



**Tallaght
University
Hospital**

An Academic Partner of Trinity College Dublin

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Tallaght University Hospital Disclosure Log (Non Personal Requests) Year: 2026 (01/01/2026 – 30/06/2026)

Reference Number	Requester Category	Request details	FOI Decision
RSP\01VWV26	Journalist	A copy of the following briefing paper (Sept '25 board meeting refers): TUH 6.1 NTPF	Part Granted
RSP\01VY826	Individual	the following public sector contracts procured: https://irl.eu-supply.com/ctm/Supplier/PublicPurchase/214241/1/1 https://ted.europa.eu/en/notice/-/detail/638497-2020 Please can you let me know the following: What is the total value of this contract? What is the total length of the contract/or what is the expiry date?	Granted
RSP\01W3C26	Journalist	Records of the number of people who died in the Emergency Department (ED) of Tallaght University Hospital in each of the years 2024 and 2025.	Granted

		The average waiting time among those who died in the ED of Tallaght University Hospital in each of the years 2024 and 2025.	
RSP\01WC126	Business / Special Interest	Can you advise does the trust use plain or printed cable ties? even if you use them for other operations, if not would you consider starting to use them if a amicable budget can be found? 2: What would be your annual usage? 3: Can you advise the current price paid per thousand? If this is sensitive information please advise the price you would like to pay to fit your budget. 4: Advise the size of tie, colour and print required? We do offer a generic print or you can have department and wards to streamline waste better . 5: Name and email of the current waste manager 6: Address for samples if required. 7: Would bio degradable be of interest? 8: who is your current supplier? And are you under contract.	Withdrawn
RSP\01WMB26	Journalist	In the period 1st July 2025 to 31st December 2025 please provide a breakdown of: Total spend with agencies on Tier 1 for locum doctors Please provide a further breakdown for locum doctors by:	Part Granted

		Spend per grade (Senior House officer, Registrar, Consultant) Spend per specialty In the period 1st July 2025 to 31st December 2025 please provide a breakdown of: Total spend with agencies on Tier 2 for locum doctors Please provide a further breakdown for locum doctors by: Spend per grade Spend per specialty Please confirm whether any agency supply fell outside of the agreed Tier 1 or Tier 2 agencies for the period 1st July 2025 to 31st December 2025. If so, please confirm the following: Spend per grade Spend per specialty Please confirm your allocated budget for agency locum doctors for the period 1st July 2025 to 31st December 2025	
RSP\01WMC26	Business / Special Interest	The total number of Influenza A/B, COVID 19, and RSV diagnostic tests performed by your Trust during the calendar years of 2024 and 2025, broken down by test type.	Granted

		If available, please indicate the type of tests used (e.g., rapid antigen, rapid molecular, RT PCR). Any associated data on positivity rates for these tests, if recorded.	
RSP\01WS926	Journalist	The internal audits of the financial statements of your hospital in your region, broken down by the years 2022, 2023, 2024 and 2025. 2. The following documents - (a) the Waiting List Action Plans broken down for each year; (b) the records for type of procedures carried in (i) insourcing companies and (ii) the outsourcing companies for each year; (c) the records showing the (i) list of in-sourcing companies used (ii) how much they were paid and (iii) for what procedures were paid in each year; (d) the records showing the (i) list of out-sourcing companies used (ii) how much they were paid and (iii) for what they were paid, in each year; (e) the records showing the consultants declarations of interest on same for each year.	Part Granted
RSP\01X1726	Individual	A copy of Job Descriptions and Grades for the following positions in your organisation; 1. Secretary / Administrator to the Quality and Risk Manager 2. Data Protection Officer	Withdrawn

		3. Freedom of Information Officer	
RSP\01X1926	Journalist	Internal reports, memos, or correspondence relating to outpatient waiting list management and reduction strategies in your hospital from 2024–2025. If you could also provide the most up-to-date figure for those on your outpatient waiting list and the five highest waiting lists and list for what procedures.	Granted
RSP\01X7B26	Business / Special Interest	Medical Device Integration 1.Is the Hospital HIMSS accredited? If so, what level of accreditation has been achieved? 2.Does the organisation have an existing Electronic Patient Record (EPR) system? If yes, please provide details of the EPR product, including the provider and product name. 3.When is the renewal date for the current EPR system? 4.Does the hospital have a solution in place to automatically send patient data from medical devices to the main Hospital Information System / EPR? 5.Is there a single interoperability platform for all medical devices that automatically sends data to the main hospital information system? 6.If yes to question 5, who is the supplier and what is the name of the product? 7.If yes to question 5, when does the current contract end?	Refused

