



**An Bille um Shábháilteacht Othar (Ceart ar Uasligean agus ar Athbhreithniú
Cliniciúil), 2026**

Patient Safety (Right to Escalation and Clinical Review) Bill 2026

Mar a tionscnaíodh

As initiated



**AN BILLE UM SHÁBHÁILTEACHT OTHAR (CEART AR UASLIGEAN AGUS AR
ATHBHREITHNIÚ CLINICIÚIL), 2026**
PATIENT SAFETY (RIGHT TO ESCALATION AND CLINICAL REVIEW) BILL 2026

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ACT REFERRED TO

Health Act 2007 (No. 23)



**AN BILLE UM SHÁBHÁILTEACHT OTHAR (CEART AR UASLIGEAN AGUS AR
ATHBHREITHNIÚ CLINICIÚIL), 2026**
PATIENT SAFETY (RIGHT TO ESCALATION AND CLINICAL REVIEW) BILL 2026

Bill

entitled

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An Act to provide for a statutory right for patients, family members and carers to request an urgent clinical review where serious deterioration in a patient's condition is suspected; to require hospitals to operate 24-hour critical review systems and sepsis and deterioration protocols; to provide for the notification and reporting of failures to escalate care; and to provide for related matters.

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Be it enacted by the Oireachtas as follows:

PART 1

PRELIMINARY AND GENERAL

Short title and commencement

1. (1) This Act may be cited as the Patient Safety (Right to Escalation and Clinical Review) Act 2026. 15
- (2) This Act shall come into operation on such day or days as the Minister for Health may appoint by order either generally or with reference to any particular purpose or provision.

Interpretation

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2. In this Act—

“clinical review” means an urgent assessment of a patient carried out by a senior clinician or critical review team;

“critical review team” means a multidisciplinary hospital team designated to respond to urgent concerns regarding patient deterioration;

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“escalation request” means a request made under *section 5*;

“hospital” means—

- (a) a public hospital, or
- (b) a private hospital registered under the Health Act 2007;

“Minister” means the Minister for Health;

“notifiable incident” means an incident prescribed under *section 13*;

“patient deterioration” includes suspected sepsis, significant physiological decline, or any serious worsening of a patient’s condition.

Regulations

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3. The Minister may make regulations for the purpose of giving full effect to this Act.

Expenses

4. The expenses incurred by the Minister in the administration of this Act shall, to such extent as may be sanctioned by the Minister for Public Expenditure, Infrastructure, Public Service Reform and Digitalisation, be paid out of monies provided by the Oireachtas. 10

PART 2

STATUTORY PATIENT AND FAMILY ESCALATION RIGHTS

Statutory right to request urgent clinical review

5. (1) A patient, or a family member, carer or nominated advocate acting on behalf of the patient, may request an urgent clinical review where that person reasonably believes that the patient’s condition is deteriorating or that there is a serious risk to the patient’s safety. 15
- (2) An escalation request under *subsection (1)* shall result in an urgent review by an appropriately qualified clinician or critical review team. 20
- (3) An escalation request may be made at any time, including outside normal working hours.
- (4) A hospital shall ensure that information regarding the right provided under this section is clearly displayed and communicated to patients and families.

Duty of hospitals to operate escalation process

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6. (1) Every hospital shall establish and maintain a 24-hour patient escalation process.
- (2) The escalation process shall—
- (a) be accessible to patients and families,
 - (b) permit escalation without prior approval from treating staff, and
 - (c) provide for direct access to a critical review team. 30
- (3) A hospital shall ensure that escalation procedures are capable of being accessed in a timely and accessible manner.

Protection from penalisation

7. (1) A person shall not be penalised, disadvantaged or treated adversely for making an escalation request in good faith under this Act.
- (2) In this section, “penalisation” includes—
- (a) intimidation, 5
 - (b) denial of access to information,
 - (c) adverse treatment in the provision of care, or
 - (d) any other detriment.

Record of escalation requests

8. (1) A hospital shall maintain a written record of— 10
- (a) each escalation request,
 - (b) the response provided, and
 - (c) the outcome of the clinical review.
- (2) Records under this section shall be retained for such period as may be prescribed by regulations. 15

PART 3

MANDATORY SEPSIS AND DETERIORATION PROTOCOLS

Mandatory 24-hour critical review teams

9. (1) Every hospital shall establish and maintain a critical review team operating on a 24-hour basis. 20
- (2) A critical review team shall include such medical, nursing and other clinical personnel as may be prescribed.
- (3) The Minister may prescribe minimum staffing and operational requirements for teams established under this section.

