



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

Participating:

Board member:

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

Also participating:

Executive Management Team:

Ms. Lucy Nugent (LN)
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. Catherine Wall (CW)
Prof. Tara Coughlan (TC)
Ms. Anne McKenna (AMcK)

| No. | Agenda Items | Decisions Made | Action By |
|----------|-------------------------------------|---|-----------|
| 21.11.01 | | LD advised Board members that this would be the Prof. K Monks last meeting as a Board member having served for a period of 6 years. LD thanked KM for her commitment and support, and in particular for her leadership as Chair of the Staff and Organisation Development Committee. KM thanked LD, Board members and the Executive Management Team for their support. | |
| 21.11.02 | Apologies | Noted. | |
| 21.11.03 | 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 noting the compliment received from a staff member. ÁLyn advised of the Covid vaccination programme for inpatients. | |
| 21.11.04 | New Declarations of Interest | There were no new declarations of interest made. | |
| 21.11.05 | Minutes of Previous Meeting | Minutes of the Board meeting held 18 th October 2021 been circulated in advance of the meeting were approved by the Board. | |
| 21.11.06 | Issues Log | The issues log which was circulated in advance of the meeting will be updated accordingly. A briefing paper prepared by DC regarding the cyberattack was circulated with the issues log. DC highlighted the sequence of events, acknowledging the work the HSE undertook to restore clinical | |

| | | | |
|----------|--|---|-------|
| | | <p>systems however outlined issues regarding corporate systems, in particular financial management systems.</p> <p>It was suggested that a formal escalation process be established in circumstances where voluntary hospitals are not being supported. LN advised of the PWC review of the HSE Cyberattack and will await the recommendations arising out of the review.</p> | |
| 21.11.07 | <p>Chairman's Update</p> <p>2.1</p> | <p>LD updated Board members as follows:</p> <ul style="list-style-type: none"> • CHI Urgent Care Centre opened on November 13th. • Charter. LD advised this is still with the DoH who have apologised for the delay. • VHF. It was noted the VHF held the Chairs Plenary on the 24th November and LD was formally appointed Chair of VHF. D Wall gave a presentation on cyber security which received positive feedback. LD thanked LN and AMcK for their support to the VHF. • TUH Board & Committee Composition. LD advised of changes which the Governance and Nominating Committee will focus on in early 2022. • LD acknowledged that the staff of TUH have endured another difficult year. LD/LN to discuss acknowledging same. KM advised that the Staff and Organisation Development Committee have been focused on staff wellbeing and advised that there issues that will be addressed as a result of the staff survey. | LD/LN |
| 21.11.08 | <p>CEO Update</p> <p>3.1</p> | <p>CEO Update</p> <p>The CEO's Report was circulated in advance of the meeting and taken as read. LN briefed Board members on the following:</p> <ul style="list-style-type: none"> • CHI Urgent Care Centre opened on November 13th. An agreed interim licence is in place. The sub-lease is currently with both parties legal advisors. All items of the SLA have been agreed in principle with the exception of ICT on call arrangement and the return of OPD space. • Finance. LN expressed her thanks to DC and the Finance Team for their continued efforts navigating a complex financial system. • ICU. LN clarified that the ICU project is delayed by 3 months as a result of the difficulty in removing the concrete screed from the roof. • Women's Health Hub. The indicative costs associated with same are €6.5m and a design brief will be submitted to the HSE. • 6 Storey Build. The completed E&Y cost analysis will be submitted to the HSE for approval before year end.. • Power Outage. LN briefed Board members regarding the recent incident involving one of the Hospital's generators. It was noted there were no patient safety incidents as a result of same. The transformer was down from 2.20am to 10.20am. • Covid. LN advised unfortunately the Hospital has experienced a surge in Covid positive inpatients and the ICU was turned into a Covid ICU last week. LN advised of a reduction in the number of Covid positive staff as a result of the booster vaccination programme. It was noted that the Hospital had 38 Covid positive inpatients yesterday which is impacting on non-Covid activity. • Irish Healthcare Awards. The Hospital's Integrated Community Chest Pain Clinic won the Irish Healthcare award for best outpatient initiative of the year along with the overall winner of the awards called the An Duais Mhór award. The Hospital's Drug Kardex project had also been shortlisted. | |

