



Tallaght University Hospital Board Meeting

Via Zoom

27th April 2020

08:00-10:00

Participating:

Board member:

Mr. Liam Dowdall (LD)
 Mr. Mark Varian (MV)
 Dr. Darach O' Ciardha (DOC)
 Mrs. Mairead Shields (MHS)
 Prof. Kathy Monks (KM)
 Mr. Edward Fleming (EF)
 Archdeacon David Pierpoint (DP)
 Mr. David Seaman (DAS)
 Prof. Anne-Marie Brady (AMB)
 Prof. Patricia Barker (PB)
 Mr. John Hennessy (JH)

Also participating:

Executive Management Team:

Ms. Lucy Nugent (LN)
 Mr. Dermot Carter (DC)
 Mr. John Kelly (JK)
 Ms. Sharon Larkin (SL)
 Ms. Aine Lynch (ALyn)
 Mr. Shane Russell (SR)
 Prof. John Quinlan (JQ)
 Prof. Catherine Wall (CW)
 Ms. Madeline O' Neill (MO'N), Board Secretary

Apologies

Dr. Peter Lavin (PL)
 Prof. Paul Ridgway (PR)

No.	Agenda Items	Decisions Made	Action By
20.04.01	Apologies	Apologies were noted.	
20.04.02	Patient's Story	<p>ALyn advised the Hospital Board in respect of two scenarios relating to Covid 19. On the Thursday before Easter a chaplain visited an elderly single patient X with confirmed Covid 19. In the pastoral conversation the chaplain asked the patient about her family. The patient had not spoken to her only brother since she was hospitalised as she had no mobile phone. With the use of a chaplaincy phone established for the crisis the patient was connected to her brother. They had a conversation which turned out to be her last as she died peacefully a short time later.</p> <p>After the pastoral visit the chaplain phoned her brother and assured him that the staff were caring for his sister and doing everything to keep her comfortable.</p> <p>After the patient's death again the chaplain phoned her brother to express the sympathy of the management team and staff. The ward staff did make a phone call post death – but as the chaplain had built up a small relationship it seemed appropriate to make the phone call. As the patient was a deeply religious person it came as a great comfort to her brother that she received pastoral care support.</p>	

A chaplain was notified by a staff member that there was a distraught person in the atrium of the hospital. This man who had health issues and was utilising home oxygen. He was the husband of a patient who was end of life with Covid 19. The chaplain spent time with this man and his two sons arrived. They had just been to visit their Mother. They were very distressed. They were taken to the pastoral care office, provided with refreshments and encouraged to talk about their experience of visiting their mother. The chaplain asked them if they had Zoom and suggested that when they got home a Zoom visit could be facilitated. Later this was arranged. The patient knew the chaplain from previous hospital visits. The chaplain having listened to her fears and sense of isolation connected her by Zoom to her husband and two sons who were at home. The skilled chaplain facilitated the conversation and final farewells.

This was the last time they were able to see and hear their Mother's voice. After her death the nurse and chaplain placed a wooden cross in her hand as they prayed for her. A follow up conversation with the family was deeply appreciated along with the gesture of placing the simple wooden cross in her hand. The entire nursing staff also found comfort in the gesture and they all felt included.

Learning

- We have one opportunity to get it right at the end of life. This is a particular challenge during the pandemic.
- As a relationship had been established by the chaplain it is good practice for pastoral care to make a follow up phone call.
- Concerned staff knew who to call on to provide care to distressed person in atrium.
- The value of effective listening to the husband and sons in a quiet space.
- The value of technology in these situations: chat with a chaplain, Zoom and iPad availability for patients and families at end of life or patients who are feeling isolated.
- Involvement of chaplain and staff in a final symbolic gesture was appreciated by all staff on ward and deeply appreciated by the family who said this kindness will never be forgotten.

Recommendations

- A Service of Light/Celebration of Life will be held in the future to acknowledge those patients who have died during this period.
- A process around facilitating visits at end of life will continue. This provides an escort to the ward, instruction on PPE usage and escorting from the ward with debriefing as required.
- Bereaved persons continue to be provided with guidance on post death process, grief in a time of Covid 19 and other relevant literature.
- Pastoral care and Medical Social Work continue to provide follow up support to bereaved families.

