



**Tallaght Hospital Board Meeting**  
**Robert Graves Postgraduate Centre**  
**Tallaght Hospital**  
**19 September 2016**  
**07:15-10:00**

**Present:**

**Non-Executive Members**

Mr. Michael Scanlan, Chairman (MS)  
 Mr. Andreas McConnell (AMcC)  
 Dr. Jim Kiely (JK)  
 Ms. Anna Lee (AL)  
 Mr. Liam Dowdall (LD)  
 Prof. Patricia Barker (PB)  
 Mrs. Mairéad Shields (MHS)  
 Prof. Kathy Monks (KM)  
 Archdeacon David Pierpoint (DP)

**Executives in Attendance**

Ms. Lucy Nugent (LN)  
 Dr. Daragh Fahey (DF)  
 Dr. Siobhán Ní Bhrain (SNiB)  
 Ms. Hilary Daly (HD)  
 Mr. John O'Connell (JOC)  
 Mr. Dermot Carter (DC)  
 Mr. David Slevin (DS)  
 Dr. Eleanor O' Leary (EOL)

**Apologies**

Prof. Richard Reilly (RR)  
 Mr. David Seaman (DAS)  
 Dr. Catherine Wall (CW)

**In Attendance**

Madeline O' Neill (MO'N)

No.	Agenda Items	Decisions Made	Action By
		<b>Board member only time</b>	
16.07.01	<b>Minister Harris's visit.</b>	<p>MS welcomed Minister Harris (MH) and his officials to the meeting. He emphasised that Tallaght Hospital had consistently supported the capital and integration aspects of the new children's hospital project and would continue to do so. He confirmed that the board was at idem with the Minister on the need to establish the new children's hospital on a legal basis as soon as possible and invited the Minister to outline his views on how this might best be achieved.</p> <p>The Minister outlined his proposed approach and explained how it would (i) give the new children's hospital the necessary status and authority to support its leadership role for paediatric healthcare nationally and its role as an international player in paediatric research (ii) respect the voluntary hospital traditions of the three existing hospitals (iii) balance the voluntary and public policy aspects of the project and (iv) support the delivery of the overall project by having the new legal entity in place as quickly as possible.</p> <p>The Minister responded to comments and questions from board members about the proposed approach. He referred to the excellent collaboration to date between his Department and the CHG Legal Entity Committee (on which the three hospitals were represented); highlighted elements of his proposed approach which would affirm in a very practical way the tradition of voluntary hospital boards; indicated that he was</p>	

		<p>open to making further changes to underpin the independence of a new board, within the standard public health service accountability framework; and confirmed he was confident that with the support of the three hospitals it would be possible to provide a sound legal basis for the new children's hospital by the middle of next year.</p> <p>MS explained that the Board would carefully consider the approach being proposed by the Minister in the light of the meeting and following further consideration of some related legal and technical issues. He thanked the Minister and his officials for attending the meeting and they left the meeting at this time.</p>	
16.07.02	<b>Apologies</b>	Apologies were noted.	
16.07.03	<b>Patient's Story</b>	<p>HD briefed the board on complimentary correspondence about nursing staff received from a former medical intern and another letter which complimented the work of staff in the Department of Neurology.</p> <p>HD also briefed the board about a complaint received from the family of an elderly lady who was moved out of Franks Ward very late one night to accommodate another elderly lady who had broken her femur and was in ED awaiting admission. HD explained that meeting complainants was often a better way of discussing and dealing with their concerns. In this case, the family of the first lady had met the two Assistant Directors of Nursing involved and the outcome of the meeting was positive. MS noted that the staff concerned faced an unenviable dilemma in cases like this because of the gap between bed capacity and demand and asked HD to convey the board's understanding and support to the two members of staff.</p>	
16.07.04	<b>New Declarations of Interest</b>	There were no declarations of interest for noting.	
16.07.05	<b>Minutes of Previous Meeting and Teleconference</b>	Minutes of the meeting held on 18 July 2016 having been circulated in advance of this meeting were approved for signing.	
16.07.06	<b>Issues Log</b>	The issues log was reviewed and accepted.	
	<b>Contracts</b>	<p>A briefing paper in respect of contracts for Contracted Satellite Haemodialysis Services and Home Haemodialysis Services was circulated in advance of the meeting and taken as read.</p> <p>In addition, formal ratification was sought for a contract in respect of Exchange Hall Refurbishment which had already been approved in line with the urgent approval procedure by two board members, the Chairman and the CEO. The three contracts were approved (proposed by LD and seconded by AL).</p>	
16.07.07	<b>Application of the Corporate Seal to Nursing Certificates</b>	The Board approved the application of the Corporate Seal to the Nursing Certificates (proposed by DP and seconded by MHS).	

