



**Tallaght University Hospital Board Meeting**  
**26<sup>th</sup> May 2025**  
**09:00am – 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) (*left 8.30am*)  
Mr. Mike Beary (MB)  
Rev. David Bowles (DBowl)  
Mr. Tom Lane (TL)  
Dr. Martin Lyes (ML)  
Mr. John Hennessy (JH)  
Dr. Darach O'Ciardha (DO'C)

**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) (*left at 9.45am*)  
Mr. Shane Russell (SR)  
Ms. Bridget Egan (BE)  
Prof. Catherine Wall (CW) (*left at 9.30am*)

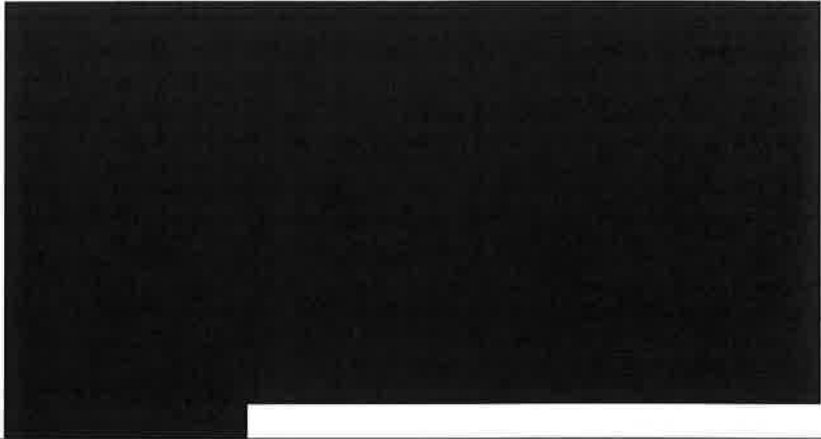
**In attendance:**

Ms. Anne McKenna (AMcK)

**Apologies:**

Dr. Vivienne Byers (VB)  
Dr. Mary White (MW)

No.	Agenda Items	Decisions Made	Action By
25.05.07	1.1	<b>Apologies</b> Noted.	
25.05.08	1.2	<b>Patient Story.</b> Having been circulated in advance of the meeting the patient story was taken as read.  ÁLyn briefed members regarding the compliment received which acknowledged the input and support received by a patient that demonstrated responsive behaviours.  ÁLyn briefed members regarding the complaint received from a patient who had a telephone consultation. It was noted a face to face consultation was facilitated by the clinician. AMB queried the opportunities for a patient to make known to TUH their preferences relating to face to face consultation. ÁLyn advised this is dependent on the clinical situation and JK advised of increased digital interaction with patients in the future.  JH queried trends in relation to complaints and compliments and if trends reflect the operations of the organisation. ÁLyn advised complaints have increased by 22% and are more complex and require significant engagement by PALS. It was noted compliments can be hard to capture as these may be received by various departments. It was noted trends will now be included in the IMR.	

25.05.09	1.3	<b>New Declarations of Interest.</b> AMB requested that any potential conflicts of interest were formally declared, of which there were none.	
25.05.10	1.4	<b>Minutes of the previous meeting.</b> Having been circulated in advance of the meeting the minutes of the meeting held 28 <sup>th</sup> April 2025 were taken as read and approved subject to an amendment under item 1.5.	
25.05.11	1.5	<b>Issues Log.</b> Having been circulated in advance of the meeting the issues log was taken as read. JK briefed members and the following was noted: 	
25.05.12	2.1	<b>Chair's Report.</b> AMB advised work has commenced with the Adelaide Health Foundation and Meath Foundation in relation to the nominees under the revised Charter.  AMcK advised engagement with the Charities Regulator is ongoing.	
25.05.13	3.1 3.2 3.3 3.4 3.5	<b>Regular Updates:</b> <b>Governance and Nominating Committee.</b> AMB advised the Governance and Nominating Committee met last week. The meeting focused on succession planning and in particular planning for the replacement of the Chair & Vice-Chair as the conclusion of their terms of office coincide in 2027. <b>Finance Committee.</b> TL advised the Committee met last week to review the AFS and discussed ICT National Solutions. The Committee will focus on ICT National Solutions at its meeting in September. The Committee will meet in August to review how best it can serve the Hospital. <b>Staff and Organisation Development Committee.</b> MV advised the Committee have not met since the last Board meeting. <b>QSRM Board Committee.</b> DBowl advised the Committee have not met since the last Board meeting however they have nominated the appointment of Mr. Adam Ward to the Committee for his technology expertise. On ratification of his appointment by the Board the Committee will approve the revised terms of reference. <b>Audit Committee.</b> Having been circulated in advance of the meeting the briefing note from the Audit Committee was taken as read. DB briefed members and the following was noted:	