- The Pastoral care team will utilise a crafted keepsake heart where appropriate: one for the deceased person and its partner heart for the family. These are handcrafted by crafters in the community.
- We need to consider the resilience and emotions of staff members who are providing care in a different way when a patient is dying. Care of the patient post death is very different to the normal process. Not having families present in many cases is challenging for all parties and affects the bereavement process.
- Continue to promote staff debriefings both formally and informally, promoting TUH online psychological support, EAP and other methods of minding the mental health of our healthcare and frontline workers.

ALyn advised the Hospital Board in respect of a complaint received by way of correspondence from a previous inpatient was received into the Patient Advice & Liaison Services (PALS) Department on 3rd December 2019 expressing dissatisfaction with regard to an invoice received from the Hospital.

Patient X outlined that he was under the care of a Surgical Team for the treatment of for a recurring health issue. In October his symptoms became unmanageable and he attended the Emergency Department and was admitted to hospital. Patient X was informed that he required surgery. The surgical team ordered an MRI prior to undertaking the surgical procedure. Patient X was informed that one MRI machine was broken and his MRI was deferred as the other MRI machine was being used for emergency cases. Patient X was satisfied with his overall clinical care but contested the bill as he had to stay in hospital for a longer period due to the unavailability of the MRI.

Process:

The PALS department contacted the Patient Accounts Department to request that the bill be put on hold whilst the matter was being investigated. PALS acknowledged receipt of the correspondence and assured Patient X that the bill had been put on hold for the duration of the investigation. PALS contacted Patient X's treating Consultant who confirmed that the clinical care was appropriate and the issue was a financial matter.

PALS once again contacted Patient Accounts and advocated that the inpatient stay was for a longer period than required and the patient should not be penalised financially. Patient Accounts agreed to reduce the invoice by the number of days the MRI was cancelled however, added the caveat, that this was a goodwill gesture as the clinical care had been appropriate.

Patient X was agreeable to this.

Learning:

- Cognisance needs to be taken of all circumstances that occurred during the inpatient stay. We need to be mindful that just because the patient receives the appropriate clinical

		<p>care there are other circumstances that may lead to the overall patient experience being less than satisfactory. We may need to reflect that in our decision making process whilst dealing with a complaint.</p> <ul style="list-style-type: none"> We can acknowledge this by acknowledging the appropriate clinical care but also acknowledging the prolonged inpatient stay. <p>Recommendations/Actions:</p> <ul style="list-style-type: none"> Each complaint received into PALS needs to be judged on its own merit. It is appropriate that PALS advocate for patients in such circumstances. <p>The outstanding service provided by the staff in the Pastoral Care Department in relation to these cases was acknowledged by the Hospital Board.</p>	
20.04.03	New Declarations of Interest	There were no new declarations of interest made.	
20.04.04	Minutes of Previous Meeting	Minutes of the meeting held on 30 th March 2020 which were circulated in advance of the meeting were approved by the Board.	
20.04.05	Issues Log	LD advised in respect of some changes to the issues log which was reviewed by the Board and will be updated accordingly.	
20.04.06	Chairman's Update	<p>LD advised the Board that it is planned to continue to keep Board meetings to a minimal duration and to deal with essential matters within the time allocated. It was noted that the key focus of the meeting is to ensure patient safety continues at the Hospital and to address immediate and pressing issues.</p> <p>On behalf of the Hospital Board LD thanked the Executive Management Team, under the leadership of the CEO, for their excellent work in this challenging time.</p> <p>It was agreed that the TUH Hero Awards will be particularly special post Covid 19.</p> <p>LD provided a brief update in respect of the Voluntary Health Forum. LD advised the Board of the recent passing of Mr. Tom Lynch RIP, former Chair of the Mater Hospital Board. LD will convey condolences to the Lynch family from the Hospital Board in due course.</p> <p>LD advised that the Hospital Board at a meeting on 24th April, 2020 have agreed a position in respect of Tallaght University Hospital Foundation and engagements in this regard are continuing at present. The Hospital Board will be briefed in this regard on a timely basis.</p> <p>The Hospital Board thanked LN for sharing the ongoing briefings in respect of Covid 19. It was noted that these briefings will assist the Audit committee when discussing the matter of Going Concern with the External Auditors. In this regard it was noted that the Hospital is now in the Emergency phase of Covid 19 and the importance of preparing for the next two phases of this pandemic, Restricted Normalisation and Post Pandemic Normal was agreed.</p> <p>It was noted that the Hospital is now working on the reintroduction of scheduled activity in a controlled manner in certain areas.</p>	<p>LD</p> <p>LD</p>

