Minutes

Tallaght University Hospital | Ospidéal Ollscoile Thamhlachta
An Academic Partner of Trinity College Dublin

Board

Name:	TUH Board Meeting
Date:	Monday 27 April 2026
Time	8am. to 10:15am., Europe/Dublin
Location	Robert Graves Postgraduate Centre, CLD TUH
Board Members	Mr. Mike Beary, Rev. David Bowles, Prof. Anne-Marie Brady, Mr. John Byrne, Mr. Tom Lane, Dr. Martin Lyes, Anne McKenna, Dr. Darach Ó Ciardha, Dr. Grainne Quinn, Mr. Mark Varian, Mr. David Walsh,
Attendees	CEO CEO, Director of Nursing DON, Ms. Barbara Keogh Dunne, Ms. Sharon Larkin, Prof. Peter Lavin, Mr. Jerome Powell, Prof. Catherine Wall, Dr. Mary White, Yvonne Connaughton, Lisa Lennox

Welcome
Attendance

Author: Anne McKenna

Attendees:

Present:	Mr. Mike Beary, Rev. David Bowles, Prof. Anne-Marie Brady, Mr. John Byrne, Mr. Tom Lane, Dr. Martin Lyes, Dr. Darach Ó Ciardha, Dr. Grainne Quinn, Mr. Mark Varian, Mr. David Walsh
In Attendance:	Yvonne Connaughton, Bernadette Corrigan Director of Nursing Ms. Barbara Keogh Dunne, Prof. Peter Lavin, Lisa Lennox, Anne McKenna, Prof. Catherine Wall, Dr. Mary White
Not present (Apologies):	Ms. Sharon Larkin, Mr. Jerome Powell

1. Opening Items

1.1. Apologies

Noted.

1.2. Declarations of Interest

Declarations of Interest

Presenter: Prof. Anne-Marie Brady

None.

1.3. Patient Story

Having been circulated in advance of the meeting the Patient Story was taken as read.

1.4. Issues Log

Having been circulated in advance of the meeting the issues log was taken as read. AMB noted that Radiology, Scheduled Care and Strategic Implementation Plan are included in today's agenda and the following was noted:

TUH Strategic Implementation Plan
BKD advised that consideration is being given to the potential reporting of the strategic pillars to the Board Committees as follows:

- People - Staff and Organisation Development Committee.
- Organisational Effectiveness - Finance Committee.
- Research & Innovation - Research & Innovation Committee.
- Environmentally Sustainable Infrastructure & Capacity - Finance Committee
- Integrated Care - QSRM Board Committee
- Patient Access - QSRM Board Committee.

Members discussed the potential reporting of the strategic plan and the establishment of a Board Strategic Implementation Committee. It was noted reporting of the strategic plan should be included at each meeting of the Hospital Board. It was agreed to review same with a view to presenting a proposed plan at the next meeting of the Board.

Strategic Implementation Plan Reporting
Due Date: 25 May 2026
Assignee(s): Anne-Marie Brady

1.5. Minutes of the meeting held 30th March 2026

Presenter: Dr. Grainne Quinn

Seconded: Mr. Tom Lane

Supporting Documents:

Minutes: TUH Board Meeting 30th March 2026.pdf

2. Chair's Update

2.1. Chair's Update.

Presenter: Prof.Anne-Marie Brady

- Charter. AMB advised of ongoing engagement with the Charities Regulator. A meeting will be sought with the Regulator to progress same. AMB advised advised until such time as the revised Charter is approved TUH are unable to appoint the additional two members to the Board.
- PAC. AMB briefed members regarding the Hospital's attendance at the PAC. AMB commended the Head of Communications and the Executive for the work undertaken in preparing for same. AMB wished to express her thanks to the Head of Communications and her team.

3. Committee Updates

3.1. Governance and Nominating Committee

Update

AMB advised work is ongoing in relation to the appointment of a Vice Chair of the Board and Chair of the SODC.