	3.6	<ul style="list-style-type: none"> <li>• Management of loose information was discussed. JK advised this is included on the risk register and a plan in place to address same.</li> <li>• Rotunda Agreement. The Committee requested that TUH undertake a financial impact analysis of same.</li> <li>• BDO Health &amp; Safety Review. It was recommended to share the report with the SODC.</li> <li>• BDO FOI Review. The review highlighted the volume of requests received by TUH and the Committee suggested TUH engage with IVHA to determine if there are any sector solutions.</li> <li>• Training. The Committee discussed compliance with mandatory training and a member of the Committee drafted an outline of ways to improve same.</li> <li>• NIS1 &amp; NIS2. It was noted there are obligations under the Directives on Directors and members need to be aware of same and recommends briefings be arranged for Board members.</li> <li>• ACS. The Committee recommend the signing of same by the Board for the 2024 period and have recommended the Internal Auditor review the ACS and the statements made in the context of compliance. The Committee also recommended the Governance and Nominating Committee review the ACS going forward.</li> <li>• Effectiveness Review. DB advised the self-evaluation and effectiveness reviews have been completed with some improvements to be implemented.</li> </ul> <p><b>Research &amp; Innovation Committee</b></p> <p>In the absence of VB, ML advised the Committee have not met since the last Board meeting and are scheduled to meet in June.</p> <p>AMB advised given VB's intention to resign from the Board in September 2025 the Governance and Nominating Committee have approved the appointment of ML as Chair of the Committee.</p>	
23.05.14	4.1	<p><b>TUH Risks.</b></p> <p>Having been circulated in advance of the meeting the extract from the Risk Register, relating to AIRVO devices, was taken as read. CW briefed members and the following was noted:</p> <ul style="list-style-type: none"> <li>• The AIRVO device delivers non-invasive high flow oxygen.</li> <li>• There are 25 devices in TUH utilised by up to 10 patients at any one time.</li> <li>• An issue was identified where by the safety feature of power out alarm is no longer reliable. The cessation of oxygen delivery causes risk of harm to the patient.</li> <li>• TUH had an incident last week which resulted in a decision being taken to replace the device. TUH have highlighted the risk to the HPRA.</li> <li>• TUH will be supplied with a newer version by the company that supplies same however TUH will need to test same.</li> <li>• CW confirmed mitigations are in place for the remaining devices.</li> <li>• It was noted TUH have advised other Hospitals of the issue.</li> </ul>	
23.05.15	4.2	<p><b>CEO Report.</b></p> <p>Having been circulated in advance of the meeting the CEO's report was taken as read. JK briefed members and the following was noted:</p> <ul style="list-style-type: none"> <li>• Hero's Award. JK advised the Hero's awards will be announced today and letters of recognition will issue.</li> <li>• Synergy. JK advised of a successful go live of the inpatient electronic record. The Board requested an update in relation to</li> </ul>	