20.04.07	<p>Regular updates Nominations Committee update</p> <p>Finance committee update</p> <p>Staff & Organisation Development committee update</p> <p>Quality, Safety & Risk Management committee update</p> <p>Audit committee update</p>	<p>LD advised that the Minutes of the Governance and Nominating committee meeting held on 11th March 2020 were circulated and discussed at the March Board meeting. There was no further update in this regard.</p> <p>EF advised that the Finance committee met on 27th March 2020 and 20th April 2020. Minutes of both meetings have been circulated to the Hospital Board. EF advised that the main item of note being addressed by the Finance committee at present is in respect of funding for TUHF.</p> <p>EF advised that the Finance committee participated in an Audit committee meeting on 2nd April 2020 to review the Annual Financial Statements for the year ending 31st December 2019.</p> <p>EF also advised that an external review of the Finance committee has concluded and a report has been received. This report is being considered by the committee at present and will be reported upon at a future meeting of the Hospital Board.</p> <p>EF advised that Mr. Ray Ryder, external member of the Finance committee attended his first meeting on 20th April 2020.</p> <p>KM advised that the Staff and Organisation committee met on 22nd April 2020. Minutes of the meeting will be circulated in due course. The committee discussed the importance of the re-integration into working life for staff members who have been working remotely or have changed their working arrangements. Policies and procedures in respect of these arrangements should be developed. This will be included in the committee's Workplan.</p> <p>MHS advised that the QSRM Board committee has not met since the last meeting of the Hospital Board.</p> <p>MHS also advised that Prof. Catherine Wall will present a QSRM update to the Board at this meeting.</p> <p>PB advised that the Audit committee met on 2nd April 2020. Minutes from this meeting have been circulated to the Hospital Board. The Finance committee participated in this meeting to discuss the Annual Financial Statements.</p> <p>The committee also met on 23rd April 2020 and minutes from that meeting will be circulated to the Hospital Board in due course.</p> <p>PB reiterated that each individual Board member has a legal obligation to review and understand the Annual Financial Statements (AFS) and if there are any items which need to be clarified to ask the questions.</p> <p>PB advised the Board that the Hospital trading as a Going Concern will be a matter for discussion.</p> <p>PB advised that the Audit committee recommends that the Going Concern concept is applied to the Hospital.</p> <p>The committee acknowledged the increase in spending for Covid 19 and raised a concern if this money will be recovered from the HSE. No written assurance from the HSE has been received to date in this</p>	EF
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		<p>regard. It was noted that the Hospital is tracking all expenditure relating to Covid 19.</p> <p>The committee also expressed concern in respect of any potential risk associated with challenges with access for patients during the pandemic.</p> <p>A catastrophic cyber-attack on the Hospital which has the potential to occur was also a matter of concern for the Audit committee.</p> <p>The committee concluded that it is satisfied that the steps being taken by the Hospital to mitigate the above risks are adequate.</p> <p>PB advised that the AFS have been prepared in a challenging time and on behalf of the Audit committee would like to commend DC and the Finance Team in particular Elaine Duggan and Eithne Kearney for the level of professionalism demonstrated in the preparation of the AFS.</p> <p>PB advised the Board that a Report for the Hospital Board in respect of audit of ICT Security will come before the Hospital Board at the next meeting.</p> <p>MV queried if the Finance committee should be more engaged with the Audit committee during the present challenging environment with Covid 19. It was agreed that the Chair of the Finance and Audit committee will explore this matter in more detail.</p> <p>This matter will be placed on the issues log for follow up.</p>	<p>PB</p> <p>PB/EF</p> <p>MO’N</p>
<p>20.04.08</p>	<p>CEO Report</p>	<p>CEO Report to include Covid 19 update</p> <p>A CEO Report was circulated in advance of the meeting and taken as read.</p> <p>The CEO Report provided an update in respect of the following Capital Developments:</p> <ul style="list-style-type: none"> • ICU • 6 Storey Build • Renal Build • Day Surgery • Project Synergy <p>It was noted that the Construction Industry is engaging with the Government at present with a view to negotiating a re-opening date.</p> <p>The CEO Report also provided an update in respect of the following Governance matters:</p> <ul style="list-style-type: none"> • HSE update • Hospital Charter • CHI - LN advised that a Memorandum of Understanding was signed on March 30th by the CEOs of TUH and CHI regarding the temporary transfer of CHI facilities and resources to TUH to support the delivery of care during the Covid 19 pandemic. The temporary transfer of 72 CHI staff to TUH is working well and has been a great support to the Hospital. <p>LD advised that a meeting of the Board of CHI is planned</p>	

