



Tallaght University Hospital Board Meeting
24th April 2023
MS Teams
08.00am – 10.00am

Participating:

Board member:

Mr. Liam Dowdall (LD) *Chair*
Prof. Anne-Marie Brady (AMB)
Mr. Mark Varian (MV)
Mr. John Hennessy (JH)
Dr. Martin Lyes (ML)
Mr. Edward Fleming (EF)
Archdeacon David Pierpoint (DP)
Dr. Darach O’Ciardha (DO’C)
Ms. Darina Barrett (DB)

Also participating:

Executive Management Team:

Ms. Lucy Nugent (LN)
Mr. John Kelly (JK)
Ms. Sharon Larkin (SL)
Prof. Tara Coughlan (TC)
Mr. Dermot Carter (DC)
Ms. Angela Clayton-Lea (ACL)
Dr. Peter Lavin (PL)
Ms. Sandra McCarthy (SMcC)

In attendance:

Ms. Anne McKenna (AMcK)

Apologies:

Mr. Mike Beary (MB)
Dr. Vivienne Byers (VB)
Prof. Catherine Wall (CW)
Ms. Bridget Egan (BE)

No.	Agenda Items	Decisions Made	Action By
23.04.01	Apologies	Noted.	
23.04.02	Patient’s Story	A briefing paper highlighting two Patient’s Stories was circulated in advance of the meeting and taken as read. SMcC briefed Board members on each Patient Story noting the compliments received in relation to various teams working together resulting in the patient retaining their quality of life. SMcC briefed Board members on the patient complaint regarding poor signage from the Luas stop beside the Hospital. SMcC advised that the Estates & Facilities Department have contacted South Dublin County Council who will install a directional sign as part of the traffic works programme.	
23.04.03	New Declarations of Interest	There were no new declarations of interest made.	
23.04.04	Minutes of Previous Meeting	Minutes of the Board Meeting held 27 th March 2023 having been circulated in advance of the meeting were taken as read. It was agreed SL &AMcK to review reworking minute 1.5.1 – <i>TUH Gender Pay Report</i> .	SL/AMcK
23.04.05	Issues Log	The issues log which was circulated in advance of the meeting will be updated accordingly.	AMcK

	1.5.1	<p>HIQA Quality Improvement Plan</p> <p>Having been circulated in advance of the meeting the HIQA Quality Improvement Plan (QIP) was taken as read. LN advised the QIP is based on recommendations received by HIQA. In the absence of CW, JK advised progress is being made on the implementation of recommendation however advised that some infrastructural recommendations will require additional resources to address same.</p> <p>It was agreed that the Board should receive an update on the implementation of the recommendation in 3 months.</p>	CW
23.04.06	<p>Chairman's Update</p> <p>2.1</p>	<p>LD updated Board members as follows:</p> <ul style="list-style-type: none"> • SLA's. The SLA's were due for approval by the Board at this meeting, however LD advised that TUH have not yet received the HSE SLA. Board members raised concerns regarding the delay in receiving the SLA and suggested escalating the Board's disappointment at same. LN will raise with the DMHG CEO. • VHF. LD highlighted the Partnership Principles circulated with the CEO report. It was noted the Minister officially launched same in early April however there was no press release issued. LD advised the VHF CLG intend to engage in social media and issue a press statement regarding the launch of the Partnership Principles. 	LN
23.04.07	<p>CEO Update</p> <p>3.1</p>	<p>CEO Update</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"> • New Consultant Contract. It was noted a local implementation group and dedicated email address for queries has been put in place. LN advised correspondence received from the HSE has been circulated to Consultants. TUH have not received clarification regarding the financial differential in relation to the new contract. • Charter. LN advised a meeting with the Foundations regarding the revised Charter is scheduled for Friday 28th April. • Finance. LN advised TUH has received an allocation of €296.8m. It was noted that the budget allocation will require an adjustment given the abolition of inpatient charges that took effect last week. • Elective Hospital. LN advised a meeting it taking place this week with the Head of the Acute Hospital Division regarding same. • Covid. It was noted that mandatory mask wearing is no longer required in health care settings with the exception of treating patients with respiratory illnesses or staff preference. <p>Integrated Management Report</p> <p>The Board IMR having been circulated in advance of the meeting was taken as read. JK briefed Board members on the following:</p> <ul style="list-style-type: none"> • Assisted Decision Making (Capacity) Act 2015. JK advised of changes being implemented this week. • Activity. It was noted ED activity remains high. JK advised of ongoing engagement with the HSE in the context of delayed transfer of care. 	

