



**Tallaght University Hospital Board Meeting**  
**23<sup>rd</sup> October 2023**  
**MS Teams**  
**08.00am – 10.00am**

**Participating:**

**Board member:**

Mr. Liam Dowdall (LD) (*Chair*)  
Prof. Anne-Marie Brady (AMB)  
Ms. Darina Barrett (DB)  
Mr. Mike Beary (MB)  
Dr. Martin Lyes (ML)  
Mr. Edward Fleming (EF)  
Mr. Mark Varian (MV)  
Mr. John Hennessy (JH)  
Dr. Vivienne Byers (VB)  
Dr. Darach O’Ciardha (DO’C)  
Archdeacon David Pierpoint (DP)

**Also participating:**

**Executive Management Team:**

Ms. Lucy Nugent (LN)  
Mr. John Kelly (JK)  
Ms. Sharon Larkin (SL)  
Ms. Sandra McCarthy (SMcC)  
Ms. Angela Clayton-Lea (ACL)  
Prof. Tara Coughlan (TC) (*from 8.15am*)  
Mr. Dermot Carter (DC)  
Ms. Bridget Egan (BE)  
Prof. Catherine Wall (CW) (*until 8.50am*)  
Dr. Peter Lavin (PL) (*from 8.30am*)

**In attendance:**

Ms. Anne McKenna (AMcK)

| No.      | Agenda Items                           | Decisions Made  | Action By |
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| 23.10.01 | <b>Apologies</b>                       | None.   |           |
| 23.10.02 | <b>Patient’s Story</b>                 | <p>A briefing paper highlighting two Patient’s Stories was circulated in advance of the meeting and taken as read.</p> <p>SMcC briefed members regarding the compliment received via the Patient Advice and Liaison office complimenting the multi-disciplinary team.</p> <p>SMcC briefed members regarding the complaint received whereby the family of a patient requested further information and a family meeting was arranged. SMcC advised of the appropriate management of the family’s request.</p> |           |
| 23.10.03 | <b>New Declarations of Interest</b>    | There were no new declarations of interest made.  |           |
| 23.10.04 | <b>Minutes of Previous Meeting</b>     | Minutes of the meeting held 25 <sup>th</sup> September having been circulated in advance were taken as read and approved.   |           |
| 23.10.05 | <b>Issues Log</b>                      | The issues log which was circulated in advance of the meeting will be updated accordingly.  |           |
| 23.10.06 | <b>Chairman’s Update</b><br><b>2.1</b> | <p>LD updated Board members as follows:</p> <ul style="list-style-type: none"><li>Board Succession. LD advised this will be brought before Board Only time at the November meeting.</li></ul>   |           |

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| 23.10.07 | <b>TUH Risks</b><br><br><b>3.1</b> | <p>LN advised that there have been no new risks added to the Risk Register since the last Board meeting.</p> <p>LN advised of further staff categories that are now included in the HSE Moratorium. It was noted TUH are undertaking risk assessments on service delivery posts and the Executive Management Team will review same and escalate to DMHG. It will then be included on the Hospital's Risk Register.</p> <p>CW provided a verbal update on the HIQA Quality Improvement Plan as per the issues log and the following was noted:</p> <ul style="list-style-type: none"> <li>• 19 of the 29 actions are complete.</li> <li>• Infrastructural issues were raised, in particular to the ED and isolation facilities. This provides further rationale for the 6 storey build.</li> <li>• Patient Flow in ED will be further improved as a result of the electronic system being introduced to capture early warning score and delivery of same is anticipated before year end.</li> <li>• Mandatory Training. It was noted itemised non-compliance is communicated to line managers.</li> <li>• CW advised 4 long term actions remain open as this require infrastructural investment.</li> </ul>   |  |
| 23.10.08 | <b>3.2</b>                         | <p><b>CEO Report.</b></p> <p>Having been circulated in advance of the meeting the CEO Report was taken as read. LN briefed members and the following was noted:</p> <ul style="list-style-type: none"> <li>• Challenges continue with capacity, recruitment and HSE Directives.</li> <li>• LN advised of the HSE focus on a zero tolerance for any patient over75 in ED. LN highlighted the context for breaches noting the prioritisation of clinical needs of all patients.</li> <li>• HSE Moratorium. LN advised FORSA have directed further industrial action commencing 27<sup>th</sup> October. LN advised the moratorium now includes all clerical grades, Health Care Assistants and non-training NCHD's. It was noted the VHF CLG CEO Forum have written to the HSE CEO regarding the moratorium however no response has been received.</li> <li>• HSE Governance Review of S.38 Agencies. LN advised a further draft has been received and advised there are no major findings identified within the review.</li> <li>• Capital. LN advised of a recent small fire in the female changing room in the operating Theatre due to an old light fitting. LN advised it was contained and the only impact was the late commencement of some Theatres and OPD clinics. LN advised the ward block estimates have doubled in cost, as well as the cost for the Women's Health Hub and TUH are engaging with HSE in this regard.</li> <li>• LN advised this will be Sandra McCarthy's last Board meeting as Ms. Áine Lynch is returning from secondment to her role as Director of Nursing and Integrated Care. LN thanked SMcC for her contribution and wished her success in her new role as National Director of Nursing and Integrated Care.</li> <li>• TUH 25<sup>th</sup> Celebrations. LN advised the recent OsKars night resulted in fundraising of over €10k.</li> </ul> <p>MB queried the risks associated with the HSE moratorium and the impact on service delivery. LN advised TUH will fill replacement</p> |  |

