



Tallaght University Hospital Board Meeting
Robert Graves Postgraduate Centre & Zoom
28th March 2022
08:00am-10:30am

Participating:

Board member:

Mr. Liam Dowdall (LD)
Prof. Anne-Marie Brady (AMB)
Mr. Mark Varian (MV)
Mr. John Hennessy (JH)
Mrs. Mairead Shields (MHS)
Dr. Vivienne Byers (VB)
Prof. Patricia Barker (PB)
Mr. Edward Fleming (EF)
Archdeacon David Pierpoint (DP)
Dr. Darach O’Ciardha (DO’C)
Mr. Mike Beary (MB)

Also participating:

Executive Management Team:

Ms. Lucy Nugent (LN)
Mr. John Kelly (JK)
Mr. Dermot Carter (DC)
Mr. Shane Russell (SR)
Ms. Sharon Larkin (SL)
Ms. Bridget Egan (BE)
Ms. Áine Lynch (Alyn)
Dr. Peter Lavin (PL)
Prof. Catherine Wall (CW)
Prof. Tara Coughlan (TC)

In attendance:

Ms. Anne McKenna (AMcK)

No.	Agenda Items	Decisions Made	Action By
22.03.01		Board Only Time LD advised of the appointment of Prof. Anne-Marie Brady as Vice Chair of the Hospital Board following ratification of the appointment at Board Only Time Meeting this morning.	
22.03.02	Apologies	None	
22.03.03	Patient’s Story	<p>A briefing paper highlighting two Patient’s Stories was circulated in advance of the meeting and taken as read.</p> <p>ÁLyn briefed Board members on each Patient Story noting the compliments received in relation to staff and empathy demonstrated by staff.</p> <p>ÁLyn briefed Board members on the complaint received advising of a process review required arising from same. ÁLyn confirmed feedback following the review is provided to the complainant. LD requested the issue be monitored and an update provided to Board at a later date.</p> <p>It was asked that confirmation of feedback to the patient/patient’s family is included in the briefing paper for Board members.</p>	<p>ÁLyn</p> <p>ÁLyn</p>
22.03.04	New Declarations of Interest	There were no new declarations of interest made.	
22.03.05	Minutes of Previous Meeting	Minutes of the Board meeting held 31 st January 2022 having been circulated in advance of the meeting were approved by the Board.	

22.03.06	Issues Log	The issues log which was circulated in advance of the meeting will be updated accordingly.	
22.03.07	Chairman's Update 2.1	LD updated Board members as follows: <ul style="list-style-type: none"> • Charter. Included in the CEO update. 	
22.03.08	CEO Update 3.1	<p>CEO Update</p> <p>The CEO's Report was circulated in advance of the meeting and taken as read. LN briefed Board members on the following:</p> <ul style="list-style-type: none"> • SLA. LN advised TUH have not received the HSE SLA to date. It was noted that the SLA will be submitted to the Finance Committee and Governance and Nominating Committee for oversight prior to being submitted to the Hospital Board. The Community Radiology and Mental Health SLA's will be brought to the Board with the HSE SLA. The CHI SLA is still under negotiation. • Charter. LN advised of ongoing correspondence to the DOH re same and seeking a response from DOH. • NGH (Naas General Hospital) Due Diligence. Formal workshops to commence next week and will be facilitated by Ms. L Magahy. • HSE Governance Review of Section. 38 Agencies. LN advised the review of TUH is to commence today. Mazars have been appointed by the HSE to undertake same and an introductory meeting with Mazars took place last week. It was noted that the Chairman outlined the governance arrangements of TUH noting that some matters may need to revert to the Hospital Board. • 6 Storey. The strategic analysis review (SAR) has been finalised by EY. • COVID. LN advised of a significant increase in the number of Covid positive inpatients, noting approximately 50% tested positive on admission and are being admitted for a different complaint. Staff absences due to Covid are contributing to the significant pressures being experienced by the Hospital at present. It was noted that TUH issued a media statement on Friday last due to the significant increase in ED presentations. • LN advised the Provost of TCD visited TUH and the Provost was very interested in the innovation work being carried out by TUH. • Fr. John Kelly co-ordinated a special event for Remembrance Sunday and a video is available on the TUH social platform. • Presidential Invitations. It was noted that Áine Lynch was invited by the President to dinner in the Áras as part of an event acknowledging the ongoing and significant contribution of nursing. • SR briefed members regarding the current demands on capacity outlining the increase in Covid positive patients, staff challenges, shortage of Home Care packages and nursing home bed closures. SR outlined whilst the demand for hospital beds exceeded capacity, patients were being accommodated in assessment bays and not on trolleys at ward level. LN particularly wanted to commend the work of the ED Consultants given the reduced staffing in the department. <p>Integrated Management Report</p> <p>Having been circulated in advance of the meeting the Integrated Management Report was taken as read. JK briefed the Board members outlining the following:</p> <ul style="list-style-type: none"> • The Electronic Vital Signs project developed by QSRM, Innovation and IT has been successfully piloted and has been 	

