

Tallaght University Hospital Board Meeting Via Teams 18th October 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)

Late Arrivals:

Dr. Darach O'Ciardha (DO'C)

Prof. Tara Coughlan (TC)

Apologies:

Archdeacon David Pierpoint (DP)

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)

No.	Agenda Items	Decisions Made	Action By
21.09.01	Apologies	Noted.	
21.09.02	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 and the Board acknowledged the caring and holistic approach demonstrated by staff.	
21.09.03	New Declarations of Interest	There were no new declarations of interest made.	
21.09.04	Minutes of Previous Meeting	Minutes of the Board meeting held 27 th September 2021 been circulated in advance of the meeting were approved by the Board.	
21.09.05	Issues Log	The issues log which was circulated in advance of the meeting will be updated accordingly.	
21.09.06	Chairman's Update 2.1	 LD updated Board members as follows: Reeves Surgery Day Centre. LD visited the centre last week and commended access for patients, staffing and the superior environment. LD noted that by Q2 2022 it is anticipated that the day case waiting list will be reduced to 3 months for all specialities. CHI. LD advised of the opening of the Urgent Ambulatory Care Centre at TUH on November 13th 2021. LD advised a tour of the 	

			 building is being facilitated for members of the EMT next week, which he will attend. LD advised members that TUH and the EMT, in particular LN, DW and CF, were critical in the delivery of same. Electronic Patient Record. LD advised that the EPR is scheduled 	
			to go live in TUH on November 6 th acknowledging the commitment and work undertaken to achieve same. LD acknowledged the work of the EMT and DW and his team in delivering same.	
21.09.07	CEO Update	2.2	CEO Update LD advised that as the October meeting of the Hospital Board there was no Integrated Management Report.	
			The CEO's Update was circulated in advance of the meeting and taken as read. LN briefed Board members and the following was noted.	
			Charter. LN advised the Hospital is awaiting the draft ministerial order and revised Charter following reminders issued.	
			Covid-19. LN advised of the current challenges arising from the increase in positive inpatients and staff. LN advised there were 38 Covid positive staff in September, all of whom were vaccinated. LN advised the number of Covid positive inpatients has reduced to the mid-thirties.	
			Irish Healthcare Awards. It was noted that TUH have been shortlisted for the Irish Healthcare Awards on November 15 th for the Adult Drug Chart in the Hospital Project of the Year category and the Integrated Community Chest Pain Clinic in the Outpatient Initiative of the Year category.	
			TUH Recruitment. LN advised of an extensive recruitment campaign up to the Christmas period for the recruitment of nursing, radiography and laboratory staff.	
			Acute Floor. LN advised of verbal confirmation of funding via the Winter Initiative funding and a project is underway on the streaming of unscheduled care patients through the acute floor.	
			TUHF. LN acknowledged funding received for a 3 rd CT.	
21.09.08	For Decision	4.1	Diale Apportito Davious	
		4.1	Risk Appetite Review Having been circulated in advance of the meeting a briefing paper regarding the Risk Appetite Review was taken as read.	
			LD advised that the Governance and Nominating Committee have reviewed the method by which the risk appetite review should be approached.	
			LN advised the Hospital had previously engaged with a UK Consultant regarding a potential review but they later withdrew from the process. LN advised that the Hospital have engaged with an external provider regarding a review that will involve Board members being surveyed in terms of risk tolerance over a number of domains. LN outlined the cost involved and the Governance and Nominating Committee recommendation to engage with the company in this regard.	

	1		
		AMcK advised that the survey will be unbiased and independent and will provide the Board with feedback on progressing a Risk Appetite Statement. The Hospital Board approved the Risk Appetite Review and engagement with the company re same having been proposed by JH and seconded by MHS.	
21.00.00	E D' '	and seconded by Mris.	
21.09.09	For Discussion 5.1	TUHF Presentation. LD welcomed Margaret Considine (MC) & Douglas Collins (DCol) to the meeting. LD congratulated MC on her recent appointment as Chair of TUHF. MC & DCol proceeded to give a presentation titled 'TUHF Roadmap Structured for Success' and the following was noted. • Board Structure. It was noted Board Leadership met to realign and all members have a portfolio and responsibility for a Board Committee. • The Board and Executive are fully aligned and have a clear charter in place. • MC expressed the condolences of TUHF Board & Executive on the recent passing of Dan Smyth RIP. • DCol briefed Board Members on the financial metrics since 2019. • DCol briefed members on the Foundation's 3 year plan. LD thanked MC & DCol for the presentation noting the strategic and philanthropic plans of the Foundation. LD suggested TUHF be invited to provide an update in 2022. Pastoral Care Presentation. Fr. John Kelly LD welcomed Fr. John Kelly to the meeting. Fr. Kelly proceeded to give a presentation titled 'The Pastoral Care Service' and the following was noted. • The Pastoral care Department offers a variety of support and interventions place the service as uniquely non-clinical and non-medial in the delivery of healthcare. • It was noted not all members of the team are WTE and currently there are 4 interns at TUH who are training to become healthcare chaplains. • The service provided is always face to face and the department adapted throughout the pandemic to continue to deliver support to patients, their families and staff. Healthcare Chaplains are highly valued and were effectively deployed during the pandemic. • Fr. Kelly advised that staff care became a more substantial element of the role of the Healthcare Chaplains during the pandemic by providing a calm presence, being available, holding out hope and continued support. • The RTE Primetime Investigates: The 3 rd Wave received national and international exposure and the feedback received highlighted the compassionate and spiritual care provided a	LD

