



Tallaght University Hospital Board Meeting
28th April 2025
08:15am – 10:10am
MS Teams

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)
Dr. Vivienne Byers (VB)
Dr. Darach O’Ciardha (DO’C)
Mr. John Hennessy (JH)

Also participating:

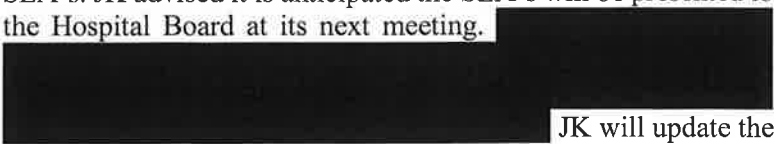
Executive Management Team:

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

In attendance:

Ms. Anne McKenna (AMcK)
Dr. Emily Ward (EW) Clinical Director, Radiology (*Item 5.5 only*)
Mr. David Wall (DW) CIO (*Item 6.1 only*)

No.	Agenda Items	Decisions Made	Action By
25.04.01	1.1	Apologies None	
25.04.02	1.2	Patient’s Story 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 reflected an intern student’s observation of staff they encountered during their time in TUH. ÁLyn briefed members regarding a complaint received which was followed up with a call by PALS. The complainant was satisfied with the approach proposed by PALS.	
25.04.03	1.3	New Declarations of Interest AMB requested that any potential conflicts of interest were formally declared of which there were none.	
25.04.04	1.4.	Minutes of the previous meeting. Minutes of the meeting held 31 st March 2025 having been circulated in advance of the meeting were taken as read and approved.	
25.04.05	1.5	Issues Log. Having been circulated in advance of the meeting the issues log was taken as read and will be updated accordingly. <div style="background-color: black; height: 20px; width: 100%;"></div>	

	<p>TL advised members attended a joint meeting with the Audit Committee to review the draft AFS and particular focus was on the Going Concern concept and notes within the AFS. The Finance Committee are scheduled to meet in May.</p> <p>3.3 Staff and Organisation Development Committee. MV advised the Committee met on the 17th April and discussed the Pay & Numbers strategy. There was a focus on absenteeism, whereby TUH have made progress in relation to long term absenteeism and will focus on frequent and short term absences.</p> <p>3.4 QSRM Board Committee. DBowl the Committee have not met since the last meeting of the Board and are progressing with a potential appointment of the external Committee member with expertise in IT.</p> <p>3.5 Audit Committee. AMB highlighted a memo from the Audit Committee was circulated in advance of the meeting. In the absence of DB, MB the Committee had a comprehensive presentation by the CIO and is commencing its oversight of IT Governance and Cyber Security.</p> <p>3.6 Research & Innovation Committee. VB advised the Committee have not met since the last meeting of the Board. It was noted the Committee are scheduled to meet in June and hold a workshop, in June, to leverage the expertise of the Committee.</p>	
25.04.08	<p>4.1 TUH Risks. CW briefed members and the following was noted:</p> <ul style="list-style-type: none"> • There have been no new risks added to the risk register since the last meeting of the Board. • CW advised the Radiology risk has been updated on the risk register. • CW briefed members regarding a risk identified with the AIRVO equipment that delivers non-invasive ventilation to patients. • It was noted QSRM are finalising some major reviews which will have ramifications for TUH. CW will brief the Board in due course. 	
25.04.09	<p>4.2 CEO Report. 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"> • Phase 2 Synergy (In-patient Electronic Patient Record) went live on the 27th April 2024. • JK advised Shane Russell COO submitted his resignation and will leave TUH in July. It was noted a recruitment process has commenced for the post. • Capacity. It was noted the Hospital remains very busy and last week saw the highest number of presentations to TUH. • It was noted a business case has been submitted to the HSE to reconfigure beds in St. Luke's. • CHI. JK advised work continues on the information governance framework and it is anticipated it will be completed in July. • SLA's. JK advised it is anticipated the SLA's will be presented to the Hospital Board at its next meeting. <p> JK will update the Board at its next meeting.</p> <p>AMB thanked JK and the EMT for their work during recent months since the departure of the CEO.</p>	JK
25.04.10	<p>4.3 Finance Update.</p>	

