



Tallaght University Hospital Board Meeting
28th July 2025
08:00am – 10:00am
Robert Graves Postgraduate Centre, CLD
TUH

Participating:

Board member:

Prof. Anne-Marie Brady (AMB) (*Chair*)
 Dr. Vivienne Byers (VB)
 Mr. John Hennessy (JH)
 Ms. Darina Barrett (DB)
 Mr. Mike Beary (MB)
 Rev. David Bowles (DBowl)
 Mr. Tom Lane (TL)
 Dr. Martin Lyes (ML)

Also participating:

Executive Management Team:

Ms. Barbara Keogh Dunne (BKD)
 Mr. John Kelly (JK)
 Mr. David Addie (DA)
 Ms. Sharon Larkin (SL)
 Prof. Peter Lavin (PL)
 Mr. Jerome Powell (JP)

In attendance:

Ms. Anne McKenna (AMcK)

Apologies:

Mr. Mark Varian (MV)
 Dr. Darach O’Ciardha (DO’C)
 Dr. Mary White (MW)
 Mr. Dermot Cater (DC)
 Prof. Catherine Wall (CW)
 Ms. Bridget Egan (BE)
 Ms. Áine Lynch (ÁLyn)

No.	Agenda Items	Decisions Made	Action By
		AMB welcomed BKD in her new role as CEO and welcomed JP in his role as the new COO to the meeting.	
25.07.01	1.1	Apologies Noted.	
25.07.02	1.2	Patient Story. Having been circulated in advance of the meeting the patient story was taken as read.	
25.07.03	1.3	New Declarations of Interest. AMB requested that any potential conflicts of interest were formally declared, of which there were none.	
25.07.04	1.4	Minutes of the Annual General Meeting held 26th May 2025. Having been circulated in advance of the meeting the minutes of the annual general meeting held 26 th May 2025 were taken as read and approved, subject to an amendment under attendees.	
25.07.05	1.5	Minutes of the meeting held 26th May 2025. Having been circulated in advance of the meeting the minutes of the meeting held 26 th May 2025 were taken as read and approved, subject to an amendment under attendees.	

25.07.06	1.6	<p>Issues Log. Having been circulated in advance of the meeting the issues log was taken as read and the following was noted:</p> <div data-bbox="501 277 1289 613" style="background-color: black; width: 100%; height: 150px; margin: 10px 0;"></div> <p>25.05.15 Synergy Realisation Benefit. JK advised that he is working with the CIO & Director of HR in relation to same and savings as a result of digital transformations. JK will revert with a briefing paper at the November meeting of the Hospital Board.</p> <p>25.05.15 Finance Report. DA in the absence of DC advised that when Finance produce the projection it is not possible to report it against the allocation in the current system. It is anticipated that a comparison of allocation month vs projection and ytd will be provided at the next meeting.</p>	<p>JK</p> <p>DC</p>
25.07.07	2.1	<p>Chair's Report.</p> <ul style="list-style-type: none"> Charter. AMB advised the Board approved the consolidated text of the revised Charter. It was noted the revised Charter will provide for two additional Board members who will be appointed in collaboration with the Meath Foundation and the Adelaide Health Foundation. AMB advised the Board are seeking to replace Dr. Byers who is stepping down from the Hospital Board in September. <div data-bbox="549 1256 1315 1592" style="background-color: black; width: 100%; height: 150px; margin-top: 10px;"></div> 	
25.07.08	<p>3.1</p> <p>3.2</p> <p>3.3</p> <p>3.4</p>	<p>Regular Updates:</p> <p>Governance and Nominating Committee. AMB advised there is no update from the Governance and Nominating Committee.</p> <p>Finance Committee. TL advised the Committee met with the Governance and Nominating Committee to review the SLA's on July 15th.</p> <p>Staff and Organisation Development Committee. There was no update from the Staff and Organisation Development Committee.</p> <p>QSRM Board Committee. Having been circulated in advance of the meeting a briefing note from the QSRM Board Committee regarding matters for raising with the Hospital Board was taken as read. DBowl briefed members, following the ceasing of funding from the NTPF in relation to</p>	

