



Tallaght University Hospital Board Meeting
29th July 2024
08.30am – 10.40am
MS Teams

Participating:

Board member:

Prof. Anne-Marie Brady (AMB) (*Chair*)
 Ms. Darina Barrett (DB)
 Mr. Edward Fleming (EF)
 Rev. David Bowles (DBowles)
 Mr. Tom Lane (TL)
 Mr. John Hennessy (JH)
 Mr. Mike Beary (MB)

Also participating:

Executive Management Team:

Ms. Lucy Nugent (LN)
 Mr. John Kelly (JK)
 Ms. Sharon Larkin (SL)
 Prof. Tara Coughlan (TC)
 Dr. Peter Lavin (PL)
 Mr. Shane Russell (SR)
 Mr. Dermot Carter (DC)


In attendance:

Ms. Anne McKenna (AMcK)

Apologies:

Mr. Mark Varian (MV) (*Vice-Chair*)
 Dr. Martin Lyes (ML)
 Dr. Vivienne Byers (VB)
 Dr. Darach O’Ciardha (DO’C)
 Ms. Bridget Egan (BE)
 Ms. Áine Lynch (ÁLyn)
 Prof. Catherine Wall (CW)

No.	Agenda Items	Decisions Made	Action By
24.07.01	1.1	Apologies Noted.	
24.07.02	1.2	Patient’s Story A briefing paper highlighting two Patient’s Stories was circulated in advance of the meeting and taken as read. LN briefed members regarding the compliment received in the context of wayfinding which reflected the culture of staff. LN briefed members regarding a complaint received in relation to a returned referral. It was noted the error was quickly corrected and highlights the requirement for the OPD modernisation programme.	
24.07.03	1.3	New Declarations of Interest AMB requested that any potential conflicts of interest were formally declared of which there were none.	
24.07.04	1.4.	Minutes of the AGM. Minutes of the AGM meeting held 27 th May 2024 having been circulated in advance of the meeting were taken as read and formally approved by the Board.	
24.07.05	1.5	Minutes of the previous meeting. Minutes of the meeting held 27 th May 2024 having been circulated in advance of the meeting were taken as read and formally approved by the Board.	

24.07.06	1.6	<p>Issues Log. Having been circulated in advance of the meeting the issues log was taken as read and the following was noted:</p> <p>23.09.10 TUH Climate Action Strategy has been deferred to September.</p> <p>24.04.15 Cybersecurity. LN advised the Hospital has received €1.2m funding for same however outlined TUH still needs to focus on recovery. It was noted DW will revert to the Hospital Board with a briefing paper re same.</p> <p>24.04.15 Radiology. SR advised TUH continue to engage with DMHG. It was noted correspondence received from a Consultant Neurologist regarding the impact the withdrawal of funding is having on patients, DMHG are reviewing potential funding for this cohort of patients.</p>	
24.07.07	2.1	<p>Chair's Update AMB briefed Board members on the following matters:</p> <p></p> <ul style="list-style-type: none"> • Charter. It was noted TUH await a response from the Department re same. AMB advised of the impact on Board succession as a result of same. 	
24.07.08		<p>Regular Updates</p> <p>3.1 Governance and Nominating Committee. AMB advised DBowl has agreed to Chair the QSRM Board Committee.</p> <p>3.2 Finance Committee Update. EF advised the Committee have not met since the last Board meeting.</p> <p>3.3 Staff and Organisation Development Committee. SL advised the Committee met in June and received the annual presentation from the Head of the Centre for Learning and Development.</p> <p>3.4 QSRM Board Committee. DBowl advised there was nothing to note.</p> <p>3.5 Audit Committee. DB advised the Committee have not met since the last Board meeting but are progressing the recruitment of two external Committee members and have shortlisted 4. It was noted DB will progress meeting some of the candidates. MB advised he met with some of the candidates who are of high calibre that could potentially be nominated as Board members.</p> <p>3.6 Research & Innovation Committee. JK advised the Committee are working on the Research & Innovation Strategy implementation plan.</p>	
24.07.09	4.1	<p>TUH Risks. LN advised there are no new risks on the Corporate Risk Register.</p>	
24.07.09	4.2	<p>CEO Report. Having been circulated in advance of the meeting the report was taken as read. LN briefed members and the following was noted:</p> <ul style="list-style-type: none"> • Capacity. LN advised of the highest number of ED presentations to TUH in May 2024. It was noted a local injuries unit is being explored with the HSE. EF queried if the increase is as a result of presentations from outside the catchment. SR advised there is 	