		<p>Having been circulated in advance of the meeting the Finance update was taken as read. DC briefed members and the following was noted:</p> <ul style="list-style-type: none"> • DC advised a revised projection was requested by the HSE. Additional costs that need to be included include, Radiology insourcing/outsource, GP bloods, Cyber tender costs and costs associated with assisted decision making. • DC advised TUH have not received any correspondence from the Region in relation to the gap in funding. • The current projected net outturn, excluding pensions, is €449.1m against an allocation of €417.1m. 	
25.04.11	4.4	<p>Medical Board Update</p> <p>It was noted there was no further updates from the Medical Board.</p>	
25.04.12	5.1	<p>For Decision.</p> <p>Statement of Financial Controls.</p> <p>Having been circulated in advance of the meeting the revised Statement of Finance Controls was taken as read. DC advised the Statement has been updated to include the new finance reporting structure, new vendor setup and Scan4Safety.</p> <p>The Board formally approved the revised Statement of Financial Controls having been proposed by MB and seconded by VB.</p>	
	5.2	<p>TUH Strategy.</p> <p>AMB advised the Board formally approved the TUH Strategy at its Board Only Time meeting. AMB advised it was acknowledged that there are some further refinements required.</p> <p>MV acknowledge the input from the EMT and thanked JK who worked over the Easter period to finalise the report. MV advised there will be greater emphasis on digitalisation as a key enabler for the strategy.</p>	
	5.3	<p>Ward Block – Design Team.</p> <p>Having been circulated in advance of the meeting the briefing paper regarding the appointing of the design team for the ward block project was taken as read. DC advised based on the current construction cost is €140m and based on same the overall design team commitment is circa €12m. It was noted the design team was procured by the HSE in the form of a framework however it was noted TUH will be the contracting authority. DC advised TUH have committed to €2.5, for 2025.</p> <p>Members expressed concerns in relation to approving same given the identification of the design team has not been published. DC advised TUH are awaiting same. MV briefed members on the process whereby a number of firms would be panelled.</p> <p>The Chair of the Finance Committee queried future spend associated with the project and reiterated the requirement for a multiyear funding model. JK advised previous projects have been revenue funded and then included in the run rate and allocation.</p> <p>The Board agreed to defer the approval of the design team until such time as the firms have been identified.</p>	DC
	5.4	<p>Cyber Security Tenders Phase I</p> <p>Having been circulated in advance of the meeting the briefing paper regarding the Cyber Security tenders was taken as read. DC advised</p>	

		<p>members TUH have received funding for 1 year only and software as a service has recurring costs that will require funding.</p> <p>The Board formally approve the Cyber Security tenders Phase I having been proposed by MB and seconded by ML.</p> <p>5.5 Radiology.</p> <p>Having been circulated in advance of the meeting the briefing paper regarding the Radiology Waiting List Proposal and presentation was taken as read. AMB welcomed EW to the meeting. EW presented on the Radiology Waitlist Improvement Plan and the following was noted:</p> <ul style="list-style-type: none"> • Radiology demand has increased significantly since 2018 however headcount has remained static. • The withdrawal of NTPF funding in 2024 resulted in an immediate and significant increase in the waiting lists. • Insourcing takes place at weekends however the waiting list continues to increase with CT has increasing to >9,000, MRI increasing to >8,000 and US increasing to >8,000. • CT data demonstrates a persistent gap in CT orders to activity. EW advised with insourcing and outsourcing initiatives there still remains a gap of 251 CT's. It is proposed to introduce initiatives to increase activity by circa 700 per month. By introducing Saturday NC CT and run a third CT scanner five days per week including a second scanner running eight to eight. • This would reduce the backlog reduce the waiting list within two years. • MRI data demonstrates 350 MRI's are ordered per month above activity. It was noted with insourcing and outsourcing initiatives there still remains a gap of 193. It is proposed to run one MRI scanner in the evening, two scanners on a Saturday, outsource and introduce deep resolve software. The additional MRI's would significantly reduce the waiting list over a two year period. • Ultrasound data demonstrates 230 more ultrasounds ordered per month than activity. With insourcing and outsourcing there remains a gap of 232. A third ultrasound room and performing ultrasounds two evenings per week, with additional WTE, is proposed. • The annual recurring cost for the initiatives is approx. €2.7m with a once off capital cost of €140k. • EW highlighted risks associated with the delayed access to radiology including serious patient harm and reputational. <p>PL thanked EW for the presentation and reiterated the patient safety risks associated with the delay in access to radiology and supported the proposal.</p> <p>DO'C thanked EW for the presentation noting a clear pathway for the reduction in waiting times for patients. DO'C expressed his support for the proposal and recommended it be implanted without delay.</p> <p>BE highlighted the patient risk associated with delayed access and expressed her full support for the initiative.</p> <p>ML queried if TUH implements the proposal will TUH be at risk of receiving referrals from other organisations, will there be challenges in recruiting the required radiology and radiography staff and if the HSE will fund same.</p>	
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25.04.13	6.1	<p>Cyber Security.</p> <p>AMB welcomed DW to the meeting. DW presented on Cyber Security and the following was noted:</p> <ul style="list-style-type: none"> • DW highlighted the current cyber security landscape in particular recent cyber-attacks in the UK health sector. Some of which impacted patient waiting times and resulted in harm to patients. • DW briefed members on the TUH cyber security threat analysis of 2024 whereby 14% of all emails were blocked due to harmful content. It was noted there are approximately 340 attempts daily to scan TUH networks. It was noted TUH have mandatory cyber security and GDPR training for staff. Currently 82% of staff are compliant with cyber security training and 87% compliant with GDPR training. • DW advised of edge pen testing and internal pen testing. It was noted there are significant findings with the internal pen testing that require addressing. • DW advised HSE approved €1.2m capital for cyber security defence improvement. It was noted Phase 1 tenders for same are being presented to the Hospital Board for approval at its April meeting. This includes a request to approve dedicated cyber security staff for TUH. • DW briefed members on the HSE Cyber Approach and advised the HSE have implemented the CISO and regional CISO's will be appointed. It was noted the HSE are implementing an Information Security Management System and agencies will be given access to same once implemented. • It was noted voluntary agencies are now deemed to be third parties by the HSE and said agencies must meet a certain criteria and minimum standards in the context of cyber security. DW suggested TUH should adopt a similar approach and classify the HSE as a third party. • DW advised in order to comply with NIS2 all agencies should have asset management controls in place. This will include other areas outside of IT, e.g. Laboratory & MPCE. It was noted HIQA will perform NIS2 audits. 	

