



Tallaght University Hospital Board Meeting
25th September 2023
Robert Graves Postgraduate Centre, CLD TUH
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’Ciartha (DO’C)

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)
 Mr. Dermot Carter (DC)

In attendance:

Ms. Anne McKenna (AMcK)

Apologies:

Archdeacon David Pierpoint (DP)
 Ms. Bridget Egan (BE)
 Prof. Catherine Wall (CW)
 Dr. Peter Lavin (PL)

No.	Agenda Items	Decisions Made	Action By
		LN advised that this will be ACL last meeting in her role as COO and along with the Board acknowledged ACL contribution to TUH.	
23.09.01	Apologies	Noted.	
23.09.02	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>SMcC briefed members regarding the compliment received via the TUH feedback leaflet and recognised the contribution of the volunteer service. SMcC advised of a ‘Buddy’ pilot being introduced whereby volunteers will buddy patients who may be in need of support or company.</p> <p>SMcC briefed members regarding the complaint received advising only a segment of the complaint was circulated. In this regard it was noted the complaint detailed a patient’s journey via the Emergency Department and lack of sensory facilities for patients with additional needs. SMcC advised of the appointment of an Intellectual Disability Liaison CNM within TUH that other organisations are going to replicate. It was noted the ED Symphony system has been updated in order to identify the needs of patients with intellectual disabilities or sensory needs. The introduction of the Health Passport will assist in outlining the needs of patients to</p>	

		<p>clinicians. TUH is progressing with the development of a sensory cubicle within the Emergency Department.</p> <p>ML outlined concerns regarding this presentation in the context of the ED environment, communication and lack of community support for the patient during their experience in the department. SMcC advised of the specialist skillset required by staff within the ED however it was noted that the Intellectual Disability Liaison CNM is increasing staff awareness and providing education in this regard.</p> <p>Members discussed the role of the triage nurse in the context of the ED waiting room. SMcC advised the Safer Staffing Framework states that each Emergency Department Waiting Room should be allocated a nurse.</p> <p>It was suggested Board members would benefit from a map of the ED in order to further understand the patient pathway. LN/JK to circulate same.</p> <p>It was agreed that as part of the Q4 update regarding patient wait times and access to ED that Board members receive an update on this cohort of patients.</p>	<p>LN/JK</p> <p>JK/SMcC</p>
23.09.03	New Declarations of Interest	There were no new declarations of interest made.	
23.09.04	Minutes of Previous Meeting	Minutes of the meeting held 31 st July 2023 having been circulated in advance were taken as read and approved.	
23.09.05	Issues Log	<p>The issues log which was circulated in advance of the meeting will be updated accordingly.</p> <p>1.5.1 Waiting List Report.</p> <p>Having been circulated in advance of the meeting the waiting list report was taken as read. ACL briefed members and the following was noted:</p> <ul style="list-style-type: none"> • ACL advised the OPD waiting list has reduced by >8000 patients vs. December 2022. It was note TUH are on track to reach HSE OPD waiting list targets by year end. • It was noted all availability options have been implemented in the context of the clearance plan including funding additional posts and additional weekend activity. • Reeves Day Surgery Centre has been successful in reducing day cases with the exception of hand & wrist day case waiting list. • Inpatient waiting lists have reduced as a result of additional validation, conversion to day case, additional funding and outsourcing. • ACL advised of an increase in the endoscopy waiting list over the past 18 months. It was noted that additional funding has been sourced for additional lists and the two new endoscopy suites are now commissioned. LN advised of breaches on the urgent endoscopy waiting list in July arising from staffing issues. All breachers have since had their endoscopy procedure and cases reviewed. <p>ACL advised the targets referred to are national targets as set by the HSE and TUH is performing in line with other model 4 hospitals.</p>	