		<p>to take place on 1st May 2020.</p> <p>It was agreed that a letter should issue to the Chair of the CHI Board on behalf of TUH Board to acknowledge with thanks the temporary transfer of a number of CHI staff to TUH.</p> <p>LN provided an update to the Board in respect of the following:</p> <ul style="list-style-type: none"> • Covid 19 update LN advised that the Hospital is consistently in the top four hospitals in terms of both inpatient and ICU patient numbers with Covid 19 inpatient numbers ranging between 72-85 and ICU between 9-15 cases at any one time. Of the 22 Covid 19 patients treated in ICU, eight have been transferred to the wards. • Covid 19 Testing LN advised that the Hospital is carrying out its own staff and patient testing which means there are no delays in same. • PPE for Covid 19 LN also advised that the supply of PPE has been challenging with the HSE deliveries being unreliable so the Hospital with the support of the DMHG has secured additional suppliers. Ongoing training is being provided to staff on the use of PPE. LN acknowledged, with thanks, all the work being carried out by DC in sourcing PPE for the Hospital. • Communication and Engagement The staff email updates continue at regular intervals and are also sent to the Board for their information as requested. There is a dedicated section of the intranet for Covid updates and information along with the use of screensavers. In addition a fortnightly, socially distanced meeting is held with the trade union alliance with the HR Director and CEO. • Patients and Community LN advised that donations of PPE, food, care packages and offers of support such as AA free breakdown assistance for healthcare workers continued to be received by the Hospital and are acknowledged through the CEO office. LN advised that the HSE issued Ethical Considerations/Guidelines for PPE use by Healthcare Workers in a Pandemic. LN also advised that the Hospital is looking at ways to assist Nursing Homes who are struggling as a result of Covid 19. <p>JK provided a performance summary to the Hospital Board which included the following:</p> <ul style="list-style-type: none"> • Operations: JK advised that the Covid 19 pandemic has resulted in a significant change to the operations function of the Hospital. The focus has been on unscheduled presentations to the Hospital and ensuring urgent elective procedures are completed in a timely manner. Urgent elective patients have been transferred to private hospitals, under the care of TUH consultants. Emergency surgical procedure and Endoscopy continue to be completed onsite at TUH. • JK also advised that plans are underway for the recovery 	LD/LN
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20.04.09	Medical Board update	JQ advised that Medical Teams at the Hospital are still very much occupied by the Covid 19 crises. JQ also advised that staff are very well supported by the Executive Management Team.	
20.04.10	Tallaght University Hospital Foundation	LD advised that the Hospital Board covered this matter at a special meeting of the Board which took place on 22 nd April 2020. It was noted that the Hospital Board will be briefed on this matter as the need arises.	LD
20.04.11	Hospital Strategy 2019-2024 Implementation Plan	<p>A briefing paper in respect of the Hospital Strategy 2019-2024 was circulated in advance of the meeting and taken as read.</p> <p>LN advised that the Board of Directors approved the Hospital's corporate strategy on 21st October 2019. It was noted that LN undertook to provide bi-annual updates on implementation. This briefing note is the first of those updates for 2020 and provides a recap on the strategic priority areas, the Hospital's implementation approach and progress to date.</p> <p>The Covid-19 pandemic has been a disruptive influence not envisaged during the strategy development process. Its impact on the Hospital's strategy will need to be comprehensively assessed in the coming weeks. Implementation plans will need to be adapted to reflect this new reality.</p> <p>LN advised that the Strategy Implementation Plan The plan includes:</p> <ul style="list-style-type: none"> - 6 priority areas - 35 objectives - 83 actions/milestones <p>LN advised that the overarching focus of the plan is delivering on Priority Area 1 – Good Access. The plan focuses on milestones to be reached over the course of the 5 year strategy.</p> <p>LN advised that several key performance indicators are already in place for priority areas like access. Two strategy implementation dashboards will be developed in the coming months. These include:</p> <ul style="list-style-type: none"> - Implementation dashboard for tracking implementation progress over time 	

