



**Tallaght University Hospital Board Meeting**  
**27<sup>th</sup> January 2025**  
**08:00am – 10:00am**  
**MS Teams**

**Participating:**

**Board member:-**

Prof. Anne-Marie Brady (AMB) (*Chair*)  
 Mr. Mark Varian (MV) (*Vice-Chair*)  
 Ms. Darina Barrett (DB)  
 Mr. Mike Beary (MB)  
 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)

**Also participating:**

**Executive Management Team:**

Mr. John Kelly (JK)  
 Mr. Dermot Carter (DC)  
 Ms. Sharon Larkin (SL)  
 Ms. Áine Lynch (ÁLyn)  
 Dr. Peter Lavin (PL)  
 Mr. Shane Russell (SR)  
 Ms. Bridget Egan (BE)

**In attendance:**


Ms. Anne McKenna (AMcK)

**Apologies:**

Dr. Mary White (MW)  
 Prof. Catherine Wall (CW)

No.	Agenda Items	Decisions Made	Action By
25.01.01	1.1	<b>Apologies</b> Noted.	
25.01.02	1.2	<b>Patient’s Story</b> 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 acknowledged the care, compassion and empathy of staff.  ÁLyn briefed members regarding the complaint received regarding a referral. It was noted that the matter was resolved on the same day.	
25.01.03	1.3	<b>New Declarations of Interest</b> AMB requested that any potential conflicts of interest were formally declared of which there were none.	
25.01.04	1.4.	<b>Minutes of the previous meeting.</b> Minutes of the meeting held 25 <sup>th</sup> November 2025 having been circulated in advance of the meeting were taken as read and approved.	
25.01.05	1.5	<b>Issues Log.</b> Having been circulated in advance of the meeting the issues log was taken as read and will be updated accordingly.  24.10.05 Radiology. SR provided members with an update and the following was noted:	

		<ul style="list-style-type: none"> <li>• There are ongoing challenges in relation to funding. Of the funding received in Q4 2024 TUH have reduced the MRI &amp; CT waiting lists, however SR advised of an increase in the waiting list in Q3 &amp; 4 of 2024. MRI waiting list has increased from 5798 (from mid-year) to 7179 and CT waiting list has increased from 7415 (from mid-year) to 8604.</li> <li>• SR advised TUH has seen a reduction in the growth of the waiting list in past 2 months and the number of people waiting awaiting MRI's on UEC pathways at the beginning of the month has reduced.</li> <li>• Radiology have extended the running time of the MRI and TUH are availing of offsite capacity.</li> <li>• It was noted TUH have introduced a number of clinical pathways and have the ability to discharge patients and provide MRI as an outpatient. This has assisted with overall flow in the Hospital.</li> <li>• SR advised the RHA have committed to providing additional funding in Q1.</li> <li>• NTPF remain on target to take over the management of Radiology waiting lists and SR has advocated for TUH to be one of the first Hospital's for the programme. SR advised NTPF will agree technical standards in which to access the waiting lists.</li> </ul> <p>Board members queried if TUH has a sustainable model for access to Radiology and if there are improvements that can be achieved internally. SR advised the extended working model would result in improved access however it was noted additional resources in the context of staffing would be required. SR advised further work could be performed in improving patient pathways for Radiology.</p> <p>JK highlighted the challenge in Radiographers, and advised there is a small cohort that are recruited from overseas.</p> <p>The Board highlighted the ongoing challenges with Radiology and requested the Executive to revert with a proposed sustainable model and the barriers that would prevent the implementation of same.</p> <p>24.09.07 – QSRM Board Committee updates.</p> <ul style="list-style-type: none"> <li>• IHA Services. JK advised of continuous engagement with IHA and advised of staffing challenges within the community.</li> <li>• Estimates Plan 2025. JK advised of work being undertaken on estimate planning, despite there being no request for same in 2024. JK advised as the transition from the group &amp; CHO to the IHA an understanding of what services will be prioritised for developments for 2025 and 2026.</li> </ul>	<b>SR</b>
25.01.06	2.1	<p><b>Chair's Update.</b></p> <ul style="list-style-type: none"> <li>• IVHA. AMB advised IVHA have revised its constitution to allow for the appointment of a Chair that is not a non-executive director of a member organisation and to allow for remuneration of same.</li> <li>• Charter. It was noted the revised Charter is currently with the Office of Public Council and the Board Secretary continues to follow up regarding same.</li> <li>• Pay &amp; Numbers. AMB advised of a meeting convened by the CEO of the HSE and will be discussed as part of the agenda.</li> </ul>	
25.01.07	3.1 3.2	<p><b>Regular Updates</b></p> <p><b>3.1 Governance and Nominating Committee.</b> AMB advised there is no update from the Committee.</p> <p><b>3.2 Finance Committee Update.</b></p>	

