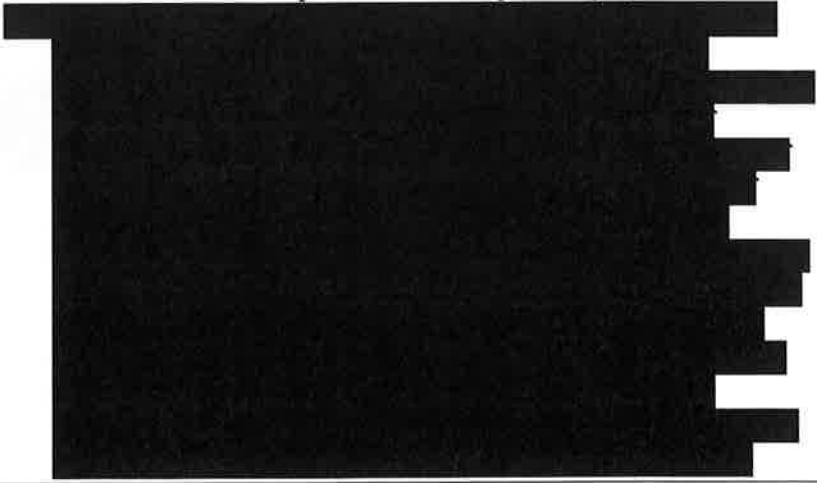






No.	Agenda Items	Decisions Made	Action By
25.09.01	1.1	Apologies Noted.	
25.09.02	1.2	<p>Patient Story. Having been circulated in advance of the meeting the patient story was taken as read.</p> <p>MB queried the patient complaint and if a different process was undertaken in relation to the discharge of the patient on the second occasion. ÁLyn advised all details were reviewed in relation to the discharge. It was noted that ideally collaboration regarding discharge will take place with the family, however it was noted that on occasion the patient and the family may have different views in relation to discharge. As part of the response to the NIES results for TUH, a focus on communication in Discharge planning coordination on ward by the CNMs is taking place</p> <p>Having been circulated in advance of the meeting the Patient Experience Trends were taken as read. JH thanked ÁLyn for the data.</p>	
25.09.03	1.3	<p>New Declarations of Interest. AMB requested that any potential conflicts of interest were formally declared, of which there were none.</p>	

25.09.04	1.4	Minutes of the previous meetings. Having been circulated in advance of the meeting the minutes of the meeting held 15 th July 2025 and 28 th July 2025 were taken as read and approved.	
25.09.05	1.5	Issues Log. Having been circulated in advance of the meeting the issues log was taken as read. It was noted a NTPF, ICT National Solutions and Finance Report are all included as agenda items at today's meeting.	
25.09.06	2.1	Chair's Update <ul style="list-style-type: none"> • TUH Strategy. AMB congratulated BKD and the team on the successful launch of the Hospital strategy. AMB acknowledged the work undertaken by the Head of Communications. • [REDACTED] 	
25.09.07	3.1 3.2 3.3 3.4 3.5 3.5.1 3.6	Regular Updates: Governance and Nominating Committee. Having been circulated in advance of the meeting the Governance and Nominating Committee update was taken as read. Finance Committee. Having been circulated in advance of the meeting the Finance Committee update was taken as read. Staff and Organisation Development Committee. Having been circulated in advance of the meeting the Staff and Organisation Development Committee update was taken as read. QSRM Board Committee. Having been circulated in advance of the meeting the QSRM Board Committee update was taken as read. Audit Committee Having been circulated in advance of the meeting the Audit Committee update was taken as read. DB highlighted there are a number of outstanding risks on the IT risk register. It was noted in circumstances where funding is a mitigating factor the matter is raised to the Hospital Board. The Board's risk appetite statement outlines a low appetite for IT risk. It was suggested a review of the IT risks be undertaken. CW advised there are 47 risks on the Corporate Risk Register, 12 of which are IT related. It was noted a meeting has been convened with the new member of the QSRM Board Committee, the CIO and CW to review said risks. CW advised a review of the risk register took place by BKD & CW and TUH are utilising a new revised template for the risk register. DB advised a member of the Audit Committee would be happy to be involved in the review of the risk register. Audit Committee Annual Report 2024 Having been circulated in advance of the meeting the Audit Committee Annual Report 2024 was taken as read. Research & Innovation Committee Having been circulated in advance of the meeting the Research & Innovation Committee update was taken as read.	
25.09.08	4.1	TUH Risks. CW advised there were no further risks for noting at the meeting.	
25.09.09	4.2	CEO Report. Having been circulated in advance of the meeting the CEO's report and Integrated Management Report was taken as read. BKD briefed members and the following was noted:	

