.07	<p>3.1 Governance and Nominating Committee.</p> <p>3.2 Finance Committee Update.</p> <p>3.3 Staff and Organisation Development Committee.</p> <p>3.4 QSRM Board Committee.</p> <p>3.5 Audit Committee.</p> <p>3.6 Research & Innovation Committee.</p>	<p>AMB advised there is nothing in particular to note following the recent meeting of the Committee.</p> <p>EF advised the Committee met in November and received presentations in relation to capital development, the Energy Performance Contract and Scan4Safety. It was noted the EPC is meeting expectations and the Scan4Safety is capturing a lot of data and there is potential in the future to extract unit costs and perform a comparative analysis.</p> <p>MV advised the Committee met in November and reviewed recruitment, absenteeism and highlighted that the new HR and Health and Wellbeing Strategy will need to be aligned with the new Hospital Strategy.</p> <p>DBowl advised the Committee met in November and received presentations on Medication Safety, OPAT and LGBTQIA+. DBowl advised the Committee wished to raise the Smart IV Pumps risk with the Hospital Board. CW advised TUH currently has to manually update all of the libraries for same and a proposal is to be submitted to EMT in order to introduce a solution to manage same. This would require WTE and IT resources. The risk is included within the Risk Register and it was noted that functionality for same within the new pharmacy medication management system cannot be determined until the system is implemented. SR advised the matter is on the workplan however highlighted challenges as a result of the Pay and Numbers Strategy. It will be reviewed again in January 2025.</p> <p>DB advised the Committee are scheduled to meet in early December.</p>	

		<p>VB advised the Committee held a joint meeting with the QSRM Board Committee. VB highlighted the volume of work being undertaken by Research and Innovation and highlighted the streamlining of processes. It was noted the number of clinical trials requests have increased and TUH were awarded a Healthtech Innovation of the year award for the sustainable green inhaler. It was noted Damian McCallion, HSE CTTO and DCEO visited TUH and TUH discussed some proof of concept projects with him.</p>	
24.11.08	4.1	<p>TUH Risks. It was noted there were no new risks added to the Risk Register.</p> <p>CW briefed members regarding an upcoming inquest.</p> <p>ÁLyn advised of the introduction of the ‘John’s Campaign’ to enable carers visit and care for patients outside of the normal visiting hours.</p>	
24.11.09	4.2	<p>CEO Report. Having been circulated in advance of the meeting the report was taken as read and the following was noted:</p> <ul style="list-style-type: none"> • TUH are reviewing the recommendations arising from the UHL report and SR has been invited to sit on the regional group reviewing same. • The first formal meeting with the IHA is scheduled. • Cyber remains a concern. LN advised TUH received an additional €750K from the HSE however TUH are trying to get clarification if said funding is outside of the financial limits. • HSE correspondence received regarding the cash limits. It was noted the Chair’s & CEO’s of the DATHS wrote to the HSE and IVHA CLG will issue correspondence regarding the cash limits on behalf of its members. • CHI Information Governance. Progress with same is slow. • Mental Health SLA. LN briefed members regarding budget negotiations which have now been escalated to the IHA Manager. • Aseptic Unit will be handed over this month. <p>[REDACTED]</p> <ul style="list-style-type: none"> • Staff remembrance service took place in the chapel and was well attended. <p>Performance. JK briefed members and the following was noted:</p> <ul style="list-style-type: none"> • QSRM held a quality day in November. • NOCA audit reports are included within the IMR. JK highlighted TUH’s performance and advised TUH hope to receive the Golden Hip in 2025. TUH’s performance in relation to the length of time a patient remains in a stroke bed is not optimal and it was noted TUH is reviewing the potential to convert some beds to accommodate same. It was noted there has been a 50% increase since March 2023 of the number of patients presenting with stroke to TUH. • ED activity has increased by 10% in 2024. It was noted patient experience times and trolley numbers have decreased which is a credit to the clinical teams and the operations team. • It was noted TUH’s WTE remains above the WTE ceiling as set out by the HSE. 	