		<ul style="list-style-type: none"> • CPE. JK advised of an increase in a new variant that is complex and highly resistant to antibiotics. TUH continues to screen for same and patients are managed in conjunction with Infection Prevention Control. • Waiting Lists. It was noted ACL has worked closely with the Acute Hospital Division to secure funding for waiting list initiatives. MV requested detailed waiting list reports and actions to reduce the waiting lists. LN advised the live dashboard can demonstrate same and confirmed detailed reports can be circulated to Board members. ACL to revert to Board members with same. • Values in Action (VIA). It was noted SL is leading the implementation of same and a Steering Group has been established. ML sought further information pertaining to the VIA. SL to circulate same. • Recruitment. JK advised of ongoing challenges in relation to nurse recruitment arising from the Atypical work visas. • Phlebotomy Programme. JK advised further to the programme developed by CLD, Laboratory and Phlebotomy, TUH have been shortlisted for an award. <p>EF queried the increased admission rate noting it would exceed capacity significantly based on the report. JK advised the high admission rate is attributed to patients being admitted to the Acute Medical Assessment Unit. It was noted once a patient is identified for the AMAU they are deemed admitted, however many of the patients do not require an inpatient stay. TUH has requested a reclassification of same from the HSE. Admission rates have also increased as a result of poor primary care access for patients, resulting in patients presenting to TUH with additional rehabilitative requirements.</p> <p style="text-align: right;">3.2</p> <p>Medical Board Update. TC advised that the recently scheduled Medial Board meeting had to be deferred and will provide the Board with an update at the next meeting.</p>	<p style="text-align: center;">ACL</p> <p style="text-align: center;">SL</p>
23.04.08	<p>For Discussion</p> <p style="text-align: right;">4.1</p>	<p>Access. ACL gave a presentation on the TUH Strategic Priority 1: Access and ACL outlined that priority 1 includes 6 key objectives. Objective 1: Patient Experience Time (PET).</p> <ul style="list-style-type: none"> • PET has reduced across the three time targets vs. 2022. This is as a result of increased ED activity and capacity challenges. • 2023 to date has seen an improvement however bed capacity remains a challenge. There has been an improvement on PET (<6hrs / <9hrs) despite the YoY increase in trolley numbers, this is due to continued teamwork. <p>Objective 2: Inpatient Surgery Waiting List.</p> <ul style="list-style-type: none"> • The objective is to reduce the waiting list to no patients waiting >9 months. There were 284 patients waiting >9 months at year end. Of the 117 patients awaiting an orthopaedic procedure, 58 were in the spinal/ hand & wrist category. ACL advised resources have been approved by the Acute Hospital Division for hand & wrist and a plan has been put in place to date patients. • There was a 47% reduction in the waiting list from 2021. • The focus in 2023 will be a blended approach, dating urgent patients and where bed capacity allows, date long waiters. <p>Objective 3: Day Case Surgery Waiting List.</p>	

- There has been a reduction in patients waiting >6 months. There were 84 patients waiting >6 months at year end, 77 of which were orthopaedic and 73 of those were hand & wrist.
- 2023 will focus on reducing the number of patients waiting > 3 months.
- Acceptance criteria for the Reeves Day Surgery Centre was reviewed and expanded.
- A plan has been put in place for hand & wrist commencing in July with the appointment of a hand & wrist fellow and procedures can be carried out in Reeves Day Surgery Centre.