<p>16.07.08</p>	<p><b>Integrated Management Report</b></p>	<p>The Integrated Management Report was circulated in advance of the meeting and taken as read.</p> <p><b>Strategy</b>  DS updated the board about the forthcoming publication of a steering group report on trauma services nationally and the positive engagements with the DMHG, SJH &amp; TCD which had culminated in agreement that the DMHG would submit and support a proposal that trauma services be based on the Tallaght Hospital campus. The intention is that this service would be underpinned by institutional support from St. James's Hospital, TCD &amp; Tallaght, with appropriate consideration of trauma services within the Group statutory hospitals. As part of the preparatory process for submitting a formal expression of interest, a working group has been established with appropriate representation from the major trauma providers, a tender process for external consultant support has been completed and it is intended that the group will complete its work over a 12 week period before year end.</p> <p><b>Haughton Institute (HI)</b>  At a meeting of the HI Board of Directors on 16 August 2016 it was agreed to recommend to the members (Tallaght, SJH, TCD) that HI should be wound up. The Board Secretary and one other Director (David Slevin) were nominated to manage the wind up process. A formal decision (setting out the rationale for the recommendation and the process involved) will be sought from each of the members in due course.</p> <p>The annual financial accounts for year end 2015 were approved subject to the auditors including appropriate disclosures of the Directors' recommendation to wind the company up. The filed accounts will be shared with the Audit Committee.</p> <p><b>Finance</b>  The existing 2016 revenue allocation (from the DMHG &amp; CHG) is €185m. However, the latest net expenditure targets set by the two hospital groups is €203.2m (€184.6m DMHG and €18.6m CHG). The projected outturn is €205.2m which would result in a deficit of €1.8m, all on the adult side. Engagement with the DMHG remains ongoing to secure a funding commitment which would deliver a breakeven position.</p> <p>Planning permission for the proposed Renal Development was granted in July. The HSE have approved a further capital allocation (c150k) to allow the Hospital to move to the next stage in the process, i.e. to tender for the development. The tender award will be subject to the HSE approval of funding for the full development costs; these are estimated to be €13.5m whereas only €5m has currently been allocated for the project in the HSE capital plan.</p> <p><b>QSRM</b>  It was noted that the Hospital had experienced a CRE outbreak in recent weeks. The board was advised that the situation is being managed appropriately and the ED is operating as normal.</p>	<p>DC</p>
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16.07.09	<b>Operational Plan for Winter Period</b>	<p>A briefing paper in respect of the operational plan for the forthcoming winter period was circulated in advance of the meeting and taken as read. The paper summarised learning points which had emerged from a review of experience with last year's plan, outlined the assumptions being used to plan for 2016/17 including the key controllable and uncontrollable factors, and set out the performance targets which would be reported against.</p> <p>The board discussed this matter in detail. It was noted that the assumed increase in attendances, particularly of older persons, meant that even after curtailing elective activity, reducing delayed discharges and improving patient flow processes, the number of patients on trolleys waiting for inpatient beds was likely to remain above the target set by the HSE.</p> <p>It was agreed to invite Dr. Sean Kenneally, Geriatrician, to present to the board at a future meeting.</p>	<b>DS</b>
16.07.10	<b>Annual Quality, Safety and Risk Management Report 2015</b>	<p>A draft Annual Quality, Safety and Risk Management Report for 2015 was circulated in advance of the meeting. Board members are invited to provide feedback to the Board Secretary over the next two weeks.</p>	<b>All</b>
16.07.11	<b>Regular Updates</b>	<p>MS briefed the board on a meeting in Trinity on 23 May which discussed (i) how best to use THI to facilitate interaction between the three voluntary hospitals &amp; TCD and DMHG and (ii) the need to wind up the Haughton Institute.</p> <p>He also advised that he had attended an event hosted by the HSE to showcase an initiative in relation to patient safety walkabouts during which the HSE had acknowledged that such walkabouts already took place in Tallaght.</p> <p>The updates from board committees were deferred.</p>	
16.07.12	<b>Presentation by Ms. Joanne Coffey</b>	<p>MS welcomed Ms. Joanne Coffey to the meeting. Ms. Coffey presented to the Board on the progress achieved and initiatives taken over the past year by the communications function and outlined plans to build on this success, including reconvening the board subgroup on communications. MS congratulated JC</p>	

		on her achievements and emphasised how important it was for patient care to improve staff morale and increase patient confidence in the hospital. JC left the meeting at this time.	
<b>16.07.13</b>	<b>AOB</b>	<p>MS drew the attention of board members to papers in the Board pack relating to the new Protected Disclosure Policy and the copy of the presentation made to the Minister for Health on his visit to the hospital on 23<sup>rd</sup> August.</p> <p>MS advised that Mr. Frank Dolphin has resigned his position of Chair of the DMHG.</p> <p>MS congratulated the Board Secretary on successfully completing a Certificate in Corporate Governance.</p> <p>It was noted that a draft report in respect of Patient Advocacy has been prepared by Internal Audit.</p> <p>There was no further business to conduct and this concluded the business of the meeting.</p>	
<b>16.07.14</b>	<b>Next Meeting</b>	24 October 2016 at the Robert Graves Postgraduate Centre, Centre for Learning and Development, TH.	

**Apologies** to Ms. Madeline O'Neill, Board Secretary on 4143845/ [Madeline.oneill@amnch.ie](mailto:Madeline.oneill@amnch.ie)