		<p>no single factor to the increase with a notable increase in all categories of patients presenting.</p> <ul style="list-style-type: none"> • Covid. LN advised of an increase in Covid patients resulting in challenges in patient flow. • RHA's. It was noted the IHA Managers have been appointed and the CFO for the region has been appointed. LN advised the HSE have yet to outline the IHA model given TUH will engage with 3 IHA's. • CHI. It was noted the sub-lease continues to be progressed. • HSE Governance Review of S.38 Agencies. It was noted the compliance unit sent correspondence to the Chair and TUH have reverted to outline the recommendations have been addressed and consider the matter closed. • HIQA. It was noted HIQA have published the report on their inspection of TUH and a QIP is being progressed. • SLA. It was noted TUH received the draft SLA however the format does not permit editing. This remains under discussion with the HSE and IVHA are reviewing if S.38 can sign the SLA's given the current financial deficits of members. • DOH Productivity. LN advised the DOH are reviewing Consultant productivity and the comparative data produced for TUH was incorrect. It was noted TUH are working with the HSE to correct same. • Recruitment. It was noted the moratorium has been replaced with the Pay and Numbers strategy. SL advised TUH continue to recruit replacement posts however there has been very little increase in new development posts. DBowl queried if there are any challenges in recruiting and SL advised TUH still receive a lot of applications. • [REDACTED] 	
24.07.10	4.3	<p>Finance Update. Having been circulated in advance of the meeting the Finance update briefing was taken as read. DC briefed members and the following was noted:</p> <ul style="list-style-type: none"> • DC advised the projected net outturn for 2024 is €411m. • The run rate remains in line with the projection. An increase in May & June was as a result of the national pay awards. • DC advised the opening budget of €326m has been increased in June to €352m which includes funding for Tymon, cyber, pay awards, and other funding. • It was noted TUH have received the funding of €5.2m for Tymon North. • DC briefed members on the HSE's correspondence on the pay and numbers strategy noting TUH's spend limit of €404m .DC has requested clarification in relation to the overall savings sought. • Non-Pay. DC outlined an increase in non-pay costs on May due to drug costs, increased IT costs and bad debts. <p>Board members discussed the need to demonstrate productivity in order to seek further funding. AMB acknowledged the complicated financial process in which the TUH finance team have to operate.</p>	
24.07.11	4.4	<p>Medical Board Report. TC advised the Medical Board report will be circulated after the meeting. TC advised the Medical Board met in June and discussed the following:</p> <ul style="list-style-type: none"> • Withdrawal of NTPF funding for Radiology. 	

		<ul style="list-style-type: none"> • ICT and changeover of dictation services. The Medical Board also discussed mitigating risks associated with the changeover. • Physician Associates. TUH will accept a small number of associates from the RCSI however further discussion is required as there is potential for the programme to expand further that would require resources. 	
24.07.12	5.1	<p>2024 Budget Approval. EF advised in the interest of good governance the Hospital Board should approve a budget for 2024 in the absence of a signed SLA and to allow the Director of Finance to set a baseline budget for Directorates.</p> <p>DC advised of consultation with colleagues in other organisations and briefed members on their practices in relation to same.</p> <p>Board members agreed that the Hospital Board should approve a budget and discussed the maximum spend limit for TUH as outlined in the pay and numbers strategy. It was suggested that the Hospital seek a letter of comfort from the HSE.</p> <p>LN suggested deferring the approval of the budget for 2024 to allow the Director of Finance to seek clarification of the maximum spend limit. DC will revert at the September Board meeting re same.</p>	DC
24.07.13	5.2	<p>Appointment of External Auditors. [REDACTED]</p> <p>DC advised a further meeting is scheduled and a proposal will be brought to the Hospital Board at its September meeting.</p>	DC
24.07.14	5.3	<p>Contracts. Pharmacy Contracts. Having been circulated in advance of the meeting the briefing paper regarding the pharmacy contracts were taken as read. DC briefed members on the proposed investment which falls under the digital enablement pillar of the Strategic plan. The following was noted:</p> <ul style="list-style-type: none"> • Pharmacy Medication Management Software (Careflow). It was note that this is a draw down from the HSE framework. LN advised TUH have received notification from the HSE of funding for same if TUH accepts the HSE system. DC outlined the potential implications of accepting the HSE system for the Robotic Dispensary and Automated Dispensing Cabinets. The CIO is currently seeking clarifications re same. It was agreed to defer same until said clarifications have been received. • Robotic Dispensary and Automated Dispensing Cabinets & Pharmacy Electronic Prescribing Medicines Administration. DC briefing members regarding accruals for same. Board members queried the overall funding from revenue and potential risks to same in the context of cash. It was agreed further detail regarding the funding of same is required and DC will revert with same at the September meeting of the Hospital Board. <p>Supply and Delivery of Endoscopy Insourcing. Having been circulated in advance of the meeting the briefing paper regarding the Supply and Delivery of Endoscopy Insourcing was taken as read. DC confirmed funding received for same for an 8 month period.</p> <p>The Board formally approved the Supply and Delivery of Endoscopy Insourcing having been proposed by EF and seconded by DB.</p>	DC DC

		<p>Supply and Delivery of Physiological Monitoring. Having been circulated in advance of the meeting the briefing paper regarding the Supply and Delivery of Physiological Monitoring was taken as read. DC confirmed funding via the National Equipment Replacement Programme.</p> <p>The Board formally approved the Supply and Delivery of Physiological Monitoring having been proposed by MB and seconded by EF.</p> <p>Supply and Delivery of Ambulance Services to TUH. Having been circulated in advance of the meeting the briefing paper regarding the Supply and Delivery of Ambulance Services to TUH was taken as read. DC advised the contract is revenue funded and produces some savings to TUH.</p> <p>The Board formally approved the Supply and Delivery of Ambulance Services to TUH having been proposed by EF and seconded by TL.</p>	
24.07.15	5.4	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	
24.07.16	5.5	<p>[REDACTED]</p>	
24.07.17	6.1	<p>TUH Strategy. LN advised of the progress by the Board Strategy Sub-Committee. It was noted LN/JK re currently reviewing the mission, vision and values and emerging themes for priority areas.</p> <p>MB advised it is envisaged that brainstorming for the new Strategy will take place at the Board away day in September.</p> <p>MB advised ancillary to the Strategic plan a comprehensive look at the campus is required. LN advised a Campus Development Committee has been established and will contract external expertise to assist.</p>	
24.07.18	6.2	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	

		[REDACTED]	
24.07.19	7.1	Closing Items AOB There were no further matters for discussion.	
		Board Only Time The Board met without the Executive for a period of reflection.	
	Next Meeting	30 th September 2024, Robert Graves Postgraduate Centre, CLD TUH	