		<p>chosen as part of the first phase of a HSE sponsored National rollout.</p> <ul style="list-style-type: none"> • Increased presentations in ED. • Increased Covid positive inpatients. • Risks. JK advised of the escalation of 2 risks to DMHG; medical staffing challenges in ED & enhanced patient observation. JK advised the relevant Directors are working close with HR to mitigate the risks. • JK advised of improvements in the Endoscopy, Day Case & OPD Waiting lists. • Finance. 2021 outturn for TUH is €274.9m. JK advised TUH has been funded for costs associated with Covid and the Cyberattack. • HR. It was noted TUH continue its recruitment campaign which is aligned to service developments. • JK advised Occupational Health data within the report requires updating. • JK advised in relation to complaints that while there appears to be a significant increase year on year, the previous year's baseline data was low as a result of Covid. <p>PB queried of risks to TUH as a result of the conflict in Ukraine. The following was noted:</p> <ul style="list-style-type: none"> • LN advised the HSE have a dedicated Ukrainian Response Unit • It was noted that DW attended the NCIS who recommended further IT protection software which TUH have implemented. • In relation to fundraising efforts for the Ukraine, LN advised there are no physical collections however TUH held a coffee event whereby staff could donate money. These funds were subsequently donated to the Red Cross. • SL advised of a communication which issued to staff • DC advised of the notable increase in food costs and discussions are ongoing with DMHG relating to projected oil and gas prices. • LN to revert on matters relating to risks associated with social media, fraudulent accounting and compliance with EU & Irish sanctions. <p>Medical Board Update. TC advised an emergency meeting of the Medical Board was called on the morning March 7th at the request of the Lead Clinical Director to review the increase service demands. Staffing challenges were also noted.</p> <p>The scheduled Medical Board meeting proceeded as normal on the evening of the 7th March, whereby presentations were given by Dr. Natalie Cole and Dr. Hannah O'Keefe regarding innovation and also by SR in relation to the OPD referral process.</p> <p>Consultant recruitment is ongoing with a number of competitions taking place.</p>	
22.03.09	<p>For Decision</p> <p>4.1</p>	<p>Board Workplan 2022 Having been circulated in advance of the meeting the Board Workplan 2022 was taken as read. LD advised the workplan will be revised quarterly and reflects inputs from Board members following the self-assessment. The workplan was taken as approved subject to any further feedback received.</p>	

	<p>4.2</p> <p>4.3</p>	<p>Decision for Noting Template – Amendment of Hospital Board Minutes 29th November 2021. Having been circulated in advance of the meeting the decision for noting template requesting the amendment of the Hospital Board minutes 29th November was taken as read.</p> <p>Board members formally approved the amendment having been proposed by PB and seconded by EF.</p> <p>Contracts for Board Approval. Having been circulated in advance of the meeting the decision for noting template regarding the [REDACTED] Contract. It was noted that this contract pertains to the Endoscopy Equipment Project; Gastrosopes, Videoscopes, Colonscopes and Camera Stacks was taken as read. DC outlined a mini contract took place further to a HSE tender.</p> <p>Board members formally approved the contract having been proposed by EF and seconded by PB.</p> <p>Having been circulated in advance of the Meeting the decision for noting template regarding the [REDACTED] contract for Lot 1 & Lot 2 was taken as read. DC briefed members regarding the delay in bringing the contract to the Board and advised of mitigation process in place to avoid same.</p> <p>Board members sought assurances in relation to pricing and maintenance costs.</p> <p>Board members formally approved the contracts, Lot 1 & Lot 2 having been approved by EF and seconded by PB.</p>	
22.03.10	<p>For Discussion</p> <p>5.1</p>	<p>Strategic Implementation Plan Update. A briefing paper on the Strategic Implementation Plan update having been circulated in advance of the meeting was taken as read. JK advised of progress in all areas however noted some are behind schedule.</p> <ul style="list-style-type: none"> • JK acknowledged the work undertaken by D Wall and the ICT in the Synergy roll out of phase 1 in November. • HR. Actively recruiting in line with the Strategy. • Innovation. Significant engagement noted since the development of the Innovation office in July 2021. • Partnerships ongoing with academia and industry. • Integration of Sláintecare programmes noted with the funding of services in this context. <p>Board members noted progress made despite the constraints. JK provided assurances to Board members on achieving the plan noting that there are ambitious targets within the Strategy and some of which are dependent on the implementation of the acute floor plan.</p> <p>A brief discussion took place regarding staff attrition and initiatives being undertaken by TUH in order to retain and attract staff. Board members queried if staffing challenges and risks associated with same have been included in the risk register. CW/JK to review.</p>	<p>CW/JK</p>

