



Tallaght University Hospital Board Meeting
31st July 2023
MS Teams
08.00am – 10.00am

Participating:

Board member:

Prof. Anne-Marie Brady (AMB) *Chair*
 Mr. Liam Dowdall (LD)
 Ms. Darina Barrett (DB)
 Mr. Mike Beary (MB)
 Dr. Martin Lyes (ML)
 Mr. Edward Fleming (EF)
 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)
 Dr. Peter Lavin (PL)

In attendance:

Ms. Anne McKenna (AMcK)
 Mr. Bob Semple (BS)

Apologies:

Mr. Mark Varian (MV)
 Mr. John Hennessy (JH)
 Dr. Vivienne Byers (VB)
 Dr. Darach O’Ciardha (DO’C)
 Mr. Dermot Carter (DC)
 Prof. Tara Coughlan (TC)
 Ms. Bridget Egan (BE)
 Prof. Catherine Wall (CW)

No.	Agenda Items	Decisions Made	Action By
		AMB welcomed Mr. Bob Semple to the Board meeting. It was noted Mr. Semple will conduct the external Board review.	
		LN advised Board members of the recent passing of 2 staff members Prof. Sean Tierney RIP and Ms. Sonia Gibbons RIP and wished to extend the Hospital’s condolences to their families.	
23.07.01	Apologies	Noted.	
23.07.02	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 by way of a poem from a patient.</p> <p>SMcC briefed members regarding the complaint received relating to communication. It was noted that a single point of contact was implemented. It was noted that in this instance the communication was sought from the Consultant directly. AMB noted that the senior nursing staff are also in a position to communicate with patient families given their direct care of the patient.</p>	

		<ul style="list-style-type: none"> Ibec Keep Well Mark. LN advised TUH have received the Gold Keep Well mark and congratulated SL and the Health and Wellbeing department for same. <p>MB queried the ways TUH is managing capacity issues at present given that matters could worsen in winter. LN advised that whilst TUH has fewer beds than other Hospitals TUH are focusing on pre-hospital care with the integrated programme and GP's. LN advised TUH communicate same with DMHG, the HSE and also with the local TD's. LN advised TUH is seeking support to procure 150 off-site beds to assist with capacity issues.</p> <p>Integrated Management Report. Having been circulated in advance of the meeting the Integrated Management Report 31st July 2023 was taken as read. JK briefed members and the following was noted:</p> <ul style="list-style-type: none"> HIQA announced inspection in relation to Ionising Radiation took place at the end of June. The Hospital has not yet received the inspection report. CPE. JK advised of the CPE outbreak and it was noted that community prevalence remains high. A CPE outbreak meeting, Chaired by the COO takes place weekly and an extensive management plan is in place. Falls. JK advised of a noted decrease of 17% in falls. This has been a specific area of focus for QSRM and the Falls Committee. DTOC. JK advised of collaboration with the community re same and it was noted that the number of delayed transfer of care patients is stabilising. <p>EF queried if the HSE raised the number of approved post, TUH have increased WTE by 300 on the same period last year. SL advised that TUH have indicated growth in the context of posts associated with service developments. SMcC outlined the increase in nursing posts as a result of the Minister prioritising the implementation of the Safer Staffing framework. It was noted phase 1 has been implemented in 7 wards and TUH await approval to proceed to phase 2 & 3. SMcC advised that TUH have requested a recalculation of ED nurse staffing in order to produce an uplift.</p>	
23.07.08	3.2	<p>Medical Board Update. In the absence of Prof. Coughlan, PL advised that whilst the Medical Board have met, there is nothing of significance to raise with Board members.</p>	
23.07.09	For Decision	<p>4.1 Bank Overdraft Facility. Having been circulated in advance of the meeting the Bank Overdraft Facility briefing paper was taken as read. LN briefed members regarding same noting the formal approval from the HSE.</p> <p>The Board formally approved the bank overdraft facility having been proposed by EF and seconded by DP.</p> <p>4.2 Contracts. Having been circulated in advance of the meeting a briefing paper regarding the contracts was taken as read.</p> <p>LN briefed members regarding the Radiology/Cardiology National Equipment Replacement procurement process.</p>	

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ML queried the potential philanthropic partnerships with the US. DCol advised TUHF have reviewed same however noted significant overheads associated with same. It was noted that the Board have established a Philanthropic Committee in order to pursue philanthropic partnerships.

