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# **Opening statement by CEO of HIQA**

Oireachtas Joint Committee  
on Health

12 November 2025

Chairperson, Deputies, Senators, thank you for the opportunity to address you this morning and to answer your questions about HIQA's Review to inform decision-making on the design and delivery of urgent and emergency healthcare services in HSE Mid West. I am joined today by my colleagues Dr Máirín Ryan, Director of Health Technology Assessment and Deputy CEO, and Sean Egan, Director of Healthcare Regulation. In mid-2024, the Minister for Health asked HIQA to conduct this Review following significant patient safety concerns and capacity issues in the HSE Mid West region. The Review was conducted jointly by the Healthcare Regulation and Health Technology Assessment Directorates within HIQA.

HIQA is the independent health and social care regulator, with 18 years' experience of promoting quality and safety in healthcare services in Ireland. Since our establishment in 2007 as the independent regulator, and in accordance with our legal remit, HIQA has been tasked by successive governments and Ministers with conducting statutory reviews and investigations into patient safety issues and publishing our recommendations. Our recent statutory review on the governance of implantable medical devices at CHI, including the use of non-CE marked springs in surgery at CHI at Temple Street is an example of how we deliver on our core objective of promoting and protecting the health and wellbeing of the people we serve.

We also have extensive experience of carrying out health technology assessment (HTA) and other forms of evidence synthesis. Our HTAs provide evidence-based advice setting out key considerations to inform investment decisions on new interventions and programmes such as new care pathways, immunisation programmes, and national screening programmes, for example, the addition of new conditions such as spinal muscular atrophy (SMA) to the heel-prick test for infants. We also conduct evidence synthesis to inform public health policy and the development of National Clinical Guidelines.

For this Review, through our evidence synthesis function, we critically assessed the best available evidence to inform advice on addressing the patient safety and capacity issues in HSE Mid West. Our regulatory lens allows us to provide an independent and objective view of the operation of University Hospital Limerick (UHL) and the other hospitals in the region, and we understand what is required to ensure services consistently deliver excellent standards of care and the best possible outcomes for the people of the Mid West.

Overcrowding in UHL has been a cause for concern for several years, despite recent efforts to increase staffing and expand bed capacity at the hospital. We are acutely aware of the impact that overcrowding at the hospital has had on families right across Limerick, Clare, North Tipperary and beyond. We heard directly from many families, the public, clinicians and healthcare providers during our review process,

which highlighted differing views on how best to address overcrowding at the hospital. We greatly appreciate the patients, staff, families, individuals and organisations who took the time to share their experiences and views with us.

Our work was supported by a multidisciplinary Expert Advisory Group, which provided input and advice throughout the Review. HIQA took a programmatic approach across different areas to inform the overall advice to the Minister for Health. These included:

- international evidence reviews to identify measures to alleviate ED overcrowding and the requirements for the provision of an ED service
- a review of policy developments between 2000 and 2024 that have impacted on the current health service configuration, design and delivery in HSE Mid West
- regulatory inspection of the healthcare services in HSE Mid West, building on our ongoing programme of monitoring of services in the region against the *National Standards for Safer Better Healthcare*
- a review of data relating to capacity and service activity performance to understand the situation in HSE Mid West and how it compares with other health regions
- a detailed stakeholder engagement exercise, including a public consultation, to seek the views of people in HSE Mid West, and of other interested parties regionally and nationally. This stakeholder engagement exercise involved 1,121 submissions via an online survey and 17 in-person meetings.
- consideration of the findings and recommendations by Chief Justice Frank Clarke in his Report of the Investigation of UHL.

Critical to informing our advice was a significant piece of work undertaken by the Economic and Social Research Institute (ESRI). The ESRI's research, published in September 2025, provided projections of the demand and required capacity for urgent and emergency care and inpatient care in the region up to 2040. This work was key in delivering our recommendations.

In line with our legal remit and the terms of reference agreed with the Minister for Health, a key priority for us was patient safety, and this is at the forefront of our advice to the Minister. We found that the core issue impacting urgent and emergency healthcare delivery in HSE Mid West is the significant inpatient bed capacity deficit relative to other equivalent hospitals and having regard to the demand from patients presenting with more serious or complex care needs that require admission. This is intensified by an ever-growing demand for services, which

will continue into the future as highlighted by the ESRI projections for the period up to 2040. The current situation caused by the demand-capacity gap at UHL and across HSE Mid West presents a risk to patient safety. Our advice highlighted an immediate need for action and investment to address current risks to patient safety in the shortest timeframe and safest way possible.

HIQA identified three potential options for the Minister to consider on how the inpatient capacity deficits in HSE Mid West might be addressed, while also meeting additional inpatient bed capacity needs in line with the ESRI's projections up to 2040. The three options we identified were:

- **Option A** – Expand capacity at UHL on the Dooradoyle site
- **Option B** – Extend the UHL hospital campus to comprise the existing Dooradoyle site and another site, near UHL, to support the delivery of healthcare services under a single governance and shared resourcing model
- **Option C** – Develop a Model 3 hospital in the HSE Mid West, providing a second ED for the region.

Our advice outlines the benefits and potential implementation challenges for each of the three options. We believe that Options A or B will likely yield the required inpatient bed capacity to address the immediate risks to patient safety within a shorter time frame. Option C offers the potential to meet the longer-term bed requirements but likely has the longest lead time, which means it cannot address the immediate and urgent capacity deficits. In the event that Option C is considered the preferred option, it will still be necessary to meet the current capacity deficits through options A or B. This is an important consideration in terms of the overall capital programme.

Given the range included in the ESRI projections, it will be important to ensure that investment decisions taken now enable flexibility in how services are planned and developed for the longer term. It is also essential that there is continued monitoring of actual demand for services relative to the ESRI demand and capacity projections. Such analysis should also take account of the impact of investment in capacity in the region on emergency services and inpatient care.

In working to progress the selected option or options, we have recommended the development of a comprehensive strategic plan to address the safety concerns which prompted this Review, while having regard to future demographic and policy considerations. Ongoing communication and engagement with the people of HSE Mid West will also be crucial to implementation of the selected option or options.

We presented our findings and advice to the Minister for Health and published the Review and associated advice in September 2025.

Thank you for your attention and we look forward to addressing any questions you have.



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