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

Tallaght University Hospital Board Meeting

24th November 2025

10am – 12:30am

The Fitzwilliam Room, The Fitzwilliam Hotel D.2

Participating:
Board member:
Prof. Anne-Marie Brady (AMB) *(Chair)*
Dr. Darach O'Ciardha (DO'C)
Dr. Martin Lyes (ML)
Mr. Mike Beary (MB)
Rev. David Bowles (DBowl)
Mr. Tom Lane (TL)
Ms. Darina Barrett (DB)
Mr. Mark Varian (MV)
Mr. John Byrne (JB)

Also participating:
Executive Management Team:
Ms. Barbara Keogh Dunne (BKD) CEO
Mr. Dermot Carter (DC)
Ms. Sharon Larkin (SL)
Dr. Peter Lavin (PL)
Ms, Áine Lynch (ÁLyn)
Mr. Jerome Powell (JP)
Prof. Catherine Wall (CW)

In attendance:
Ms. Anne McKenna (AMcK)

Apologies:
Mr. John Hennessy (JH)
Mr. John Kelly (JK)
Dr. Mary White (MW)
Ms. Bridget Egan (BE)

No.	Agenda Items	Decisions Made	Action By
25.11.15	**1.1**	**Apologies** Noted.	
25.11.16	**1.2**	**Patient Story.** Having been circulated in advance of the meeting the patient story was taken as read.	
25.11.17	**1.3**	**New Declarations of Interest.** AMB requested that any potential conflicts of interest were formally declared, of which there were none.	
25.11.18	**1.4**	**Minutes of the previous meetings.** Having been circulated in advance of the meeting the minutes of the meeting held 20th October 2025 were taken as read and approved.	
25.11.19	**1.5**	**Issues Log.** Having been circulated in advance of the meeting the issues log was taken as read. 25.10.16 Chair's Update. It was noted the presentation to the TCD Executive was circulated to members. AMB briefed members on the meeting held with TCD and it was noted AMB has been invited to attend the TCD strategy day. [redacted]	

		[redacted]	BKD
25.11.20	2.1	**Chair's Update** • AMB advised she attended the IVHA Plenary on the 20th November with the CEO. Mr. Damien McCallion, HSE Chief Technology and Transformation Officer and Mr. Muiris O'Connor DOH gave a presentation at the Plenary. Mr. McCallion outlined the national digital health strategy. AMB advised there are six pillars of the digital health strategy. It was noted the HSE are to implement a national electronic patient record in the next 12 – 18 months and TUH will need to consider its electronic patient record in this regard. AMB outline the HSE's requirement to improve Wi-Fi and there will be an overall investment of €2.5bn to achieve the digital strategy. It was noted Dublin North East will be the first region to implement the new health identifier as part of the individual health identifier to support the EPR. JP advised there will be 13 different identifiers that will be used. It was noted the Chair of IVHA presented on the work undertaken by IVHA over the previous year and discussed its role in relation to public relations and improving the public knowledge of voluntary hospitals. • IFMS. It was noted that BKD advised IVHA of TUH's position in relation to the implementation of IFMS. • AMB advised IVHA are proposing to reduce its membership fees by 25% in 2025. • The Hospital Board, at its Board Only Time meeting appointed TL as an observer to the Board of TUHF.	
25.11.21		**Regular Updates:**	
	3.1	**Governance and Nominating Committee.** AMB advised there is nothing highlight.	
	3.2	**Finance Committee.** TL advised the Committee met last week and considered the overall funding allocation noting TUH is projected to have a shortfall of €1.5m. It was noted correspondence was issued from the DOH in relation to S.38 deficits. DC advised the correspondence outlines €7.9m allocated to TUH for the accumulative shortfall. DC has sought clarity re same rom the REO. TL advised the Committee discussed TUHF and IFMS.	
	3.3	**Staff and Organisation Development Committee.** MV advised the Committee are meeting this week.	
		QSRM Board Committee.	
	3.4	Having been circulated in advance of the meeting the QSRM Board Committee update was taken as read. DBowl advised the TOR have been approved.	
	3.5	**Audit Committee** Having been circulated in advance of the meeting the Audit Committee update was taken as read.	
	3.6	**Research & Innovation Committee** Having been circulated in advance of the meeting the Research & Innovation Committee update was taken as read. ML advised the meeting was a joint meeting with the QSRM Board Committee and the Committee reviewed documentation that contributed to the Board Away Day discussions.	
25.11.22	4.1	**TUH Risks.** It was noted there were no further risks for noting at the meeting.	