CW thanked Fr. Kelly for the presentation and advised TUH is privileged to have such a stellar department. Each member is integral to the team.

KM congratulated Fr. Kelly on the service provided by him and his team and queried challenges faced by the Department. Fr. Kelly advised of challenges with regards to staff retention noting staff have been headhunted for other institutions. Fr. Kelly advised that the department attended a facilitated day recently to allow the staff within the department to pause and reflect on the service they provide and particularly throughout the pandemic.

DO'C advised that his practice appointed a primary care Chaplain last year and it is important in recognising the spiritual needs of patients.

MV thanked Fr. Kelly for the presentation and noted the vital support that Pastoral Care provides patients and their families.

Fr. Kelly thanked the Board members and in particular thanked LN, ÁLyn and the EMT for their continued support.

LD thanked Fr. Kelly and his team on behalf of the Board acknowledging the integral part of Pastoral Care as part of the multi-disciplinary team.

Nursing Quality Care Metrics Presentation. Ms. Christina Lydon, ADON, Nurse Practice Development

LD welcomed CL to the meeting. CL proceeded to give a presentation titled 'Measuring the Quality of Nursing Care in TUH using National Quality Care Metrics' and the following was noted.

- The Quality Care Metrics are used in the measurement of standards, to engage staff, open & transparent results, improvements for service users, culture change and shared learning.
- There are 8 National Standards, two of which are applicable to TUH, National Quality Care Metrics Acute Care (2020) & National Quality Care Metrics Theatre (2018).
- Within the Acute Care metrics there are 13 metrics of which TUH have implemented 12.
- Monthly and bi-monthly audits are carried out.
- A blended approach is taken to education and training and there is an eLearning programme on HSELand.
- The metrics are managed by the ward and unit manages and scores are illustrated using a traffic light system.
- CL briefed members of n the QCM results for Acute Care and Theatre highlighting areas for improvement including nutrition & dietetics, safer mobility and tissue viability.
- CL advised of the staff engagement masters project and the roll out of indicator boards across all wards.
- CL acknowledge her colleagues and ÁLyn for progressing same.

ÁLyn advised that the metrics and measurement of same are important in order to determine areas of improvement in the delivery of care and that collating same does not complicate the quality of care given.

5.3

		DC advised of the requirement to demonstrate the links with funding in the context of ABF based on the quality of care. DC noted the investment being made in nursing skill mix and its integration with ABF. CL advised that if staffing numbers decrease this will impact on the quality of care and cost in terms of length of stay. LN acknowledged the work of CL and the team in providing support to the nursing staff and their continuous work to improve the quality of care delivered to patients.	ÁLyn
		LD thanked CL for the presentation and agreed that the Board should receive an update on same in Q2 2022.	·
21.09.10	Regular Updates 6.1	Governance and Nominating Committee LD advised the Governance and Nominating Committee have not met since the last Board meeting however noted the work being progressed by the Committee in the context of Board reviews, TOR for the Research and Innovation Board Committee and progressing updated terms of reference for the QSRM Board Committee and Finance Committee.	
	6.2	Finance Committee EF advised the Finance Committee have not met since the last Board meeting and minutes of the meeting held September 22 nd will be circulated to Board members is due course.	
	6.3	Staff and Organisation Development Committee KM advised that the Committee met on the 29 th September 2021 in person, noting the opportunity it provided for new members to meet in person on campus. DW provided the Committee with a presentation on Digital and Technology management and in particular the impact on staff of same. The Committee continue to progress the HR Strategy.	
	6.4	Quality, Safety and Risk Management Committee AMB advised the QSRM Board Committee have not met since the last Board meeting and there is no further updates in this regard.	
	6.5	Audit Committee DC advised the Committee have not met since the last Board meeting and are scheduled to meet on the 28 th October 2021.	
21.09.11	7.1	Closing Items TUH Board Meeting 29 th November 2021. LD advised it is planned to hold the November Board meeting in person. AMcK advised invitations for same have issued to Board members and outlined the format of the meeting.	
21.09.12	Next Meeting	29 th November 2021, 8.30am	