		<ul style="list-style-type: none">• Minister's Conference. It was noted the Minister and HSE CEO held a conference on the implementation of the extended working day (5/7) whereby each CEO had to present on same. It was noted a further conference will take place in January. BKD advised 89% of nursing staff work 5/7 and 60% of medical staff work 5//7. It was noted of the 60% medical staff that 24% represents Consultants. BKD advised a process is underway to review all specialties and POCC, however further resources will be required to fully implement same. PL advised there are no increase in hours and therefore this may impact capacity until fully resourced.• Endometriosis. BKD advised a business case has been submitted to the Minister and HSE CEO for the complex endometriosis services management at TUH. TUH have requested 22 WTE to roll out same.• Shared Services. BKD advised of correspondence issued from IVHA to the HSE requesting a legal framework for the same. It was noted that TUH are meeting with the CFO regarding the implementation of IFMS this week.• HIQA unannounced inspection Tymon North draft report was received, and a QIP is in place.• BKD advised number grade 3 & 4 pressure sores were recorded in the last three months. It was noted that there is a QIP in place,• BKD advised a full suite of quality indicators is being reviewed. This will be developed into a quality dashboard that will demonstrate trends, themes and national comparisons.• It was noted that TUH were complimented at an Oireachtas Committee, by a Senator, in relation to recent experience in the ED.• TUH have sought funding for 30 offsite beds, to meet demand for unscheduled care, and 22 WTE for St. Luke's have been approved to increase the complexity of patients being transferred to that facility• DayCase waiting lists have increased and this will be a focus until year end.• TUH has been notified by the HSE of the spent limit of €437.2m for the year 2026 which will result in a projected deficit of €1.5m.• Enhanced Care within TUH has increased by 116% since 2024 and ÁLyn is reviewing same.• Headcount. TUH has reduced its headcount by 31 WTE since the 31st December 2024.• The ward block is expected to be completed by Q2 2029. 	
--	--	--	--

		 <ul style="list-style-type: none"> • AMB noted the marked improvement in ED PET and 24 hour breaches with ED in recent months. BKD acknowledged the work of the multidisciplinary teams and the nursing leadership in achieving same however highlighted that it requires constant focus in order to maintain same. • BKD advised TUH experienced a 30 minute network outage recently with no long term implications. • DO'C queried the reduction in new GP referrals and if the chronic disease management hub is having an impact on same. It was noted the chronic disease management hub may have had some impact however the current data demonstrates that all appointments are filled. It was agreed further information will be provided at the next meeting. DO'C requested the radiology metric be included in the IMR going forward. 	ÁLyn BKD
25.09.10	4.3	Medical Board Report. Having been circulated in advance of the meeting the Medical Board report was taken as read.	
25.09.11	4.4	Finance Update. Having been circulated in advance of the meeting the Finance update was taken as read. The correspondence regarding the 2025 spend limits as circulated in advance of the meeting was taken as read. AMB advised the receipt of the correspondence on the 2025 budget meant previously discussed correspondence to be advanced by the TUH Chair to the Chair HSE was no longer required. DC briefed members and the following was noted: <ul style="list-style-type: none"> • The 2025 spend limit is €437.22m. • DC advised the projected deficit for 2025 is €1.5m. DC advised of challenges in reducing same. • It was noted the reduction of PHI is in line with the POCC. MB queried if there was any progress in relation to the historic deficit. It was noted BKD/DC will raise same at the meeting with the HSE CFO this week.	
25.09.12	5.1 5.1.1	Contracts ICT Nervecentre Solution. Having been circulated in advance of the meeting the briefing paper on the ICT Nervecentre solution was taken as read. DC briefed members and advised of capital funding received from the HSE for the patient flow information system (PFIS) and acute floor flow information system (AFIS).  <p>The Board formally approved the ICT Nervecentre Solution contract having been proposed by JH and seconded by DB.</p>	
	5.1.2	Endoscopy Equipment (Scopes) Having been circulated in advance of the meeting the Endoscopy Equipment (Scopes) briefing paper was taken as read.	

