Minutes

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

Board

Name:	TUH Board Meeting
Date:	Monday 30 March 2026
Time	8am to 10:15am, Europe/Dublin
Location	Robert Graves Postgraduate Centre
Board Members	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,
Attendees	Mr. Dermot Carter, Ms. Bridget Egan, Mr. John Kelly, Ms. Barbara Keogh Dunne, Ms. Sharon Larkin, Prof. Peter Lavin, Ms. Áine Lynch, Anne McKenna, Mr. Jerome Powell, Prof. Catherine Wall, Dr. Mary White

Welcome
In Attendance.

Author: Anne McKenna

Attendees:

Present:	Mr. Mike Beary, Rev. David Bowles, Prof. Anne-Marie Brady, Mr. John Byrne, Mr. Tom Lane, Dr. Darach Ó Ciardha, Dr. Grainne Quinn, Mr. Mark Varian
In Attendance:	**Mr. Dermot Carter, Ms. Bridget Egan, Mr. John Kelly, Ms. Barbara Keogh Dunne, Ms. Sharon Larkin, Prof. Peter Lavin,** Ms. Áine Lynch, Anne McKenna, Prof. Catherine Wall, Dr. **Mary White**
Not present (Apologies):	Dr. Martin Lyes

1. Opening Items

1.1. Apologies

Presenter: Anne McKenna

Noted.

1.2. Declarations of Interest

Declarations of Interest

Presenter: Prof. Anne-Marie Brady

None.

1.3. Patient Story

Presenter: Ms. Áine Lynch

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 a number of items are included on the agenda for today's meeting.

1.5. Minutes from the previous meeting

[redacted]
24th November 2025
[redacted]
26th January 2025.

Presenter: Prof. Anne-Marie Brady

Minutes of the previous meetings.
The Minutes of the following meetings having been circulated in advance of the meeting were approved:

- [redacted]
- 24th November 2025
- [redacted]
- 26th January 2026

Decision Date: 30 Mar 2026 **Outcome:** Approved

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

2. Chair's Update

2.1. Chair's Update

AMB advised the revised Charter remains with the Charities Regulator. It was noted the Board Secretary is liaising with the Hospital's legal advisors to progress same. AMB highlighted the delay to the approval of the revised Charter impacts the Board's ability to recruit additional members.

AMB advised work is ongoing in relation to preparations for the Hospital's attendance at the Public Accounts Committee on the 23rd April 2026.

3. Committee Updates

3.1. Governance and Nominating Committee

Update

Having been circulated in advance of the meeting the Governance and Nominating Committee Update, Annual Report 2025 and workplan 2026 were taken as read.

3.2. Finance Committee

Presenter: Mr. Tom Lane

Having been circulated in advance of the meeting the Finance Committee update was taken as read.

3.3. Staff and Organisation Development Committee

Presenter: Mr. Mark Varian

Having been circulated in advance of the meeting the Staff and Organisation Development Committee update, Annual Report 2025 and workplan 2026 were taken as read.

3.4. Quality, Safety & Risk Management Committee

Presenter: Rev. David Bowles

Having been circulated in advance of the meeting the QSRM Board Committee update, Annual Report 2025 and workplan 2026 were taken as read.

DB advised the Committee were briefed regarding the radiology waiting lists which have plateaued. It was noted a significant increase in demand in ultrasound, MRI & CT's has off set the improved performance. CW advised the action plan improvements have reversed in the last three months with an increase in demand of across all modalities and the plan will need to be revisited in order to address same. JK highlighted the challenges in recruiting Radiographers and that TUH are looking at all options.

DB advised the Committee were notified of increased communications from clinicians in relation to scheduled care delays and concerns regarding access to care as a result of reduced capacity (inpatient and onsite daycase). The ongoing

challenge of balancing the competing demands of unscheduled versus scheduled care was highlighted with reference to year on year increased activity in the Emergency Department. It was noted the surgical services most impacted are Orthopaedics, Vascular, ENT and Urology.
The Committee discussed the very significant increase in the Endoscopy waiting list as a result of ongoing use of daycare beds for escalation purposes.
The Committee noted the risks associated with reduced scheduled care capacity were raised with the REO.

3.5. Audit Committee

Presenter: Mr. John Byrne

Having been circulated in advance of the meeting the Audit Committee update and Annual Report 2025 were taken as read. JB advised the Committee met last week and the new CIO gave a presentation in relation to Cyber and in particular reported on mandatory training, phishing and incidents. It was noted AQ will commence work on a business continuity plan in the coming months. AMB requested the CIO present on same to the Hospital Board.