25.11.23	**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: • CHI IGFA. It was noted the CEO & Chair met with the CEO & Chair of CHI on the 17th November and formally wrote to CHI advising TUH does not accept the risk. A response to same is awaited before escalating further. BKD outlined the escalation of same to the REO, DPC & HSE CIO. [redacted] • Unscheduled Care. BKD advised the patient flow structure needs to be reinforced and processes embedded as the Hospital remains congested. • It was noted the Business Continuity Co-ordinator will present the current status and plan at today's meeting. • It was noted a Major Incident Plan Co-ordinator has been appointed and a plan will be developed by the end of Q1 2026. • C&AG Audit. BKD advised TUH have been selected as part of the HSE Audit however TUH will seek to delay the commencement of same given the impending implementation of IFMS. TL advised TUH need to ensure compliance in relation to the lease of buildings and it was noted that the approval of leases is a matter reserved for the Board. DB advised the implementation of IFMS will result in leases being included in the Hospital's balance sheet. TL requested all leases should be submitted to the Finance Committee in advance of being submitted to the Hospital Board. ML queried the applications received for the CIO post. BKD advised shortlisting of candidates has taken place and interviews are scheduled for the 3rd December. BKD confirmed a TUH Board member will sit on the interview panel.	**BKD**
25.11.24	**4.3**	**Medical Board Report.** Having been circulated in advance of the meeting the Medical Board Report was taken as read. Concerns regarding administrative supports were noted. JP advised nine candidates have been panelled and there have been challenges in retaining administrative staff. SL advised of continuous administrative vacancies and outlined that some new services, with Consultant posts approved, do not have approved administrative supports. SL advised this has been raised at the PMR meeting on numerous occasions. It was noted TUH continue to reconfigure resources and use all available resources where possible. BKD advised she is meeting with each speciality to determine existing resources, resources required and to put practice plans in place to address same. DO'C queried if the implementation of IFMS could restrict recruitment. DC advised the NiSRP implementation will take place after the implementation of IFMS and restrictions are yet to be determined.	
25.11.25	**4.4**	**Finance Update.** Having been circulated in advance of the meeting the Finance Update was taken as read. It was noted the contract savings update will be	

		presented at the January meeting of the Board. DC briefed members and the following was noted: • DC advised the projected net outturn for 2025 is €438.7m vs a spend limit of €437.2. • DC advised of a projected shortfall of €1.5m. • DC advised the Finance Committee requested clarification on the implications of exceeding the spend limit and DC requested same from the HSE. To date TUH have not received a response. • DC advised the Board asked that TUH outline the projected budget for 2026 to the HSE. DC advised TUH have advised the HSE the projected budget requirement for 2026 will be €473m. • DC outlined a projected loss of private income of €8.7m associated with the POCC. • It was noted the HSE are planning to issue the SLA's in December 2026 and BKD advised that HSE have sought data on projected activity for 2026 and TUH have submitted some in this regard. • DC outlined TUH has been cashed to the spend limit and will undertake vendor payments before year end.	
	4.4.1	**FRS102** Having been circulated in advance of the meeting the briefing paper regarding the adoption of FRS102 was taken as read. DC briefed members and the following was noted: • To date TUH have used the Voluntary Hospitals Accounting Standards as directed by the DOH. • TUH engaged with Deloitte regarding preparing the 2025 AFS using FRS102. • DC advised of vacancies of two senior financial accounts. It was noted the team have focused on handover, day to day operations and the external audit. • DC requested the postponement of adopting FRS102 until after the AGM in May 2026. • DC was asked to clarify the resources required with Deloitte and Deloitte outlined specific assigned resources would be required. MB expressed disappointment in having to delay the implementation of FRS102 however appreciated the resource challenges. DB advised if IFMS is implemented the accounts will have to prepared on the basis of FRS102 and queried if TUH will receive additional resources in this regard. It was noted TUH will receive 5.5WTE for the implementation of IFMS however the posts are specific to the implementation of same. It was agreed to defer implementation of FRS102 until after discussions regarding the implementation of IFMS. DC advised TUH were last audited by the C&AG in 2017 and spoke to the HSE CFO to postpone same. It was noted the matter will be discussed by the Audit Committee.	
25.11.26	**5.1** **5.1.1**	**Contracts** **Offsite Transitional Beds.** Having been circulated in advance of the meeting the briefing paper regarding Offsite Transitional Beds was taken as read. DC advised TUH have received funding approval of €3m for same. It was noted the annual cost for same is €3.7m and DC will raise at the PMR. DC advised funding has been approved for an initial six month period	

		with a further six months subject to assessment of success. BKD advised TUH need to demonstrate performance and in particular maintain performance in ED. TUH will provide a care co-ordinator for the facility. The Board approved the offsite transitional beds contract having been proposed by MB and seconded by DO'C.	
25.11.27	**5.2**	[redacted]	
25.11.28	**6.1**	**Business Continuity.** AMB welcomed Sean Humphreys (SH), Operations Project Manager to the meeting. SH gave a presentation on business continuity planning at TUH and the following was noted: • The process of business continuity planning will seek to embed resilience in the organisation to ensure sustainable service delivery. • The process will ensure recovery in the event of an interruption that will minimise the impact on patients. • The Business Continuity plan will be developed in line with the HSE Business Continuity Handbook and ISO standards. • Key components of the plan include hazard vulnerability assessments, business impact assessments and define recover strategies and responsibilities. • The plan seeks to ensure timely and clear messaging during incidents and train staff in the context of business continuity. • The current approach is fragmented and lacks ownership and is very IT centric. A more holistic approach to business continuity is being developed along with formal governance and documented plan for recovery from disruptions. • Accountable officers have been appointed and gaps identified, • The project will develop and implement business continuity plans for all directorates and business functions. It will strengthen the Hospital's preparedness for disruptive events and minimise operational impact. • The Business Continuity Plans will be aligned with the Major Incident Plan for a coordinated response. • It was noted Executives will take areas of responsibility and will assign business continuity plan leads with responsibilities for prioritising top risks via the hazard vulnerability assessment evaluation critical processes by conducting business impact assessments and have directorate specific plans. • SH advised of the established ongoing review and update mechanisms to maintain current plans. • SH confirmed the approach will be aligned with national standards.	

