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

Tallaght University Hospital Board Meeting

20th October 2025

08:30am – 10:30am

Robert Graves Postgraduate Centre, CLD

TUH

Participating:
Board member:
Prof. Anne-Marie Brady (AMB) *(Chair)*
Dr. Darach Ó Ciardha (DO'C)
Mr. John Hennessy (JH)
Dr. Martin Lyes (ML)
Mr. Mike Beary (MB)
Rev. David Bowles (DBowl)
Mr. Tom Lane (TL)

Also participating:
Executive Management Team:
Ms. Barbara Keogh Dunne (BKD) CEO
Mr. Dermot Carter (DC)
Ms. Bridget Egan (BE)
Ms. Sharon Larkin (SL)
Dr. Peter Lavin (PL)
Mr. John Kelly (JK)
Ms, Áine Lynch (ÁLyn)
Mr. Jerome Powell (JP)

In attendance:
Ms. Anne McKenna (AMcK)

Apologies:
Mr. Mark Varian (MV)
Ms. Darina Barrett (DB)
Dr. Mary White (MW)
Prof. Catherine Wall (CW)

No.	Agenda Items	Decisions Made	Action By
25.10.01	**1.1**	**Apologies** Noted.	
25.10.02	**1.2**	**Patient Story.** Having been circulated in advance of the meeting the patient story was taken as read.	
25.10.03	**1.3**	**New Declarations of Interest.** AMB requested that any potential conflicts of interest were formally declared, of which there were none.	
25.10.04	**1.4**	**Minutes of the previous meetings.** Having been circulated in advance of the meeting the minutes of the meeting held 29th September 2025 were taken as read and approved.	
25.10.05	**1.5** **1.5.1**	**Issues Log.** Having been circulated in advance of the meeting the issues log was taken as read. **Chronic Disease Management Referrals.** ÁLyn briefed members following the query raised at the previous meeting of new GP referrals have reduced as a result of the Chronic Disease Management (CDM) hub and the following was noted: • GP referrals have increased year on year. • GP referrals via TUH to CDM has decreased. TUH referrals to the CDM have increased. The CDM Consultants are bringing patients directly to the CDU.	

		• OPD activity across respiratory, cardiology and endocrinology has increased. Further review of the data would need to be undertaken to determine the impact of referrals to the hub. • It was noted there has been a decrease in the respiratory OPD waiting list as a result of various initiatives. ÁLyn advised there is no waiting list for pulmonary function test activity since the opening of the hub. • It was noted there has been a reduction in endocrinology waiting lists as a result of a number of initiatives including validation of waiting lists, NTPF clinics along with the CDM activity. • ÁLyn advised the heart efficiency and chest pain assessment clinics were set up prior to the hub and requires further analysis. • There has been an overall reduction in OPD waiting list for chronic disease. DÓC thanked ÁLyn for the information and suggestion further clarification is required to determine if the hub is achieving its objective. DÓC advised that work to integrate GP service and track referrals is progressing. JH requested a copy of the information.	**ÁLyn**
25.10.06	**2.1**	**Chair's Update** [redacted] • It was noted a meeting of the DATHs Chairs & CEO's took place to discuss the implementation of IFMS.	**BKD**
25.10.07	**3.1** **3.2** **3.3** **3.4** **3.5** **3.6**	**Regular Updates:** **Governance and Nominating Committee.** AMB advised TUH is awaiting Ministerial approval of two Board members. **Finance Committee.** TL advised of Committee vacancies that need to be addressed. **Staff and Organisation Development Committee.** It was noted the Committee have not met since the last Board meeting. **QSRM Board Committee.** It was noted the Committee have not met since the last Board meeting and the updated TOR are being finalised. **Audit Committee** MB advised the Committee met recently and received a number of internal audit reviews and considered the Internal Audit plan for 2026. Discussion took place regarding cyber risk and the status of implementing FRS102. **Research & Innovation Committee** It was noted the Committee have not met since the last Board meeting. ML advised the Committee will review a number of briefing papers that will be circulated for the Board away day.	
25.10.08	**4.1**	**TUH Risks.** It was noted there were no further risks for noting at the meeting.	
25.10.09	**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: [redacted] • Unannounced Visit by the Minister. BKD advised of an unannounced visit by the Minister to ED and there was positive feedback from patients and staff. BKD discussed the CHI Information Governance Framework Agreement, requirement for 30 offsite beds & issues relating to trauma. It was noted a further meeting regarding ED performance will be called by the Minister in January 2026 for all Hospitals. • BKD advised of the requirement to prioritise patient flow out of ED given the upcoming winter period. • It was noted the Chair & CEO have met with a number of local TD's. It was agreed to meet with the TD's twice a year. • IFMS. It was noted BKD and DC met with the HSE CFO who clearly outlined their position in relation to the implementation of IFMS. BKD raised concerns regarding autonomy and discussed issues including technical issues pertaining to same. The HSE CFO outlined the implementation will not impact TUH's autonomy however was unable to determine the impact in five years' time and would consider same. BKD advised the Minister has directed the implementation of IFMS. The target date for completion is August 2026. The Board asked BKD to circulate the documented concerns and TUH requirements raised with the HSE. It was suggested the carve outs will be included in the SLA. JH advised if these points are not clearly articulated within the SLA the independence of the Board will be jeopardised. JH advised TUH need to understand the outcomes and clearly define the protections required. BKD advised she discussed autonomy in the context of the radiology risk and was provided assurances that this will not impact TUH. BKD advised she has sent the queries to the HSE and they have to revert re same. JH requested the Executive draft the rules of engagement and present at the next Board. DC advised TUH and SJH will be the first voluntary hospital's to implement same. JH suggested TUH meet with IVHA to outline TUH's strategy in relation to the implementation. BKD will engage with the CEO of IVHA. • BKD advised the new aseptic unit has opened. • It was noted funding has been requested from the HSE for 30 offsite beds, [redacted] to support the winter period and the Minister verbally approved same. The tender for same is being reviewed today.	**BKD** **BKD** **BKD**
25.10.10	**4.3**	**Finance Report.** Having been circulated in advance of the meeting the Finance Report was taken as read. DC advised the report was updated last night to include the 2026 projected budget. It was noted the projected 2026 budget required for TUH is €472m. The current 2025 budget allocation is €438.7m. ML noted the 4% increase in pay, 7% increase in non-pay and new activity and acknowledged TUH is not seeking an extraordinary budget.	