| | | | |
|----------|--------------|--|----|
| | | <ul style="list-style-type: none"> • Environment & Sustainability Agenda. LN advised that this will feature on the Board's agenda and one of the Hospital Consultant's, with an interest in this area, will Co-Chair a Green Committee of the Hospital with the Director of Estates and Facilities Management.. MV queried if a member of the Board should sit on said Committee. LN to review structure and membership of the Committee. • Project Synergy. Phase 1 went live on November 6th with positive feedback and no major issues. <p>LN thanked KM on behalf of the EMT for her service and support. MV echoed LN's sentiments.</p> <p>Integrated Management Report Having been circulated in advance of the meeting the Integrated Management Report was taken as read. JK briefed the Board members outlining the following:</p> <ul style="list-style-type: none"> • Quality Improvement. CW and her team continue to support quality improvement initiatives and JK advised Ms. M Hickey provided support to the 18 graduates of the Green Belt Project Management training. • Mandatory Training. TUH achieved 94% compliance in the National Hand Hygiene Audit October 2021. • CHI Urgent Care Centre. JK advised that TUH now have access to space that will be used to implement the Hospital Acute Floor Model in January 2022. It was noted TUH have received equipment funding of €500k for same. • Schedule care targets have improved. RSDC is on target to reduce day case waiting lists. • Finance – €3m funding for minor capital for 2022 has been confirmed. • Recruitment Campaign. A detailed recruitment plan is in place including developing a digital media campaign, refer a friend and airport advertising. <p>It was noted that the Hospital have a plan in place in relation to unvaccinated staff who are redeployed to non-high risk areas and weekly swabbing takes place. JK advised a meeting is taking place today regarding the use of antigen testing for staff.</p> <p>3.2 Medical Board Update. TC advised the Medical Board met in November where the roll out of Project Synergy was the main agenda item. TC advised of a few challenges however overall the feedback has been positive. TC advised the buddy system, whereby new Consultant's buddy with an existing clinician is in place.</p> | LN |
| 21.11.09 | For Decision | <p>4.1 Nursing Certificates. Having been circulated in advance of the meeting a briefing paper regarding the affixing of the Hospital Seal to the Nursing Certificates was taken as read and noted.</p> <p>4.2 Contracts for Approval Having been circulated in advance of the meeting a briefing paper regarding six contracts was taken as read. DC advised of equipment funding via the National Equipment Replacement Programme and have undergone all procurement processes.</p> | |

| | | | |
|--|--|--|----|
| | | <p>DC briefed the Board members on contract item no. 6 and the following was noted:</p> <ul style="list-style-type: none"> • TUH will be the first Hospital in the Country to have a total bed management solution. • At present 50% of Hospital beds are not electrical. • Currently TUH rents beds from various companies making it difficult to track the beds. The project will address the issue of replacing beds. • TUH expect to breakeven on the contract and costs associated with same. • There will be a dedicated directorate for the management of the contract and the company will provide staff onsite to assist in the management of same. <p>CW advised that this project will assist reduce pressure ulcers, falls and clinical incidents for patients and is supportive of the project. CW commended the Procurement Department and Finance for the work undertaken in order to implement same.</p> <p>DC thanked the Procurement Department for their work on the project.</p> <p>LD advised the Board should receive yearly updates on contracts in terms of value for money.</p> <p>The Board approved the contracts outlined in the briefing paper having been proposed by EF and seconded by JH.</p> <p>4.3 Financial Maturity Model. Having been circulated in advance of the meeting the Financial Maturity Model was taken as read. DC briefed Board members outlining that the proposed financial maturity model was first reviewed by the Board in 2018. DC carried out a review of same and the Finance Committee discussed the outcome of the review at their recent meeting.</p> <p>The Finance Committee recommended two changes:</p> <ul style="list-style-type: none"> • Financial Planning, No. 5 – Move from level 4 to level 3. Financial planning and monitoring are focused on single year basis in the absence of a multi-year budgeting process at national level. The Finance Department is developing a financial plan reflecting the development set out in the TUH Strategic Plan. • Financial and Performance Reporting, No. 14 – Move from level 5 to level 4. A number of changes have recently been made to reporting to the Board and Finance Committee to enhance members understanding of financial performance and position. Operational reporting is largely responsive to HSE requirements. <p>EF advised the Hospital should be satisfied where it is placed on the Financial Maturity Model and this is an objective statement of where the Hospital is at present.</p> <p>4.4 Electrical Power Outage. Having been circulated in advance of the meeting the briefing paper regarding the electrical power outage was taken as read. DC advised that due to the emergency that arose on November 17th 2021 the</p> | DC |
|--|--|--|----|

