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

Tallaght University Hospital Board Meeting

26th January 2026

8am – 10.15am

Robert Graves Postgraduate Centre, CLD, TUH

Participating:
Board member:
Mr. Mark Varian (MV) *(Vice-Chair)*
Dr. Darach Ó Ciardha (DO'C)
Dr. Martin Lyes (ML)
Mr. Mike Beary (MB)
Rev. David Bowles (DB)
Mr. Tom Lane (TL)
Dr. Grainne Quinn (GQ)
Mr. John Hennessy (JH)
Mr. John Byrne (JB)

Also participating:
Executive Management Team:
Mr. John Kelly (JK)
Mr. Dermot Carter (DC)
Ms. Sharon Larkin (SL)
Prof. Peter Lavin (PL)
Ms, Áine Lynch (ÁLyn)
Mr. Jerome Powell (JP)
Prof. Catherine Wall (CW) *(left 9am)*
Ms. Bridget Egan (BE) *(left 9.10am)*

In attendance:
Ms. Anne McKenna (AMcK)

Apologies:
Prof. Anne-Marie Brady (AMB)
Ms. Barbara Keogh Dunne (BKD) CEO
Dr. Mary White (MW)

No.	Agenda Items	Decisions Made	Action By
		MV welcomed Dr. G Quinn, Board member to the meeting.	
26.01.01	**1.1**	**Apologies** Noted.	
26.01.02	**1.2**	**Patient Story.** Having been circulated in advance of the meeting the patient story was taken as read. ÁLyn briefed members on the compliment and complaint and the learnings associated with same.	
26.01.03	**1.3**	**New Declarations of Interest.** MV requested that any potential conflicts of interest were formally declared, of which there were none.	
26.01.04	**1.4**	**Minutes of the previous meetings.** Having been circulated in advance of the meeting the minutes of the meeting held 11th November 2025, 13th November 2025 & 24th November 2025 were taken as read. Members proposed amendments to the minutes of the meetings of the 13th November and 24th November 2025. Members approved the amendments having been proposed by JH and seconded by GQ. [redacted]	
26.01.05	**1.5**	**Issues Log.** Having been circulated in advance of the meeting the issues log was taken as read and will be updated accordingly.	

		25.10.15 DO'C acknowledged receipt of the breakdown of community ultrasounds, it was agreed a more detailed breakdown of the community ultrasounds be circulated to members. JK advised of an initiative in place to reduce same.	
26.01.06	**2.1**	**Chair's Update** • MV highlighted the agenda for the Board meeting is operationally focused and should be more strategically focused going forward. • MV noted the new CIO has been appointed. Members requested a copy of the appointees CV. MB outlined the robust recruitment process undertaken in relation to filling the vacancy. It was suggested the new CIO be invited to present to the Hospital Board in the context of technology and its impact on the Hospital Strategy.	**SL** **BKD**
26.01.07	 **3.1** **3.2**	**Regular Updates:** **Governance and Nominating Committee.** The Governance and Nominating Committee update of the 20th November 2025, having been circulated in advance of the meeting, was taken as read. **Finance Committee.** The Finance Committee update of the 18th November, having been circulated in advance of the meeting was taken as read. TL advised having been appointed as an observer on the Board of TUHF, he met with the Chair of TUHF in early January and will keep members updated. TL advised the Committee are scheduled to meet in February. [redacted]	**BKD**
	3.3	**Staff and Organisation Development Committee.** The Staff and Organisation Development Committee update of the 27th November, having been circulated in advance of the meeting, was taken as read. MV advised the Committee discussed headcount realignment which is ongoing. It was noted the Committee are holding a workshop on the 5th February to develop the People element of the strategic implementation plan in order to ensure it is focused on how performance and driving the organisation forward can be achieved.	
	3.4	**QSRM Board Committee.** DB advised the Committee met last week. Applications for the external Committee member vacancy are being considered. DB advised the Committee received a presentation on IT & Cyber risks. DB advised the Committee were briefed in relation to the current escalation status of the Hospital. It was noted there has been a 10% increase in the number of >75yrs presenting to ED in December 2025 compared to December 2024 and ED presentations have increased by 8.5% year on year in 2025 yet 8am trolley numbers were lower in 2025. The Committee noted prioritisation of unscheduled care demands which is resulting in delayed access to scheduled care, both inpatient and daycase. Necessary ongoing use of dayward beds for inpatient escalation as well as cancellation of elective surgery has contributed to delayed access. The Committee wished to acknowledge the ongoing work of the Executive to balance the conflicting demands of scheduled and unscheduled care while noting the negative impact on scheduled care.	

