



Tallaght University Hospital Board Meeting
Via Teams
26th April 2021
08:00-10:00

Participating:

Board member:

Mr. Liam Dowdall (LD)
Mr. Mark Varian (MV)
Mr. John Hennessy (JH)
Mrs. Mairead Shields (MHS)
Prof. Kathy Monks (KM)
Mr. Edward Fleming (EF)
Dr. Darach O' Ciardha (DO'C)
Prof. Anne-Marie Brady (AMB)
Prof. Patricia Barker (PB)
Dr. Vivienne Byers (VB)

Also participating:

Executive Management Team:

Ms. Lucy Nugent (LN)
Mr. Dermot Carter (DC)
Mr. John Kelly (JK)
Ms. Sharon Larkin (SL)
Ms. Áine Lynch (ÁLyn)
Mr. Shane Russell (SR)
Prof. John Quinlan (JQ)
Ms. Anne McKenna (AMcK)

Apologies:

Archdeacon David Pierpoint (DP)
Prof. Paul Ridgway (PR)
Prof. Catherine Wall (CW)

No.	Agenda Items	Decisions Made	Action By
21.03.01	Apologies	Noted.	
21.03.02	Patient's Story	A briefing paper highlighting two Patient's Stories was circulated in advance of the meeting and taken as read. Each Patient Story and the case book learnings from same were discussed.	
21.03.03	New Declarations of Interest	There were no new declarations of interest made.	
21.03.04	Minutes of Previous Meeting	Minutes of the meeting held on 29 th March 2021 which were circulated in advance of the meeting were approved by the Board.	
21.03.05	Issues Log 1.5	The issues log which was circulated in advance of the meeting was reviewed by the Board and will be updated accordingly.	
21.03.06	Chairman's Update	LD provided a brief update on the following items: Charter LD advised that since 2018 numerous correspondence has issued to the Department of Health seeking formal approval of the amended charter. LD outlined challenges for the National Children's Hospital Foundation in transferring funding to CHI until such time as the Charter has been approved. VHF LD advised that following engagement with the HSE in relation to the IFMS, correspondence was received by the Chair of VHF from	

		<p>the HSE addressing some of the issues, raised and outlined a response will be issued in the forthcoming weeks on the governance issues raised by the Voluntary Hospitals that are represented by the Forum. The IRG Dialogue Forum met on the 23rd April and submitted a paper to the HSE which included the validity of concerns. LD will revert with a further report in this regard.</p>	LD
21.03.07	<p>CEO Report, incl. IMR</p> <p>3.1</p>	<p>CEO Report, including the Integrated Management Report.</p> <p>CEO Report. The CEO's Report was circulated in advance of the meeting and taken as read.</p> <p>LN provided members with a briefing in relation to an incident associated with the ICU construction.</p> <p>LN advised the Reeves Day Surgery Unit commissioning of the 4th Theatre is scheduled for completion by June and the 3 theatres are fully operational having performed over 600 cases. The Opera Theatre go live is scheduled for May.</p> <p>LN advised members that the Oncology Unit will be moving to the old refurbished haemodialysis unit on May 4th. The decanted space will be utilised for administration.</p> <p>LN advised TUH will be included in considerations by Sláintecare in the context of sites for one of the 3 elective hospital sites.</p> <p>LN advised members that the statement regarding the designated Trauma Centre locations has been deferred.</p> <p>LN briefed members regarding confirmation received that TUH will develop one of the two Women's Health Units nationally and funding being allocated for same. Engagement with the HSE is ongoing in terms of the location within the community and if there is no space available, TUH will consider alternative options.</p> <p>LN advised members that the Hospital have contact the Department of Health 7 times pertaining to the revised Charter. It was noted that LD & LN are considering further action in relation to same given TUH continues to await a response.</p> <p>LN briefed the Board regarding the progress of the CHI Executive Oversight Group noting the resolution of some issues. However LN advised that there are some items that remain outstanding and require further discussion. It was noted that some of the timeframes within the CHI SLA have now been agreed.</p> <p>LN advised that the TUHF Heads of Agreement are currently being reviewed by TUHF's solicitors.</p> <p>LN provided an update to Board members regarding Covid noting that numbers have increased from single digits last week to 20 inpatients this week. The Vaccination Programme continues with vaccination of the over 70yrs inpatients and a new process is in place for staff members who decline the vaccine.</p>	

LN advised that DW undertook a Microsoft Teams gap analysis to meet the requirements as set out in the paper from the Audit Committee and it meets the requirements set out therein.

LN advised that the Medical Board in collaboration with the EMT are creating a commemorative Covid-19 Medal for staff.

PB thanked LN for her report and wished to acknowledge the support received from TUHF in relation to the Oncology Unit move.

PB commended all staff involved in progressing the Women's Health Unit.