3.6. Research & Innovation Committee

Presenter: Dr. Martin Lyes

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

4. Executive Updates

4.1. CEO Report incl. Integrated Management Report

Presenter: Ms. Barbara Keogh Dunne

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

- The Corporate and Clinical Governance review is ongoing.
- Radiology waiting lists have plateaued and TUH are progressing with the appointment of four WTE Consultants., BKD advised the increase in referrals was not included in the original plan and this has been tasked to the Radiology Clinical Director. BKD briefed members of a serious incident management team meeting held last week. It was noted TUH are reviewing the possibility of additional lists and holding clinics at weekends however this will result in an additional cost to the Hospital. It was noted the matter was raised with the Region and a formal update will be provided at the next PMR. The Board requested an update and action plan for addressing the increased waiting lists at the next Board meeting.
- HIQA Announced Inspection. It was noted there were no high risks identified with some notable practice and improvements identified. HIQA highlighted the number of Hospital Committees and TUH will work to

streamline same. BKD advised HIQA acknowledged the bed capacity challenges and highlighted the transitional care unit which has not been refurbished in 20 years. It was noted positive feedback was received in relation to patient food and the implementation of recommendations in Tymon North.

- The projected outturn for 2026 is €470.977m with an allocation of €430.211m. The SLA was submitted to a joint meeting of the Finance Committee & Governance and Nominating Committee. The Committees requested additional assurances be provided by the Region to address the €40m shortfall in funding before they can recommend signing of the SLA to the Hospital Board. A meeting with the Region will take place this week re same and TL advised he is happy to meet with the Region. TL advised the Committees were concerned with the funding shortfall and noted the pressure being exerted on the organisation to sign the SLA. JB queried if there are any anticipated cash flow issues and DC outlined there will be issues later in the year if the shortfall is not addressed. AMB advised a meeting took place with local TD's and the funding shortfall was raised. Members noted the funding of voluntary Hospitals is an agenda item for the PAC meeting on the 23rd April. BKD advised a briefing statement is being prepared. The Board requested the draft briefing statement be circulated to members in advance of submission to the PAC.
- Reeves Day Surgery Centre. It was noted the transfer private daycases out of RDSC has not been possible and the matter has been raised with the Region.
- IMR. Members raised the detail within the IMR and advised whilst the metrics are welcome these should reflect critical issues, in particular the current impact on scheduled care, projections and procedures carried out in 2025 vs. 2026. AMB advised a review of Board minutes in relation to the IMR will be undertaken by the Board Secretary and a review of the IMR needs to take place.

Board - Radiology
Due Date: 27 Apr 2026
Assignee(s): Barbara Keogh Dunne

4.2. Finance Update Incl. Contract Savings

Presenter: Mr. Dermot Carter

Having been circulated in advance of the meeting the Finance Update (incl. Contract Savings) was taken as read and DC briefed members as follows:

- 2025 year end position has not been closed with the HSE. It was noted TUH were given a spend limit in 2025. It was noted the allocation was not uplifted to reflect the spend limit.
- IFMS is ongoing with a number of gaps closed. DC advised of issues regarding purchase orders noting all TUH's purchase orders are managed internally.

4.3. TUH Risks

Presenter: Prof. Catherine Wall

CW advised a deep dive of the risk register took place and briefed members on the top three risks:

- IT. CIO presented at QSRM Board Committee and outlined cyber risks and mitigations for same.
- Finance.
- Scheduled Care. CW outlined the increase demand in unscheduled care and bed capacity challenges are impacting scheduled care, particularly Endoscopy, Orthopaedics and Urology. CW advised there is a robust process in place for prioritising admissions for scheduled care.

4.4. Medical Board Report

Presenter: Dr. Mary White

AMB highlighted the correspondence from the Medical Board is a key issue that needs to be addressed and discussions will take place under item 6.1.

5. For Decision

5.1. Affixing the Hospital Seal to the Tallaght Acute Psychiatric Unit Refurbishment Works Contract

Presenter: Mr. Dermot Carter

Affixing of Hospital Seal
The affixing of the Hospital Seal to the HSE Acute Psychiatric Unit, at the Hospital, Refurbishment works contract was approved.

Decision Date: 30 Mar 2026 **Outcome:** Approved

Mover: Mr. Mark Varian **Seconder:** Rev. David Bowles

5.2. Statement of Financial Controls

Presenter: Mr. Dermot Carter

Statement of Financial Controls
DC advised there have been no amendments to the Statement of Financial Controls since the Board approved same in 2025. The Statement of Financial Controls was approved by the Board.

