



Tallaght University Hospital Board Meeting
Via Teams
29th March 2021
08:00-10:30

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)
Archdeacon David Pierpoint (DP)
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)
Dr. Peter Lavin (PL)
Prof. Catherine Wall (CW)
Prof. Paul Ridgway (PR)
Ms. Anne McKenna (AMcK)

Apologies:

Prof. John Quinlan (JQ)

No.	Agenda Items	Decisions Made	Action By
21.02.01	Apologies	Noted.	
21.02.02	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. The caring and professionalism of staff was commended.	
21.02.03	New Declarations of Interest	There were no new declarations of interest made.	
21.02.04	Minutes of Previous Meeting	Minutes of the meeting held on 25 th January 2021 which were circulated in advance of the meeting were approved by the Board.	
21.02.05	Issues Log	<p>1.5 The issues log which was circulated in advance of the meeting was reviewed by the Board and will be updated accordingly.</p> <p>1.5.1 Having been circulated in advance of the meeting a briefing paper regarding Emergency Department (ED) Waiting Room Communications was taken as read.</p> <p>ÁLyn briefed the Board of the ongoing work to improve communications with the public within the ED and the processes. It was noted that discussions regarding same have taken place with the National Clinical Lead and there are no plans to develop a system nationally. ÁLyn advised of the continued focus on the correct stream and pathway for patients i.e. right person, right place, and right pathway. It was noted that work is ongoing in the context of rapid</p>	

	<p>3.3 Staff and Organisation Development Committee Update. KM advised the Committee are meeting on Wednesday having had to reschedule a meeting as a result of Covid and the HR team's involvement in the context of the vaccination programme. KM advised the Committee will focus on the HR Strategy progressing same.</p> <p>3.3.1 Staff and Organisation Development Committee Annual Report. Having been circulated in advance of the meeting the Staff and Organisation Development Committee Annual Report 2020 was taken as read. KM noted the extensive work carried out by the Department of HR and issues that arose as a result of Covid and commended SL and her team.</p> <p>3.4 Quality, Safety & Risk Management Committee Update. LD expressed his gratitude to MHS on her tenure as Chair of the QSRM Board Committee and welcomed incoming Chair Prof. Anne-Marie Brady.</p> <p>LN thanked MHS on behalf of staff and the Executive Management Team for her support and leadership on the Committee.</p> <p>MHS advised that the Committee met on March 11th 2021 and the minutes are currently with the Committee for approval and will issue to Board members thereafter. There were no items for raising at the Hospital Board.</p> <p>MHS thanked the Chair and members of the QSRM Board Committee for their support throughout her tenure as Chair and thanked in particular, LN, CW, ÁLyn, MO'N, and AMcK. MHS wished to acknowledge and thank Ms. C Kelly, QSRM Programme Co-ordinator for her continued support.</p> <p>3.4.1 QSRM Board Committee Annual Report. Having been circulated in advance of the meeting, the QSRM Board Committee Annual Report 2020 was taken as read.</p> <p>3.5 Audit Committee Update. PB advised that Audit Committee met on 11th February 2021 and discussed the updated Internal Audit Report along with the assessment of internal and external audit functions. The Committee on the feedback of the self-assessment have reduced the frequency of meetings.</p> <p>3.5.1 Audit Committee Annual Report. Having been circulated in advance of the meeting the Audit Committee Annual Report 2020 was taken as read. PB acknowledged the challenges the Finance Department and Internal Audit have experienced in working from home, maintaining stock & procurement during the pandemic and commend the team for maintaining the internal controls throughout.</p> <p>3.5.2 Audit Committee Report for the Financial Statements. Having been circulated in advance of the meeting the Audit Committee report for the Financial Statements were taken as read.</p>		
21.02.08	CEO Report, incl. IMR	CEO Report, including the Integrated Management Report.	

4.1 CEO Report.

A CEO Report was circulated in advance of the meeting and taken as read.

LN advised that the Sláintecare Team and DMHG gave a presentation on the locations of the proposed Elective Hospital Programme. LN will provide further feedback to the Board as engagement progresses.

LN

LN advised that there is no further update regarding the revised Hospital Charter and a reminder has been issued to the Minister's office in this regard. It was noted that TUH & CHI CEO's have convened a Joint Executive Oversight Group to manage the transition and commission of the CHI Urgent Care Centre in Q4 2021. It is anticipated that the new Children's Hospital will open in 2023. It was noted that negotiations are ongoing regarding the paediatric OPD footprint at TUH as CHI are requesting to retain the full footprint.