PB advised that in relation to Microsoft Teams, A Board Policy on the retention of documents and Policy on archiving past documents should be drafted. LN advised that the Interim Board Secretary has been liaising with the Information Governance Manager in relation to the retention of documentation by Board members.

It was noted that A McK is liaising with IT regarding an archive system for Board papers. Board members were reminded that Board documentation can be sought from the Board Secretary if required. PB acknowledged the work being done by AMcK & DW and his team in implementing the system and the training provided.

It was noted that MS Teams has a recording facility for meetings and the Board agreed that this facility would not be used and meetings would not be recorded.

Integrated Management Report

Having been previously circulated the IMR was taken as read.

JK advised in relation to QSRM the Clinical Audit Committee have agreed the 2021 Themes and the Zero Harm schedule is included in the report. It was noted that Infonetica will be configured for a clinical audit repository. It was noted the application is being used by the Research & Ethics office.

JK advised that the number of patients presenting with Covid is reducing. It was noted that the Acute Hospital Division are focusing on ED PET times for patients over 75yrs and TUH have implemented an improvement plan which is being monitored on a weekly basis.

JK outlined the ongoing support of Occupational Health and Well Being in particular to staff returning to work post Covid. It was noted that there has been a significant reduction in the number of staff with Covid, down from 147 in January to 9 in March. It was noted that there are some changes in relation to the way in which staff who are identified as a close contact are managed.

JK advised that the March resulted in an outturn of €22.7m against a budget of €20.0m. It was noted that the Director of Finance continues engagement with the DMHG in relation to the budget allocation for TUH.

		<p>Medical Board Update. JQ commended colleagues for the ongoing work in relation to Covid noting that the number of inpatients last week reduced to single digits.</p> <p>JQ acknowledged the success of the vaccination programme and the excellent work undertaken by the Covid Vaccination Team in progressing the programme.</p>	
21.03.08	For Decision	<p>4.1 SLA TUH & DMHG Part 2. LN advised TUH have yet to receive same and advised that the Group have indicated that activity levels require finalisation. The matter was deferred to the next meeting providing the SLA has been received.</p> <p>4.2 SLA TUH & CHI Having been circulated in advance of the meeting, the TUH & CHI SLA was taken as read. JK provided a briefing to members outlining the minor amendments made to same include timelines as set by TUH in relation to the Urgent Care Centre and the returning of OPD space to TUH & Information Governance.</p> <p>PB requested that going forward a summary document highlighting matters for Board's attention or amendments made to the document accompany same. It was agreed to provide same going forward.</p> <p>MV queried if TUH have confirmed that the terms within the SLA can be complied with. LN outlined a proposed compliance booklet being introduced by TUH should provide assurance to the Board in this regard. PB queried if it would be completed for the next meeting. JK advised that this is the first year TUH will utilise such a document and gap analysis will still have to be undertaken along with a detailed review of the plan and structures associated with same.</p> <p>EF queried the funding issues that will present in the future in relation to the current recouped costs from CHI. DC confirmed that discussions with the Group will take place regarding same.</p> <p>The Hospital Board approved the TUH & CHI SLA having been proposed by EF and seconded by PB.</p> <p>4.3 HSE Code of Conduct Having been circulated in advance of the meeting a briefing paper and the HSE Code of Conduct was taken as read.</p> <p>SL outlined the Code responsibilities at four levels:</p> <ul style="list-style-type: none"> • Board • Executives • Employees • Employees with responsibility for managing staff, resources & performance. <p>The responsibilities are divided into 4 themes:</p> <ul style="list-style-type: none"> • Leadership & Behaviour • Governance • Systems • Supporting the Code <p>The Code was reviewed in comparison to the TUH Code of Conduct & Ethics and it is recommended for approval by the Board.</p>	JK