Decision Date: 30 Mar 2026 **Outcome:** Approved

Mover: Mr. Mike Beary **Seconder:** Dr. Grainne Quinn

[redacted]

[redacted]

6. For Discussion

6.1. Scheduled Care

Presenter: Mr. Jerome Powell

Having been circulated in advance of the meeting the Schedule Care report was taken as read and the following was noted:

- The Hospital remains congested with scheduled care access challenging. The issue is not isolated to TUH.
- Mitigations are being put in place and access to scheduled care is risk assessed.
- Access to Endoscopy beds reduced as a result of escalation and bed capacity. It was noted of the 12 endoscopy beds, eight have been returned and it is hoped to return full capacity to Endoscopy in the coming weeks.
- TUH is utilising all offsite bed capacity.
- The re-admission rate for surgical cases has increased somewhat and surgical lists are reviewed daily with the Clinical Director.
- At present there are 25 surgical inpatients per day. Prior to escalation this would have been 40 per day.
- BKD advised of the need to balance risk across the organisation.
- The outsourcing WTE post has been vacant for a period of six months and the post is being prioritised.

Members discussed the report and the metrics included within the IMR and the significant increase in waiting lists across surgical specialites. BKD advised of the increased referrals and the ongoing challenges with bed capacity. It was noted the CEO wrote to the Region regarding the challenges and the Region have committed to

support further offsite capacity and resources associated with same.

The Peri-Operative CD advised clinicians are not booking as many cases in recognition of the current capacity challenges. it was highlighted that whilst time sensitive cases are reviewed, some patients that may not be deemed to be time sensitive have other factors that impact the patient as a result of the delay on access to care. It was noted TUH does not have access to an elective orthopaedic hospital in the Region. It was noted the ongoing escalation will impact clinical skills and training.

The Medical Directorate CD advised that TUH unscheduled care is the same as SJH whilst SJH has a further 200 inpatient beds and highlighted the need for increased acute beds in TUH.

It was noted TUH are reviewing all offsite capacity and potential outsourcing along with early supported discharges.

Members noted the challenges with unscheduled care however requested the Executive outline the impact on surgical specialties, provide a timeline for recovery of scheduled care access and a plan to address same. Members queried the criteria for ringfencing given the 98% increase in waiting lists > 15 months.

Members suggested a multi-year plan is required given the new ward block is unlikely to be in situ until 2032 and the population served by TUH is increasing and becoming more complex.

Board - Scheduled Care
Due Date: 27 Apr 2026
Assignee(s): John Kelly, Jerome Powell

6.2. TUH Strategic Implementation Plan

Presenter: Ms. Barbara Keogh Dunne

Having been circulated in advance of the meeting the TUH Strategic Implementation Plan presentation was taken as read. BKD briefed members and the following was noted:

- Strategic objectives and priority actions, with ownership and accountability for each of the six pillars.
- An overview of deliverables tracker with PowerBI functionality for monitoring and reporting on implementation.
- Executive Change Management with EMT supporting the organisation as a whole.
- Developments to date include additional offsite beds, [redacted] delivery of five additional stroke beds in 2026, Improvements in unscheduled care patient flow process, the recruitment of a Strategy coordinator, development of TUH performance

report/BI report and EMT prioritisation of each pillar.

- The Strategy roadmap outlines the six focus areas for the next five years, includes defined objectives, agreed actions and monitoring of same with outcomes for patients.
- There are 331 tasks associated with the objectives. Risk have been identified for each objective if not delivered.
- There are five key objectives for the short term delivery of patient access.
- There are six key objectives for the short term delivery of integrated care.
- There are five key objectives for the short term delivery of environmentally sustainable infrastructure & capacity. BKD advised a lot of work is progressing in relation to infrastructure. The biggest risk identified relates to the delivery of inpatient beds and limited minor capital funding.
- There are eight key objectives for the short term delivery of organisational effectivness and this is being led by the CEO with the CFO. BKD advised of improved governance in ED with the appointment of a Clinical Director for ED and it is anticipated the Business Intelligence platform will be achieved in June this year.
- There are five key objectives for the short term delivery of Research & Innovation with majority on track. One of the risks identified is the lack of protectd time for research and operational demands.
- There are eight key objectives for the short term delivery of Our People, three of which have been completed.
- The next steps include EMT strategic time, finalisation of medium and long term objectives, the development of a Board Assurance Framework for each pillar and to agree a schedule to review each pillar by the Board.

BKD highlighted that quality patient safety should be a focus of all objectives and advised IT will be integral to the delivery of the Strategy. Members suggested the Executive outline what is within the control of TUH and those that are not.

It was agreed AMB will discuss the reporting of the strategic implementation plan at Committees and the Hospital Board with the CEO.

Board - Strategic Implementation Plan
Due Date: 27 Apr 2026
Assignee(s): Anne-Marie Brady

7. Closing Items

7.1. AOB

Presenter: Prof. Anne-Marie Brady

7.2. Annual Communications Report

Presenter: Prof. Anne-Marie Brady

8. Board Only Time

Signature: _____ **Date:** _____