Opening Statement

Mr. Robert Watt, Secretary General, Department of Health

Joint Committee on Health

Wednesday September 24th, 2025

Introduction

Good morning, Chairman and members.

I am joined today by my colleagues:

Louise McGirr, Assistant Secretary, Derek Tierney, Assistant Secretary, Siobhán McArdle, Assistant Secretary and Trevor Moore, Principal Officer

Thank you for the opportunity to update you today on our Sláintecare reform programme.

We continue to make progress across our health service as, despite our growing and aging population, ever more patients are being seen, in shorter timeframes and to very high standards of care.

I would like to touch on a number of aspects of the reform programme.

Capacity

A total of 9 HSE surgical hubs are at various stages of development nationally. Two surgical hubs are operational- the Reeves Day Surgery Centre at Tallaght University Hospital, and the HSE Surgical Hub South Dublin at Mount Carmel. The construction of the surgical hubs in Dublin North, Galway, Cork, Limerick and Waterford continues, with each of these hubs due to open on a phased basis

in 2026. In July, the Minister announced a further development of Elective Care Capacity in the West Northwest (Sligo and Letterkenny).

As part of the joint research programme in healthcare reform, the ESRI developed national projections for 3 key areas of the health care system: acute hospitals, GP services and older persons services. These reports were published in May and June and set out the significant increase in capacity required to address the needs of Ireland's growing and ageing population.

We are working to deliver this additional capacity.

Hospitals

Additional capacity is needed. But productivity improvements are a core enabler of Sláintecare implementation as they are central to improving access, quality, and efficiency across our health service.

Our acute hospitals represent €10bn of the 2025 budget. While I am conscious health journeys start in and return to the Community setting, we need to make sure that our hospitals are as efficient as possible to give every patient the care they need.

As of 31 August 2025, there are now 3,090 consultants who have signed the Public Only Consultant Contract, 66% of the total consultant workforce. This is made up of 943 new entrants and 2,147 change of contracts.

New software, which will allow us to better track consultant working, went live on 24 June. This development enables accurate reporting of 5/7 working for consultants, service planning and informs medical workforce planning.

Access is our most significant challenge but we are seeing progress.

The latest hospital waiting list figures for August 2025 show that there has been a 40% reduction in people waiting over 1 year since 2022. Now 84% of people

are waiting less than a year, and 62% of people are waiting less than 6 months, up from 71% and 51% respectively in 2022. These improvements reflect the impact of the multi-annual Waiting List Action Plan (WLAP), which has been in place since 2021 and continues to guide our efforts in reducing long wait times.

However, we are not complacent. The overall volume of patients on waiting lists remains high, and we recognise that further progress is needed—particularly in the context of unmet need and the demographic pressures that will continue to shape demand for hospital services in the years ahead.

Our strategy is focused on improving hospital productivity by targeting key pinch points that affect patient flow.

Urgent and Emergency Care

Emergency Departments remain under significant pressure, with attendances increasing year-on-year. In the 12 months from April 2024 to March 2025, our hospitals treated approximately 1.85 million patients in emergency care, a 10% increase on the previous year. To address this, we are expanding the use of Acute Medical and Surgical Assessment Units. These are spaces where lower-acuity patients can be diagnosed, treated, and discharged exceptionally quickly, increasing the availability of inpatient ward beds for higher acuity cases and elective surgeries. We are also developing integrated care pathways that allow for direct referrals from GPs and community services—reducing unnecessary ED attendances.

Outpatient Assessment and Diagnostics

Outpatient activity has also increased, with around 4 million attendances recorded in the same 12-month period—a 9% rise compared to the previous year. We have piloted an outpatient optimisation pilot in two sites, Naas General Hospital and the Mercy Hospital in Cork, which have produced

very positive preliminary results. As a result, we are now considering how roll out can be fast tracked to other sites to test whether the benefits can be scaled quickly.

I'm conscious though that faster access to outpatients will necessarily increase demand for diagnostic tests. We are working to improve access to diagnostics particularly out of hours and at the weekend in line with Programme for Government commitments. We have already made diagnostics more accessible in the community through GPs. These initiatives are helping to reduce delays and support earlier clinical decision-making.

Theatre Utilisation and Elective Capacity

Efficient use of theatre capacity is essential to reducing waiting times for elective procedures. We are supporting hospitals to improve scheduling, reduce cancellations, and extend operating hours. A theatre utilisation tool has been implemented in 50% of hospitals across 22 sites over 5 health regions with significant potential for improvement in productivity identified within existing resources. Importantly, the flexibility provided through the new Public Only Consultant Contract must be implemented in full to support the transition to a full seven-day service.

Effective Discharge Planning

Timely discharge is critical to maintaining patient flow. We are investing in enhanced discharge planning, community supports, and step-down facilities to ensure patients can leave hospital safely and promptly. The roll-out of Integrated Care Programmes for Older Persons and Chronic Disease is enabling more patients to be discharged home with appropriate supports, while transitional care beds provide a vital bridge between hospital and home. This

way, patients can spend the last leg of their recovery closer to home, and inpatient beds are freed up faster for new patients.

How Productivity Improvements Benefit Patients

At the heart of our productivity agenda is a commitment to improving the patient experience and outcomes. Every efficiency gained in the system translates into tangible benefits for those who rely on our services.

- **Shorter Waiting Times** mean patients are seen faster, diagnosed earlier, and treated sooner—improving health outcomes and reducing anxiety.
- **Faster Access to Emergency and Acute Care** ensures patients presenting with urgent needs are triaged and treated quickly, improving safety and reducing overcrowding.
- **Better Use of Diagnostic and Theatre Resources** leads to quicker diagnoses, faster recovery, and fewer cancellations or delays.
- **Safe and Timely Discharge** supports recovery in familiar environments and reduces the risk of hospital-acquired complications.
- **Consistency and Equity Across the System** ensures that patients receive high-quality care regardless of location, while underperformance is addressed to improve fairness.

Ultimately, productivity is not about doing more with less—it's about doing better for patients. It's about ensuring that every resource, every minute, and every decision contributes to timely, effective, and compassionate care.

System-Wide Improvement and Accountability

Our approach is grounded in identifying best practice and ensuring it is adopted across the system. As a service we need to become far more agile, learning and improving at pace. We are using real-time data to monitor performance,

developing hospital-level improvement plans, and targeting areas of underperformance with tailored support.

We are also strengthening clinical leadership and operational management and engaging with frontline staff to ensure that reforms are practical, sustainable, and informed by experience.

Conclusion

Chair, Members, while the reduction in long waits is encouraging, we know that many patients are still waiting too long for care. The increase in referrals to hospital services is a sign that more people are accessing the care they need. Our challenge is to ensure that this care is delivered in a timely, efficient, and equitable manner.

We remain committed to achieving the Sláintecare targets of 10 weeks for outpatient appointments and 12 weeks for inpatient and day case procedures. These are ambitious goals, but they are achievable with sustained investment, system reform, and a relentless focus on productivity and patient flow.

I look forward to discussing these issues further and welcome your questions.

ENDS.