		<p>The Board formally approved the Endoscopy Equipment (Scopes) contract having been proposed by JH and seconded by TL</p> <p>5.1.3 Theatre Pendants. Having been circulated in advance of the meeting the Theatre Pendants briefing paper was taken as read.</p> <p>The Board formally approved the Theatre Pendants contract having been proposed by JH and seconded by TL.</p> <p>5.1.4 Data Modelling, Data Visualisation & Business Intelligence Services. Having been circulated in advance of the meeting the Data modelling, visualisation & business intelligence services, lots 1, 2 & 3 were taken as read. DC briefed members on the lots, noting that lot 1 provides for project management, analytics and data science for the Hospital. Lot 2 provides for business intelligence requirements and lot 3 is a new service for roster optimisation and management.</p> <p>Subject to amendments within the briefing paper to clarify the explanation of lots 1 and 2, the Board formally approved the data modelling, data visualisation & business intelligence services contract having been proposed by MB and seconded by TL.</p> <p>5.1.5 HSSD Decontamination Equipment. Having been circulated in advance of the meeting the HSSD Decontamination Equipment briefing paper was taken as read.</p> <p>The Board formally approved the HSSD Decontamination Equipment contract, having been proposed by JH and seconded by TL.</p> <p>5.1.6 Theatre Anaesthesia Drivers (Infusion Pumps). Having been circulated in advance of the meeting the Theatre Anaesthesia Drivers (Infusion Pumps) briefing paper was taking as read.</p> <p>The Board formally approved the Theatre Anaesthesia Drivers (Infusion Pump) contract, having been proposed by JH and seconded by TL.</p>	
25.09.13	5.2	<p>SLA – Primary Care Radiology HPSR. Having been circulated in advance of the meeting, the Primary Care Radiology (SLA) HPSR briefing paper was taken as read. BKD advised that the finance and staffing figures have been agreed.</p> <p>The Board formally approved the Primary Care Radiology (SLA) HPSR having been proposed by MB and seconded by ML.</p>	
25.09.14	5.3	<p>HSE SLA – DML HPSR. Having been circulated in advance of the meeting the HSE SLA – DML HPSR briefing paper was taken as read. It was noted that the spending limit has been reflected in the same.</p> <p>The Board formally approved the HSE SLA – DML HPSR having been proposed by ML and seconded by TL.</p>	
25.07.16	5.4	<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 certificates was taken as read.</p>	

		The Board formally approved the affixing of the corporate Seal to the Nursing certificates having been proposed by MB and seconded by JH.	
25.09.17	6.1	<p>NTPF.</p> <p>Having been circulated in advance of the meeting, the briefing paper regarding the NTPF, funding risk assessment was taken as read. BKD advised that activity were to cease as suggested in June 2025 this would result in TUH having to fund the activity at a cost of €4m (Inclusive of NTPF & Access to Care (ATC) funding)</p> <p>BKD advised however that she met with the CEO of NTPF recently who advised there is no anticipated change to funding in the coming years however formal confirmation for 2026 funding awaited. BKD advised this still poses a significant risk to TUH.</p> <p>It was suggested a review of the impact of on access to care and NTPF be undertaken separately.</p>	
25.09.18	6.2	<p>ICT National Solutions</p> <p>Having been circulated in advance of the meeting the correspondence from IVHA to the HSE regarding mandated systems and correspondence from the HSE CFO regarding the automation of the IMR was taken as read.</p> <p>It was noted that the automation of the IMR was discussed at the Finance Committee, which would not support access to TUH data unless it was subject to a legal framework. DC advised the proposed HSE deadline for implementation of the IMR is year-end.</p> <p>It was noted a meeting with the HSE CFO regarding ICT National solutions is taking place this week.</p> <p>JH advised TUH need to protect its independence and the requirement for a legal framework as set out within the correspondence from IVHA.</p> <p>DC advised of the review undertaken previously by the Voluntary Healthcare Forum (IVHA) and it was agreed to circulate same to members.</p>	DC
25.09.19	6.3	[REDACTED]	

25.09.20	6.4	Digital Enabled Care. Deferred.	
25.07.21	7.1	Closing Items AOB There were no further items for discussion.	
		Post Board Reflection. The Board met without the Executive for a period of reflection.	

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