	<p>3.3 <b>Staff and Organisation Development Committee.</b>  3.4 <b>QSRM Board Committee.</b>  3.5 <b>Audit Committee.</b></p>	<p>TL advised the Committee will meet in February.  MV advised the Committee the Committee are meeting next week.  DBowl advised the Committee met last week and there were no items for raising with the Hospital Board.  DB advised the Committee met twice since the last Board meeting. The Committee met with the External Auditors in December regarding the external audit. DB advised of the lack of awareness in relation to fraud, in particular the language used within the policy which does not outline theft and requested the policy be reviewed to include same. The Committee reviewed the terms of reference which will include IT Governance and Cybersecurity oversight. The DPO gave a presentation to the meeting which demonstrated significant progress by the department and the DPO will be asked to present to the Committee later in the year in relation to preventative controls for data security. DB advised following a presentation by the Head of Procurement, circulated to members, the adoption of the HSE system, IFMS will require Board Decision. It was noted the Head of Procurement advised of challenges in terms of the work undertaken in the context of buy in from some clinicians when tender process have concluded. It was noted the COO briefed members regarding business continuity and the scope of work being carried out by BDO. The final report will be presented to the next meeting of the Committee.</p> <p>DC advised a decision regarding adoption the IFMS has yet to be made and the larger Hospitals are included in the final implementation process in 2026 &amp; 2027. JK advised of the importance for TUH to maintain its agility and independence. DC to circulate a briefing paper regarding the IFMS that was previously circulated to the Hospital Board. It was suggested that TUH seek the experiences of other entities who have implemented the system. JK to raise with IVHA.</p>	<p>DC  JK</p>
<p>25.01.08</p>	<p>4.1</p>	<p><b>TUH Risks.</b>  JK advised there was nothing to note in relation to risks.</p>	
<p>25.01.09</p>	<p>4.2</p>	<p><b>CEO Report.</b>  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"> <li>• JK advised a meeting with the HSE CEO, CFO, Director of HR, REO took place last week following correspondence issued to the HSE from IVHA and the DATHs. It was noted there actions arising of same. The meeting focused on finance and staffing with all staffing approvals delegated to the REO.</li> <li>• JK advised of capacity challenges with the bed census reaching 536 patients recently, which is 60 patients above bed capacity.</li> <li>• CHI Information Governance Framework. TUH are meeting with CHI this week re same.</li> </ul> 	<p>JK</p>

