



Tallaght University Hospital Board Meeting
30th September 2024
08.00am – 10.30am
Robert Graves Postgraduate Centre, CLD, TUH

Participating:

Board member:

Prof. Anne-Marie Brady (AMB) (*Chair*)
 Mr. Mark Varian (MV) (*Vice-Chair*)
 Ms. Darina Barrett (DB)
 Mr. Edward Fleming (EF)
 Rev. David Bowles (DBowl)
 Mr. Tom Lane (TL)
 Dr. Martin Lyes (ML)
 Dr. Vivienne Byers (VB)
 Dr. Darach O’Ciardha (DO’C)
 Mr. John Hennessy (JH) (*until 9.45am*)

Also participating:

Executive Management Team:

Ms. Lucy Nugent (LN)
 Mr. John Kelly (JK)
 Mr. Dermot Carter (DC)
 Ms. Sharon Larkin (SL)
 Prof. Tara Coughlan (TC)
 Dr. Peter Lavin (PL) (*until 9.45am*)
 Mr. Shane Russell (SR)
 Ms. Bridget Egan (BE) (*until 9am*)
 Ms. Áine Lynch (ÁLyn)
 Prof. Catherine Wall (CW)
 Prof. Tara Coughlan (TC)

In attendance:

Ms. Anne McKenna (AMcK)

Apologies:

Mr. Mike Beary (MB)
 Dr. Mary White (MW)

No.	Agenda Items	Decisions Made	Action By
24.09.01	1.1	Apologies Noted.	
24.09.02	1.2	Patient’s Story A briefing paper highlighting two Patient’s Stories was circulated in advance of the meeting and taken as read. ÁLyn briefed members regarding the compliment received which complimented the intellectual disability services within TUH and the support provided by staff to the patients and their families. ÁLyn briefed members regarding the complaint received which focused on noise levels in the recovery room post procedure. PALs engaged with the Director of Estates and Facilities Management and Portering Service. DB queried if TUH has detailed trend analysis of complaints. ÁLyn advised the PALS Manager reviews same against the pillars and themes of the HSE. ÁLyn to revert to the Hospital Board with same.	ÁLyn
24.09.03	1.3	New Declarations of Interest AMB requested that any potential conflicts of interest were formally declared of which there were none.	
24.09.04	1.4.	Minutes of the previous meeting.	

		Minutes of the meeting held 29 th July 2024 having been circulated in advance of the meeting were taken as read and formally approved by the Board.	
24.09.05	1.5	<p>Issues Log. Having been circulated in advance of the meeting the issues log was taken as read and will be updated accordingly.</p> <p>24.02.03 – Board members obligations when operating with a deficit. LN to follow up re same.</p> <p>24.04.15 – Radiology. AMB sought an update from the Executive regarding Radiology. It was noted the Hospital continues to raise same nationally and at present there is no additional funding to address same.</p>	LN
24.09.06	2.1	<p>Chair’s Update AMB briefed Board members on the following matters:</p> <ul style="list-style-type: none"> • Charter. It was noted that the OPC have reverted to the Department with the revised Charter. The Department will revert to TUH early next week and have also requested to meet with TUH re same. On agreement of the revised Charter TUH will be required to seek approval from the Charities Regulator before the Ministerial Order can be signed. • TUH Board Away Day. AMB advised the purpose of the Board Away Day will be to review the proposed new Strategy for TUH and to review the terms of reference/structure of the board sub committees. 	
24.09.07	3.1 3.2 3.3 3.4	<p>Regular Updates</p> <p>3.1 Governance and Nominating Committee. AMB advised there is nothing in particular to note following the recent meeting of the Committee.</p> <p>3.2 Finance Committee Update. EF advised the Committee met recently and discussed SLA’s. The Committee were presented with a briefing paper on inflation and demand which highlighted an increase in healthcare expenditure by 10% and 6% per annum over the 2016-2022 period. If the effect of inflation is removed. EF advised TUH’s expenditure has increased however noted TUH remains lower than other Hospitals within Dublin. EF suggested the paper be shared with Board members. EF advised the Committee discussed the oversight of Cyber risk at Board Committee level and it was suggested that the responsibility of same be assigned to a specific Board Committee. It was agreed to review same at the Board Away day in the context of Board Committee Structures.</p> <p>3.3 Staff and Organisation Development Committee. MV advised the Committee met recently and were informed of the new Pay and Numbers Strategy whereby TUH’s headcount ceiling is set at 31st December 2023. It was noted TUH are above the current ceiling. The Committee also reviewed EMT succession planning.</p> <p>3.4 QSRM Board Committee. DO’C advised the Committee sought to raise the Critical Care Outreach service risk with the Hospital Board. The service is not available 24/7 as a result of funding issues. It was noted ÁLyn is meeting with members of the EMT this week to review options. It was noted the optimal WTE for the service is 8 WTE however TUH only has a funding of 5.6WTE for the service. DO’C advised the Committee also sought to raise the increased presentations in ED and staffing that is required to manage same. SR outlined capacity challenges experienced since August along with the complexity of patients</p>	DC AMB