| | | | |
|----------|--|--|--|
| | | <p>Hospital needs to replace the transformer and purchase a new generator as a matter of urgency.</p> <p>The Hospital Board approved the replacement of the transformer and purchase of a new generator having been proposed by JH and seconded by EF.</p> | |
| 21.11.10 | <p>For Discussion</p> <p>5.1</p> <p>5.2</p> | <p>People Update. SL gave a presentation titled ‘HR Strategy Update’ and briefed Board members as follows:</p> <ul style="list-style-type: none"> • TUH are the first Hospital to achieve the Ibec Keep Well Mark accreditation. • Staff Health & Wellbeing Survey. HR are reviewing actions arising as a result of same. • New on-boarding Hub went live in September 2020 and the new career development module launched on November 23rd 2021. • In-house 24 week training programme for phlebotomists was developed in September 2020 with 5 staff scheduled to graduate in March 2022. The course will be run twice yearly and accreditation for same is being progressed. SL advised TUH open to be in a position to offer the programme to other Hospitals. • TUH are progressing the development of in-house capability in terms of designing and creating its own e-learning programmes. • A Simulation suite business case has been developed. • SL advised of an extensive recruitment campaign. • SL outlined TUH’s network and community partnering. • It was noted that the HR strategy is a live strategy with 50% of objectives completed. The evaluation of the strategy outcomes and progress of same will be reviewed in Q1 2022. <p>SL thanked KM for her support of the HR Leadership Team and the HR Strategy.</p> <p>KM acknowledged the enormous work undertaken by SL and her team in rolling out the strategy and thanked her team for attending the meetings. KM recognised the next stage of the strategy is to evaluate the outcomes.</p> <p>LD echoed KM’s sentiments and thanked SL and her team for the work undertaken to develop the HR Strategy and the challenges faced during the year.</p> <p>Finance Activity & Cost Review. DC gave a presentation on finance activity & cost review and the following was noted:</p> <ul style="list-style-type: none"> • ABF – relates to inpatients and day case activity only. • 2020 & 2021 are not comparable years due to Covid. • RDSC. 4th Theatre has not opened yet due to staffing issues. • 2021 day case complexity is 1.07 and activity was reduced as a result of Covid. • Inpatient discharges impacted by Covid. Reduced length of stay and complexity also noted, both attributed to Covid. • Covid Analysis demonstrates the impact on the Hospital with 37 beds for a full year for Covid patients. <p>EF noted the challenges and significant impact on finances however acknowledged it is out of the control of the Hospital,</p> | |

