



## Tallaght University Hospital Board Meeting

23<sup>rd</sup> May 2022

MS Teams

08:00am-10:00am

### Participating:

#### Board member:

Mr. Liam Dowdall (LD)  
Archdeacon David Pierpoint (DP)  
Mr. Mark Varian (MV)  
Mr. John Hennessy (JH)  
Mrs. Mairead Shields (MHS)  
Mr. Edward Fleming (EF)  
Prof. Patricia Barker (PB)  
Prof. Anne-Marie Brady (AMB) *(from 08.30am)*  
Dr. Vivienne Byers (VB)  
Dr. Darach O’Ciardha (DO’C) *(until 08.55am)*

### Also participating:

#### Executive Management Team:

Ms. Lucy Nugent (LN)  
Mr. John Kelly (JK)  
Mr. Dermot Carter (DC)  
Prof. Catherine Wall (CW)  
Ms. Sharon Larkin (SL)  
Ms. Bridget Egan (BE)  
Ms. Áine Lynch (Alyn)

### In attendance:

Ms. Anne McKenna (AMcK)

### Apologies:

Mr. Mike Beary (MB)  
Prof. Tara Coughlan (TC)  
Mr. Shane Russell (SR)  
Dr. Peter Lavin (PL)

No.	Agenda Items	Decisions Made	Action By
22.05.01	Apologies	Noted.	
22.05.02	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 Board members on each Patient Story noting the compliments received in relation to a very complex case that included transitional care and collaboration with CHO7 regarding the care of the patient.</p> <p>ÁLyn briefing Board members on a complaint noting a review of patient literature and admissions office work with PALS to resolve the complaint.</p>	
22.05.03	New Declarations of Interest	There were no new declarations of interest made.	
22.05.04	Minutes of Previous Meeting	Minutes of the Board meeting held 25 <sup>th</sup> April 2022 having been circulated in advance of the meeting were approved by the Board.	
22.04.05	Issues Log	<p>The issues log which was circulated in advance of the meeting will be updated accordingly.</p> <p><b>Emergency Department Access, Experience and Communications re Wait Times.</b></p>	

		<p>Having been circulated in advance of the meeting the briefing paper on Emergency Department access, experience and communication around wait times, particularly in the waiting room was taken as read. ÁLyn briefed Board members and the following was noted:</p> <p><i>Communication</i></p> <ul style="list-style-type: none"> <li>• ED Process &amp; enhancing Information.</li> <li>• ED waiting times.</li> <li>• Patient Liaison Officer.</li> </ul> <p><i>Pathways of Care</i></p> <ul style="list-style-type: none"> <li>• Rapid Assessment and Treatment.</li> <li>• Access to GP.</li> <li>• Social prescribing.</li> <li>• Frequent Attenders.</li> </ul> <p><i>Environment</i></p> <ul style="list-style-type: none"> <li>• Charging stations for mobile phones is being reviewed by the Director of Estates and Facilities Management.</li> <li>• Food provision is being explored for those in the waiting room by the Director of Estates and Facilities Management.</li> </ul> <p>ÁLyn further clarified in relation to the appointment of a GP within the ED that this would be a criteria led pathway. It was noted an out of hours GP service was previously based at the Hospital however it was noted more GP's are required within the community. DO'C advised that a red-eye service has been implemented in the community with GP services available from midnight onwards.</p> <p>Board members agreed the matter should remain on the issues log and JK will include key PET metrics within the IMR which can demonstrate access successes. Board members thanked ÁLyn for the comprehensive report.</p>	<b>JK</b>
<b>22.05.06</b>	<b>Chairman's Update</b>  2.1	<p>LD updated Board members as follows:</p> <ul style="list-style-type: none"> <li>• TUH Board Away Day 14<sup>th</sup> May 2022. LD advised of the extensive interaction and advised the output produced by The Governance Company was circulated and will be progressed further.</li> <li>• VHF. LD outlined the current engagement status with the HSE and DOH noting upcoming meetings which may determine an alternative strategy being undertaken by VHF.</li> </ul>	
<b>22.05.07</b>	<b>CEO Update</b>  2.2	<p><b>CEO Update</b></p> <p>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"> <li>• NGH Due Diligence. It was noted a workshop took place with DMHG, TUH &amp; NGH.</li> <li>• SLA's. Included as agenda items.</li> <li>• 6 Storey Build. HSE have acknowledged the submission which will be considered at the next HSE Capital Committee for Bed Capacity Review.</li> <li>• TUH Heroes. Launched with the assistance of the Chair of the Patient Community Advisory Committee (PCAC).</li> <li>• TUH Anniversary. LN advised of the 25<sup>th</sup> anniversary of TUH next year and will revert to the Hospital Board with options to mark same.</li> <li>• Staff Psychologist. LN thanked the Meath Foundation for funding a 0.5 WTE Staff Psychologist.</li> <li>• Irish Healthcare Awards. The ICU new graduate education programme won the nursing project of the year at the annual Irish Healthcare Awards held on May 13<sup>th</sup>.</li> </ul>	