		<ul style="list-style-type: none"> • The HSE provided once off funding for an audit against the NIS2 Directive and will be undertaken by PWC. This has commenced and will take eight weeks to complete. PWC are holding a once off workshop for areas outside of IT. • DW advised the NIS1 corrective action plan is due for submission to the NCSC in September 2025. • It was noted the 2025 estimates have been submitted to the HSE and are a once off capex model. It was noted this does not include recurring costs that the hospital will be required to sustain. • DW advised of the end of support for Windows 10. IT was noted TUH have nearly completed the Windows 7 upgrade. It was noted if TUH are not compliant with Windows 10 TUH will be unable to connect to some HSE applications. • DW advised TUH enquired about cyber security insurance and were not deemed eligible due to non-compliance with a number of minimum standards. These would need to be addressed in order to avail of insurance. • DW highlighted the current cyber risks including, humans, contagion from 3rd parties, HSE ICT solutions outside of the control of TUH, off campus locations, supply chain phishes, incident responsiveness, end of life systems, cloud hosted applications, Opex funding and application modernisation. <p>AMB thanked DW for the presentation.</p> <p>MB queried the work being done nationally and if this will address issues systemically. DW advised the Department are seeking to address issues systemically and will involve various agencies. It was noted TUH is a member of the NCSC Health Core and HSE CISO Community of Practice.</p> <p>Members discussed the requirement for a business continuity plan for cyber. DW advised currently TUH is reliant on the HSE in the context on certain applications and therefore reliant on the HSE being in a position to restore these applications. It was noted TUH only have one single data centre and would require a secondary data centre in order to replicate applications. Members discussed the requirement for full compliance in relation to mandatory training given the increasing threat of cyber-attacks.</p> <p>AMB thanked DW for the very informative presentation.</p>	
25.04.14	6.2	<p>ICT National Solutions.</p> <p>Having been circulated in advance of the meeting the documentation relating to the ICT National Solution and IFMS were taken as read.</p> <p>JK advised IVHA are engaging with the HSE in relation to ICT National Shared service. JK advised of the importance to retain autonomy, independence and governance of voluntary agencies and currently TUH have not been mandated to implement IFMS. DC suggested a legal framework for implementing national shared services should be implemented and noted that the timeline for implementation of IFMS for TUH is late 2026 or early 2027.</p> <p>MV suggested TUH seek updated legal advice in relation to IFMS and shared services.</p> <p>AMB deferred discussions to allow for legal advice to be sought.</p>	JK

25.04.15	7.1	Closing Items DPO Annual Report. The DPO Annual Report 2024 having been circulated in advance of the meeting was taken as read.	AMB
	7.2	Gender Pay Gap Report. The Gender Pay Gap Report 2024 having been circulated in advance of the meeting was taken as read.	
		Board Only Time Board Members met for a period of reflection following the Hospital Board meeting.	
	Next Meeting	Annual General Meeting, 26 th May 2025 followed by the Hospital Board meeting.	

Apologies to Ms. Anne McKenna, Board Secretary on 4143845/ anne.mckenna@tuh.ie.