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|          |  | <p>posts and undertake risk assessments of new service delivery posts. It was noted TUH are awaiting a headcount figure from DMHG.</p> <p>LN briefed the Board on the implementation of the High Performance Visualisation Platform by the HSE and recent request to take on this system. LN provided 3 options to the Board and it was agreed that TUH will review a standalone version with assurances from the HSE against TUH incurring liabilities with its current vendor.</p> <p>ML expressed support for proceeding accordingly and MV outlined the legal implications that may arise as a result of implementation of the HPVP. The Board confirmed its support for the CEO to progress in this regard.</p>   |  |
| 23.10.09 | <p><b>For Decision</b></p> <p><b>4.1</b></p>   | <p><b>Contracts – Radiology CT Scanner.</b><br/>Having been circulated in advance of the meeting a briefing paper regarding the Radiology CT Scanner was taken as read.</p> <p>DC confirmed TUH is purchasing the scanner vs. leasing same.</p> <p>The Board formally approved the Radiology CT Scanner contract having been proposed by EF and seconded by ML.</p>  |  |
| 23.10.10 | <p><b>For Discussion</b></p> <p><b>5.1</b></p> | <p><b>Enhanced Infrastructure.</b><br/>LD welcomed Vincent Callan (VC) Director of Estates &amp; Facilities Management to the meeting. VC gave a presentation titled <i>‘Hospital Infrastructure &amp; Capital Developments’</i> and the following was noted:</p> <p>Current Capital Developments</p> <ul style="list-style-type: none"> <li>• Energy Performance Contract was implemented during the pandemic.</li> <li>• Pharmacy Aseptic Unit is expected to be completed in July 2024 at a cost of €8.8m.</li> <li>• Ward Block Development is being progressed in order to deliver contemporary patient footprint.</li> <li>• Corporate Services building and supply hub. VC advised TUH are reviewing opportunities to address the deficit in onsite accommodation and increased clinical demand for space. A reconfiguration of the supply chain to reduce the congestion at ward level and hospital street activity is also being considered.</li> <li>• Procedural Suite. Development of same is reliant on the space returned following the opening of the new children’s hospital and will consist of hybrid theatres at a cost of €20m and is dependent on HSE funding.</li> <li>• Lift Replacement. This is being progressed via the procurement process.</li> <li>• Electrical Resilience. A feasibility and business case for same is being progressed.</li> <li>• Oxygen Upgrade works is currently at construction phase with an estimated completion date of Q 1 2024.</li> <li>• Women’s Health Hub. The lease for same is being progressed.</li> </ul> <p>Minor Projects.<br/>VC briefed members on minor projects being progressed including the hospital street refurbishment, inpatient area refurbishments endoscopy procedure suits, ED sensory room among others. VC</p> |  |

advised Estates & Facilities are developing a central repository for all projects and will standardise internal procedures.