| | | | |
|------------------------|--|---|---|
| | <p>5.3 NGH Due Diligence Exercise. JK briefed members regarding the HSE request to align services with NGH and a scoping exercise is underway.</p> <p>The General Manager has been appointed and will commence in January 2022.</p> <p>LD, LN & JK to meet to discuss progress.</p> <p>5.4 Strategy Update – Research & Innovation JK gave a brief presentation on Research & Innovation and the following was noted:</p> <ul style="list-style-type: none"> • Governance structures have been implemented. • Developed the research office. • Infonetica electronic platform in place which provides transparency in timelines. • Partnerships/Collaborations. JK outline the significant work undertaken in this regard. • Staff Participation. Services developed to encourage staff. • Branding & Awareness. Internal and external awareness being progressed with the Communications Manager. • Ideas Clinics takes place twice weekly. • TUH Innovation Week held in early November with two guest speakers. • TUH Innovation Projects. JK outlined research projects that transition into innovation / QI projects and links regarding projects with third party partnerships. • Awards noted and HSE innovation programme funding noted. • Next steps include the establishment of the Research & Innovation Board Committee, an Innovation Operations Committee and Research and Innovation Strategy Q1 2022. <p>LD thanked JK for the presentation.</p> <p>Members acknowledged the progress in research & innovation and the synergies across the Hospital in this regard. It was noted that the structure will allow for improved accuracy and improving on the time in the context of ethics applications. The issue of ethics and if TUH will facilitate entities within the community was raised. JK to review same.</p> | <p>LD thanked DC for his comprehensive presentation.</p> | <p>LD/LN JK</p> <p>JK</p> |
| <p>21.11.11</p> | <p>Regular Updates</p> <p>6.1 Governance and Nominating Committee</p> <p>6.2 Finance Committee</p> | <p>LD advised the Committee were due to meet on November 23rd and unfortunately had to reschedule the meeting to December 7th. The Committee will be reviewing the workplan for 2022.</p> <p>EF thanked MV for his contribution to the Committee as he will be taking up the position of Chair of the Staff and Organisation Development Committee. The Committee met on 25th November 2021 whereby DC provided assurances regarding breakeven for 2021. The Committee reviewed cost relating to Laboratory and Radiology activity. The Committee received the TUHF presentation that was presented to Board members in October. ABF was discussed in detail and the Committee received a Scan 4 Safety presentation via</p> | |

| | | | |
|----------|--------------|---|--|
| | | <p>video and were commended for the work done across multiple disciplines to implement same.</p> <p>6.3 Staff and Organisation Development Committee KM advised that the Committee met on the 24th November 2021 and reviewed absenteeism, health & well-being and how the HR Strategy will progress next year.</p> <p>6.4 Quality, Safety and Risk Management Committee AMB advised the QSRM Board Committee met on November 11th 2021 and advised the Committee will review the agenda and work on the workplan at a dedicated meeting in January 2021.</p> <p>6.5 Audit Committee PB advised the Committee met on October 28th and the minutes were circulated to members. The Committee received a presentation on Procurement and noted the increasing administrative requirements and limited resources and it was suggested Internal Audit review same. It was noted that R Ryder was invited to the meeting due to his expertise in the area of procurement.</p> <p>The risk register was reviewed and the issue of ongoing pressure and stretch on finance staff in addition to the normal day to day financial management of the hospital was noted and support was offered to DC and his team. Four Internal Audit Reports were reviewed by the Committee, GDPR Outsourced Processor Review – Affidea, Health & Safety Review incl. Fire, Annual Compliance Statement – Credit Cards, EMT//Staff Expenses include CME and Nursing Bank Process – Governance and Controls.</p> <p>PB advised further to notification by the Governance and Nominating Committee of the term of service of members Mr. Seán Quigley resigned from his position and PB acknowledged his considerable input to the Committee. PB advised that a request to extend Mr. P Dennehy’s term has been submitted to the Governance and Nominating Committee. PB advised that her term as Chair has expired.</p> <p>LD echoed PB’s sentiments regarding staff pressures. LN advised of supports available to all staff. SL advised as a result of the staff survey additional support and training is being made available to staff and the Hospital has submitted a business case for a .5 WTE Psychologist for staff.</p> <p>LN thanked PB for expertise and leadership as Chair of the Audit Committee.</p> | |
| 21.11.12 | 7.1 | <p>Closing Items</p> <p>LD thanked Board members and the Executive Management Team for their support and commitment throughout the year and wished everyone a Happy Christmas.</p> <p>LN on behalf of the Executive Management Team thanked Board members for their time and support.</p> | |
| 21.11.13 | Next Meeting | 31 st January 2022 | |

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