		<ul style="list-style-type: none"> <li>• ICT. LN advised work is ongoing in relation to projects and cyber security.</li> <li>• Innovation. TUH in conjunction with TUHF are exploring a dedicated space for the TUH Innovation Centre and are currently looking at potential branding options and a pitch for funding. LN will revert at the next Hospital Board re same.</li> <li>• HSE Governance Review of S.38 Agencies. LN advised the review being undertaken by Mazars on behalf of the HSE is ongoing.</li> <li>• LN advised of a potential opportunity with TUHF to expand services in the Clondalkin area. LN is awaiting a formal proposal and will revert to Board re same.</li> <li>• LN outlined a number of changes within the HSE Leadership team.</li> </ul>	<b>LN</b>
<b>22.05.08</b>	<b>For Discussion</b> <b>3.1</b>	<p><b>NGH Due Diligence</b></p> <p>JK advised Board members that a meeting is taking place tomorrow with DMHG to review the outputs of the workshop and to progress the actions and will brief the Board re progress on same at the next meeting.</p>	<b>JK</b>
<b>22.05.09</b>	<b>For Decision</b> <b>4.1</b>	<p><b>Annual Compliance Statement 2021.</b></p> <p>The Annual Compliance Statement 2021, Statement of Compliance with the Code of Governance of the Registrar of Charities, Report from the Audit Committee to the Board having been circulated in advance of the meeting was taken as read.</p> <p>DC briefed Board members and the following was noted:</p> <ul style="list-style-type: none"> <li>• There have been no material changes to the 2020 submission and there are no additional requirements sought with said submission.</li> <li>• DC advised the CEO submitted a statement of compliance to the Audit Committee.</li> </ul> <p>EF noted the positive statement regarding internal controls and DP confirmed that the Internal Auditor provided an update re same to the Audit Committee at its meeting in April and will provide a further update on progress made at year end.</p> <p>The Annual Compliance Statement, Statement of Compliance with the Code of Governance of the Registrar of Charities and signing of the Annual Financial Monitoring Return by the CEO and DOF were approved by the Board having been proposed by EF and seconded by DP.</p>	
	<b>4.2</b>	<p><b>Annual Report 2021</b></p> <p>Having been circulated in advance of the meeting the draft TUH Annual Report 2021 was taken as read. JK advised the finance section and Chairman &amp; CEO's foreword would be included once the Annual Financial Statements have been approved.</p> <p>LN thanked JK and everyone involved the reports production.</p> <p>The TUH Annual Report 2021 was approved having been proposed by DP and seconded by PB.</p>	
	<b>4.3</b>	<p><b>QSRM Strategy 2022 – 2024</b></p> <p>The QSRM Strategy 2022 – 2024 having been circulated in advance of the meeting was taken as read. CW advised the strategy sets out the future strategy and how TUH engages with patients and staff to</p>	