#### Campus Development Plan

- It was noted that the infrastructure is outdated and does not provide the required space for best practice care.
- Operational inefficiency due to physical layout.
- VC is developing a campus development plan to incorporate community integration, flexible clinical space, automated track and trace for people and assets, and increase capacity.
- The plan will be evidenced based and data driven.
- It will outline sustainability and a carbon zero approach.
- Internal and External stakeholder engagement will take place in the development of the plan.
- VC will present a business case to the CEO by year end in relation to same.

MB thanked VC for the presentation and noted the current building is over 25 years old. MB queried the term of the plan and if it will include a total case plan for the next 10 years. VC advised the plan will need to focus on long term projects.

ML advised TUH should maintain the community of staff and organisation in the off-site developments.

PL thanked VC for the presentation and expressed support for the campus development plan noting that the business of the organisation has expanded the current campus and the plan seeks to address capacity demands.

LD thanked VC for the comprehensive presentation.

## 5.2

### **Radiology Waiting List Management Update.**

LD welcomed Dr. John Feeney (JF) Clinical Director, Radiology Directorate to the meeting. JF presented on the Radiology Waiting List management and the following was noted:

- The current status of the waiting lists remain static with some improvement in CT scans and an increase in MRI scans despite various outsourcing and insourcing initiatives.
- A considerable volume of radiological procedures are taking place.
- JF highlighted capacity solutions including waiting list validation, 8-8 service delivery and expansion.
- Validation initiative will include a comprehensive validation of the entire wait list rather than specific vetting categories. There are 23,500 requests in 2023 vs 9,000 in 2021. This will require a significant staffing resource and JF advised of savings identified which will be used to fund same. It is estimated that the validation initiative will take 3 months to conduct and will conclude in Q1 2024.
- CT & MRI Insourcing & Outsourcing. JF advised outsourcing is now at capacity.
- Radiology 8 – 8. It was noted an 8 – 8 service would require an uplift of radiography staff in excess of 60 WTE. Additional SpRs, Radiologist, clerical, portering and nursing staff would also be required. The total staffing cost for the service, including Consultant cohort would be €7.5m. JF advised an 8 – 8 service