		<p>presenting. MV highlighted that over the next 5 years TUH will have to care for an increase in older patients and need to understand the impact of community vacancies on TUH. It was noted the IHA Managers commence in post tomorrow and TUH will be raising the staffing vacancies within the community with same. LN advised of being called to a meeting with the Minister and HSE CEO in relation to unscheduled care performance. TUH highlighted the current staffing vacancies within the community including the current radiology risks as well as the well-recognised bed deficit. It was agreed LN to engage with the IHA to seek a plan for services within the Community. JK to revert to the Hospital Board with a briefing on the Estimates Plan for 2025.</p> <p>3.5 Audit Committee. DB advised the Committee not met since the last Board meeting.</p> <p>3.6 Research & Innovation Committee. VB advised the Committee met on the 11th September. The Committee reviewed the number of research applications and Ethics Committee submissions. It was noted TUH have received additional HSE Spark funding for innovation. The Research & Innovation Strategy was launched recently and has there has been positive communication re same. The Committee also reviewed the floor plans for the Innovate Health Build.</p>	<p>LN JK</p>
24.09.08	4.1	<p>TUH Risks. Having been circulated in advance of the meeting a briefing paper regarding the bi-annual review of the risk register was taken as read. CW briefed members and the following was noted:</p> <ul style="list-style-type: none"> • TUH signed up to be a pilot site for the next iteration of the HSE risk register however due to staffing issues this is paused. • The bi-annual review of the risk register interrogates the risks. • Since the review 7 risks have been closed and 12 risks added. • CW advised the Critical Care Outreach service is included on the risk register. • CW briefed members regarding the risk in relation to access to radiology, in particular spinal MRI's out of hours in order to meet the standards/requirements in relation to the national cauda equina syndrome clinical guideline. The risk has been escalated to DMGH to seek a solution within the group. • CW highlighted improvements in nursing WTE, IT and acknowledged the improvement in Endoscopy. • Scheduled care access challenges remain ongoing. <p>DB queried the potential to access Radiology at weekends. SR advised of the staffing challenges associated with same. It was noted that there is a national shortage of Radiographer graduates. SR advised if funding was resumed TUH could resume the outsourcing initiative. DO'C advised the Hospital should consider resourcing the outsourcing initiative. LN advised the matter will be raised again with the IHA and if a national solution is not forthcoming then a proposal will be submitted to the Hospital Board. There would be a significant financial commitment in such a proposal that would have to be considered in the context of impact on the overall hospital budget. The matter and potential solutions will be included as an agenda item at the next Board meeting.</p>	<p>LN</p>
24.09.09	4.2	<p>CEO Report. Having been circulated in advance of the meeting the report was taken as read and the following was noted:</p> <ul style="list-style-type: none"> • LN formally thanked Prof. Coughlan for her input to the Hospital Board during her tenure as Chair of the Medical Board. Prof. 	