3.2. Finance Committee

TL advised a joint meeting of the Finance Committee and Audit Committee is scheduled for tomorrow to consider the draft Annual Financial Statement. It was noted further to the joint meeting with the Governance and Nominating Committee in relation to the SLA, TL attended a meeting with the HSE CFO in relation to same. It was noted the allocations have been devolved to the Region. BKD advised TUH have received approval for agency conversion to WTE.

3.3. Staff and Organisation Development Committee

MV advised the Committee met in early April and discussed the People pillar of the Strategy and reporting of same. It was noted the Committee discussed absenteeism.

3.4. Quality, Safety & Risk Management Committee

DB advised the Committee have not met since the last meeting of the Board.

3.5. Audit Committee

Presenter: Mr. John Byrne

advised the Committee are continuing to review Cybersecurity with the CIO.

3.6. Research & Innovation Committee

ML advised the Committee met in early April. It was noted a external member of the Committee has resigned and applications for the replacement of the member are being considered. ML advised the Committee will have a deficit with the departure of the DCEO and the Head of Research who will commence maternity leave in the summer. It was noted the Committee were presented with informative briefing papers and ML is reviewing the transition of same to Board. ML advised of the work being undertaken in clinical trials in TUH and research and innovation. It was noted TUH are reviewing opportunities to become a HRB host institute. A brief discussion took place in relation to the Hospital's partnership with TCD and the opportunity to increase research funding.

3.6.1 Research & Innovation Committee Annual Report 2025

Presenter: Dr. Martin Lyes

Having been circulated in advance of the meeting the Research & Innovation Committee Annual Report 2025 was taken as read.

3.6.2 Research & Innovation Committee Workplan & Metrics 2026

Presenter: Dr. Martin Lyes

Having been circulated in advance of the meeting the Research & Innovation Committee Workplan and Metrics 2026 was taken as read.

4. Executive Updates

4.1. CEO Report incl. Integrated Management Report

Having been circulated in advance of the meeting the CEO report including the IMR was taken as read. BKD briefed members and the following was noted:

[redacted]

- CHI Information Governance Framework Agreement. It was noted the DPO's will work through the IGFA requirements and the issue has been escalated to the REO. BKD advised of the complexity associated with legacy data, regulatory requirements and the cost associated with same.
- CHI Transfer. BKD advised CHI have not provided TUH with a date for same.
- It was noted the Hospital has decongested in the last few weeks.
- PAC. It was noted there are a number of actions arising from the Hospital's attendance at the PAC.
- It was noted that while TUH are 111 WTE above the HSE WTE limit set in December 2023 TUH has not increased headcount. It was noted the WTE are within the run rate and the figure should be restated for TUH. It was agreed the matter needs to be addressed with the Region. DC advised in

relation to the agency conversion TUH will require a funding uplift for same.

- Infrastructure. MV queries the approval process in relation to the ward block given TUH has had to resubmit the proposal in line with the Exemplar build. MV highlighted the importance of the build in the context of capacity and queried the potential to fast-track same. BKD advised HSE Capital Estates Steering Committee will review the proposal and TUH have engaged with HSE capital estates regarding the build. It was agreed to circulate the approval process to members.

CEO Report - WTE
Due Date: 25 May 2026
Assignee(s): CEO CEO

CEO Report incl. IMR - Infrastructure - Ward Block
Due Date: 25 May 2026
Assignee(s): CEO CEO

CT Waiting List - Funding
Due Date: 25 May 2026
Assignee(s): Dermot Carter

4.2. Finance Update

Having been circulated in advance of the meeting the Finance report was taken as read. DC briefed members and the following was noted:

- 2025 year end position was confirmed at €447.1m from treasury, resulting in a surplus of €0.9m.
- 2026 opening allocation is €433.5m with a projected outturn of €471.0m, resulting in a funding gap of €40.7m.

4.3. TUH Risks

CW advised there are no new risks added to the risk register. It was noted a review of the risk register resulted in some risks returning to the local area to manage. CW advised the CIO & CISO gave an excellent presentation at the QSRM Board Committee and there will be a focus on cyber readiness.