		<p>Radiology initiatives the waiting list has increased by 40% It was noted the REO has approved additional radiography/radiology staffing required to extended working day and undertake insourcing. TUH are running clinics to 8pm and at weekends for the most urgent patients on the waiting list. JK advised the cases are being reviewed by the Serious Incident Management Team. JK advised of a reduction in MRI & Ultrasound waiting lists. JK advised a commitment from the Region to work with TUH in relation to the funding for the Radiology extended working day was expressed however funding has not yet been received. PL advised that TUH could see delayed diagnosis cases as a result of delayed access to diagnostics. It was agreed JK would provide an update in relation to the radiology funding at the next meeting.</p> <p>Audit Committee.</p> <p>3.5 DB advised there is no update from the Audit Committee.</p> <p>Research & Innovation Committee</p> <p>3.6 VB advised the Committee held a working lunch, Committee meeting and workshop on the 25th June 2025 that was attended by [REDACTED]. It was noted the workshop focused on an innovation business model for TUH. VB advised to external Committee members have been re-appointed and ML has been appointed the incoming Chair of the Committee. VB thanked JK, ML and AMcK for their support on the Committee.</p>	JK
25.07.09	4.1	<p>TUH Risks.</p> <p>BKD advised there were no further risks for noting at the meeting.</p>	
25.07.10	4.2	<p>CEO Report.</p> <p>Having been circulated in advance of the meeting the CEO's report was taken as read. BKD briefed members and the following was noted:</p> <ul style="list-style-type: none"> • The Walkways graduation took place on the 15th July with six graduates. It was noted 65% of the graduates have received employment. • Budget & Headcount. It was noted the HSE have not responded to the Chair's correspondence of March 2025. BKD advised TUH will therefore escalate the correspondence to the Chair of the HSE Board. • Scoliosis. It was noted an agreement has been reached with MMUH for the transfer of OPD scoliosis patients and TUH wait formal agreement for the transfer of surgical patients. • Strategic Plan. It is anticipated the Strategy will launch in September in order to avail of the Minister's availability. • BKD advised the HSE have issued correspondence inviting CEO's to meet with the Minister in relation to the extended working day. • It was noted an unannounced HIQA inspection of Tymon North took place on the 1st & 2nd July. BKD advised a number of actions have been implemented. • CHI. It was noted work is continuing to finalise the Information Governance framework. • Unscheduled Care. BKD reported an improvement in unscheduled care and expressed her thanks to the input from nursing colleagues. JP advised of the decrease in PET times and breaches > 24hrs in ED as a result of the introduction of daily huddles, patient journey rounds and collaboration with nursing colleagues. It was noted the Hospital have deescalated the 	

		<p>escalation beds. BKD advised of the improved functioning of the AMAU which is contributing to improvements in unscheduled care.</p> <p>ML noted the cybersecurity mandatory training figures remain static and queried what measures are being put in place to improve same. MB advised the Audit Committee reviewed same and acknowledged the volume of mandatory training to be undertaken by staff, particularly clinical staff. JK advised of improved compliance by the new NCHD's. SL advised SODC reviewed same and it was noted study leave is contingent on all mandatory training being completed.</p>	
25.07.11	4.3	<p>Finance Report.</p> <p>Having been circulated in advance of the meeting the Finance report was taken as read. DA briefed members and the following was noted:</p> <ul style="list-style-type: none"> • The year end, cumulative deficit is €25.4m. • TUH broke even in 2024. • The projected deficit for 2025 is €24.9m however this will be further reduced by €5m given the latest projection against the run rate. • Additional costs not funded include radiology insourcing/outourcing, outsourcing of GP bloods and assisted decision making costs. • It was noted the HSE have alluded to cashing out hospitals in 2025. • It was noted no response has been received from the HSE CEO to the Chair's correspondence and the Chair will formally write to the Chair of the Board of the HSE. 	
25.07.12	4.4	<p>Medical Boards Report.</p> <p>Having been circulated in advance of the meeting the Medical Board report was taken as read.</p>	
25.07.13	<p>5.1</p> <p>5.1.1</p> <p>5.1.2</p>	<p>SLA's.</p> <p>Having been circulated in advance of the meeting the SLA's were taken as read.</p> <p>TUH HSE SLA Part I & II – HPSR 2025.</p> <p>Having been circulated in advance of the meeting the decision paper – Board report on TUH/HSE SLA was taken as read and the following was noted:</p> <ul style="list-style-type: none"> • Following the joint meeting of the Finance Committee & Governance and Nominating Committee it was agreed to defer signing of the HPSR 2025 as further discussion with the HSE is required in relation to budget allocation and activity levels for 2025. • It is recommended that the Board sign Part I of the HSE SLA with the caveats included. TUH have outlined the caveats to the IHA Manager, which includes reference to the Hospital Charter and the independence of the Board in relation to national IT solutions. It was agreed the caveats should be included above the signature and not as an appendix. <p>The Board formally approved the signing of Part I of the HSE SLA, with the caveats included, having been proposed by TL and seconded by JH. The signing of the HPSR 2025 is deferred to allow for further discussions with the HSE.</p> <p>TUH HSE National Dementia Service HPSR 2025.</p> <p>Having been circulated in advance of the meeting the TUH HSE National Dementia Service HPSR 2025 was taken as read. JK</p>	

