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DÍOSPÓIREACHTAÍ PARLAIMINTE
PARLIAMENTARY DEBATES

SEANAD ÉIREANN

TUAIRISC OIFIGIÚIL—Neamhcheartaithe
(OFFICIAL REPORT—Unrevised)

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SEANAD ÉIREANN

Déardaoin, 27 Samhain 2025

Thursday, 27 November 2025

Chuaigh an Cathaoirleach i gceannas ar 9.30 a.m.

Machnamh agus Paidir.

Reflection and Prayer.

Gnó an tSeanaid - Business of Seanad

An Leas-Chathaoirleach: The Cathaoirleach has received notice from the following Senators that they propose to raise the following matters:

Senators Aubrey McCarthy and Rónán Mullen - The need for the Minister for Foreign Affairs and Trade to make a statement on the release of the students and staff abducted from St. Mary's Catholic primary and secondary schools, Papiri, Nigeria.

Senator Nessa Cosgrove - The need for the Minister for Education and Youth to make a statement on the status of the major building project for Gaelscoil Chnoc na Ré, Sligo.

Senator Evanne Ní Chuilinn - The need for the Minister for Health to make a statement on developing a national allergy strategy, to include access to relevant testing and additional clinical supports for allergy sufferers.

Senator Cathal Byrne - The need for the Minister for Health to make a statement on the recognition process for internationally qualified dentists to work in Ireland.

Senator Manus Boyle - The need for the Minister for Public Expenditure, Infrastructure, Public Service Reform and Digitalisation to make a statement on the flood relief scheme in place for Killybegs, County Donegal.

Senator Sarah O'Reilly - The need for the Minister for Transport to make a statement on the number of kilometres of regional and rural roads being maintained on an annual basis.

Senator Linda Nelson Murray - The need for the Minister of State at the Department of Finance with special responsibility for financial services, credit unions and insurance to provide an update on the action plan on insurance reform.

Senator Mike Kennelly - The need for the Minister for Children, Disability and Equality to make a statement on the new childminding regulations for home-based childcare providers.

Senator Noel O'Donovan - The need for the Minister for Education and Youth to provide an update on the proposed building works at Sacred Heart Secondary School, Clonakilty, County Cork.

The matters raised by the Senators are suitable for discussion. The Cathaoirleach has selected Senators McCarthy and Mullen, who are sharing their time, Cosgrove, Ní Chuilinn and Cathal Byrne and they will be taken now. The other Senators may give notice on another day of the matters that they wish to raise.

Nithe i dtosach suíonna - Commencement Matters

Foreign Policy

Senator Aubrey McCarthy: I thank the Minister of State, Deputy Smyth, for being in the House this morning. I want to highlight the disturbing kidnapping of 315 children from St. Mary's primary and secondary schools in Papiri in Nigeria. It is a school run by a religious order. The superior in the school is a lady called Sr. Mary Barron. She has been seen speaking on the news in recent days. It is horrendous. It is what every parent fears: children taken from their dormitories at night and families left helpless. We know in Ireland that schools have to be a safe place. What happened in Nigeria this week is an attack not only on the community but on the basic right of children to learn, grow and be safe. I want to express my personal support for Sr. Mary, the Irish missionary community overseas and the families who are worried about their children and are living through this nightmare.

I ask the Minister of State to ask the Minister for Foreign Affairs and Trade to outline the steps Ireland can take directly or through the EU or UN to support efforts to secure their safe return. I know 50 children have escaped but if there is any additional diplomatic or humanitarian support needed, Ireland should be ready.

I also want to acknowledge the work of such volunteers as Mary from Donegal, who have devoted their lives to protecting vulnerable children. They should know we in this House stand with them today.

Senator Rónán Mullen: I thank my colleague Senator McCarthy and welcome the Minister of State. What is going on here is the Nigerian Government is failing to protect its own citizens. It is vital that pressure be put on President Tinubu. I recommend listening to what people like Cardinal John Onaiyekan have said in recent days about what is going on. He points out this is not a Christian-Muslim conflict, though there are questions about the persecution of Christians in different parts of the world and questions of religious freedom. It is perhaps time for this Government to think about Ireland having an envoy for religious freedom.