		8.Is the Trust reviewing any projects that require the integration of medical devices with the main hospital information system / EPR? 9.If no to question 5, is the Hospital currently evaluating suppliers and product options for medical device interoperability with the main hospital information system (PAS/EPR)? 10.Who is the lead person to contact regarding projects of this nature? Typically, we would connect with the Chief Clinical Information Officer, Chief Digital Transformation Officer, or EPR Programme Director. Enterprise Application Integration 11.Does the Hospital currently have an integration engine for securely exchanging data between software systems both internally and externally? 12.If yes to question 11, what is the product name? 13.If yes to question 11, do you intend to change your current integration engine? 14.If yes to question 13, when does the contract for your current integration engine end? 15.If no to question 11, do you intend to purchase an integration engine? 16.If yes to question 15, when do you plan to purchase it?	
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		17. Who is the lead person to contact about projects of this nature? Data Warehouse 18. There are three main architecture patterns for delivering a Shared Care Record to share data. Please identify the Hospital's chosen option: a. Centralised Model – Data is stored in a centralised, consolidated data repository. Data shared by HIE participants is normalised, housed in, and accessed from a central data repository. b. Federated Model (also known as Distributed Model) – Data is held at source in a decentralised manner. Each participant maintains separate control of its data, typically in special “edge servers” at its own location, and shares patient-specific data upon request from other HIE participants. c. Hybrid Model – A combination of a & b. Builds on the Federated Model by adding a “record locator service” that tracks where patients have received care and where their source data can be requested. 19. Does the Hospital currently have a data repository for the above requirement if selecting b or c? 20. If yes, is it FHIR-based? 21. What is the name of the product?	
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		22. Who is the supplier? 23. When is the contract renewal date? 24. Is the Hospital looking to purchase a data repository? 25. If yes, when does it plan to purchase it? 26. Who is responsible for sourcing the data repository?	
RSP\01X8K26	Business / Special Interest	Please provide the following information: • The total number of diagnostic tests performed for Group A Streptococcus (Strep A) during the calendar years of 2024 and 2025, broken down by test type. • If available, please indicate the type of tests used (e.g., rapid antigen, rapid molecular, culture). • Any associated data on positivity rates for these tests, if recorded.	Withdrawn
RSP\01XHD26	Business / Special Interest	A breakdown of the following data (records) as it stands today (current date sufficient) within your hospital: Full numbers of staff and numbers of WTE posts employed in your hospital including a breakdown of all departments and structure within your hospital (eg. Hospital Org Chart) to include numbers of staff working in each department, furthermore: • To include any off-site premises outlining what department and staff numbers	Granted

		• Full numbers of vacant posts and what departments • Contracted weekly hours of each grade e.g. Admin = 35hours per week. • Number of hospital staff commenced/promoted after 06/12/2008 • Number of staff on 'zero hours'/'as needed'/'services required' contracts (i.e. working on a needs-basis without static or expected weekly hours) – please provide a sample copy of one of these contracts if applicable	
RSP\01XPB26	Journalist	The total expenditure incurred on security services at the hospital for each quarter of 2024 and 2025. - the number of occasions during each quarter of 2024 and 2025 on which An Garda Síochána was contacted or requested to attend the hospital for assistance in relation to security or public order matters. This request relates to aggregated administrative information only and does not seek details of individual incidents or any personal data.	Refused
RSP\01YJ926	Business / Special Interest	I request access by way of electronic copies to the following records, concerning internal governance documents, guidance notes, and instructions issued to, or applicable to, Tallaght University Hospital (TUH):	Granted

		1) The operation of internal Protected Disclosures reporting channels under the Protected Disclosures Act 2014–2022 (the Acts) for TUH. 2) The designation of persons in TUH responsible for receiving disclosures under the Acts and documentary confirmation evidencing that such persons are, or are not, so designated under the Acts. 3) The reporting obligations of TUH under the Acts. 4) The number of Protected Disclosures made concerning TUH under the Acts, since 2014.	
RSP\01Z6326	Individual	Part A — Retrospective Career Break Applications and Outcomes (Anonymised) A. An anonymised schedule or dataset of all applications received from consultants for retrospective career breaks under HSE HR Circular 015/2023, HSE HR Circular 010/2014, HSE HR Circular 011/2014, or the May 2008 Circular (or any predecessor or successor circular addressing the same subject matter), setting out for each application: I. The approximate year of the relevant career break or period of absence; ii. The specialty or programme area (in general terms), without identifying details; iii. Whether the application was granted, refused, or remains pending;	Part Granted