		<p>the implementation of same, particularly any benefit realisations identified with its implementation. JK to revert in Q4 with an update.</p> <ul style="list-style-type: none"> <li>• Radiology. DC is working with the Region in relation to funding of the Radiology proposal approved by the Board. It was noted the Regional Radiology taskforce has not been stood up as of yet.</li> <li>• ED. JK advised TUH is focusing on PET. It was noted there has been a reduction in medical staff in ED and a recruitment campaign has commenced in this regard. JK advised a QIP is in place and will be monitored by ÁLyn.</li> <li>• Laboratory. JK highlighted capacity issues in the Laboratory with an increase in demand being received via GP referrals. DO'C advised the increase in demand can be attributed to national programmes including the implementation of the Chronic Disease Management programme, the increase in population and an under resourcing of laboratories nationwide It was noted the physical infrastructure and staffing levels are not sufficient. The cost to outsource same is significant. The risk has been included on the risk register and escalated to the Region.</li> <li>• COO. It was noted this will be Shane Russel's last Board meeting and JK thanked SR for his leadership and commitment during his tenure. The COO interviews are scheduled to take place at the end of this week.</li> <li>• Third Party Vendors. It was noted TUH were asked by the Region to complete a third party vendor's questionnaire. Members discussed insourcing and outsourcing the cost of same and DB highlighted the potential of procuring system based solutions rather than relying on staffing to resolve capacity issues.</li> <li>• CHI. Members discussed the recent HIQA report in relation to orthopaedic procedures. JK advised the national recommendations will be considered by TUH to determine if any are applicable. It was noted that TUH would not have performed such procedures as they are specialised and would have been referred to another Paediatric hospital.</li> </ul>	JK
25.05.16	4.3	<p><b>Finance Report.</b></p> <p>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>• A revised projection was submitted to the Region, from €442m to €417m.</li> <li>• TUH are reporting a projected deficit of €27m for 2025. Additional costs identified for 2025 include Radiology, GP bloods and assisted decision making costs.</li> <li>• DC advised TUH have incurred costs associated with drugs and in particular a drug that required first transmission in the acute setting. TUH are seeking to have same moved to the Community and have raised same with the Region.</li> <li>• It was noted TUH have reduced WTE to 124 however with new services and posts for same this will increase.</li> <li>• Members discussed the budget and approval of same. It was requested to enhance reporting to differentiate the budget, allocation and projection and report on the projection vs the allocation. TL advised the Finance Committee are working with DC in relation to reporting and in particular the balance sheet.</li> <li>• Members queried the close contact supervision agency cost of €3m. It was noted that close contact supervision requests have</li> </ul>	DC

		increased 100% and the Coroner has issued recommendations relating to close contact supervision.	
25.05.17	5.1	<p><b>Annual Compliance Statement 2024 &amp; AFMR.</b> Having been circulated in advance of the meeting the Annual Compliance Statement 2024 was taken as read. DC briefed members and the following was noted:</p> <ul style="list-style-type: none"> <li>• The ACS underpins Part 1 of the SLA and agencies are required to give undertakings in relation to compliance.</li> <li>• DC advised TUH have include references to the caveats within the SLA.</li> </ul> <p>JK advised there are fewer caveats in the 2025 SLA and the SLA is signed by the Region.</p> <p>The Board formally approved the signing of the Annual Compliance Statement 2024 having been proposed by JH and seconded by ML.</p> <p><b>AFMR</b> The AFMR was formally approved, at the AGM, having been proposed by TL and seconded by MB.</p>	
25.05.18	5.2	<p><b>TUH Annual Report 2024</b> Having been circulated in advance of the meeting the draft TUH Annual Report 2024 was taken as read.</p> <p>JK advised the foreword and finalised annual accounts will be included in same. JK acknowledged the work of Joanne Coffey, Head of Communications, in producing the report.</p> <p>The Board formally approved the TUH 2024 Annual Report having been proposed by MB and seconded by JH.</p>	
25.05.19	5.3	<p><b>Ward Block Design Team</b> Having been circulated in advance of the meeting the Ward Block Design Team briefing paper was taken as read. DC advised the vendors procured via the HSE have now been identified and TUH have received correspondence from HSE Estates confirming funding of €1m for 2025 and further funding is expected.</p> <p>DC confirmed TUH will not exceed the funding received.</p> <p>The Board formally approved the ward block design team having been proposed by JH and seconded by ML.</p>	
25.05.20	5.4	<p><b>SLA's.</b> JK advised that TUH are awaiting agreement in relation to the activity figures. It was noted under other HSPR's if TUH performs more procedures TUH receives funding for same.</p> <p>It is anticipated the SLA's will be presented to the Board in July and it was noted the relevant Committees of the Board will need to review same in advance.</p>	
25.05.21	6.1	<p><b>ICT National Solutions.</b> It was noted that updated legal advice was requested by the Board at its last meeting.</p> <p>TL advised the Finance Committee briefly discussed ICT national solutions and agreed to prioritise the matter at its September meeting.</p> <p>JK advised IVHA are working on various areas relating to same and may be seeking further legal advice.</p>	

		The Board agreed TUH need to seek its own legal advice in order to ensure its independence and understand the implications for TUH. It was agreed JK/DC to revert with a presentation at the next meeting with a preliminary analysis of the practicalities and risks for the organisation in implementing some of these national solutions. JK/DC to seek updated legal advice.	JK/DC JK/DC
25.05.22	7.1	<b>Closing Items</b> <b>AOB</b> AMB thanked SR for his commitment to TUH and wished him every success in his new role.	
		<b>Post Board Reflection.</b> The Board met without the Executive for a period of reflection.	

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