This particular instance is the abduction of over 300 children and about a dozen staff members from a school with a strong connection to Ireland. It was founded partly by an SMA father, Donall O'Cathain. It has about 600 children. Why do children board in such a school? Because it is too far for them to travel to school. This is an activity of the Catholic Church that has been going on for many years. The school is run by the Missionary Sisters of Our Lady of the Apostles, an order founded by the Irish SMA Fathers to minister to women in western Africa.

They are celebrating 150 years of their wonderful work this year. Many women in that order went out facing disease and danger and many had short lives in the mission territory but the work continues to this day.

Sr. Mary T. Barron, who is the international leader of the congregation based in Rome, was in Ghana when all this happened. She is making exactly the right point and showing the same concern for the parents of the children and the families of the adults abducted. Cardinal Onaiyekan asks whether there is a question of internal sabotage and whether within Nigerian Government ranks are members of Boko Haram, perhaps, or people who support terrorism. The concerted effort that needs to happen is the demand that this security and criminality problem - not a Christian-Muslim conflict - be addressed. The Nigerian Government must protect its own citizens. The least our Government can do, given our country's connection with this place and the wonderful work done by Irish missionaries to this day in Africa, is stand in solidarity with these people and put pressure on the Nigerian Government, hopefully in partnership with other governments. Action must be taken to protect the children and adults in this situation and in the other situations that have arisen far too often in Nigeria.

Minister of State at the Department of Enterprise, Tourism and Employment (Deputy Niamh Smyth): Gabhaim buíochas le gach duine. I share in both Senators' horror at what has happened to these beautiful little children and their teaching staff. I thank the Senators for raising this important issue and share the deep concern they expressed at the horrific news of the large-scale abduction of over 300 children and 12 teachers from St. Mary's Catholic school in Nigeria last Friday. I also acknowledge separate abductions of school children which have happened in recent weeks. Unfortunately, this is not something new in Nigeria. I welcome the news on Tuesday of the release of 24 children recently abducted from a separate school in Kebbi state. First and foremost, my thoughts are with the abducted children and teachers from St. Mary's. The majority of the children who were abducted from St. Mary's are very young, of primary school age, and I know I am not alone in expressing my grave concern for their welfare. The news that 50 of the children escaped and have been safely returned to their families is most welcome, and my sincere hope is that the remaining 253 schoolchildren and 12 staff members will be swiftly reunited with their families. I am thinking of the parents and loved ones of all those taken. Their worry and anguish is unimaginable.

Many parts of Nigeria, particularly rural and semi-urban areas, do not have a significant police presence, which makes the task of providing security to populations in those areas challenging. Ireland, bilaterally and as a member state of the EU, works with the Nigerian authorities and with UN and international partners to promote peace and security in areas affected by armed groups and insecurity. The severity of last Friday's event and the severe escalation in violent attacks and mass kidnappings which has been experienced in Nigeria over recent weeks has been recognised by the Government of Nigeria. We understand that all efforts are being made to locate and secure the release of the abducted students and staff members of St. Mary's School. The recruitment of 30,000 additional police officers, announced by the President of Nigeria is welcome, as are plans by the federal government to upgrade police training facilities nationwide. The President's decision not to attend the G20 Summit and the AU-EU Summit is indicative of the extent of the security issues being faced and the intent of the President to address these.

As Members will be well aware, Ireland has a long history in Nigeria, not least through the work of many Irish missionaries. I am aware in particular of the close links of Irish missionaries to St. Mary's School, and both Senators outlined that very eloquently this morning. Our ambassador and our team at the Irish embassy are liaising closely, and at a high level, with relevant contacts in Nigeria and are continuously monitoring the situation. The team there is liaising closely with EU colleagues on the ground.

People-to-people ties between Ireland and Nigeria date back to the early 19th century when Irish missionaries first arrived in Nigeria. The connection with St. Mary's, which was alluded to regarding the nun from Donegal, does give us an extra role of responsibility in supporting, as an Irish Government, in this time of strife. Nigerian political figures regularly pay tribute to the role of Irish missionaries in the development of the country, particularly in the education and health sectors. I express my appreciation for the role missionaries have played in supporting the education of so many children across Nigeria.

I assure both Senators that the Government is committed to working alongside all relevant partners and with the Nigerian authorities to support St. Mary's School and all those affected by this gravely concerning situation. We will continue to prioritise strengthening peace and security in Nigeria and the broader region.

Senator Rónán Mullen: It is clear the Minister of State is very sympathetic and that the Government is paying attention to this. Perhaps, on occasions like this, the Nigerian ambassador could be called in, specifically because Ireland must claim ownership of this issue, given the strong connections we have.

