

Tallaght University Hospital Board Meeting Via Teams 27th September 2021 08:00-10:00

Participating:

Board member:

Mr. Liam Dowdall (LD)
Mr. Mark Varian (MV)
Mr. John Hennessy (JH)
Mrs. Mairead Shields (MHS)
Dr. Darach O'Ciardha (DO'C)
Prof. Kathy Monks (KM)
Mr. Edward Fleming (EF)

Prof. Patricia Barker (PB) Dr. Vivienne Byers (VB)

Prof. Anne-Marie Brady (AMB) (until 8.30am)

Apologies:

Archdeacon David Pierpoint (DP)

Ms. Lucy Nugent (LN)
Prof. Catherine Wall (CW)

Also participating:

Executive Management Team:

Mr. John Kelly (JK)
Mr. Dermot Carter (DC)
Mr. Shane Russell (SR)
Ms. Sharon Larkin (SL)
Ms. Bridget Egan (BE)
Ms. Áine Lynch (Alyn)
Dr. Peter Lavin (PL)
Prof. Tara Coughlan (TC)

Prof. John Quinlan (JQ) (Introduction of TC Only)

No.	Agenda Items	Decisions Made	Action By
21.08.01		LD welcomed Board members to the meeting.	
		JQ was invited to introduce the new Chair of the Medical Board Prof. Tara Coughlan. JQ introduced TC and thanked Board Members for their continued support.	
		LD thanked JQ on behalf of the Board for his contributions and collegiality. LD formally welcomed TC to the Board meeting.	
		LD noted the recent passing of Madeline O'Neill's mother and expressed condolences on behalf of the Hospital Board.	
21.08.02	Apologies	Noted.	
21.08.03	Patient's Story	A briefing paper highlighting two Patient's Stories was circulated in advance of the meeting and taken as read.	
		ÁLyn briefed Board members on each Patient Story and the Board acknowledged the positive comments received from an external healthcare professional regarding their experience of TUH.	
21.08.04	New	There were no new declarations of interest made.	
	Declarations of Interest		
21.08.05	Minutes of Previous Meeting	Minutes of the Board meeting held 26 th July 2021having been circulated in advance of the meeting were approved by the Board.	

21.08.06	Issues Log	The issues log which was circulated in advance of the meeting will	
21.00.00	issues Log		
21.08.07	Chairman's Update 2.1 CEO Update 2.2	brought before the Oireachtas in October. It was noted that the DOH have indicated that there are minor amendments and these will be reviewed with the Hospital's legal Team and issued to the Foundations to review. • CHI. It was noted the CHI building is near completion and a sublease will be signed on completion of same. • TUHF. The presentation from TUHF will take place at the October Board having been deferred due to the passing of the Chair, Mr. Dan Smyth RIP. CEO Update The CEO's Update was circulated in advance of the meeting and taken as read. In the absence of the CEO JK briefed Board members:	
		ICU Construction. There has been a slight delay to the project as a result of the cement screed on the roof taking longer to remove than anticipated. Reeves Surgery Day Centre. JK advised that approval to proceed with further recruitment for same has been received having been fully	
		commissioned in early September. 6 Storey Build. CF is progressing same with work continuing on the CBA and a detailed business plan. Women's Health Hub. It was noted that CF is reviewing facilities nearby similar to RDSC for same.	
		Ministerial Visit. JK advised the Minister visited TUH recently, the purpose of which was to review long Covid and Women's Health Unit and the feedback was very positive following same.	
		CHI. JK advised the proposed opening date for the CHI Satellite Centre is mid-November and this will return key space to TUH in terms of the Acute Floor Model which is being progressed.	
		Activity. JK advised that the Covid inpatient numbers remain steady however highlighted the increase in staff testing positive.	
		Commemorative Medal. JK advised of the distribution of the staff Commemorative Medal which has been well received by staff.	
		TUH Heroes. It was noted that the 4 th Annual TUH Heroes award ceremony took place recently.	
		It was noted that that TUH awaits national guidance in relation to Covid booster vaccinations.	
		PB queried the impact and risk, if any, of the current Sláintecare developments. JK assured the Hospital Board that funding has been received for the TUH projects and funds towards developing T4 in the Reeves Surgery Day Centre	

JK outlined progress regarding the NGH Due Diligence process and a full briefing will be brought to Board members in November. JK advised of the recruitment process of the new General Manager for NGH. Jk will be part of the interview panel.