		iv.The approximate duration of the career break or period covered by the retrospective application; v.Whether the applicant was, at the time of departure, employed as an NCHD or as a consultant (or in another grade). I confirm that I am not seeking names, PPS numbers, dates of birth, or any other directly identifying personal data. I request this information in anonymised form pursuant to section 18(1) of the Freedom of Information Act 2014. B.Any policy, guidance document, internal memorandum, or decision matrix used by Tallaght University Hospital HR in determining eligibility for retrospective career breaks under the above circulars, including any document addressing whether consultants (as opposed to NCHDs only) are eligible to apply. Part B — Implementation of HSE HR Circular 015/2023 C.Any correspondence, emails, or records between Tallaght University Hospital HR and the HSE National HR Directorate (including the National Pension Unit), the Department of Health, or the Department of Public Expenditure, NDP Delivery and Reform, relating to the implementation, scope, or interpretation of HSE HR Circular 015/2023, including any guidance received as to whether the circular applies to consultants, to NCHDs only, or to both. D.Any records of meetings, briefings, or communications between Tallaght University Hospital and the IHCA or the IMO	
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		relating to the application of Circular 015/2023 to consultant members. E.Any internal communications within Tallaght University Hospital HR relating to the policy position adopted on the eligibility of consultants for retrospective career breaks under Circular 015/2023 or the earlier circulars referenced above. Part C — Consultant Induction, Onboarding, and Pension Information Practices F.Any standard induction documentation, onboarding packs, or information materials provided to consultants taking up employment at Tallaght University Hospital since 1 January 2013, insofar as such documentation addresses: - i.The implications of a break in pensionable service exceeding 26 weeks; - ii.The availability and terms of career breaks for consultant staff; - iii.The difference between pre-2013 superannuation schemes and the Single Public Service Pension Scheme; - iv.Any entitlement to apply for a career break to protect pension continuity. G.Any records, policies, or guidance addressing what pension information, if any, was or is routinely provided to consultant candidates at interview or on appointment at Tallaght University Hospital.	
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		Part D — ASC Deductions and Scheme Classification H.Any records, reports, or internal correspondence relating to consultants at Tallaght University Hospital who were classified as "new entrants" to the Single Public Service Pension Scheme on return from a period of absence, and who have raised a query or complaint about that classification since 1 January 2016. I.Any records relating to Additional Superannuation Contribution (ASC) deductions applied to consultants at Tallaght University Hospital who have subsequently been identified as potentially eligible for reclassification to a pre-2013 pension scheme.	
RSP\01YKZ26	Journalist	Re: The HSE Internal Audit into insourcing at Naas General hospital (ref OPS013DM1125), Nov 26th 2025 1. All correspondence – including attachments, appendices etc. - between Tallaght University hospital and HSE Internal Audit office regarding the above audit findings, from Jan 2025 to March 26th 2026. 2. Any documentation – e.g. action plan - by hospital management in response to the audit findings, including the status of each action item, at the date of this request. 3. Any correspondence between Naas General Hospital and the HSE Regional Executive Office, the Department of Health, or the NTPF relating to the audit findings or remediation actions. 4. Records showing a list of all consultants, (and/or their 3rd party companies) paid by TUH payroll for insourced	Part Granted

		procedures at Naas General Hospital (NGH), for the period 2022 to 2025. 5. Records showing the procedure and its cost for which payments were made by TUH payroll for insourced procedures at NGH – outline in pt 4 above. 6. Records/correspondence relating to relevant remuneration arrangements/agreements for the above insourced procedures carried out by TUH consultants (and/or their 3rd party companies) at NGH – namely the reimbursement by NGH payroll to TUH payroll between 2022-25 on a per-patient basis. 7. All correspondence between the CEO of TUH and/or payroll staff at TUH payroll and the NGH CEO and staff at NGH payroll regarding the above payment arrangements and its per-patient fee basis. 8. All declarations of interest submitted by any TUH consultant involved in the delivery of NTPF-funded insourcing at Naas General Hospital during 2021 to 2025. Note: Scope and Format - This request is limited to institutional governance and financial records and does not seek any patient-identifiable information	
RSP\01Z4526	Business / Special Interest	A copy of the Private Insurance Patient Form presented to patients with private health insurance upon admission to TUH Statistical data from the calendar years 2021, 2022, 2023:	Part Granted

		1.Total number of patients admitted who held private insurance 2.Total number of patients presented with the Private Insurance Patient Form 3.Total number of patients who signed the form 4.Total number of patients who declined to signed the form 5.Total revenue received form private health insurance in respect of inpatient bed charges.	
RSP\020YW26	Individual	Copy of the policy regarding safeguarding of personal belongings by persons entering the hospital for long-term stays from community living situations managed by disability services. When vulnerable person who has been living in a community setting funded by disability services or mental health services is admitted or re-admitted to Tallaght Hospital where the provider was responsible for personal items such as bank card and monies I would like to review what the policy is regarding management of the personal belongings upon disengagement by the community living provider.	Part Granted