		<ul style="list-style-type: none"> JK advised of increased demand for patients who require enhanced care observation. 	
24.11.10	4.3	<p>Medical Board Report. The Medical Board report having been circulated in advance of the meeting was taken as read.</p> <p>It was noted the Mental Health Commission undertook an inspection of the HSE Acute Psychiatric Unit which highlighted a number of infrastructural issues.</p>	
24.11.11	4.4	<p>Finance Update. Having been circulated in advance of the meeting the Finance update was taken as read. DC briefed members and the following was noted:</p> <ul style="list-style-type: none"> The HSE continue to update Rosetta. To date TUH has received €372m to date however this is not reflective of the financial limit. DC outlined the challenges to get the revised allocation in Rosetta. It was noted TUH received €200k for gynaecology equipment however there was no uplift in the allocation. TUH commenced cash accelerations in early 2024. The current projected outturn is €413.9m excluding pension. The current projected deficit based on the financial limit is €9.9m. DC advised the revised cash limit is now €410. However TUH will require an additional €13m. DC advised of concerns raised within the DATHs challenges that will arise as a result of the revised cash limits. It was noted the projected net outturn for 2025 is €460m. DC advised there has been no discussion with the HSE/RHA in relation to 2025 allocations. JK advised the target for signing of SLA's in 2025 is March. 	
24.11.12	5.1 5.1.1 5.1.2	<p>Contracts.</p> <p>5.1.1 Anaesthetic Machines. Having been circulated in advance of the meeting the briefing paper regarding the replacement of anaesthetic machines was taken as read.</p> <p>DC advised TUH received funding from the HSE as part of the National Equipment Replacement Programme and the current equipment is at end of life.</p> <p>The Board formally approved the Anaesthetic Machines contract having been proposed by MB and seconded by EF.</p> <p>5.1.2 Flight Transport Dishwasher. Having been circulated in advance of the meeting the briefing paper regarding the flight transport dishwasher was taken as read.</p> <p>DC advised the purchase of same is being funded through the HSE minor capital funding.</p> <p>The Board formally approved the Flight Transport Dishwasher having been proposed by EF and seconded by JH.</p>	
24.11.13	5.2	<p>Community Radiology HPSR. Having been circulated in advance of the meeting the briefing paper regarding the Community Radiology HPSR was taken as read.</p> <p>JK advised there is no significant changes to same. It was noted TUH provide clinical governance for same and the service provides additional capacity to TUH.</p>	

		<p>DO'C advised the facility is well attended and recognised as part of the GP ecosystem.</p> <p>JK advised the only change for 2024 is that TUH is taking on the admin WTE.</p> <p>The Board formally approved the Community Radiology HPSR having been proposed by EF and seconded by DO'C.</p>	
24.11.14	5.3	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	
24.11.15	6.1	<p>Integrated Care.</p> <p>Having been circulated in advance of the meeting the Integrated Care presentation was taken as read. ÁLyn briefed members and the following was noted:</p> <ul style="list-style-type: none"> • RHA Structure includes 4 IHA's within HSE Dublin Midlands. Ms. Orla Claffey is the IHA for HSE Dublin South West. • There are existing foundations in the community which aim to move care closer to home. • Chronic Disease Management (CDM) within the community is seeing positive outcomes for patients and hospital avoidance. The aim of the CDM is to prevent the development of chronic illnesses and patients no longer attend multiple appointments. • The Diabetes Management MDT clinic provides all their care on the same day, allowing for the right care in the right place with the right person, • The Integrated Care Programme for older people provides clinical specialists for older people living at home and the Dublin Southwest IHA Older Person Integrated Ecosystem was noted. • ÁLyn advised of staffing challenges in the community as a result of the HSE Pay and Numbers Strategy. 	

		<ul style="list-style-type: none"> • It was noted there were 19 projects under Sláintecare and TUH had a number of projects included in same. • ÁLyn outlined key performance indicators for health & wellbeing in the community including making every contact count, healthy food education & social prescribing. • It was noted TUH have a Consultant in Chronic Disease Management in Diabetes, Respiratory and Cardiology & Consultant for Integrated Care for Older People and HSPC staff. Processes are being put in place to maximise roles • An MOU with the Community is being progressed. • ÁLyn highlighted the positive engagement in relation to integrated care. • It was noted that the Tallaght-Clondalkin Integrated Care Committee includes representation from GP's. • It was noted challenges remain in relation to an integrated IT system, staffing and footprint. <p>AMB thanked ÁLyn for the presentation.</p> <p>JK advised there has been good investment in the community however staffing remains challenging</p> <p>ML highlighted that the ecosystem does not demonstrate how the integrated care is delivered, how outcomes are measures and accountability.</p> <p>PL advised of challenges relating to a unified patient record that would reduce duplication of patient records.</p> <p>It was suggested that the IHA should outline their structure, the interaction between services and the overall IHA Strategy and revert to TUH with same in 2025.</p>	LN/ÁLyn
24.11.15	7.1	<p>Closing Items</p> <p>AMB thanked EF for his service to the Hospital over his tenure and the expertise he has brought to the Finance Committee and Hospital Board.</p> <p>LN thanked EF on behalf of the EMT for his continued support, accessibility and time.</p> <p>DC on behalf of the Finance team, thanked EF for his support and assistance over the years.</p> <p>EF thanked Board Members, the EMT, AMcK and her predecessor MO'N for their support and work over the years.</p>	
		Board Only Time	
	Next Meeting	January 2025	

Apologies to Ms. Anne McKenna, Board Secretary on 4143845/ anne.mckenna@tuh.ie.