		<p>advised any additional activity, undertaken by TUH, will be fully funded.</p> <p>The Board formally approved the signing of the TUH HSE National Dementia Service HPSR 2025 having been proposed by TL and seconded by JH.</p> <p>5.1.3 TUH HSE National Screening Service HPSR 2025 (Colposcopy & Histopathology). Having been circulated in advance of the meeting the TUH HSE National Screening Service HPSR 2025 (Colposcopy & Histopathology) was taken as read. JK advised activity not performed by the Hospital would result in funding being recalled, however if any additional activity, undertaken by TUH, will be fully funded.</p> <p>The Board formally approved the signing the TUH HSE National Screening Service HPSR 2025 (Colposcopy & Histopathology) having been proposed by TL and seconded by JH.</p> <p>5.1.4 TUH HSE Mental Health Service HPSR 2024. Having been circulated in advance of the meeting the TUH HSE Mental Health Service HPSR 2024 was taken as read. It was noted the 2024 HPSR was not signed off in 2024 due to a funding shortfall, which has since been addressed.</p> <p>The Board formally approved the signing of the TUH HSE Mental Health Service HPSR 2024 having been proposed by TL and seconded by JH.</p> <p>5.1.5 TUH HSE Mental Health Service HPSR 2025. Having been circulated in advance of the meeting the TUH HSE Mental Health Service HPSR 2025 was taken as read. The HPSR has been updated to reflect the funding required for 2025.</p> <p>The Board formally approved the signing of the TUH HSE Mental Health Service HPSR 2025 having been proposed by TL and seconded by JH.</p> <p>5.1.6 TUH CHI SLA 2025. Having been circulated in advance of the meeting the Decision paper – Board report on TUH/CHI SLA 2025 was taken as read. JK advised the funding cost associated with the SLA has increased from €8.237m in 2024 to €8.510m in 2025. It was noted the 2025 SLA stipulates detailed timeline for the information governance framework to be submitted by CHI. JL advised it is anticipated that CHI will transition from the TUH campus in mid-2026.</p> <p>The Board formally approved the signing of the TUH CHI SLA 2025 having been proposed by TL and seconded by JH.</p>	
25.07.14	<p>5.2</p> <p>5.2.1</p> <p>5.2.2</p>	<p>Contracts.</p> <p>Acute Psychiatry Unit. Having been circulated in advance of the meeting the briefing paper regarding the Acute Psychiatry Unit contract was taken as read. It was noted the contract is for refurbishment works and funded by the HSE. JK advised the tender was run by the HSE however TUH will collaborate with the project management in terms of technical services support.</p> <p>The Board formally approved the contract having been proposed by MB and seconded by TL.</p> <p>ICT Network Upgrade.</p>	