Senator Aubrey McCarthy: I accept the Minister of State's assurance regarding our embassy getting involved over there. The Minister of State also mentioned in her statement about the other school in the Kebbi state. It shows a pattern that is not welcome. Certainly it should be stated to the Nigerian ambassador here. In other areas of human rights, I was attending a protest recently at the Nigerian embassy regarding students who had been arrested and imprisoned for their homosexuality. It is 2025 and it is unacceptable. I thank the Minister of State for her assurances, but I ask her to arrange this as a matter of absolute priority.

Deputy Niamh Smyth: In terms of the Senator's practical suggestions regarding the Nigerian ambassador, I will most certainly as the new Minister for Foreign Affairs and Trade, Deputy McEntee, and the Taoiseach to follow up on both Senator's suggestions.

Schools Building Projects

Senator Nessa Cosgrove: Bunaíodh Gaelscoil Chnoc na Ré in 1996. Is í an t-aon Ghaelscoil i gContae Shligigh. Tá an scoil ag feidhmiú ó 1998 ó chlubtheach CLG Naomh Muire agus i deich seomra réamhdéanta atá ag dul in aois. Tá na háiseanna thar a bheith bunúsach agus faoi chaighdeán, níl halla tionóil ann, agus tá costais ard fhuinnimh á n-íoc ag an scoil.

In 2006, the Department initiated site acquisition via OPW offices for a site to be purchased for a new Gaelscoil in Sligo. In 2009, at the school initiative, nearby land was zoned for community use. In 2020, following Sligo County Council endeavours, the Department

acquired a four-acre site. This site is fully supported by planning, roads, heritage and Irish Water as suitable for a school. In May 2022, the Department appointed a consultant project manager to drive the design team in this. On 14 June, an architect design team was to be appointed, which was 13 months after the project manager's engagement, which was all very positive. This is under the Adapt 3 programme requirement which is intended to expedite the delivery of schools in leased accommodation. The whole point of this Adapt programme is accelerated delivery of architectural planning and tendering. The actual project at the moment is at stage 2A. After going through all these processes, it should be well up on stage 2A at this point.

There are soundings of the children's hospital at this stage because the performance periods and contract have been routinely breached without consequences. There has been no revised programme communicated. The Department never received a programme about the school. It was only achieved through a freedom of information request. The school has reported poor communication, withheld information and a lack of structural engagement between the school management and the Department of education. The Department is paying €181,000 annually in leased prefab accommodation. The school is forced to seek increased voluntary contributions to avoid closure, and it is the only Gaelscoil in Sligo. The population of Sligo is growing. Taxpayers' money is being wasted through prolonged consultant engagement and delivery.

The príomhoide is set to retire. He has been working on this and has been principal of that school for generations and he is set to retire. He thought he would be moved in a long time ago. The site is there; the planning is there. The concerns we have, and this has been raised, is the failure to uphold the Adapt 3 policy despite its incorporation into contract documents. It has been approved. There is a lack of programme discipline and there is an absence of departmental oversight. Despite having a suitable site, clear planning support, dedicated local authority efforts - the county council is fully onboard with this - and a detailed set of contractual programme requirements, the project to deliver a permanent building for Gaelscoil Chnoc na Ré has stalled entirely. Níl sé sin ceart. Níl sé cothrom go gcaithfidh an scoil fanacht chomh fada leis seo ar fhreagra. Ní mór dúinn rud éigin a dhéanamh faoi seo. Níl a fhios againn cad atá á dhéanamh anois.

Deputy Niamh Smyth: I thank Senator Cosgrove for raising this important project. This is the only Gaelscoil in County Sligo. These are projects that should absolutely be supported, nourished and given every bit of support, both financial and leadership-wise, to ensure they get done. I appreciate and feel for the principal, who is obviously the person who has championed this for many years. I am lucky because in County Monaghan where we have four Gaelscoileanna, but they are not without their challenges in terms of getting them across the line and getting boots on the ground. It is important for Gaelscoil Chnoc na Ré in Sligo.