		<p>- Priority area KPI dashboards for tracking progress against performance targets</p> <p>LN advised that the implementation plan will adapt to recognise the new realities associated with the Covid 19 pandemic.</p> <p>It was agreed that a map of care needs and infrastructure required to cater for those needs for the next number of years would be a useful planning tool and would assist in advocating for funding for the Hospital.</p> <p>It was also agreed that consideration should be given to the roadmap for the Hospital in respect of disease trends and projections regarding bed capacity beyond the term of the current Strategy.</p> <p>It was agreed to have a dashboard presentation to the Board twice yearly. This should provide more sight on key performance indicators and the implementation of same for each area and if the implementation plan is on track in this regard.</p> <p>LD advised that it is anticipated that the very productive and positive engagement between the Hospital and Department of Health Officials will resume post Covid 19.</p>	<p>LN</p> <p>LN</p> <p>LN</p> <p>LD</p>
20.04.12	QSRM update	<p>A presentation in respect of a QSRM update was circulated in advance of the meeting and taken as read.</p> <p>CW advised that the presentation highlights the integral components of what the QSRM Department does.</p> <p>CW updated the Hospital Board in respect of the following:</p> <ul style="list-style-type: none"> • The key questions for the Hospital Board • Measuring Quality and Safety both internally and externally • Information provided in respect of HCAI – CPE • Medication Safety – Current and future state (preventable harm will occur if there are no safety nets in place) • Details provided in respect of the work carried out by the Serious Incident Management Team. This includes the SIMT Reviews carried out in 2019 and SIMT changes for 2020. • SIMT performance tracker including lessons learned • Patient Safety and Quality Walkarounds which provide Board members with an opportunity to see how the Hospital works are on hold at present. These Walkarounds will resume at the appropriate time in the future. • The Clinical Audit Department - clinical audit is recognized as a reliable method of improving the quality of care provided to service users by identifying action to bring practice in line with highest standards. An update was provided in respect of TUH mandated audits for 2020 and goals for 2020. • An update was provided on the NOCA ICU Audit in 2018. Leadership in ICU is commended in this regard. • The top five risks on the EMT Risk Register were noted. The QSRM Board Committee recommended an annual review of all EMT risks. Individual meetings with Directors were scheduled to critically review the risks. This review will be complete at the end of quarter two in 	