		<p>give safer, better healthcare. The QSRM Strategy 2022 – 2024 aligns with the Hospital strategy and is a timeline of what the department hopes to achieve.</p> <p>CW will provide Board members with regular updates in relation to the implementation of the Strategy.</p> <p>LD thanked CW for the report and confirmed Board approval of same.</p> <p><b>4.4 HSE SLA</b></p> <p><b>4.4.1 HSE SLA Part 1</b></p> <p>A briefing paper regarding the HSE SLA Part 1, along with Part 1 of the SLA having been circulated in advance of the meeting was taken as read. JK briefed Board Members on the SLA and the following was noted:</p> <ul style="list-style-type: none"> <li>• Part 1 is for the period 1<sup>st</sup> January 2022 to 31<sup>st</sup> December 2022.</li> <li>• TUH reviewed Part 1 in line with the VHARMF Compliance booklet and a number of caveats are suggested.</li> </ul> <p>It was noted the Governance and Nominating Committee considered the HSE SLA Part 1&amp; 2, CHI SLA &amp; CHO 7 Mental Health Services SLA’s at its meeting on May 17<sup>th</sup> and support the Board in the signing of the SLA.</p> <p>EF advised that the Finance Committee considered the HSE SLA Part 1&amp; 2, CHI SLA &amp; CHO 7 Mental Health Services SLA’s at its meeting on May 19<sup>th</sup> and support the Board in the signing of the SLA.</p> <p>The HSE SLA Part 1 2022 and caveats was approved by the Board having been proposed by PB and seconded by EF.</p> <p><b>4.4.2 HSE SLA Part 2</b></p> <p>A briefing paper regarding HSE SLA Part 2, along with Part 2 of the SLA having been circulated in advance of the meeting was taken as read. The following was noted.</p> <p>EF advised the Finance Committee discussed the activity levels and bed occupancy levels in the context of budgeting. JK to revert in the IMR with same.</p> <p>The HSE SLA Part 2 and caveats was approved by the Board having been proposed by EF and seconded by PB.</p> <p><b>4.5 CHI SLA</b></p> <p>A briefing paper and CHI SLA 2022 having been circulated in advance of the meeting was taken as read. JK advised the SLA relates to the current CHI facility at TUH and commended CF on the work undertaken in respect of the handback of space.</p> <p>The CHI SLA 2022 was approved by the Board having been proposed by EF and seconded by MV.</p> <p><b>4.6 CHO 7 Mental Health Services SLA</b></p> <p>A briefing paper and CHO7 Mental Health Services SLA 2022 having been circulated in advance of the meeting was taken as read.</p>	<p style="text-align: center;"><b>JK</b></p>
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22.05.10	For Noting	<p>5.1 <b>Audit Committee Annual Report 2021.</b> The Audit Committee Annual Report 2021 having been circulated in advance of the meeting was taken as read.</p> <p>DP advised of resources issues in bringing some internal audits forward, including data protection, cybersecurity, medical records and disaster recovery, therefore the original timelines for same remain in place on the Internal Audit Plan.</p> <p>DP expressed the Audit Committees thanks to DC, the Finance Team &amp; AMcK for the ongoing support to the Committee.</p> <p>DP expressed the Audit Committees thanks to the outgoing Chair, Prof. Patricia Barker and to Mr. Séan Quigley who completed his term of office in October 2021.</p>	
22.05.11		<p>6.1 <b>Closing Items</b> Industrial Relations. LN advised of the scheduled Medical Scientist planned strike and advised Board members of the impact of same on services. It was noted that SL has worked with the Lab Manager in order to manage same.</p>	
22.05.12	Next Meeting	25 <sup>th</sup> July 2022	

**Apologies** to Ms. Anne McKenna, Interim Board Secretary on 4143845/ [anne.mckenna@tuh.ie](mailto:anne.mckenna@tuh.ie).