



Tallaght University Hospital Board Meeting
25th March 2024
8.30am – 10.30am
Robert Graves Postgraduate Centre, CLD TUH

Participating:

Board member:

Prof. Anne-Marie Brady (AMB) (*Chair*)
 Mr. Mark Varian (MV) (*Vice-Chair (left 10am)*)
 Ms. Darina Barrett (DB)
 Mr. Mike Beary (MB)
 Dr. Martin Lyes (ML)
 Mr. Edward Fleming (EF)
 Mr. John Hennessy (JH)
 Rev. David Bowles (DBowl)
 Dr. Darach O’Ciardha (DO’C)

Also participating:

Executive Management Team:

Ms. Lucy Nugent (LN)
 Mr. John Kelly (JK)
 Ms. Sharon Larkin (SL)
 Ms. Áine Lynch (ÁLyn)
 Mr. Dermot Carter (DC)
 Mr. Shane Russell (SR)
 Prof. Tara Coughlan (TC) (*left 9.30am*)

In attendance:

Ms. Anne McKenna (AMcK)

Apologies:

Dr. Vivienne Byers (VB)
 Mr. Tom Lane (TL) Ms. Bridget Egan (BE)
 Dr. Peter Lavin (PL)
 Prof. Catherine Wall (CW)

No.	Agenda Items	Decisions Made	Action By
24.03.01	Apologies	Noted.	
24.03.02	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 members regarding the compliment regarding a positive feedback on the end of life care provided for a patient and their family. The family complimented the multi-disciplinary team and support team. ÁLyn advised there were 649 deaths in TUH in 2023, 71 deaths in January 2024 and 64 in February 2024 therefore highlighting the importance of the end of life journey. DBowl commended TUH on the end of life journey and the care delivered by the staff in TUH. ÁLyn acknowledged the work of the pastoral care team in TUH.</p> <p>ÁLyn briefed members regarding a complaint received in relation to a GP referral for and subsequent cancellation of a scheduled endoscopy for a patient who was experiencing complications following a surgical procedure overseas. MB and AMB sought further clarification and explanation on the details of the response. The clinician response explained that the processes of communication around these events may have been complicated by the Healthlink communication between the clinician and the GP. There was some suggestion that the relevant correspondence may</p>	

		<p>be deleted after 30 days but this was not verified. ALyn advised further to contributions by PALS and the clinician, an urgent gastroscopy was now scheduled. DO'C advised of the increase in communication via Healthlink and challenges for GPs in managing said increase and the ways in which the system might alert. JK advised of meetings with Healthlink regarding same.</p> <p>Following discussion there was consensus among the Board that there was a need for further examination and clarity on the communication process underpinning this scheduling error, in order to fully understand, how a similar event might be avoided and to assure there was adequate documented evidence of the clinical decision making and related communication within TUH.</p>	
24.03.03	New Declarations of Interest	There were no new declarations of interest made.	
24.03.04	Minutes of Previous Meeting	<p>Minutes of the meeting held 25th January 2024 having been circulated in advance of the meeting and were taken as read and approved.</p> <p>Minutes of the special meeting of the Board held 21st February 2024 having been circulated in advance of the meeting were taken as read. It was agreed to defer approval of the minutes in order to amend same further to member's feedback.</p> <p>1.4.1 Addendum to the minutes of the Board meeting held 27th November 2023 having been circulated in advance of the meeting were taken as read and approved.</p>	AMcK
24.03.05	Issues Log	<p>The issues log which was circulated in advance of the meeting and the following was noted:</p> <p>1.5 23.10.10 Radiology Waiting List Management. LN briefed members regarding communication received from the NTPF outlining that funding for Radiology insourcing and outsourcing initiatives will cease at the end of April 2024. The delivery of existing radiology services is reliant on accessing the additional capacity enabled by the NTPF and LN has advised this will have a serious impact on provision of current services and will increase already challenging Radiology waiting list. SR advise that the funding is non-recurrent and have received €844,000 for 2024 that allows the service to continue until mid-April. SR advised the issue of funding from the NTPF affects all Hospital's in the country and the Dublin Academic Teaching Hospitals have written to the HSE regarding same. DO'C advised the matter was raised at the QSRM Board Committee and the Committee noted the serious risk this poses to patients.</p> <p>LN advised a forecasting analysis is currently being undertaken in order to determine the impact on scheduled care, unscheduled care and the various pathways. It was noted TUH does not have the internal capacity to undertake the radiological imaging that has previously been outsourced through NTPF. JK advised of the longer term plan for Radiology is an 8 – 8 service however noted that resources are required for same. Members discussed the implications for radiology services as a results of withdrawal of this essential additional capacity and patient/organisational risk that would arise as a result of same.</p>	