LN updated the Board regarding an incident pertaining to a diesel spill by BAM.

LN updated the Board regarding an incident pertaining to the installation of one of two new transformer electrical substation which was faulty. This incident provided TUH with an opportunity to test the Internal Incident Plan led by JK.

LN briefed the Board regarding the Covid situation within TUH noting a slight reduction in the number of Covid positive inpatients. LN updated the Board regarding ICU. LN advised all staff have received the Covid vaccine with a percentage of staff due for second doses in early May. LN acknowledge the work of SL & Ályn in managing the vaccine programme. TUH have also commenced the vaccine programme for inpatients over 70yrs. The number of positive tests of staff has reduced significantly from 147 in January to 4 as of March 22nd.

LN advised of the overwhelming positive response following the RTÉ Primetime Programme about TUH, which was greatly appreciated by staff.

Integrated Management Report

Having been previously circulated the IMR was taken as read.

JK advised that the final report following the unannounced HIQA inspection that took place in December has been made available to TUH in draft form. JK advised HIQA incorporated some of the feedback provided and is due for publication in April.

JK advised that the Zero Harm Campaign for 2021 is included in the report. The first campaign took place in March.

JK provided an update in relation to operations noting the reduction in elective activity as a result of Covid. JK advised TUH are hoping to increase elective activity as the Covid numbers stabilise. JK outlined capacity challenges as a result of the CHI footprint being handed back. The ongoing work of Occupational Health in the context of Covid and staff screening was noted. JK advised screening is ongoing in TUH and sequencing of staff and patients is taking place.

		<p>JK advised in the context of the Financial performance of TUH, the deficits for 2020 were associated with pensions. The budget for 2021 is being clarified and detailed projections have been submitted to the Group.</p> <p>Additional capacity in Tymon North and Peamount was discussed and it was noted it is anticipated that further capacity will become available in Tymon North.</p>	
	4.2	<p>Medical Board Update. Deferred.</p>	
21.02.09	For Decision	<p>5.1 SLA TUH & DMHG Part 2. LN advised that TUH have not yet received same as there is further finalisation of budgets required.</p> <p>5.2 SLA TUH & CHI. LN advised that further amendments and agreement of same awaited. LN advised TUH have included timelines within the SLA. It is anticipated the SLA will be brought to Board for approval at the April meeting.</p> <p>5.3 SLA TUH & Mental Health Service. Having been circulated in advance of the meeting the TUH & Mental Health SLA was taken as read. JK advised of minor amendments on the previous year's SLA in the context of budgets.</p> <p>The Hospital Board approved the TUH & Mental Health Service SLA having been proposed by JH and seconded by MHS.</p> <p>5.4 SLA TUH & CHO7 Community Radiology. Having been circulated in advance of the meeting the TUH & CHO7 Community Radiology SLA was taken as read. JK advised of minor amendments since the SLA was brought to the Hospital Board in November 2020. The amendments relate to budgetary amendments that are fully covered by CHO7.</p> <p>The Hospital Board approved the TUH & CHO7 Community Radiology SLA having been proposed by PB and seconded by EF.</p> <p>5.5 TUH Site Development Plan. LD welcomed Mr. Ciaran Faughnan, Director of Estates and Facilities Management to the meeting. CF proceeded to give a presentation titled '<i>Campus and Hospital Capital Developments</i>'. CF outlined progress as follows:</p> <ul style="list-style-type: none"> • Major Capital Projects – 1. • Major Capital Projects – 2. • Minor Projects. • Projects 2021 and on. • Leases. <p>CF outlined the progress in delivering the capital strategy and highlighted savings achieved.</p> <p>PB sought assurances in the context of budget controls and assurances in the context of the environment & climate strategy. CF</p>	LN