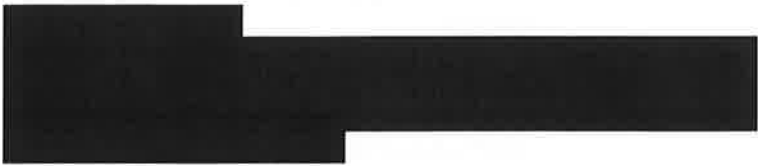

AMB thanked DCol & MC for the presentation.

Infrastructure Update.

5.2 Having been circulated in advance of the meeting the infrastructure update was taken as read. Mr. Vincent Callen (VC), Director of Estates & Facilities Management was welcomed to the meeting. VC briefed members and the following was noted:

- Current infrastructure is 25 years old and is based on a 35 year old design.
- National healthcare building standards have developed significantly resulting in challenges for TUH to comply with some of the standards.
- The current healthcare system does not have a strategy for the redevelopment of healthcare facilities to address the current standards or increased service developments
- The Health Capital Investment report by the HSE outlines ageing capital stock, quality of stock in acute healthcare settings is varied and estimates a requirement of €887m for recommended maintenance for acute care settings.
- Energy Efficiency. TUH Energy Performance Contract implemented during Covid-19 and VC acknowledged the work undertaken in order to implement same by the previous Director of Estates & Facilities Management and Seamus Foran, Facilities Manager.
- TUH Internal Indicators. VC outlined the basic building fabric of TUH is in poor condition and presents some risks. Ability to address same is challenging given the clinical environment and 100% occupancy. VC advised a refurbishment plan should be incorporated into business as usual and a hybrid approach adopted.
- A TSD electronic help desk is being progressed and will enable evidence based data in order to seek increased funding for future development.
- The development of a strategic campus development plan is recommended in order to enable investment for the redevelopment of the campus. VC outlined the increased in demand for space onsite and the requirement to move non clinical activity off campus. VC outlined that the campus development plan would consist of a collaboration between TUH and an appointed contractor.

DP thanked VC for the briefing and queried how TUH will manage the upgrading of various areas given the current occupancy. VC advised of the requirement to review modular options in order to allow refurbishment of clinical areas and move non-clinical services off site in order to create more space onsite.

		<p>SL advised whilst there is an agreed framework in place for the 8-8 working there still remains a significant challenge in the recruitment of staff.</p> <p>LD thanked JF for the presentation. It was agreed that concrete forecasting for 2023 & 2024 should be undertaken and presented to the Board in October.</p> <p>5.4 </p> <p></p> <p>5.5 TUH Top 10 Risks & Risk Register. Having been circulated in advance of the meeting a briefing paper regarding the EMT risk register biannual review including overview of key risks was taken as read. In the absence of CW JK briefed members and the following was noted:</p> <ul style="list-style-type: none"> • A biannual review of risks is undertaken with the EMT, Business Managers, Director of QSRM and QSRM Programme Co-ordinator. • Following the review 7 risks were closed on the EMT risk register and 2 risks, related to finance were added to the risk register. • There are currently 53 risks included on the register. • The report provides an outline of the risks against the specific directorates. 	JF
23.07.11	Regular Updates	<p>6.1 Governance and Nominating Committee Update. LD advised the Committee are scheduled to meet in September. The Committee have continued to review Board and Committee succession for 2023 & 2024. LD advised that Mr. Bob Semple is commencing the external review of the Board.</p> <p>6.1.1 TUH Board Risk Oversight. Having been circulated in advance of the meeting the TUH Board Risk Oversight schematic view was taken as read. AMcK advised that further to discussions by the Governance and Nominating Committee regarding risk oversight by the Board, a schematic view was developed. DB queried the inclusion of IT infrastructure within same. LN advised of the annual presentation by the Hospital's Chief Information Officer in September and it was noted that the CIO will present to the QSRM Board Committee as part of the workplan. It was agreed to revisit the schematic view in order to demonstrate IT infrastructure within same.</p> <p>6.2 Finance Committee Update. EF advised the Committee are scheduled to meet in September.</p> <p>6.2.1 Finance Committee Annual Report. EF outlined the Committee's annual report highlights the work undertaken by the Committee and highlighted the challenges in focusing on budget and planning as a result of the current funding model.</p>	LN/AMcK