I thank Senator Cosgrove for raising this matter as it provides me with the opportunity on behalf of the Minister for Education and Youth, who cannot be with us today, to outline to the Seanad the current position in relation to the major building project for Gaelscoil Chnoc na Ré, Sligo. This project is included in the Department of Education and Youth's construction programme, which will be delivered under the national development plan as part of the Project Ireland 2040 framework. The brief for this project is the development on a greenfield site of a new 12-classroom primary school with additional classrooms for pupils with special additional

needs. The major building project is currently at stage 2A of architectural planning, developed design, where the preferred agreed design option can be developed to a stage where the project is fully costed and planned and the scheme can be prepared to lodge for statutory approvals with the local authority. The Senator went through a very detailed summary of the history of all the various stages, so I am sure none of this is new to her.

The Department of Education and Youth has reviewed the stage 2A submission from the design team. The stage 2A stakeholders meeting was held on 2 July 2025, with representatives from the school authorities, the design team and the Department and the project manager in attendance. The meeting concluded with a request for the design team to submit a stage 2A addendum report addressing issues raised by the Department at the meeting. That report was received recently and is currently being reviewed by the Department. Upon review of the report, the Department will advise all stakeholders regarding the further progression of the project.

In July, the Government announced a capital allocation of €7.55 billion for the Department of Education and Youth for the period 2026 to 2030 under the national development plan. As part of this allocation, the Department will place a strong emphasis on provision for children with special educational needs, with a particular focus on meeting annual school place needs.

The approach to rolling out large-scale projects and additional school accommodation scheme projects will be to continue to maximise the capacity of the existing school estate as much as possible in the first instance and to provide necessary additional capacity through targeted and prioritised project roll-out over the course of the period 2026 to 2030 to meet the most urgent and prioritised needs. It is planned that circa 80 school building projects will progress to construction across 2026 and 2027 as part of a two-year rolling programme. Considering what the Senator has said, and as this is the only Gaelscoil in Sligo, it surely must be given priority.

Acting Chairperson (Senator Malcolm Noonan): Níl an freagra scríofa againn. We will get it for the Senator after the session.

Senator Nessa Cosgrove: Gabhaim buíochas leis an Aire Stáit as ucht an fhreagra which contains positive news. We do not know if the school is included within the 80.

Deputy Niamh Smyth: It says in the response that it will be.

Senator Nessa Cosgrove: That it will---

Deputy Niamh Smyth: I cannot be certain, but we can certainly ask the Minister to clarify that.

Senator Nessa Cosgrove: That would be wonderful. Gabhaim buíochas leis an Aire Stáit. Mar a deir an seanfhocal, “Téann focal le gaoth ach téann buille le cnámh”.

Deputy Niamh Smyth: I have just made a note to ask the Minister if we can get clarity on the 80 schools involved and if the school in question is included. I am sure there will be lots

of competition to be in the 80, but this is the only Gaelscoil in the area. Of course, we know the demand for and the pressures to provide accommodation for children with additional needs. This is an inclusive school. Encompassing that in its plans puts its application head and shoulders above those from other schools in the context of the fact that it does so much for everybody within the local community.

Since 2020, the Department of Education and Youth has invested over €6 billion in schools throughout the country under the NDP, involving the completion of over 1,300 school projects. In addition, over 200 SEN repurposing projects have been delivered, maximising the use of existing accommodation while creating opportunities for inclusion and integration. I might add that said inclusion should include the Irish language as well.

Government support for this investment, including by way of supplementary capital funding, has delivered real benefits for school communities. Supplementary capital funding of €210 million, approved by the Government, has brought the total capital allocation for the Department of Education and Youth for this year to €1.6 billion.

All Departments are expected to publish their sectoral NDP implementation plans in November. The Department's plan will optimise outputs from the NDP allocations with a strong focus on maximising existing school capacity and progressing priority projects where local capacity across schools in the area is insufficient and ensuring delivery that is affordable, offers value for money and meets functional needs.

Acting Chairperson (Senator Malcolm Noonan): Tá an freagra scríofa ag an Seanadóir anois.

Health Strategies

Senator Evanne Ní Chuilinn: I thank the Minister of State for being here to take this matter. Given that she is not based in the Department to which it relates, I really appreciate her being here.

I want to raise awareness of what I and others believe is an undeclared public health issue that needs to be made the subject of a legal and policy framework as a matter of urgency. Every day in Ireland, tens of thousands of people of all ages manage the risks of living with food allergies. The constant threat of accidental exposure shapes their choices about what they eat, where they go and even who they interact with intimately or socially. As people can imagine, children in particular are at huge risk of accidental exposure often simply because these allergies first present at a young age and also because children are usually at the mercy of what is being served to them by an adult, be that in school, on a play date or at a party.