		<p>2020.</p> <ul style="list-style-type: none"> • An update was provided in respect of QI priorities, progress made in this regard and new developments noted. • It was noted that a repeat of the review of accreditation in respect of Quality Assurance and Patient Safety would be a useful exercise. • It was noted that the Safer Mobility committee published an Inpatient Falls Audit Report 2019. It was noted that the level of falls has decreased over the recent period which would be expected in a highly functioning organisation. • Other matters highlighted in presentation include Zero harm highlights for 2019 Quality Improvement Graduation for 2019 Quality Improvement Training and Projects Future Plans and new Developments SJH/TUH Joint Research Ethics committee <p>CW advised that the last slide in the presentation sets out what is planned to achieve in the QSRM Directorate a lot of which has commenced previously.</p> <p>LD thanked CW for a very comprehensive presentation and commended CW for the progress being made in this area in the current challenging environment.</p> <p>It was agreed that the innovative work being carried out during the Covid 19 pandemic will be considered in the QSRM plan into the future.</p> <p>MHS advised that the QSRM Board committee are delighted to have CW in the role of QSRM Director.</p>	
20.04.13	ICT Digital Enabled Care	<p>A presentation in respect of ICT Digital Enabled Care was circulated in advance of the meeting and taken as read.</p> <p>LD welcomed Mr. David Wall, Director of ICT to the meeting.</p> <p>DW provided an update to the Board in respect of the following:</p> <ul style="list-style-type: none"> • Good Access – DW advised of the initiatives which have been completed to enhance access from an ICT perspective and advised of the projects planned into the future. TUH will be a leader in patient flow improvement and will and will significantly improve waiting times for patients across all service areas. • Enhanced Infrastructure – DW advised that in addition to existing connections to Simms, HSE Rivers TUH now has connected to a number of additional remote sites. HSE ICT funding is approved for CRY, Day Surgery Tymon Road and TCD Russell building. HSE community funding for community radiology. Remote working from home or any location e.g. another hospital. • Digital enablement – DW advised that project Synergy is up and running. HSE engagement is ongoing in respect of Kainos/Order Communications/Lab funding. HSE Funding approved for Infection Control System and Theatre EPR. It was noted that TUH will now establish 	

		<p>national SSO framework on behalf of HSE and be funded in first phase.</p> <ul style="list-style-type: none"> • Research and Innovation – DW advised of the many initiatives in progress regarding research and innovation including the Hackathon. • Coronavirus Covid 19 – DW advised of the many ICT initiatives introduced as a result of Covid 19. <p>LD thanked DW for a very informative presentation. LN advised the Board that the ICT Department have worked solidly for one month in order to provide the ICT supports to the Hospital in relation to Covid 19.</p> <p>CW commended DW and his team for the very positive support provided to the clinical areas during these challenging times and for providing a sustainable working environment in these areas.</p>	
20.04.14	Audit committee Annual Report 2019	<p>An Audit committee Annual Report for 2019 was circulated in advance of the meeting and taken as read.</p> <p>PB commended the former Head of Internal Audit for her work with the committee during her tenure. It was noted that a new Head of Internal Audit has commenced.</p> <p>PB thanked the external members of the Audit committee for providing their very valuable support to the committee.</p> <p>PB also thanked DC for his work with the committee and thanked both Elaine Duggan and Eithne Kearney for their professional support to the committee in respect of the AFS. PB also thanked Lydia Doyle and Madeline O’ Neill for their support to the committee.</p> <p>LD thanked the Audit committee for producing this very professional Annual Report and invited the Hospital Board to reflect on it and if any queries arise to contact PB directly.</p>	
20.04.15	AOB	<p>LD advised the Board that the Director of ICT is currently exploring the possibility of using MS Teams as an option to conduct Board meetings in the future. This would replace the current platform of Zoom.</p> <p>LD thanked the Executive Management Team for all their work during the current Pandemic crises.</p> <p>LD requested, on behalf of the Hospital Board, that sincere gratitude and the ongoing support of the Board is conveyed to all staff for all their wonderful efforts during this Covid 19 pandemic.</p> <p>LD also invited the Hospital Board to contact him directly or through the Board Secretary should they have any queries.</p> <p>There was no further business to conduct and this concluded the business of the meeting.</p>	LN
20.04.16	Next Meeting	27 th July 2020 at the Robert Graves Postgraduate Centre	

Apologies to Ms. Madeline O’Neill, Board Secretary on 4143845/ Madeline.oneill@tuh.ie