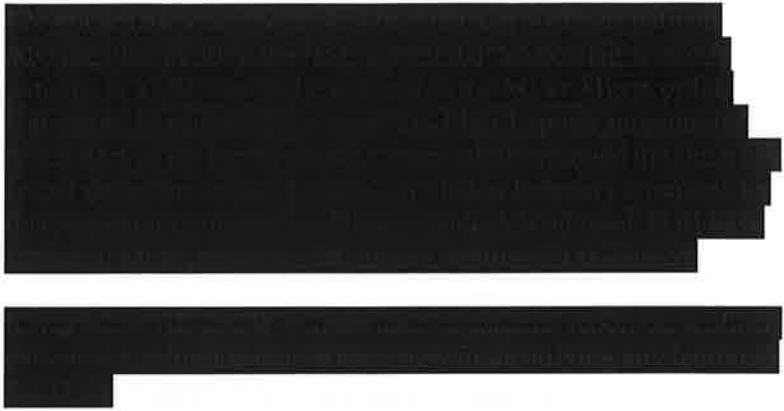
		<p>ACL advised of the impact of the delayed transfer of care patients on waiting lists and challenges arising from the Assisted Decision Making (Capacity) Act in relation to delayed transfer of care patients. TC highlighted the complexity of reports that need to be completed before the courts and the time required by clinicians to complete same.</p> <p>Board members acknowledged the delivery of access in the context of the Hospital Strategy.</p> <p>TUH Board Risk Oversight. Having been circulated in advance of the meeting the updated TUH Board Risk Oversight was taken as read. It was note that further updates will be circulated to Board members.</p>	
23.09.06	<p>Chairman's Update</p> <p>1.5.2</p> <p>2.1</p> <p>2.1.1</p>	<p>LD updated Board members as follows:</p> <ul style="list-style-type: none"> • Board Succession. LD briefed members regarding upcoming changes to the Board and Board Committees. It was noted LD has engaged with the Minister and President of the Hospital in relation to Board Succession. • LD advised the Board approved the renewal of the CEO contract. <p>VHF CLG. Having been circulated in advance of the meeting a briefing paper regarding the VHF CLG was taken as read. LD briefed members on the body of work being undertaken by the VHF CLG as follows:</p> <ul style="list-style-type: none"> • LD outlined TUH's representation in terms of the SLA review. • It was noted that VHF CLG is becoming recognised as the representative body within healthcare. • LD advised of membership with Ibec who have formally supported VHF CLG in relation to pay negotiations for management roles. • There are currently 18 members and engagement is ongoing regarding new members. 	
23.09.07	<p>CEO Update</p> <p>3.1</p>	<p>CEO Update Having been circulated in advance of the meeting the CEO Report was taken as read. LN highlighted the following:</p> <ul style="list-style-type: none"> • CHI Sublease. It was noted the Director of Estates & Facilities Management plans to meet with CHI this week re same. • Charter. TUH awaits a response from the DOH re same. <p>[REDACTED]</p> <ul style="list-style-type: none"> • HSE Governance Review of S. 38 agencies. LN advised there remains inaccuracies in the draft report and a meeting with Mazars is scheduled for early October. • HSE Internal Audit Review ED Wait Times in TUH. LN advised there were no recommendations made for TUH and TUH received a satisfactory assurance level, which is the highest assurance level within the review. • COVID. It was noted national guidance regarding the administration of Flu & Covid booster vaccines for healthcare workers has been received and TUH will commence vaccine clinics on receipt of the vaccines. • HSE Moratorium. LN advised of the recruitment of strategic posts and only 1 response received from the HSE in relation to 10 applications made by TUH to date. 	