		It was noted the legacy shortall was discussed with the HSE CFO who outlined it will be considered. DC advised the current projected shortfall of €1.5m will be revised downward. DC advised FRS102 was discussed at the Audit Committee whereby it is being suggested to postpone the restating of the 2024 AFS and allow Deloitte to utilise the voluntary hospitals accounting standards for 2025 and restate to FRS 102 once complete. DC advised of resourcing issues within the department. MB advised the Audit Committee were not in favour of same and for good governance purposes felt TUH should implement FRS102 and more so given the impending implementation of IFMS. The Audit Committee asked the CFO to engage with Deloitte to determine the work involved to complete same. It was also suggested seeking additional supports from Deloitte. DC to engage with Deloitte and revert at the next Board meeting.	**DC**
25.10.11	**5.1** **5.1.1**	**Contracts** **Infusion Pumps.** Having been circulated in advance of the meeting the briefing paper regarding the infusion pumps contract was taken as read. DC advised funding is approved via the National Equipment Replacement Programme. The Board formally approved the contract having been proposed by TL and seconded by JH.	
25.10.12	**6.1**	[redacted]	

		[redacted]	
25.10.13	**6.2**	**ICT National Solutions** The matter was discussed under the CEO's report.	
25.10.14	**6.3**	**Digital Enabled Care.** AMB welcomed Mr. David Wall, CIO to the meeting. DW presented on digital enabled care and the following was noted: • The Electronic Patient Record (EPR) commenced in 2021 and Evolve Phase 2b commenced in April 2025. Since August 2025 GP letters are sent electronically. DW advised funding has been secured for the next phase which is the nervecentre. The scanning bureau commenced and will scan external patient correspondence. It was noted close to 0.5m notes have been taken on the EPR from April to August 2025. There have been over 4,000 interactions per day. • DW briefed members on the patient document digitisation noting of the original 946 this has now been reduced with rational for a further 132 to take place. • It was noted the synergy phase 2c will commence Q1 2026 and this will include HSCP inpatient documentation, court order alerts, booking forms and will integrate evolve business continuity. • It was noted synergy phase 3 has not yet been costed or scoped and this will involve the remaining inpatient documentation, outpatient documentation integration of remaining systems and decision on remaining paper forms. • DW advised the digital enabled care roadmap has taken longer than expected. It was noted the Hospitals medicines management system is set to go live in November. There are a number of systems due to go live in 2026 including the pharmacy robot. • It was noted the e Health programme & EPR Programmes involve 21 live projects, 15 projects at mandate stage & approved for 11 projects scheduled for 2027. • It was noted in relation to business intelligence the data warehouse is now in place. There are two systems connected and one in progress. TUH will establish a data governance committee and implement a BI platform based on power BI. Success factors include Executive oversight, structured data capture, data quality & governance, real time data entry, data ownership, educating staff and culture change. • It was noted TUH have received €3.8m from the HSE for the infrastructure investment. • DW advised TUH has receiving funding approval for the Windows upgrade. DW outlined it will be a challenge to transition to Microsoft 365 and will require €2m recurring funding.	

		• DW outlined challenges including workforce and retaining skills. It was noted TUH will face challenges relating to compliance against NIS2, along with other regulatory and legislative requirements. • DW outline significant investment required in relation to cyber security and recurring costs. • DW advised TUH currently utilise the HSE data centre by way of back up however advised of the risks if there is a significant outage and that the Board will need to consider a data centre independent to the HSE. Members noted the ongoing challenges in relation to opex funding and retention. It was noted TUH has commenced an internship programme with TU Dublin. AMB thanked DW for the comprehensive presentation.	
25.10.15	**6.4**	**Radiology.** The Radiology briefing paper was taken as read. DO'C requested a breakdown of community ultrasounds.	**JP**
25.10.16	**7.1**	**Closing Items** **AOB** There were no further items for discussion.	
		Post Board Reflection. There was no post Board reflection.	

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