		<p>AMB highlighted the requirement to review the risk and revert to the Hospital Board with the detailed forecasting and potential solutions to determine/inform a feasible strategy for TUH to continue to meet service demand and KPIs around waiting lists.</p> <p>24.02.03 Financial Management Presentation. LN advised a meeting is being scheduled with local representatives in the coming weeks and TUH will communicate the impact of underfunding.</p> <p>24.02.03 Financial Management Update. AMB advised of engagement with the Chair of the VHF in order to seek legal advice for members operating with a deficit.</p>	SR
24.03.06	Chair's Update 2.1	<p>AMB briefed Board members on the following matters:</p> <ul style="list-style-type: none"> • VHF. AMB advised the company has undergone a name change process and is now called IVHA CLG (Irish Voluntary Hospital's Association Company Limited by Guarantee). • Charter. Remains ongoing. [REDACTED] 	
24.03.07	TUH Risks 3.1	<p>LN advised the 2023 & 2024 Allocation is a high priority risk and the risk register otherwise remains the same. It was agreed Finance to be included as an agenda item at the next Board meeting.</p>	AMcK
24.04.08	3.2	<p>CEO Report.</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"> • Ward Block. It was noted that the ward block project is now considered under the HSE 1500 bed programme and will also include enabling works. The Director of Estates & Facilities Management and Chief Operations Officer will now proceed to the next phase. LN advised of the requirement to decant patients to a modular build on the helipad, which is inactive due to surrounding building works. The new ward block will include options for a roof top helipad. • Nursing. LN advised that TUH are expected to be at full nursing compliment next month and commended Nursing and HR's work in this regard. • REO. It was noted the newly appointed Regional Executive Officer, Ms. Kate Killeen White visited TUH recently and the visit was very positive. LN advised delegated authority transferred from the HSE Centre to the REO on March 11th and the Executive Structure within the RHA remains unclear. • NCSC. LN advised of a visit this week by the National Cyber Security Centre to review the NIS1 Directive action plan and gain an understanding of the organisation's gaps in the context of the NIS2 Directive. • CHI. LN advised CHI have provided a timeline for transition of paediatric services. • HSE Governance Review of S. 38 Agencies. LN advised members following review by the Audit Committee & Governance and Nominating Committee requested amendments to the executive summary were submitted to Mazars, which have been rejected. The Board agreed to acknowledge the report and express the concerns that the summary of results is not reflective of the detailed findings. • HIQA. LN briefed members of a 2 day unannounced inspection by HIQA. It was noted the verbal feedback received at the closing session did not highlight any areas of concern, however 	

		<p>they reserve the right to highlight concerns following review of the documentation submitted. TUH currently awaits the draft report.</p> <ul style="list-style-type: none"> • SLA. LN advised it is envisaged the revised SLA will be submitted to the Hospital Board at its April meeting. JK advised of legal advice received via VHARMF which TUH are reviewing. • NERP. Further to the request from the Board regarding the funding of equipment that requires replacing the CEO included a briefing in the report, which was taken as read. • InnovateHealth. It was noted the licence agreement is currently with the legal teams. LN advised the signing of same may require a special meeting of the Board. <p>[REDACTED]</p> <ul style="list-style-type: none"> • Director of Estates & Facilities Management. LN advised of a successful recruitment campaign. • Women’s Health Unit. MB queried progress with same. LN briefing members regarding increased costs that are with the HSE for consideration. <p>Integrated Management Report. Having been circulated in advance of the meeting the Integrated Management Report 25th March was taken as read.</p> <p>AMB queried the number of unregistered nurses currently employed and it was clarified by the DON this related to those going through adaptation to meet requirements for NMBI registration. ÁLyn advised that adaptation may take up to 11 weeks and once candidates successfully complete same they can register with NMBI. If they are not successfully on the adaption process the contract is terminated.</p> <p>LN advised members the ED remains extremely busy with an increase in the acuity of presentations. It was noted the daily calls with the Acute Hospital Division continue.</p> <p>LN highlighted that TUH have significantly reduced delayed transfers of care.</p> <p>LN advised members TUH has again been selected in the Ibec top 100 companies leading in wellbeing for 2024. LN advised the Health & Wellbeing Officer is leaving to return to clinical duty and a replacement will comment in April.</p> <p>Members briefly discussed the requirement for the Hospital Board to approve the 2024 budget. DB noted that TUH cannot fulfil its obligations under the Statement of Finance Controls as the budget has not been approved and there remains uncertainty regarding the going concern. DB queried how TUH will sign the AFS given such uncertainty.</p>	
24.03.09	3.3	<p>Medical Board Report. In the absence of Prof. Coughlan SR advised the Medical Board are continuing to progress Consultant recruitment.</p>	
24.03.10	For Decision 4.1	<p>Statement of Financial Controls. Having been circulated in advance of the meeting AMB confirmed the Statement of Financial Controls requires formal approval by the Hospital Board.</p>	