		<ul style="list-style-type: none"> • It was noted Mr. S Russell will return as TUH COO in November. • 25th Anniversary. LN advised of events for staff & their families. <p>[REDACTED]</p> <p>Integrated Management Report. Having been circulated in advance of the meeting the Integrated Management Report 25th September 2023 was taken as read. JK briefed members and the following was noted:</p> <ul style="list-style-type: none"> • HIQA Ionising Radiation inspection. JK advised of minor recommendation which have been completed. • EPA (Environmental Protection Agency) have scheduled visit to Radiology • Sepsis. TUH held a series of events for Sepsis Week including the sepsis SIM wars and presentations at grand rounds. • The Unscheduled Care Governance Group have set out specific areas of focus to improve patient flow processes including a focus on patient experience times for >75 yrs. • DC advised of the current projected deficit for 2023 of €52m. It was noted growth is associated with access to care, pay costs, service developments and a reduction in patient income. TUH are scheduled to meet with DMHG this week regarding the projected deficit. • JK advised of a marked reduction in absenteeism following the significant work undertaken by HR. • Hackathon. It was noted TU Dublin, Amazon and TUH held a hackathon recently. JK acknowledged the work undertaken by the Communications Manager in publicising same. • JK advised that the TUH ED team placed second in the Europe Simulation competition. 	
23.09.08	3.2	<p>Medical Board Update. TC advised that the Medical Board met on September 11th and discussions focused on challenges with NCHD on call staffing. The matter has been raised with the EMT and engagement with HR and clinical leads is ongoing to manage same.</p>	
23.09.09	For Decision	<p>4.1 CHI SLA. Having been circulated in advance of the meeting a briefing paper and CHI SLA were taken as read.</p> <p>LN advised in terms of information governance that may not be achieved within the timeline.</p> <p>EF advised the Finance Committee reviewed the SLA at its meeting on September 19th and endorsed the signing of the SLA by the CEO.</p> <p>The Board formally approved the signing of the CHI SLA having been proposed by EF and seconded by AMB.</p> <p>4.2 DMHG (HSE) SLA Having been circulated in advance of the meeting a briefing paper and DMHG SLA Part 1 & Part 2 were taken as read.</p> <p>LN advised of positive engagement with DMHG who accept the caveats included within. It was noted the VHARMF SLA guidance</p>	

		<p>highlighted some minor changes. LN noted that the SLA review currently taking place will have minimal impact on the 2024 SLA.</p> <p>The Board formally approved the signing of the DMHG SLA having been proposed by EF and seconded by AMB.</p> <p>The Board formally approved the contract having been proposed by DP and seconded by EF.</p> <p>4.3 [REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>4.4 [REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>4.5 Affixing of the Hospital Seal – Novation Agreement Aseptic Compounding Unit. Having been circulated in advance of the meeting the decision for noting paper was taken as read.</p> <p>DC advised the Board formally approved the contract at its meeting in July and TUH were subsequently requested to affix the Hospital Seal to the Novation Agreement.</p> <p>The Board formally approved the affixing of the Hospital Seal to the Novation Agreement having been proposed by MV and seconded by MB.</p>	
23.09.10	For Discussion 5.1	<p>Digital Enabled Care. LD welcomed David Wall (DW), Chief Information Officer TUH to the meeting. DW gave a presentation titled 'eHealth Update' and the following was noted:</p> <ul style="list-style-type: none"> • TUH has invested significantly in relation to technology. • DW outlined the ICT infrastructure modernisation within TUH and in particular back up & recovery, windows 7 desktop 	