		<p>Having been circulated in advance of the meeting the ICT Network Upgrade briefing paper was taken as read. DA advised the upgrade has been fully funded however TUH will incur incremental costs associated with maintenance and service of the system.</p> <p>5.2.3 The Board formally approved the ICT Network Upgrade contract having been proposed by DBowl and seconded by VB.</p> <p>Endoscopy Camera Stack System. Having been circulated in advance of the meeting the Endoscopy Camera Stack System briefing was taken as read. It was noted that it is being funded by the National Equipment Replacement Programme.</p> <p>5.2.4 The Board formally approved the Endoscopy Camera Stack System having been proposed by JH and seconded by TL.</p> <p>ICT Storage - Additional Capacity. Having been circulated in advance of the meeting the ICT Storage – Additional Capacity briefing paper was taken as read. DA advised the ICT storage – additional capacity is being fully funded by the HSE. It was noted a purchase order has issued in order to avail of the competitive pricing for same as the cost was due to increase.</p> <p>The Board formally approved the ICT storage –additional capacity having been proposed by JH and seconded by TL.</p>	
25.07.15	5.3	<p>Bank Overdraft. Having been circulated in advance of the meeting the briefing paper regarding the bank overdraft was taken as read.</p> <p>The Board formally approved the bank overdraft having been proposed by JH and seconded by MB.</p>	
25.07.16	5.4	<p>Bank Mandates. Having been circulated in advance of the meeting the briefing paper regarding the bank mandates was taken as read. DA advised of an amendment to the signatories.</p> <p>The Board formally approved the bank mandates having been proposed by JH and seconded by TL.</p>	
25.07.17	5.5	<p>[REDACTED]</p> <p>[REDACTED]</p>	
25.07.18	6.1	<p>NTPF. Having been circulated in advance of the meeting the briefing paper regarding the NTPF funded initiatives was taken as read. JK briefed members and the following was noted:</p> <ul style="list-style-type: none"> • TUH has an MOU with NTPF and adheres to same. • NTPF funding is for additional activity undertaken by insourcing and outsourcing, including the use of third parties. It was noted TUH have controls in place in relation to the use of third parties including checks to ensure those performing activities under the initiatives are not directors or employees of the company providing the service or have family members connected to the company. 	

		<ul style="list-style-type: none"> JK advised of clear governance processes in relation to payment of clinicians in the context of NTPF initiatives and approval is required by clinicians employed by TUH to undertaken NTPF work. Clinicians on the Public Only Consultant Contract are paid under the public contract. It was noted there was no response by the NTPF to the correspondence issued by TUH in June 2025. It was noted NTPF initiatives require approval of activity by the COO, finance manage the funds and WTE for initiatives requires manpower planning approval. The DCEO has overall remit for ensuring compliance. It was noted the HSE CEO has indicated that NTPF funding could cease mid-2026. The Board queried the impact on services if funding is ceased. JK advised this would have significant impact on services. The Board requested the Executive undertake a risk assessment of same and revert at the next meeting of the Board, engage with IVHA and outline a strategy to manage same should the funding cease. 	BKD/JK
25.07.19	6.2		
25.07.20	6.3	<p>Deployment of National Solutions.</p> <p>Having been circulated in advance of the meeting a briefing paper regarding the deployment of national solutions was taken as read. JK briefed members and the following was noted:</p> <ul style="list-style-type: none"> There will be autonomy implications if national solutions are deployed in TUH. TUH will not be able to access data at the back end of the systems. Caveats have been included in the SLA in relation to national systems. It was noted capital funding could be withheld if TUH do not engage. HSE had previously indicated that there would be a legal framework in relation to national solutions however they have advised this is not required given the SLA. <p>JH advised TUH need to review the systems in the context of benefits to TUH, where these systems would encroach on the organisation's independence and decide the flexibility TUH would require within the national systems.</p> <p>JK advised of implications in relation to procurement, payroll and recruitment.</p> <p>It was agreed JK to revert at the next meeting outlining the flexibility required by TUH, benefits and risks in deploying the national solutions.</p>	JK/DC
25.07.21	7.1	<p>Closing Items</p> <p>AMB thanked Vivienne Byers for her service on the Board of TUH and acknowledged John Kelly's work during his tenure as Interim CEO.</p> <p>AOB</p> <p>There were no further items for discussion.</p>	
		<p>Post Board Reflection.</p> <p>The Board met without the Executive for a period of reflection.</p>	

Apologies to Ms. Anne McKenna, Board Secretary on 414 3845/ anne.mckenna@tuh.ie