		The Board formally approved the Statement of Financial Controls having been proposed by EF and seconded by JH. It was suggested that controls relating to IT should be considered when the statement is being reviewed next.	DC/LN
24.03.11	4.2	[REDACTED]	
24.03.12	4.3	<p>TUH Research & Innovation Strategy. Having been circulated in advance of the meeting the TUH Research & Innovation Strategy was taken as read. JK acknowledge the work undertaken by the Research & Innovation Committee in developing the strategy. ML congratulated JK and the team on the development of the strategy.</p> <p>The Board formally approved the TUH Research & Innovation Strategy, subject to a final edit, having been proposed by JH and seconded by MB.</p>	
24.03.13	<p>For Discussion</p> <p>5.1</p> <p>5.2</p>	<p>Strategic Implementation Plan Update. Having been circulated in advance of the meeting the briefing paper regarding the strategic implementation plan was taken as read. JK highlighted the progress made and the continuous tracking of projects to ensure a continued focus of implementation.</p> <p>JH queried if there were any funding implications in progressing the plan. JK advised that there have been challenges in areas however noted TUH have continued to receive supports for IT and infrastructure.</p> <p>MB acknowledged the work undertaken by the Executive and in particular the ability of TUH to be implementation ready. JK advised TUH currently have a number of projects ready for implementation however funding for same is required.</p> <p>Integrated Care. 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"> • Integrated care aims to join up health and social care services to deliver patient care that is safe, timely, efficient and as close to home as possible. • Sláintecare sought projects in 2019 with 123 successful projects selected nationally, 5 of which are TUH projects. • ÁLyn briefed members on the model of care for the prevention and management of chronic diseases. • It was noted there are 30 hubs staffed by specialist teams with one hub located in the Russell building and a new hub will be situation in Clondalkin. The hubs support patients and family in the community with integrated care. • It was noted the ICPOP – Integrated Care Programme for Older People in Tallaght improves the life of older people by providing access to integrated care and support that is planned around their 	

		<p>needs and choices. It was noted ICPOP holds multidisciplinary and multiagency forums weekly with CHO7 & TUH.</p> <ul style="list-style-type: none"> • ÁLyn briefed members regarding the opportunities for integrated care with TUH and CHO7 including engaging with patients/service users closer to home, patient empowerment, shared learning and reduced presentations to ED. • It was noted that there remain some challenges with information sharing, recruitment and shortage of certain professions. <p>Members noted the significant work being undertaken in integrated care and highlighted that community care will be significant going forward given the geographical demographic of TUH.</p> <p>AMB thanked ÁLyn for the informative presentation.</p>	
24.03.14	<p>Regular Updates</p> <p>6.1 Governance and Nominating Committee.</p> <p>6.1.1 Governance and Nominating Committee Annual Report 2023.</p> <p>6.2 Finance Committee.</p> <p>6.2.1 Finance Committee Annual Report 2023.</p> <p>6.2.2 Finance Committee Workplan 2024.</p> <p>6.3 Staff and Organisation Development Committee.</p> <p>6.3.1 Staff and Organisation Development Committee Annual Report 2023.</p> <p>6.4 QSRM Board Committee.</p> <p>6.4.1 Draft QSRM Board Committee Workplan 2024.</p> <p>6.5 Audit Committee.</p>	<p>AMB advised there is no update further to items that were ratified at Board Only Time.</p> <p>Having been circulated in advance of the meeting the Governance and Nominating Committee Annual Report 2023 was taken as read.</p> <p>It was noted that a meeting took place with the CIO, Chair of the Finance Committee, Director of Finance and an External Committee member who sought clarification of a number of cyber security issues.</p> <p>Having been circulated in advance of the meeting the Finance Committee Annual Report 2023 was taken as read.</p> <p>Having been circulated in advance of the meeting the Finance Committee Workplan 2024 was taken as read.</p> <p>There was no update from the Staff and Organisation Development Committee.</p> <p>Having been circulated in advance of the meeting the Staff and Organisation Development Committee Annual Report 2023 was taken as read.</p> <p>DO'C advised the Committee discussed the NTPF funding of Radiology insourcing & outsourcing initiatives and the matter of Violence and Aggression towards staff was raised. DO'C advised the Committee has requested data to estimate the number of incidents that may have arisen as a result of intoxication and if additional substance use supports are required in the ED. LN advised the HSE conducted a security review of ED and the report will be circulated to members once complete. DO'C acknowledge the reduction in formal complaints as a result of the appointment of two Patient Liaison Officers in the ED.</p> <p>Having been circulated in advance of the meeting the draft QSRM Board Committee workplan 2024 was taken as read.</p> <p>DB advised the update remains the same as per the last report to the Board noting that the Committee continue to review IT, Data Governance and GDPR. DB advised additional resources are</p>	

	<p>6.5.1 needed in the first line of defence and the skills gap for IT related and data related risks.</p> <p>Audit Committee Annual Report 2023.</p> <p>6.6 Having been circulated in advance of the meeting the Audit Committee Annual Report 2023 was taken as read.</p> <p>Research and Innovation Committee.</p> <p>6.6.1 ML in the absence of VB advised members of the numerous meetings held by the Committee in order to complete the Research & Innovation Strategy.</p> <p>Research and Innovation Committee Annual Report 2023.</p> <p>Having been circulated in advance of the meeting the Research & Innovation Committee Annual Report 2023 was taken as read.</p>	
24.03.15	<p>7.1 Closing Items</p> <p>AOB</p> <p>There were no further matters for discussion.</p>	
	Next Meeting	29 th April 2024 via MS Teams

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