		<p>replacement and funding submission to the HSE to upgrade the IT Network. TUH has received once off funding in the context of Cyber however DW highlighted the recurring costs for TUH.</p> <ul style="list-style-type: none"> • eHealth Programme. There are currently 35 live projects with 15 to be scheduled. TUH has implemented the single sign on, resulting in 50 minutes saving per staff member and is reviewing a new AI powered speech recognition system. TUH is connected to a number of national systems. • EPR (Electronic Patient Record). It was noted Evolve Phase II timeline is 2023 – 2025. This involves the inpatient documentation patient charts. Phase II is scheduled for 2026 and there are a number of IT applications pending phase II contribution. There is a team of 6 working on EPR in comparison to other organisations who have a significant number of staff dedicated to same. • Cyber. DW highlighted the significant number of daily attacks. It was noted that email security blocked 10.5% of emails in August. TUH has conducted phishing campaigns and focused one of same on the Finance Department. Whilst statistics are improving in relation to phishing campaigns, TUH continues to increase cyber security awareness and education. DW also advised of cyber threats via suppliers. • Regulation. DW highlighted the regulation in relation to cyber security and technology. It was noted the NCSC (National Cyber Security Centre) has the same powers as other regulators. DW advised members that the NIS2 Directive outlines personal liability and a significant onus on Boards of Management in relation to cyber security. The Health Information Bill provide a clear legal basis or the sharing of specified health information and see the rollout of the summary care records and electronic health records. • Enablers & Challenges. DW advised of challenges with resources and staffing. It was noted that TUH have submitted an application for cyber staff to DMHG. The adoption of national systems has impacted TUH in terms of the limitations within said systems. • DW briefed members regarding the digital care delivery and the potential for mobile devices for staff, allowing staff to deliver care on any device. • DW briefed members regarding a care coordination centre, visual care centres and the requirement to significant funding in the context of cybersecurity. <p>LD thanked DW for the comprehensive and informative presentation.</p> <p>5.2 Green Committee Presentation.</p> <p>LD welcomed Dr. Ana Rakovac (AR) and Mr. Vincent Callan (VC) Co-Chairs of the TUH Green Committee.</p> <p>AR gave a presentation titled <i>‘Why we should all become climate action professionals and how to go about it; Update on the TUH Green Committee’</i> and the following was noted:</p> <ul style="list-style-type: none"> • Responding to climate change and responding to same is the responsibility of health professions. • Healthcare contributes to 5.2% of global emissions. • Greenhouse gas emissions in healthcare was noted and one of the biggest contributors to same is anaesthetics. • AR highlighted the HSE Climate Action Strategy. 	
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	<p>5.3</p>	<ul style="list-style-type: none"> • TUH Green Committee was established in 2019 and now formally reports into the Executive Management Team via VC. • TUH has undertaken a number of workstreams in the areas of energy, infrastructure, repurposing waste, sustainable procurement, green anaesthetic team, green lab and green inhaler workstream. • AR advised the next step is to move activism to professionalism, harness awareness and create new paid posts. AR advised the ambition of the Green Committee is for TUH to become the first net-zero hospital in Ireland before it is mandatory. • It was noted TUH are developing a Climate Action Strategy with key deliverables. <p>VC highlighted the legal requirements for organisations in relation to the environment and global emissions and the importance of developing a strategy for the organisation. It was noted the draft strategy will be submitted to the Hospital Board at its November meeting.</p> <p>LN acknowledged the work of AR in relation to the Green Commitment.</p> <p>LD thanked AR & VC for the presentation.</p> <p>Off-Site Campus Opportunities. Having been circulated in advance of the meeting a briefing paper regarding off-site campus developments was taken as read.</p> <p>LN briefed members regarding sites available close to TUH and engagement by the CEO & Director of Estates & Facilities Management regarding opportunities for TUH in this regard. The Board supports the exploration of options.</p>	AR/VC
23.09.11	<p>Regular Updates</p> <p>6.1</p> <p>6.2</p> <p>6.3</p> <p>6.4</p> <p>6.5</p> <p>6.6</p>	<p>Governance and Nominating Committee Update. LD advised the Committee met on September 14th and focused on Board Succession as previously communicated.</p> <p>Finance Committee Update. EF advised the Committee met on September 19th and reviewed procurement from a strategic point of view.</p> <p>Staff and Organisational Development Committee Update. MV advised the Committee met on September 13th and continues to focus on absenteeism, recruitment and retention</p> <p>QSRM Board Committee Update. AMB advised the Committee met in August and received a presentation from the CIO focusing on cyber security and IT risks.</p> <p>Audit Committee Update. In the absence of DP, DC advised the Committee are scheduled to meet in October.</p> <p>Research & Innovation Committee. MB advised the Committee met on September 8th. The Committee received a detailed update from the Head of Innovation in relation to a significant number of projects including a mapping exercise with [REDACTED], and others. Engagement with TU Dublin and a meeting with the Provost of TCD was noted. The Committee received a copy of a healthcare journal publication regarding innovation at TUH. MB advised work is ongoing on the overall strategy, noting some Committee members have met with the Head of Innovation re same. The Committee are scheduled to bring the</p>	

		Research & Innovation Strategy to the Hospital Board at its November meeting.	
23.09.12	6.1	Closing Items AOB 	
	Next Meeting	23 rd October 2023 via MS Teams.	

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