	<p>5.2 Waiting List Review Update. LD welcomed a presentation from SR updating Board Members on the waiting list review. SR briefed Board members and the following was noted:</p> <ul style="list-style-type: none"> • Day Case waiting list. 473 patients are waiting >3months. TUH Strategy target is on track with the exception of Hand Surgery. SR outlined challenges with same due to the sub speciality of same and lack of outsourcing opportunities. • Reeves Day Surgery Centre. SR advised of the positive impact on the waiting list since the opening of same. Cancellations as a result of Covid and clinical cancellations were noted. It was also noted that some patients, had to undergo procedures on campus due to comorbidities and complex clinical needs. The fourth Theatre is commissioned but has not fully opened due to staffing issues. It is open 1 – 2 days a week. • ENT. It was noted as of 25th March there were no day case patients waiting >12months for ENT surgery. • Endoscopy. SR advised of the significant validation work undertaken resulting in 1000 patients being removed from the waiting list. It was noted that challenges remain in relation to screening as advised routine scopes are performed offsite. Off-site scoping continues by TUH Consultants. It is anticipated that with the proposed additional Endoscopy suites, TUH will be in a position to perform an additional 4-6K procedures. • Inpatient Waiting List. SR advised this waiting list growth is remaining stable however noted the time patients are waiting for a procedure is increasing. • OPD Waiting list. SR advised the waiting list increased in 2020 however it subsequently stabilised in 2021. SR highlighted the noted increase month on month for 2022 in the OPD waiting list. • SR advised of supports received from HSE & NTPF in relation to waiting lists. SR advised of the NTPF role in the context of validation. • SR advised of challenges in relation to the diagnostic waiting lists and work being undertaken with HSE NIMIS to extract the data to review same. SR to keep Board members updated in relation to diagnostics. <p>LD thanked SR for the comprehensive presentation requesting that Board members receive a quarterly update regarding waiting list progress.</p> <p>5.3 TUH Future Strategic Objectives. LD requested Board Members, CEO & Executive Management Team to consider strategic objectives post 2024 for detailed discussion at the Board Away Day in May. Feedback can be submitted to LD, LN or the Board Secretary.</p> <p>5.4 Dr. Natalie Cole, Innovation Manager. LD welcomed Dr. Cole (NC) to the meeting. Dr. Cole provided Board members with a background to her experience and gave a presentation titled '<i>TUH Innovation</i>'. The current innovation priority areas include:</p> <ul style="list-style-type: none"> • Governance – new structure in place which allows for the registration of projects and support. An Innovation Operations Committee has been established. NC outlined the stage gating process from initial screen green to business case. 	<p style="text-align: center;">SR</p> <p style="text-align: center;">SR</p>
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22.03.11	Regular Updates 6.1 6.2 6.3 6.4 6.4.1	Governance and Nominating Committee LD advised the Governance and Nominating Committee met on February 24 th and the minutes of the meeting have been circulated. Finance Committee EF advised the Finance Committee met on February 17 th , the minutes of which have been circulated. EF advised the Committee will be reviewing the annual service plan and will revert to the Hospital Board in this regard. Staff and Organisation Development Committee SL advised the Staff and Organisation Development Committee are meeting in two weeks. The Committee will receive a presentation from the Occupational Health & Wellbeing Department and continue work on the HR Strategy. Quality, Safety and Risk Management Committee AMbr advised the QSRM Committee met on March 10 th and held a special meeting to agree the Committee workplan in January. The Committee’s workplan will focus on safer mobility, VTE prevention, navigation in the context of patient centred care and innovations developed as a result of Covid and retention of same. Quality, Safety and Risk Management Committee Annual Report. Having been circulated in advance of the meeting the Committee’s annual report was taken as read.	

	6.5	Audit Committee DP advised of his formal ratification as Chair of the Audit Committee at Board Only Time this morning and advised the Committee are scheduled to meet on April 7 th .	
22.03.12	7.1	Closing Items There were no further items.	
22.03.13	Next Meeting	25 th April 2022 via MS Teams	

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