		<ul style="list-style-type: none"> • The current allocation as shown in Rossetta is €361m. • The financial limit for TUH is €404m with a projected outturn of €412m which will result in a projected deficit of €8m. • DC advised the financial limit of €404m has been included within the SLA. • A cash acceleration request, in September, has been submitted to HSE. DC advised TUH will require cash in December. • Projected outturn in relation to 2025 - DC will circulate to members once complete. • DC advised recurring costs are not included within the financial limit. <p>4.4.1 eHealth Cyber Recurring Costs. Having been circulated in advance of the meeting the briefing paper regarding eHealth cyber recurring costs was taken as read. DC briefed members and outlined the projected recurring costs for the remainder of 2024 and 2025. It was noted TUH had to engage with external expertise in relation to the tendering of some of the projects.</p> <p>LN advised the CIO has a programme of work in relation to cyber. It was noted NIS 2 commences in October and TUH will require additional funding in order to reach compliance.</p>	DC
24.09.12	<p>5.1 SLA's.</p> <p>5.1.1 TUH HSE SLA Part 1 Having been circulated in advance of the meeting the TUH HSE SLA was taken as read. LN advised TUH is one of the pilot sites for the revised HSE SLA's. Part 2 has been replaced with the HPSR. Part 1 of the SLA still applies and TUH have included caveats to same.</p> <p>It was noted Part 2 includes NIS 2 Compliance and TUH have included caveats re same.</p> <p>It was confirmed the SLA's have been reviewed by the various Committees and EF confirmed the Finance Committee are recommending signing of the SLA's on the basis of the caveats included within.</p> <p>5.1.2 HPSR TUH Acute Hospitals – Colposcopy Services. Having been circulated in advance of the meeting the HPSR TUH Acute Hospitals – Colposcopy Service was taken as read.</p> <p>5.1.3 HPSR TUH Acute Hospitals – Histopathology. Having been circulated in advance of the meeting the HPSR TUH Acute Hospitals – Histopathology was taken as read.</p> <p>5.1.4 HPSR TUH HSE National Dementia Service. Having been circulated in advance of the meeting the HPSR TUH HSE National Dementia Service was taken as read.</p> <p>The Board formally approved the signing of the SLA's having been proposed by DBowl and seconded by EF.</p>		
24.09.13	<p>5.2 TUH CHI SLA Having been circulated in advance of the meeting the TUH CHI SLA was taken as read.</p> <p>The Board formally approved the signing of the SLA having been proposed by DBowl and seconded by EF.</p>		
24.09.14	<p>5.3 Appointment of External Auditors.</p>		

		<p>DC briefed members regarding the current contract advising TUH did not receive suitable applications to the tender process. DC engaged with the current contract holder with a view to extending the contract for a further 2 year period, with an option to extend for a further 2 years. DC briefed members regarding the proposed fees.</p> <p>The Board formally approved the proposal to retain the current external Auditors having been proposed by EF and seconded by DB.</p>	
24.09.15	5.4	<p>Budget Approval for 2024. The Hospital Board approved the signing of the HSE TUH SLA which outlines a financial limit for 2024 for TUH of €404m.</p> <p>It was acknowledged that by approving the SLA, including caveats, the Board have approved the budget for 2024.</p>	
24.09.16	5.5 5.5.1	<p>Contracts. 5.5.1 Pharmacy Contracts. Having been circulated in advance of the meeting a briefing paper regarding the Pharmacy contracts was taken as read. DC advised the HSE have confirmed funding for Cliniscript. EF advised the Finance Committee reviewed same at their recent meeting and recommended the contracts for approval by the Board.</p> <p>The Board formally approved the Pharmacy Contracts; replacement of the existing software system Cliniscript, Pharmacy Robotic Dispensary and Automated dispensing Cabinets, Electronic Prescribing and Medicines Administration and other costs having been proposed by EF and seconded by VB.</p>	
	5.5.2	<p>Radiology Digital X-Ray Room. Having been circulated in advance of the meeting the briefing paper regarding the Radiology digital x-ray room was taken as read. DC highlighted the significant investment in replacing radiology end of life equipment.</p> <p>The Board formally approved the contract for the Radiology Digital X-Ray Room having been proposed by EF and seconded by VB.</p>	
	5.5.3	<p>Radiology SPECT CT. Having been circulated in advance of the meeting the briefing paper regarding the Radiology SPECT CT was taken as read.</p> <p>The Board formally approved the contract for the Radiology SPECT CT having been proposed by EF and seconded by VB.</p>	
	5.5.4	<p>Interventional Radiology Room. Having been circulated in advance of the meeting the briefing paper regarding the Interventional Radiology Room was taken as read.</p> <p>The Board formally approved the contract for the Interventional Radiology Room having been proposed by EF and seconded by VB.</p>	
24.09.17	5.6	<p>Affixing of the Corporate Seal to the Nursing Certificates. Having been circulated in advance of the meeting the briefing paper regarding the affixing of the corporate Seal to the nursing graduate certificates was taken as read.</p>	