Objective 4: Endoscopy Waiting List.

- There were 2,276 patients on the endoscopy waiting list at year end.
- There has been a reduction in the number of patients waiting > 26 weeks by 1200.
- TUH endoscopy expansion works are due to be completed at the end of Q1. The expansion will enable the scheduling of routine long waiters.

Objective 5: Outpatient Waiting List.

- Objective is to reduce the number of patients >12 months to zero for new outpatient clinic appointments. The current waiting list has been reduced by 3000 patients since 2021.
- There is a focus on patients waiting >48 months.
- New recurrent funding received to assist in addressing the outpatient waiting list.

Objective 6: Radiology Waiting List.

- Radiology are engaged in a full capacity review. Challenges are noted across all scan modalities.
- New and ongoing measures identified to address the scan modality capacity challenges.

ACL advised that TUH has received additional funding for 17.5 WTE across various specialities that will assist in reducing the waiting lists.

AMB thanked ACL for the detailed presentation and queried the actions being taken to address the hand & wrist speciality. ACL advised that further to funding received a hand & wrist fellow will commence in July and dual lists will commence in the Reeves Day Surgery Centre.

AMB queried the challenges in addressing the >48 months waiting list. ACL advised the challenges include resourcing and clinical priorities.

ML queried if the waiting lists will continue to plateau given that the demand will only increase. ACL advised that in reviewing the objectives there will be patients that remain on the waiting list, however the KPI's will be in the context of the timeframe in which the patient is waiting.

DO'C advised that issues with primary care do not run in isolation, noting the challenges in Radiology and in particular walk in x-rays for patients.

It was noted that TUH is benchmarked against Hospitals within the DMHG at monthly performance meetings and also nationally.

		LD thanked ACL for her detailed presentation and noted ACL will circulate detailed reports on the waiting lists to Board members.	
23.04.09	Regular Updates	<p>6.1 Governance and Nominating Committee Update. LD advised the Committee are scheduled to meet on May 18th and succession planning and appointing of external Committee members is a work in progress.</p> <p>6.2 Finance Committee Update. EF advised the Committee have not met since the last Board meeting, however a joint meeting of the Audit Committee and Finance Committee took place to review the Annual Financial Statement. EF advised the Committee will convene to review the SLA's when received.</p> <p>6.3 Staff and Organisational Development Committee Update. MV advised the Committee were scheduled to meet on April 5th but unfortunately was not quorate. MV advised there were no items for decision at the meeting and SL gave an update on absenteeism, the HR Strategy and recruitment. MV advised that the Committee's terms of reference provides for a minimum of 4 meetings per year, and the Committee remain on track to meet its obligations in this regard.</p> <p>6.4 QSRM Board Committee Update. AMB advised the Committee have not met since the last Board meeting and are scheduled to meet in June. Work is ongoing in relation to the Committee work plan for 2023.</p> <p>6.5 Audit Committee Update. DP advised the Committee met on April 13th and a follow up meeting with the External Auditors is scheduled for the 27th April. DB Chaired the Audit Committee meeting in the absence of DP and advised Board members that a review of the draft AFS took place with commentary submitted to the External Auditors. All queries appear to have been addressed and the internal audit reports presented at the meeting were adopted.</p> <p>6.6 Research & Innovation Committee. ML in the absence of VB advised the Committee have not met since February and is scheduled to meet in June. JK advised work is ongoing to develop a Research & Innovation Strategy and it is anticipated that this will be submitted to the Hospital Board in Q4.</p>	
23.04.10		<p>7.1 Closing Items</p> <p>AOB There were no further matters for discussion.</p>	
23.04.10	Next Meeting	The Board Secretary advised the next meeting of the Board will be the AGM on May 29 th followed by the scheduled Board Meeting. It was noted this meeting will take place in person in TUH.	

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