4.4. Medical Board Report

MW advised the matter of scheduled care will be discussed under agenda item 6.1.

5. For Decision

5.1. SLA's

Presenter: Ms. Barbara Keogh Dunne

5.1.1 HSE National Screening Colposcopy & TUH 2026 HPSR

Presenter: Ms. Barbara Keogh Dunne

Having been circulated in advance of the meeting the HSE National Screening Colposcopy and TUH 2026 HPSR was taken as read.

Members queried the reduction in activity. CW advised of the change in the management of the screening programme, and a reduction in the service user contact with the provider.

National Screening Colposcopy and TUH 2026 HPSR

The Board formally approved the HSE National Screening Colposcopy and TUH 2026 HPSR.

Decision Date: 27 Apr 2026 **Outcome:** Approved

Mover: Mr. Tom Lane **Seconder:** Mr. Mike Beary

5.1.2 National Dementia Service and TUH 2026 HPSR

Presenter: Ms. Barbara Keogh Dunne

Having been circulated in advance of the meeting the National Dementia Service and TUH 2026 HPSR was taken as read.

National Dementia Service and TUH 2026 HPSR

The Board formally approved the national Dementia Service and TUH 2026 HPSR.

Decision Date: 27 Apr 2026 **Outcome:** Approved

Mover: Mr. Tom Lane **Seconder:** Mr. Mike Beary

5.1.3 HSE Community Radiology & TUH 2026 HPSR

Presenter: Ms. Barbara Keogh Dunne

Having been circulated in advance of the meeting the HSE Community Radiology and TUH 2026 HPSR was taken as read. It was noted the programme provides less complex diagnostics that would be otherwise done within TUH.

HSE Community Radiology and TUH 2026 HPSR

The Board formally approved the Community Radiology and TUH 2026 HPSR.

Decision Date: 27 Apr 2026 **Outcome:** Approved

Mover: Mr. Tom Lane **Seconder:** Mr. Mike Beary

5.2. CT Waiting List

Presenter: Ms. Barbara Keogh Dunne

Having been circulated in advance of the meeting the CT Waiting List proposal was taken as read. BKD briefed members and the following was noted:

- Ultrasound is trending positively in the context of projections and demand has reduced in Q1 2026 vs. Q1 2025.
- MRI waiting lists have increased with approximately 200 additional patients

added to the waiting list due to service disruptions. MRI outpatient and GP referrals have increased by 11% in Q1 2026.

- Radiography recruitment remains challenging.
- CT waiting lists continue to increase. The plan approved in 2025 did not account for an 8% increase in demand, resulting in 1,600 patients being added to the waiting list. BKD highlighted the risks associated with the waiting list including delayed diagnosis.
- The CT waiting list proposal seeks additional funding of €1m for outsourcing and insourcing for patients waiting between 2020 - 2023. The additional funding will address the immediate clinical risk associated with long waiters and would be concluded in June 2026. A review will take place of any surplus funding from the plan approved in 2025 to offset some of the costs.
- BKD advised the matter has been escalated to the Region and an updated plan in relation to all modalities will be undertaken and presented to the Board in July.
- Members noted the increased demand and queried the potential for mobile units. BKD advised TUH are exploring same however this would take time to implement.
- It was noted the proposal was endorsed from a clinical perspective in order to reduce clinical risk.
- It was noted TUH requires at lease one more MRI and CT onsite and noted TUH will be without one MRI for a period of eight to ten weeks during the summer as it is end of life and is being replaced.
- Members discussed insourcing and the rate paid for same.

CT Waiting List Proposal

Members discussed the cost of same and it was agreed to approve an initial €250k for the initiative and requested greater clarity in relation to the cost.

Decision Date: 27 Apr 2026 **Outcome:** Approved

Mover: Mr. Tom Lane **Seconder:** Mr. John Byrne

CT Waiting List Proposal

Due Date: 25 May 2026

Assignee(s): Dermot Carter

6. For Discussion

6.1. Scheduled Care

Presenter: Ms. Barbara Keogh Dunne

Having been circulated in advance of the meeting the Scheduled Care waiting list presentation was taken as read. BKD briefed members and the following was noted:

- There has been a growth in inpatient bed demand of 59 beds daily in the last

three years.