In Ireland, the standard of care provided following a diagnosis of food allergy is generally limited to the strict avoidance of the allergens and a prescription for an auto-injector or an EpiPen to treat a serious reaction.

Before I address a better way forward, let me first point out the gaps in that particular model of care. Children often present with multiple allergies and so could find themselves having to avoid a long list of foods for the rest of their lives. Can the Minister of State imagine trying from now on to avoid, simultaneously, milk, eggs, nuts, kiwi fruit, sesame and raw vegetables?

It would be virtually impossible to live a normal life. Now imagine being at school, playing sports, going to college or even dating someone who loves to eat ice cream. It is not sustainable and not fair, yet that is the case for thousands of children and teenagers in Ireland today.

Of course, parents bear the brunt of this frustration, worry and financial pressure. On Tuesday, I met one such parent. Her name is Ruth. She explained how her child minder quit following a near fatal incident involving one of her three children. All three of Ruth's daughters have severe food allergies and so not only did she and her husband give up working intermittently for five years to care for their girls, but they actually prepared food for every child, 20 children, in their daughters' crèche for five years just to make sure their daughters could attend a preschool programme.

Let me move on to the school-going age. There is no overarching policy for emergency medicine to support teachers in schools. The burden of responsibility is put on parents to train teachers and SNAs in the use of their child's EpiPen and also in recognising the onset of a reaction. That is an enormous burden on teachers who are not offered formal training. There is also a policy of no emergency kits in schools. If in a school there are ten children at risk of anaphylaxis due to food allergy, there are probably about 20 EpiPens knocking around the school. All 20 pens are on prescription, all have use-by dates and all have to be replaced at various intervals. The waste alone should by now have triggered a policy and a cross-departmental approach to that policy between the Department of Health and the Department of education. Not only that, but 88% of schools do not have a spare emergency medicine for undiagnosed pupils in their school. Imagine the irony of having 20 or 30 EpiPen in a school and finding that a previously undiagnosed child needs medicine. There is no policy in existence to administer an EpiPen in that instance, leaving the child involved in real danger.

We all remember Emma Sloan from Drimnagh in Dublin who died on O'Connell Street eight years ago after eating a meal containing nuts at a restaurant. She recognised the reaction she had, went to a pharmacy in the city centre but was denied an EpiPen and died. Publicly available emergency medicine kits at schools and public places makes sense. A similar programme has saved 11 lives in the UK since its introduction 18 months ago.

On a more positive note, I have met with a number of advocacy groups, parents and healthcare professionals recently. Even though the risk, danger and worry are what really stand out when we hear their stories, it is important to point out that a life full of limits does not have to be the only way forward. There is a life-changing treatment available. In fact, Ireland is at the forefront in delivering research and development in this area. Oral immunotherapy treatment involves the gradual introduction of increasing doses of an allergenic food to help build tolerance and reduce the severity of allergic reactions, including anaphylaxis. It is not a new treatment. Due to the data on both its safety and effectiveness, it is widely used across the world to treat allergies. Aside from one programme for under-fives in Cork, this treatment is not available in Ireland.

Parents are further adding to their financial strain by travelling to France and other countries to access care over a number of years at great personal cost. Of course, the vast majority of people cannot afford to do that. The treatments can run into tens of thousands of euro because a child needs to go every six months and that is for just one allergen. A child who has more than one allergen needs to go over and back for years and years. Costs include flights and accommodation because they need to stay for about a week each time.

Professor Jonathan Hourihane is a consultant paediatric allergist. He spoke at a briefing here in Leinster House which I hosted on Tuesday alongside a number of parents whose children have allergies. After the parents delivered their testimonials, he stood up and said, "It is embarrassing to hear my own patients say the care they receive is lousy despite being global leaders in research in allergen and immunology treatment." As well as publicly available EpiPen kits, longer term progress must be advanced in terms of treatments like OIT so that children are not robbed of the joy of childhood and families can live a normal life safe from the ever-present danger of a life-threatening incident.

Will the Minister of State provide an indication for the timeframe to roll out OIT and where the Department stands? I know this matter is not within the Minister of State's remit, but I would be grateful if she could pass on the concerns of tens of thousands of people in Ireland living with these conditions and provide an update on where we are with OIT in Ireland.