Sepsis and deterioration response protocols 25

10. (1) Every hospital shall implement written protocols for—
- (a) the identification of sepsis,
 - (b) the recognition of acute deterioration, and
 - (c) the escalation of care for deteriorating patients.
- (2) Protocols under this section shall be consistent with national clinical guidelines approved by the Minister. 30

Clinical review response times

11. (1) A hospital shall ensure that escalation requests are responded to within clinically appropriate timeframes.
- (2) The Minister may prescribe maximum response times for categories of escalation requests.

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Staff training obligations

12. A hospital shall ensure that relevant staff receive regular training in—
- (a) sepsis recognition,
 - (b) patient deterioration response, and
 - (c) operation of escalation procedures under this Act.

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PART 4

TRANSPARENCY AND ACCOUNTABILITY

Failure to escalate as notifiable incident

13. (1) A failure to appropriately respond to an escalation request, or a failure to follow escalation protocols under this Act, shall constitute a notifiable incident.
- (2) A hospital shall notify the appropriate regulatory authority of any notifiable incident in such manner as may be prescribed.
- (3) The Minister may issue guidelines regarding the reporting and investigation of notifiable incidents under this section.

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Annual reporting obligations

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14. (1) Every hospital shall prepare an annual report concerning—
- (a) the number of escalation requests received,
 - (b) response times,
 - (c) notifiable incidents, and
 - (d) actions taken to improve patient safety.
- (2) A report under *subsection (1)* shall be submitted to the Health Service Executive and the Minister.

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Oversight by Health Information and Quality Authority

15. The Health Information and Quality Authority may monitor compliance with this Act and may make recommendations regarding patient safety systems and escalation procedures.

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Review of operation of Act

- 16.** (1) The Minister shall, not later than 3 years after the commencement of this Act, conduct a review of its operation.
- (2) A report of the review shall be laid before each House of the Oireachtas.

An Bille um Shábháilteacht Othar (Ceart ar Uasligean agus ar Athbhreithniú Cliniciúil), 2026

BILLE

(mar a tionscnaíodh)

dá ngairtear

Acht do dhéanamh socrú maidir le ceart reachtúil a bheith ag othair, daoine de theaghlaigh othar agus cúramóirí chun athbhreithniú cliniciúil práinneach a iarraidh i gcás go bhfuil drochamhras ann go bhfuil meath tromchúiseach tagtha ar bhail othair; dá cheangal ar ospidéal córais athbhreithnithe chriticiúil 24 uair an chloig agus prótacail le haghaidh seipsise agus meathlú a oibriú; do dhéanamh socrú maidir le fógra a thabhairt i dtaobh mainneachtainí cúram a uasligean, agus maidir leis na mainneachtainí sin a thuairisciú; agus do dhéanamh socrú i dtaobh nithe gaolmhara.

Na Seanadóirí Aubrey Mac Cáirteach, Victor Ó Buacháin, Micheál Mac Dubhghaill, Gearóid Ó Creachmhaoil, Sharon Nic Eochagáin, Seosamh Ó Conmhuí, Rónán Ó Maoláin, Tomás Ó Chuanáin, Patricia Stephenson agus Maolcholm Ó Nuanáin a thug isteach,

20 Deireadh Fómhair, 2026

Patient Safety (Right to Escalation and Clinical Review) Bill 2026

BILL

(as initiated)

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An Act to provide for a statutory right for patients, family members and carers to request an urgent clinical review where serious deterioration in a patient's condition is suspected; to require hospitals to operate 24-hour critical review systems and sepsis and deterioration protocols; to provide for the notification and reporting of failures to escalate care; and to provide for related matters.

Introduced by Senators Aubrey McCarthy, Victor Boyhan, Michael McDowell, Gerard Craughwell, Sharon Keogan, Joe Conway, Rónán Mullen, Tom Clonan, Patricia Stephenson and Malcolm Noonan,

20th October, 2026

BAILE ÁTHA CLIATH
ARNA FHOILSIÚ AG OIFIG AN tSOLÁTHAIR

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