		[redacted] JK advised CHI will transition to their new facility the end of 2026. It was noted TUH have included within the estimates submitted last year, the utilisation of the paediatric inpatient space, which equates to up to 50 beds. JP briefed members regarding the current position, noting that TUH has seen an additional 500 attendances to the ED in the last two weeks which is impacting scheduled care. JP advised the team are reviewing procedures in consultation with clinicians and prioritising urgent cases. DO'C raised concerns regarding the increase in waiting lists and requested further detailed information in relation to the impact on scheduled care in the various area and the risks associated with same. JP advised this issue is on the Hospital risk register. PL acknowledged the work undertaken by patient flow in the context of unscheduled care however highlighted the impact of same on scheduled care. PL advised of obstacles in the context of the ward block and the need for additional capacity. SL acknowledged the efforts of staff to manage the escalation JK advised that the CEO is attending a Ministers workshop today and the matter regarding capacity will be raised. JK advised of the requirement to balance both scheduled and unscheduled in the context of clinical decisions. Board members discussed the matter and the concerns raised in relation to access to care for the community. MV acknowledged the increased demand, aging population and socio economic demographic of its community and the need to increase capacity. It was noted TUH must ensure the projected activity and capacity requirements be included within the SLA. It was agreed the matter be included as a priority item for the next meeting of the Board with a briefing paper detailing the impact, mitigations and communication strategy to be prepared for same.	**JP**
	3.5	**Audit Committee** MB advised the Committee met on the 15th January, welcomed JB to the Committee and advised the meeting was Chaired by AG, external Committee member. The Committee approved the Internal Audit plan for 2026, discussed resources and the executive audit committee terms of reference. MB advised these were returned with suggestions, to the Executive, to ensure the Audit Committee duties are not superseded. DC advised the group was established to review audit tracker recommendations and for the Executive to manage the actions.	
	3.6	**Research & Innovation Committee** ML advised the Committee have not met since the last meeting of the Board.	
26.01.08	**4.1**	**TUH Risks.** It was noted there were no further risks for noting at the meeting.	
26.01.09	**4.2**	**CEO Report.** Having been circulated in advance of the meeting the CEO's report and Integrated Management Report was taken as read. In the absence	