		The Board formally approved the affixing of the corporate Seal to the nursing certificates having been proposed by VB and seconded by DBowl.	
24.09.18	6.1	<p>Strategic Implementation Plan.</p> <p>Having been circulated in advance of the meeting the presentation titled ‘<i>A review of the TUH Strategy 2019-2024</i>) was taken as read. JK briefed members and the following was noted:</p> <ul style="list-style-type: none"> • A key strategic principle is to be a Hospital without Walls. • The Covid pandemic gave emphasis to change and innovations. • Activity continues to increase. • Further work is required in relation to integrated care. • Significant investments have taken place in terms of infrastructure with an increase in offsite services. • TUH is leading the way in relation to digital records. • TUH is progressing its Research & Innovation Strategy with increased funding being received from HSE Spark. • WTE has increased in the last five years by 1000WTE. • The allocation has increased from €237m in 2019 to €404m in 2024. <p>Members thanked JK for the presentation and highlighted the need for TUH to consider what the next 5 years will look like and what that means for the patient.</p>	
24.09.19	6.2	<p>Climate Action Strategy.</p> <p>Having been circulated in advance of the meeting the presentation titled ‘<i>TUH Climate Action Strategy 2024 – 2030</i>’ was taken as read. AMB welcomed Dr. Ana Rakovac (AR), Consultant Chemical Pathologist & Co-Chair of the TUH Green Committee and Mr. Patrick Ryan (PR), Director of Estates & Facilities Management to the meeting. AR briefed members and the following was noted:</p> <ul style="list-style-type: none"> • The strategy is TUH’s ambition up to 2030. • The strategy is aligned to the HSE Climate Action Plan that covers 6 key areas. • Sustainable buildings and the green environment. TUH will seek to improve energy efficiency and reduce carbon emissions. • Transport and mobility. TUH will promote the use of public transport and continue remote consultations where possible. • Sustainable Procurement. TUH will introduce obligatory weighting for all tender competitions and create tools for vendor sustainability assessment. • Greener Models of Healthcare. TUH will seek certification for the Laboratory department with My Green Lab Programme. TUH will increase sustainability in surgery, respiratory medicine and aims to become the first Hospital adopting green inhalers policy as a prescribing standard in 2024. • Water & Waste. TUH aims to develop a framework and implementation plan to reduce food waste, increase recycling and reduce the amount of clinical waste generated. TUH will improve the availability of fresh water for all patients and staff. TUH will work with the catering department to expand plant based options on the menu. • Adaptation and Resilience. AR advised the resourcing of the strategy is required to include an Estates/Infrastructure Sustainability Lead and Clinical Sustainability lead. <p>LN advised behavioural change will be a challenge as well as financial implications in relation to implementation of the Strategy.</p>	

		<p>CW advised sustainability needs to be included at all Committee meetings and congratulated AR and PR on the strategy.</p> <p>MV thanked AR and PR for the presentation and highlighted that if TUH is to implement same specific resources will need to be made available for same. MV advised sustainability will be a material element for employees.</p> <p>ML acknowledge the ambitious plan and queried how it will be monitored. AR advised of the Global Green Health Hospital's calculator that TUH will utilise to monitor implementation of the strategy.</p> <p>EF advised the work being achieved by TUH in relation to the Climate Action Strategy should be included in the annual report.</p> <p>AMB thanked AR and PR for the comprehensive presentation.</p>	
24.09.20	7.1	<p>Closing Items AOB There were no further matters for discussion.</p>	
		<p>Board Only Time Deferred.</p>	
	Next Meeting	21 st October 2024 via MS Teams.	

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