		• SH is in the process of developing standardised templates and the hazard vulnerability template will automatically identify the top ten disruptive events. • It is anticipated that the plan will be completed in September 2026. • SH outline the risks and mitigation strategies to ensure the successful delivery of the project and it was noted a steering group will be established to oversee same and report into the EMT. AMB thanked SH for the presentation. MB queried the ongoing monitoring of same. SH advised this will be undertaken via the steering group with ongoing reviews and table top exercises. DB suggested a review of the business continuity plan be included in the Internal Auditor's workplan (2027).	**BKD**
25.11.29	**6.2**	**Cyber Security.** AMB welcomed David Wall (DW), CIO to the meeting. DW gave a presentation on Cyber Security and the following was noted: • DW advised Mandiant FireEye is being replaced next year. IT currently runs on 90% of hospital pc's and quarantines to stop contagions. It was noted the HSE are tendering for a new product however there is a body of work that will need to be completed for same. HSE have confirmed they will continue to fund same. • HSE are outsourcing third party risk management audits and the hospitals will be able to access the third party score card and financial data. • DW advised HSE have developed cyber policies, however two cannot be accessed. • It was noted the HSE are to tender for a central risk and resilience tool and TUH will have access to same. • HSE will implement a security operations centre and tender for a security information and event management system in 2026. It was noted each voluntary hospital will have their own local instances from 2028 onwards. • It was noted the HSE will tender for solutions to manage vulnerable risk e.g. medical devices. • DW outlined the governance structure in the context of cyber security. It was noted the HSE Cyber review board will approve all cyber related activity. It was noted the HSE will select two hospitals to identify mission critical services and identify the level of resilience necessary. • DW briefed members of areas for improvement identified in the NIS2 assessment. It was noted third party risk management is a key area of focus under the NIS2 directive. • DW outlined the cyber security improvement programme for TUH noting that TUH has received €2.4m in funding. It was noted other cyber security solutions are being considered and TUH will conduct internal cyber security audits once the security operations centre is in place. • DW highlighted the requirement for 100% compliance in mandatory training and outlined the results of recent phishing tests undertaken in the Hospital. • DW outlined cyber governance in TUH and it was noted this is overseen by a number of Committees and at Board level.	

		• It was noted Office 365 will require recurring funding and TUH have received €1.3m funding for the implementation phase. DW outlined challenges with the transition including training, governance and project resources. TUH will seek recurring funding for same and tender for an implementation partner. • DW briefed members in the ICT Business Continuity capability and a briefing paper regarding same was circulated in advance of the meeting. AMB thanked DW for the informative presentation and thanked him for his leadership and commitment to TUH during his tenure as CIO.	
	6.2.1	**Cyber Security Recover Capability.** Having been circulated in advance of the meeting the briefing paper was taken as read.	
	6.2.2	**NIS2 Assessment.** Having been circulated in advance of the meeting the assessment was taken as read.	
25.11.30	**6.3**	**IFMS** Having been circulated in advance of the meeting the IFMS briefing paper and associated documentation was taken as read. DC briefed members and the following was noted: • A discovery workshop was held last week and the next step is to participate in a fit and validation workshop. • DC advised post implementation HSE cannot provide guarantees in relation to technical controls. • The advice received from the Hospital's legal advisors in the context of the Hospital Charter, outlines that the Charter does not impede TUH from implementing IFMS. • It was noted TUH will receive 5.5 WTE for the duration of the implementation of IFMS. • It was noted the CEO has written to the HSE outlining the concerns of the Hospital with some concerns being addressed. It was noted that the Hospital is seeking assurances that the implementation of IFMS will not restrict the Hospital in addressing patient safety risks. Members discussed the challenges in implementing a system that may not be as robust as the systems currently in place and the requirement to input into the functionality of the system. Members discussed the assurances required in relation to managing patient safety risks and continuation of our current procurement procedures. DC confirmed TUH will be responsible for its own procurement, save it is availing of a HSE tender framework. Board members agreed to the implementation of IFMS providing it will not impact on its ability to manage patient safety risk or impact the Board from carrying out its statutory and fiduciary duties. It was noted the adoption of FRS102 may be addressed within the implementation of IFMS.	
25.11.31	**7.1**	**Closing Items** **AOB** AMB thanked DB for her service to the Board and for her expertise and guidance on the Audit Committee. DC echoed AMB sentiments and thanked DB for her continued support.	
		Post Board Reflection. There was no post Board reflection.	

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