		of the CEO, the DCEO briefed members and the following was noted: • Dublin Midlands SLA. JK advised the HSE CEO requested the signing of the SLA by 9th January 2026. TUH have outlined the governance structures in TUH for the approval of the SLA. JK advised an additional meeting of the Board may be required in February to approve the SLA. • CHI transfer. JK advised there is a current spend of €8m on CHI related services and TUH are working on ongoing funding requirements post transfer. • Headcount at year end was 26 WTE below the December 2024 census. TUH are working with HSE in relation to headcount for 2026. • Strategy Implementation Plan. Work is ongoing in relation to same with a focus on IMR data and strategic pillars. • NTPF. Temporary funding received via NTPF and HSE access to care to assist with the reduction in waiting lists. TUH has 20.5WTE post funded via NTPF/Access to care. • PAC. Correspondence was received in relation to insourcing payments and TUH responded to same. It is anticipated TUH will be invited to attend a future meeting. Members discussed the matter briefly. MB noted the slow progress in relation to the 192 additional beds. JK advised the first phase is still in planning stage as TUH have advised HSE that support services will be required for the delivery of care.	
26.01.10	**4.3**	**Medical Board Report.** Having been circulated in advance of the meeting the Medical Board Report was taken as read. PL advised the report captures the sentiment of staff in relation to the escalation and impact on scheduled care. It was noted the Medical Board will write to the Hospital Board re same. MV acknowledged the concerns of staff and in particular the impact on staff wellbeing as a result of same. MV noted with concern the stepping down of Medical Clinical Director and Director of QSRM. JK advised a recruitment process is in place to replace same.	
26.01.11	**4.4**	**Finance Update.** Having been circulated in advance of the meeting the Finance Update was taken as read. • In 2025 HSE issued a financial limit of €437.2m. Funding shortfall vs. spend is €1.1m. DC advised the €1.1m reflects the implementation of the POCC. TUH are engaging with HSE in relation to same. • TUH received an allocation of €433m in 2026 against a projection of €474m. DC advised the spend limit does not apply in 2026 and the allocation is received via the Region. • DC advised of ongoing discussions in relation to the SLA and in particular mandated systems for voluntary hospitals. • DC advised the local injuries unit is not included in 2026 so an adjustment of the allocation will arise. Members discussed the 2026 allocation and highlighted that TUH will need to ensure it has the right sized budget against the projected activity. Members noted the pressure being put on organisations to	

		sign the SLA earlier than in previous years and the requirement for TUH to outline the implications of underfunding.	
26.01.12	**5.1** **5.1.1**	**Contracts** Having been circulated in advance of the meeting the briefing paper regarding the ICT Storage Replacement was taken as read. The Board formally approved the ICT Storage Replacement contract having been approved by JH and seconded by ML.	
26.01.13	**5.2**	**Bank Mandate** Having been circulated in advance of the meeting the briefing paper regarding the Bank Mandate was taken as read. The Board formally approved the bank mandate having been proposed by JH and seconded by ML.	
26.01.14	**5.3**	**Reeves Day Surgery Centre Transition Plan and Bed Capacity.** Having been circulated in advance of the meeting the Reeves Transition Plan and Bed Capacity briefing paper was taken as read. JK briefed members and the following was noted: • RDSC was opened in 2020 for the purpose of extending the Hospital's day surgery unit with a view to reducing the Hospital's daycase waiting lists. • HSE announced in 2025 its intention to roll out surgical hubs modelled against TUH's RDSC. • In early 2025 HSE advised the RDSC should transition to a public only facility by the end of 2025. HSE have since requested a transitional plan for same. • JK briefed members regarding a legal challenge in relation to facilitating only public patients through RDSC. • TUH met with HSE and IHA manager and advised of the challenges in moving private dayward cases back onsite due to escalation in the absence of additional bed capacity. [redacted] TUH have escalated same to the Region. • Members discussed TUH's obligations under Consultant contracts and the potential breach of same. • JK outlined options for consideration and the recommendation from the Executive to proceed with the third option providing TUH are facilitated to additional bed capacity. The Board formally approved the Executive's recommendation to proceed with option three having been proposed by TL and seconded by MB.	
26.01.15	**6.1**	**IFMS** DC advised correspondence received from the Minister regarding IFMS in early January was circulated to members. It was noted TUH sought legal advice regarding implementation of the IFMS in the context of the Charter. DC advised further to the identification of the 160 issues at the fit validation workshops agreement was reached to address issues where possible.	

		DC advised of governance structures being completed for design and change. It was noted TUH have senior finance representation involved with same. DC advised any major concerns on the gaps will be brought to the attention of the Hospital Board.	
26.01.16	**7.1**	**Closing Items** **AOB** There were no further matters for discussion.	
	7.2	**Annual Communications Report.** Deferred to March 2026.	
		Post Board Reflection. The Board met without the Executive for a period of reflection.	

Apologies to Ms. Anne McKenna, Board Secretary on 414 3845/ anne.mckenna@tuh.ie