		<p>PB acknowledged the benefits of commonality across organisations. VB noted the document was conservative in nature however the transferability of the document was important.</p> <p>The Hospital Board approved the adoption of the HSE Code of Conduct having been proposed by PB and seconded by VB.</p>	
21.03.09	<p>For Discussion</p> <p>5.1</p>	<p>Finance KPI Review.</p> <p>DC advised that as per the Board Workplan an update on the Finance KPI review was scheduled today and again later in the year. DC gave a presentation on the Financial Management Update and the following was noted:</p> <ul style="list-style-type: none"> • 2020 at a Glance. Gross cost accounted for 67% pay costs and 33% non-pay costs. The Hospital allocation was noted at €274.0m. • Finance Staffing. There are 11 departments within Finance and 64 WTE. • Financial Management Performance. DC briefed Board members on performance against 2020. • Projection 2021. DC detailed the projected net outturn of €276.0m (excl. pensions) against a current budget of €239.5m noting a projected deficit of €36.5m. • Funding Gap. DC itemised the projected deficit for 2021 including cost pressures arising from 2020. • Audit/AFS 2020. DC advised of engagement with the external auditors on the matter of PPE noting this was to be charged to the balance sheet and it will be presented with notes to the accounts. • Capital Replacement. DC advised of the total capital spend in 2020 of €9.5m noting the funding received from the HSE for the Medical Equipment Replacement, ICT and Minor Capital. HSE capital funding confirmed for 2021 is €3.4m. • New KPI's – Board /Finance Committee. New KPI's include Non-pay report, selected Balance Sheet data & efficiency performance measures. It is proposed that DC provide Board members with a presentation on ABF yearly. It is proposed to take place in Q4 2021. <p>DC outlined the challenges and opportunities for TUH.</p> <p>PB thanked DC for the comprehensive presentation noting it will provide members with a clear understanding in relation to the data and noted DC's assistance in the context of TUHF.</p> <p>JH thanked DC for the presentation noting the financial KPI's require ongoing monitoring and modification.</p> <p>EF thanked DC for the informative presentation and agreed the KPI's require ongoing monitoring. EF noted the continued growth in expenditure.</p> <p>DC wished to acknowledge all the staff within the finance directorate and thanked the Finance Committee members for their continued support and oversight.</p>	DC
	<p>5.2</p>	<p>Implementation Plan for the Research Strategy.</p> <p>JK gave a presentation titled 'TUH Research Strategy – Board Update' and the following was noted:</p>	

		<ul style="list-style-type: none"> • The Research Strategy is linked with the Mission of TUH ensuring partnership at academic level. • There are 5 Priority Areas within the Strategy, Leadership & Governance, Research Impact & Community Engagement, Staff Participation & Talent, Research Partnerships and Funding, Economic Value & Branding. • JK outlined the milestone for implementation of the Leadership & Governance priority area within the strategy advising of: • Branding /Marketing. Work was undertaken in conjunction with the Communications Manager to align the branding to the TUH identify guidelines. • Joint Research & Ethics Committee. It was noted Prof. Ann-Marie Tobin has taken over as Chair since March 2021. • Infonetica was launched in early March and is an online review management system. • Next Steps – Research. Establishing structures around the CRF, building partnerships, establishing a community research forum and a staff survey to understand the experience of research in TUH and identify areas for research. • Next Steps – Innovation. Head of Innovation will commence in June 2021, build on the past face deploying innovative solutions from 2020, develop an innovation framework by Q3 2021 and develop ongoing partnerships with industry and academia. <p>KM queried what cohort of staff are expected to undertake research and is it available to all staff. JK clarified that there are research opportunities for staff at all levels.</p> <p>PB thanked JK for the presentation noting the extensive work involved. PB suggested a Governance Oversight Board, externally chaired should be established in relation to Research as the strategic objectives need to be set out at Board level and issues can arise in relation to intellectual property, legal matters, insurance issues and industrial issues. LD advised that this is being discussed between himself and the CEO.</p> <p>LD thanked JK for the presentation noting the link with research and innovation and requested a biannual update for Board Members.</p> <p>5.3 HIQA Report of the Unannounced Inspection, December 2020. Having been circulated in advance the briefing paper and HIQA report were taken as read.</p> <p>JK briefed members regarding the report noting the inspection focused on the healthcare associated infections during the Covid-19 pandemic. The inspection identified that TUH was substantially compliant with two of the six standards, partially compliant with three standards and non-compliant with one standard. There are a number of structural and facility issues that were highlighted by HIQA that require capital investment.</p> <p>JK advised that the Hospital communicated its disappointment at the findings of the report with HIQA given TUH provided evidence to HIQA indicating a higher level of compliance that was not noted in the report by the audit team. Dr. S Sheehan, A/Clinical Director & Director QSRM, DMHG acknowledged the significant efforts of the Hospital and has escalated the issue to the Acute Hospital Division.</p>	<p>JK</p>
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21.03.10	Regular Updates	<p>Regular Updates</p> <p>6.1 Governance and Nominating Committee Update. LD advised that the Committee have not met since the last Board meeting and are scheduled to meet on May 6th 2021.</p> <p>6.2 Finance Committee Update. EF advised the Committee does not have anything new to report.</p> <p>6.3 Staff and Organisation Development Committee Update. KM advised the Committee met on March 31st and the HR Strategy is progressing. KM advised various member of staff have been invited to present to the Committee on elements of the Strategy and projects being undertaken.</p> <p>6.4 Quality, Safety & Risk Management Committee Update. AMB acknowledged the support and leadership of MHS as outgoing Chair. AMB advised the Committee are scheduled to meet in June and will review the programme of work for the Committee.</p> <p>6.5 Audit Committee Update. PB advised that Audit Committee met on April 1st and the minutes of the meeting have been circulated to Board members. The Committee are meeting with the External Auditors on April 22nd 2021.</p>	
21.03.11	AOB	<p>Closing Items</p> <p>7.1 There were no further items for discussion.</p>	
21.03.12	Next Meeting	AGM 24 th May 2021.	

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