Integrated Management Report.

Having been circulated in advance of the meeting the report was taken as read and the following was noted:

- Clinical Audit & Quality Symposium will take place on October 22nd and Dr. Ronan Glynn will speak at same.
- VTE Nurse and Medication Safety Pharmacist appointed.
- Activity has increased. JK advised the months of June, July & August were the busiest ever seen in TUH.
- JK noted the financial projection vs allocation advising that funding has been confirmed for Tymon and RDSC. It was noted HSE have confirmed costs associated with the cyberattack will be funded.
- Undergraduate & Postgraduate students have returned onsite.
- Values in Action engagement has recommenced.
- Nursing Report. JK advised there was an error in the report included in the IMR and the corrected Nursing Report has been included in the Teams folder.

EF queried the increase in all ED statistics. SR briefed Board members noting that presentations have increased across all age profiles and all clinical specialities. SR advised the majority of Model 4 Hospitals throughout Dublin & the Country have seen the same level of increase in ED presentations. It was noted that elective activity is restricted as a result of the increase demand in capacity on the Hospital. SR advised that whilst home care packages are being progressed promptly in the context of the financial packages, there are challenges accessing Home Care packages within the community.

JK outlined the Hospital's plan around the acute floor model noting the submission being made to the HSE. JK advised if it progresses TUH will be the first hospital in the country to achieve same.

JK advised of the absenteeism rate since the IMR was issued, noting 4.36% relates to sick leave of which, 0.97% relates to COVID leave.

An increase in the slips, strips and falls statistics was noted. PL advised that the increase reflects the increase in activity and frailty of patients being admitted. PL advised Tymon are also included in the statistics. Ongoing work by the safer mobility committee was noted and slips, trips and falls being included on the risk register is currently being considered. TC advised that a falls audit has just been completed and she will revert to the Hospital with the results of same. ÁLyn advised the Safer Mobility Zero Harm campaign takes place this week.

The increase in complaints received was noted and reflects the return to normal activity pre-pandemic. It was noted that visiting restrictions have impacted on patients and families and may have contributed in this regard.

		Private Health Insurance Claims and claims for Consultant action was discussed. DC advised of the robust process in place in order to progress claims.	
21.08.09	Medical Board Report	progress elamin.	
	3.	TC advised that the Hospital continues to be extremely busy and the Medical Board are working to progress the ambulatory care pathways and patient flow. TC will have a detailed update for the next meeting of the Hospital Board.	
21.08.10	For Decision 4. For Discussion 5.	Having been circulated in advance of the meeting a briefing paper regarding the CHI Licence was taken as read. JK advised the licence allows for the immediate commissioning of the building and a sub-lease will be signed before the opening of the facility, in Mid November 2021. MV queried shared services and invoicing for utilities. JK advised that shared services and facilities will be captured as part of the change control of the SLA with a new SLA. It is anticipated the new SLA and Sub-Lease will be signed simultaneously. DC advised the new building will be billed for separately and all other costs are adjusted within the current invoicing. The Hospital Board approved the CHI Licence having been proposed by MHS and seconded by MV.	

Challenges regarding recruitment and retention of IT staff was noted.

LD thanked DW for the presentation and advised that DW will present to the Voluntary Healthcare Forum tomorrow having liaised with his DATHS colleagues.

PB thanked DW and his team for their focus in keeping digital enablement progressing despite the pandemic and cyberattack.

It was noted that increased regulation will require resources and expertise however DW advised of specialist provider services that can be explored.

DC outlined concerns regarding the lack of engagement by the HSE following the cyberattack noting poor communication and what appeared to be a focus on HSE and statutory hospital's. DC to revert to the Chair with a briefing paper outlining same.