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|  |  | <p>would result in additional CT, MRI and Ultrasound performed on the basis that 2 scanners would be available for same.</p> <ul style="list-style-type: none"> <li>• TUH is focusing on a graduated 8 – 8 service restricted to MRI &amp; CT.</li> <li>• JF advised unscheduled care demands will increasing impact on scheduled care.</li> <li>• JF highlighted current staffing challenges. It was noted that there are 20 WTE radiography staff vacancies. JF advised of 19 positions offered in 2023 7 were rejected due to accommodation challenges in Dublin.</li> <li>• An Outpatient Diagnostic Centre is at concept stage and is considered a long term solution.</li> </ul> <p>EF thanked JF for the presentation and queried if the 8 – 8 service would meet the current demand. JF advised the 8 – 8 concept will be the cornerstone for healthcare delivery going forward in order to provide more flexibility for patients.</p> <p>JF advised the Directorate reports into the EMT on a monthly basis regarding the status of the waiting lists and the Directorate is constantly monitoring same. PL advised of the significant demand on radiology.</p> <p>MB queried impact of the short term and long term solutions to the waiting lists. JF advised the short term solution in the context of validation could reduce the waiting list by up 60% based on previous validation exercises. The long term solution in the context of an outpatient diagnostic centre would not be vulnerable to unscheduled care pressures.</p> <p>JK advised that a submission was made to the HSE regarding staffing for same and a full 8 – 8 service would take 2 to 3 years to deliver.</p> <p>It was noted GP’s are now referring patients to private facilities and often the Hospital is not notified of same which can lead to duplication of radiological procedures. DO’C advised of the increased access to GP’s for radiological imaging. It was noted a discussion document regarding radiology follow up with primary care is being brought before the GP local integrated care committee. JK will update the Board following same.</p> <p><b>5.3 Strategic Implementation Plan.</b></p> <p>Having been circulated in advance of the meeting a briefing paper regarding strategic implementation plan was taken as read. JK briefed members under the 6 priority areas and the following was noted:</p> <ul style="list-style-type: none"> <li>• Good Access. Scheduled care targets continue to make good progress. Challenges remain in relation to unscheduled care targets. ED &amp; trolleys are key priority areas however JK advised of challenges as a result of bed capacity.</li> <li>• Integrated Care. JK advised of challenges regarding budget for the ECC.</li> <li>• Enhanced infrastructure. JK advised of positive progress re same including the business plan for the campus development plan.</li> <li>• Digital Enablement. JK noted the recent presentation to the Board by the Chief Information Officer which highlighted the progress being made by TUH.</li> </ul> | <p>JK</p> |
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|          |  | <ul style="list-style-type: none"> <li>Research &amp; Innovation. JK advised the draft Research &amp; Innovation Strategy will be presented to the Hospital Board at its November meeting.</li> </ul> <p>The briefing paper highlighted the work being undertaken in relation to People and noted the detailed HR Strategy implementation plan and tracking of the Health &amp; Wellbeing Strategy and Learning and Development Strategy.</p>  |                  |
| 23.10.11 | <b>Regular Updates</b><br><b>6.1</b><br><b>6.2</b><br><b>6.3</b><br><b>6.4</b><br><b>6.5</b><br><b>6.6</b> | <p><b>Governance and Nominating Committee Update.</b><br/>LD advised the Committee are scheduled to meet on November 23<sup>rd</sup> and will progress Board succession. LD advised there will be a Board Only Time meeting in November.</p> <p><b>Finance Committee Update.</b><br/>EF advised the Committee are scheduled to meet on November 21<sup>st</sup> and there is nothing further to report.</p> <p><b>Staff and Organisational Development Committee Update.</b><br/>MV advised the Committee have not met since the last Board meeting however noted the focus on HR issues associated with the moratorium.</p> <p><b>QSRM Board Committee Update.</b><br/>AMB advised further to the Joint meeting with the Audit Committee in August, the Chief Information Officer gave a presentation and the Committee agreed to escalate the matter of cybersecurity to the Board. It was noted members will need to consider the implications of the NIS2 directive which places increased accountability for Board members. Delays in relation to the data protection audit due to resourcing was noted. It was noted that the HSE allocated €2m across the voluntary organisations for cybersecurity however TUH will require €2m reoccurring costs associated with same. LN confirmed the matter has been raised through VHARMF a further meeting with the HSE CIO is scheduled.</p> <p><b>Audit Committee Update.</b><br/>DP advised of the Joint meeting with the QSRM Board Committee in August and the scheduled Committee meeting of October 19<sup>th</sup>. The scheduled meeting reviewed the Internal Audit Plan and Internal Audit Charter. It was agreed the Committee would share the concerns of members regarding the delay in the GDPR, Cybersecurity, Disaster Recovery audits as a result of skills and resources and noted these may have to be outsourced. It was noted four items were deferred to the next meeting; Capital Projects Review, Talent &amp; Acquisition Review, draft 2024 workplan and terms of reference. DB advised of the Committee’s decision to amend the Internal Auditors Charter to reference the Committee TOR. DB advised of the current vacancy in Internal Audit resulting in just 1 WTE in the department. LD advised the Committee should formally write to the Hospital Board to outline its concerns.</p> <p><b>Research &amp; Innovation Committee.</b><br/>VB advised the Committee are supporting the Executive in the development of the draft TUH Research &amp; Innovation Strategy 2024 – 2027 and a meeting to review same is scheduled for this week. The Committee are scheduled to hold a joint meeting with the QSRM Board Committee on November 10<sup>th</sup>.</p> | <p><b>DP</b></p> |
| 23.10.12 | <b>6.1</b>   | <p><b>Closing Items</b><br/> <b>AOB</b><br/> There were no further matter for discussion.</p>  |                  |
|          | <b>Next Meeting</b>  | LD advised the next meeting of the Board will take place on November 27 <sup>th</sup> 2023 in the Fitzwilliam Hotel.   |                  |

**Apologies** to Ms. Anne McKenna, Board Secretary on 4143845/ [anne.mckenna@tuh.ie](mailto:anne.mckenna@tuh.ie).