- TUH's bed capacity is 476 excluding Tymon North.
- ED attendances have increased 14% vs. 2023. and older persons ED attendances has increased by 29% vs. 2023. TUH has seen an extra 238 admissions in the first three months of 2026.
- Inpatient surgical waiting lists have increased month on month over three years. 68% of inpatients on the waiting list relate to elective orthopaedics.
- Endoscopy waiting lists have increased in 2025. BKD advised of limited outsourcing in Q3 & Q4 on 2025 and third party insourcing which ended in May 2025 following HSE instruction.
- BKD highlighted increased elective surgical inpatient admissions from September 2025.
- Orthopaedics has seen a 70% increase in the waiting list with over 1,000 added to the waiting list in 2025. The spinal waiting list was reduced in 2025 as a result of outsourcing and waiting list validation.
- A quality improvement plan was developed, for orthopaedics with 12 key steps, including outsourcing, establishment of pathways or short stay joints, step down beds, demand led theatre allocation analysis and Saturday lists. It was noted Saturday lists will be contingent on staffing levels. It was noted if all initiatives were commenced it would accommodate 90 patients per month.
- It is proposed to commence discectomy as daycase in April, pilot of cervical spinal fusion being moved to RDSC, where appropriate, outsource 12 patients per month and with resourcing there is potential to replace the outsourcing with in house activity by increasing the number of elective lists.
- It is proposed to increase endoscopy bed availability to 18 by June 2026 an continue insourcing to the Beacon Hospital. it is proposed to implement Saturday lists, which would accommodate 40 patients per month, starting in June 2026 however is dependent on support staff. BKD advised of the continuation of outsourcing, approximately 300 patients.
- It was noted the average bed days used in Urology is similar to that of 2025. It was noted small increases in bed access will result in a decrease in the waiting list.
- It was noted the majority of ENT cases are performed in RDSC. BKD advised the main issue with ENT is daycases and superficially those assigned to one Consultant with a specific skill set. It is proposed to pool cases between the waiting lists. It was noted funding has been secured for additional equipment from access to care to enable additional surgeries. It was noted that it is proposed reassign non-specialist work to other Consultants and to reallocate a specific Consultants morning OPD work to other Consultants and allocation of RDSC for the Consultant to do additional work on long waiters. Other options, including outsourcing and weekend lists, are being explored.
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It was noted that the clinicians expressed concerns regarding outsourcing and the need to increase options to accommodate patients in house. It was noted the risk regarding clinician training remains.

Members discussed the waiting list numbers and requested that data in respect of procedures carried out, month on month, year on year to be specified for members.

AMB outlined the plan was initiated in response to concerns raised regarding the impact of unscheduled care on scheduled care and sought feedback from the chair medical board and Clinical Director of Peri-Operative Directorate. There has been discussion of the proposed plan with the clinical leadership and a request that the CEO might present the plan to the Medical Board. There was acknowledgement that there is some need for further refinement. AMB requested the CEO to provide an updated report on the plan for the next meeting of the Hospital Board

Scheduled Care
Due Date: 25 May 2026
Assignee(s): CEO CEO

6.2. TUH Strategic Implementation Plan

Presenter: Ms. Barbara Keogh Dunne

Discussed under agenda item 1.4.

7. Closing Items

7.1. AOB

AMB advised that this is the last meeting of the DCEO and thanked JK for his years of service and commitment to TUH.

AMB noted that it was ÁLyn last meeting in her role as Director of Nursing & Integrated Care. AMB thanked ÁLyn for her leadership in nursing and her strong community engagement.

8. Board Only Time

8.1. Board Only Time

The Board met without the Executive for a period of reflection.

Prof. Anne-Marie Brady

Signature:_____ **Date:** _____