EF wished to recognise all members of staff who continued to provide essential services during the challenges presented by the pandemic and cyberattack.

5.2 | Strategic Implementation Plan

Having been circulated in advance of the meeting the briefing paper on the Strategic Implementation Plan was taken as read and the following noted:

- The plan is a living document being updated on a continuous basis with additions to the strategic objectives.
- The plan includes the 6 priority areas with 41 high level objectives.
- Some objectives are marginally behind target.
- Cyberattack caused some moderate delays which are now resolved.
- Research & Innovation projects are 80% complete however JK outlined the work plan will increase.
- Values in Action engagement which was delayed as a result of Covid has recommenced.

5.2.1 Waiting List Review Presentation.

SR gave a presentation on the waiting list review and provided extensive details on waiting lists and management of same. The following was noted:

- Cross List Waiting Themes. General stability noted with work ongoing to recover to pre-Covid levels.
- National Supports including Safety Net 2 & NTPF continued support.
- Inpatient waiting lists down to 941, challenges to spinal, hand surgery waiting lists noted. Target is that no patient will be waiting longer than 15mths.
- Inpatient waiting list additional measures include continued national supports, ring fenced elective ward, targeted process for long waiter and directorate projects.
- Day Case Waiting lists down to 1813 & challenges noted with spinal, hand surgery, shoulder, urgent vs long waiters and ED activity.

DC

RDSC Commissioning Schedule noted with a target of no patients waiting >12mths. Day Case waiting list targets of no patient waiting >3 months noted. Outpatient waiting list at August 2021 is 32,939. SR outlined very active NTPF support and work ongoing in Dermatology. ENT waiting list continues to reduce. Orthopaedic Waiting List has reduced significantly as a result of the ACT and it is anticipated to roll out the ACT further. Spinal Waiting List. SR outlined the challenges in reducing same as a result of limited clinical capacity. It was noted a Spinal fellow has been appointed and TUH have submitted for a 3rd Spinal post. Outpatient waiting list outlook includes NTPF funding, a focus on the 15 month + category. SR outlined that spinal will remain challenging and a strategy for the Urology waiting list has been implemented. SR briefed members regarding Endoscopy noting capacity has increased since the Hospital opened however acknowledged the assistance of NTPF in managing surveillance and routine waiting lists. A triage nurse and validation nurse have been appointed in Endoscopy which will assist. LD thanked SR for the presentation advising it would be useful to receive an update in O1 2022 on same. 21.08.12 **Regular Updates Governance and Nominating Committee** LD advised the Governance and Nominating Committee met on the 23rd September to review Board succession planning, Board Committee reviews and the establishment of a Research & Innovation Board Committee. **Finance Committee** EF advised the Finance Committee met on the 22nd September 2022 and noted the financial performance and funding gap. The Committee reviewed the self-assessment evaluation and Financial Maturity Model which will be brought before the Board. EF outlined the recommendation of the Committee to fund TUHF a further €170k up to 31st December 2021, being within and under the 2020 letter of comfort provided by TUH. EF noted the Foundation have raised circa €1.9m in 2021. **Staff and Organisation Development Committee** SL advised that the Committee are meeting on September 29th and the focus continues on the implementation of the HR Strategy. Quality, Safety and Risk Management Committee Deferred. 6.5 **Audit Committee** PB advised the Audit Committee have not met since the last Board meeting. PB advised that the IA are currently working on the 2022 plan sought feedback from Board members re same. 21.08.13 **Closing Items** 7.1 Format of Board Meetings. LD outlined that work is ongoing re same with the Interim Board Secretary. LD advised that a venue is being reviewed for the November Board meeting.

	7.2	Proposed 2022 Board Meeting Schedule. Having been circulated in advance a proposed schedule for Board meetings in 2022 was taken as read. LD advised members to contact the Interim Board Secretary with any issues relating to same.	
21.08.14	Next Meeting	October 18 th 2021, 8am. It is intended to provide both face to face	
		and virtual facilities for this meeting.	

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