		<ul style="list-style-type: none"> <li>• The Provost of TCD, Prof Linda Doyle visited TUH last week and JK discussed potential collaborations in 2025.</li> <li>• HPVP. JK advised of a media publication in early January outlining TUH is not engaging with the HPVP. JK advised of the inaccuracy of same and confirmed same with the REO.</li> <li>• JK briefed members regarding the recent absconsion of a prisoner who was an inpatient in TUH that was reported on in the media.</li> <li>• Storm Éowyn. JK advised there was no significant damage to the campus and credited staff for their flexibility. Hospital services resumed to normal on Friday afternoon.</li> </ul>	
25.01.10	4.3	<p><b>Finance Update.</b> Having been circulated in advance of the meeting the Finance Report was taken as read. DC briefed members and the following was noted:</p> <ul style="list-style-type: none"> <li>• The net outturn for 2024 is €414.3m, vs a budget/financial limit of €409.5m resulting in a projected deficit of €4.8m.</li> <li>• The projected net outturn for 2025 is €448.7m vs an allocation of €409.3m resulting in a projected deficit of €39.4m.</li> <li>• The cumulative deficit, as recorded in the AFS 2023 is €25.4m and the 2025 projected accumulative deficit is €30.8.</li> <li>• The projection for 2025 is calculated at €448m, an increase of 8% on 2024. Following the meeting with the HSE the projected deficit of €39.8m was revised down and the gap is estimated at €25m. TUH have been asked to respond on how it will manage the gap.</li> <li>• At the meeting with the HSE TUH outlined the projected variances by line item and the HSE advised that savings would need to be made in order to proceed with Stroke, Plastics &amp; the Women’s Health Unit.</li> <li>• It was noted TUH is 151 WTE over headcount however TUH broke even in relation to pay. TUH need to clarify the WTE costs in 2024 vs the WTE cost in 2025.</li> <li>• HSE have requested clarification in relation to non-pay costs of €15m.</li> <li>• TUH have advised it may not achieve its income target.</li> </ul> <p>JH queried the approved funding and if there is a potential deficit how TUH are engaging with the HSE regarding the underfunding. DC advised at the meeting with the REO &amp; HSE he raised the issue of underfunding and the HSE sought clarification on the WTE and non-pay expenditure.</p> <p><b>4.3.1 Contract Savings</b> Included within the Financial Report.</p> <p><b>4.3.2 Budget/Pay &amp; Numbers.</b> A presentation given at the meeting with the HSE having been circulated in advance of the meeting was taken as read and the following was noted:</p> <ul style="list-style-type: none"> <li>• TUH received an adjustment to the 2024 allocation of €90m.</li> <li>• TUH discussed cashing requirements with the HSE.</li> <li>• It was noted approved funding in relation to WTE specifically for Stroke &amp; Plastics was rescinded by the HSE last year. TUH have recruited 2 Plastics Consultants however these posts will require WTE supports.</li> </ul>	

		<ul style="list-style-type: none"> <li>TUH have to analyse the growth in non-pay and revert back to the HSE with same. DC advised the non-pay expenditure includes, ABF, Drugs, ATC, Activity (cost growth) &amp; ELS Income.</li> <li>JK advised TUH are required to revert to the HSE by Wednesday with clarification sought arising from the meeting.</li> <li>DC advised TUH will work with the REO in relation to the 21 Consultant Posts.</li> </ul> <p>DB queried the accumulative deficit and the management of same. DB requested that DC include the balance sheet within the IMR in order to clarify the management of same.</p> <p>Members discussed the funding model and challenges associated with same. It was suggested TUH continue to engage with IVHA regarding the funding model and accumulative deficits. JK advised the correspondence issued by IVHA and the DATHs have yet to be responded to by the HSE.</p> <p>AMB highlighted discrepancies in the figures presented to the HSE to those included in the presentation. JK to circulate the updated presentation the Board.</p>	<p><b>DC</b></p> <p><b>JK</b></p>
25.01.11	4.4	<p><b>Medical Board Report.</b> Having been circulated in advance of the meeting the Medical Board Report was taken as read.</p>	
25.01.12	5.1	<p><b>For Decision.</b> There were no items for decision.</p>	
25.01.13	6.1	<p><b>TUH Strategy 2025 – 2030.</b> MV advised TUH have sourced an external facilitator to assist with the Strategy and having undertaken an evaluations process [REDACTED] were appointed.</p> <p>A number of workshops with the Board Sub-Committee &amp; EMT have been scheduled. It is anticipated that the draft Strategy will be presented to the Hospital Board at the March meeting.</p> <p>MB advised of the renewed enthusiasm and good engagement with the process.</p>	
25.01.14	7.1	<p><b>Closing Items.</b> <b>Interim CEO.</b> AMB welcomed JK as the Interim CEO and thanked him for assuming the position.</p>	
25.01.15	7.2	<p><b>Synergy EPR – [REDACTED] Phase 2.</b> Having been circulated in advance of the meeting the briefing paper regarding Synergy EPR – [REDACTED] Phase 2 was taken as read.</p> <p>DC advised further to the Board’s approval to sign the statement of works in October 2024 the HSE have confirmed approval to draw down the funding balance.</p>	
		<b>Board Only Time</b>	
	<b>Next Meeting</b>	31 <sup>st</sup> March 2025	

**Apologies** to Ms. Anne McKenna, Board Secretary on 4143845/ [anne.mckenna@tuh.ie](mailto:anne.mckenna@tuh.ie).