		<p>confirmed that having delivered major projects on budget previously TUH will endeavour to commit to same going forward. With the implementation of the EPC CF advised of the sustained efficiencies that this will produce for TUH.</p> <p>LD thanked CF & his team for their continued work in the context of capital developments and for his informative presentation.</p> <p>5.6 Energy Performance Contract (EPC) Having circulated documentation in advance of the meeting in relation to the EPC, DC advised the Board that the Finance Committee at its meeting on March 10th approved the contract and recommends Board approval of same. DC acknowledged the engagement and work undertaken by Mr. S Foran and the Technical Services Team. DC advised members that TUH, on approval of the Board, will be the third Hospital in the country to implement same.</p> <p>JH queried the mechanisms being put in place for performance monitoring and indemnity. DC outlined the indemnity sought via the Hospital’s insurers, AON and the risks addressed within the Arthur Cox document.</p> <p>PB requested assurances that there are no high level risks associated with same and assurances that the matter of Brexit has been dealt with. DC gave assurances that risks have been mitigated with Arthur Cox and the matter of Brexit has been closed off.</p> <p>EF advised that arising from the Finance Committee it was requested that a benchmarking exercise take place against the other two Hospitals that have implemented same. EF thanked CF & SF for their work on the matter. EF thanked the Finance Committee for their input and in particular MV & RR.</p> <p>LD outlined the request of the Director of Finance for the Board’s approval to affix the Hospital Seal to the contract, if required.</p> <p>The Hospital Board approved the EPC and affixing of the Hospital Seal having been proposed by EF and seconded by MV.</p> <p>5.7 Corporate Governance Manual Having been circulated in advance of the meeting the updated Corporate Governance Manual was taken as read. LD advised the manual is a working document that may require updating on an ongoing basis.</p> <p>MHS identified an omission on page 3 which will be updated accordingly.</p> <p>The Hospital Board approved the updated Corporate Governance Manual having been proposed by JH and seconded by MHS.</p> <p>5.8 TUHF Funding. Having been circulated in advance of the meeting the briefing paper was taken as read.</p> <p>EF outlined clarity sought by the Finance Committee in relation to the Foundation’s projections for the year. EF advised following receipt of same the Finance Committee agreed to recommend to the Board the approval of the funds.</p>	<p style="text-align: center;">AMcK</p>
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21.02.10	<p>For Discussion</p> <p>6.1</p>	<p>System of Board Paper Management. Having been circulated in advance of the meeting the System of Board Paper Management document was taken as read. PB outlined that following a review with Ms. D Barrett, External Committee member and concerns raised by the Audit Committee regarding the security of documentation being issued to Board and Board Committee members, the Audit Committee were recommending the implementation of a secure system for the circulation of documentation.</p> <p>LD advised that this matter should be responded to by the EMT and both Finance and IT should review option and the EMT should revert with a plan to progress the matter.</p> <p>JH agreed that the matter of security is an issue for all organisations and perhaps TUH should review the processes in place in peer hospitals.</p> <p>The Board discussed the implementation of Microsoft Teams and the uploading of documentation within the application. It was agreed formal training would be provided to all members.</p>	<p>LN</p> <p>LN</p> <p>AMcK</p>
	<p>6.2</p>	<p>Strategic Implementation Plan Update. Having been circulated in advance of the meeting the briefing note on the implementation of the TUH Strategic Plan 2019 – 2024 was taken as read.</p> <p>LN provided assurances to members that the Executive is progressing with the implementation of same and advised that in some areas Covid has impacted on timelines.</p>	
	<p>6.3</p>	<p>Integrated Care Update – Presentation ÁLyn. ÁLyn gave a brief presentation titled '<i>TUH Strategy, Integrated Care Status Update for Hospital Board</i>'. ÁLyn outlined the following:</p> <ul style="list-style-type: none"> • Integrated Care Strategy Plan that includes Age Related Day Services, Dermatology, Neurology & Urology. • The Integrated Care Programme for Older Persons located in the Russell Building. • Integration with Tymon North & Peamount Healthcare. • Ongoing Nursing Home Outreach Programme. • The Integrated Care Programme for the prevention and management of chronic disease. • Sláintecare Projects. 	

		<ul style="list-style-type: none"> • The National Intellectual Disability Memory Service – the first of its kind in the Country. • Community Radiology. • ÁLyn acknowledged the ongoing engagement and support from Tallaght/Clondalkin Local Integrated Care Committee and the GP’s that form part of same. <p>ÁLyn advised of correspondence received from the Department of Health confirming funding for a Women’s Preventative Health unit within the community under the governance of TUH. . PB welcomed the news and advised TUH has the potential for being a centre of excellence for women’s health.</p> <p>EF requested that TUH identify the costs of expanding services to the Community and this will be reviewed by the Finance Committee.</p> <p>KM congratulated ÁLyn and the EMT for the ongoing work and continuation of the initiatives despite Covid.</p> <p>DO’C echoed KM’s sentiments and acknowledged the engagement of TUH with the community, advising that Dr. Carty, Consultant in Emergency Medicine and TUH Chief Clinical Information Officer is meeting with GP’s in forthcoming weeks.</p>	DC
21.02.11	AOB 7.1	Closing Items There were no further items for discussion.	
21.02.12	Next Meeting	26 th April 2021.	

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