Acting Chairperson (Senator Malcolm Noonan): The presentation on Tuesday, which I attended, was very powerful. I congratulate the Senator on organising it.

Deputy Niamh Smyth: I also congratulate the Senator. I am sorry that I was not in a position to attend on Tuesday. This is an issue I am not very familiar with.

10 o'clock

The Senator has certainly presented a very strong case today. We all have issues to raise but the Senator has also provided solutions. We think of that girl on O'Connell Street, who knew what had happened to her and knew her symptoms, but, because of policy, the pharmacist was afraid to administer the EpiPen. It is awful.

I will be taking this matter on behalf of the Minister for Health, Deputy Carroll MacNeill. I thank Senator Ní Chuilinn for the opportunity to address the House on this important issue. More than one in four people in Europe suffer the effects of an allergy at some point in their lives, and it is particularly common in children. It is important to note that most allergic reactions are mild and can be kept under control. Severe reactions can occur, but these are rare. GPs can help to diagnose an allergy, and in the case of a mild allergy, they can offer advice and treatment to help to manage the condition. They may also refer to an allergy specialist for testing and treatment if the allergy is severe or the cause is not known.

The allergy team at CHI runs clinics out of CHI at Crumlin and Temple Street, as well as CHI at Connolly and Tallaght. The team deals with allergy prevention and diagnosis, along with treatment for allergy rhinitis, and drug, venom and vaccine allergies. The team aims to improve the quality of life for children with allergies and their carers to minimise the risk of allergy, promote food allergy prevention and provide Irish healthcare professionals with allergy educational resources. CHI has advised that there is currently no timeline for the rollout of oral immunotherapy services for the treatment of children living with allergies in Ireland.

That is not what the Senator wants to hear but, to be fair to her, she has started the campaign. I have no doubt that I and the Minister for Health will be here in front of her on many other occasions. This is how things get done: by starting a campaign to ensure there is a planned roll-out of treatment and care for young people.

In October 2015, the then Minister for Health signed the Medicinal Products (Prescription and Control of Supply) (Amendment) (No. 2) Regulations 2015 into effect. The regulations increase access to specified prescription-only medicines in an emergency, including adrenaline. This allows for the administration of adrenaline for known or suspected anaphylaxis to be administered by trained members of the public in emergency situations, without the need for a prescription. Of note, there is provision for organisations such as schools and workplaces to store these medications for administration by a trained person. The Pharmaceutical Society of Ireland provides guidance on the implementation of this amendment for pharmacists, and the Pre-Hospital Emergency Care Council has established a course for the education and training of persons to safely and competently administer adrenaline in an emergency.

There is a responsibility to ensure that medications are stored and administered safely and appropriately. Those with a known risk of anaphylaxis should carefully follow their doctor's guidance regarding carrying an EpiPen on the person. However, we know it is not always the case that people carry an EpiPen. As the Senator has rightly and eloquently outlined, emergencies do happen. These situations can occur because people do not know the allergies they have.

In 2024, pharmacists administered adrenaline in emergency situations on 365 occasions. Community pharmacies are among the most accessible and trusted healthcare providers in Ireland. The State recognises the importance of pharmacies being prepared to administer these medicines safely and effectively. This is reflected in the community pharmacy agreement 2025, which establishes an emergency medicine administration preparedness allowance that recognises that community pharmacists are authorised to administer emergency medicines. It is deeply sad that this did not happen in the case on O'Connell Street outlined by the Senator. This service is provided on an *ad hoc* basis, requiring pharmacists to be trained and ready to respond. The Minister for Health has agreed that an annual recurring allowance of €525 will be made available to community pharmacy contractors, commencing in 2026.

I am out of time. The Senator has a copy of the answer, which is comprehensive. As I said, it does not give the answer that the Senator wants. Nonetheless, I commend her on starting the campaign for the rollout of EpiPens. I will reflect her views, thoughts and suggestions to the Minister for Health following this debate.

Acting Chairperson (Senator Malcolm Noonan): I know the Minister of State was just handed the response, so she did really well. I note that this is the second time this has happened on my watch with a Department of Health matter. I call the Senator to respond.

Senator Evanne Ní Chuilinn: I have the rest of the written response, which I will go through later. I want to reflect on some of what the Minister of State has said. It is really disappointing that there is no plan to roll out OIT in Ireland. The average cost per year for an allergy sufferer is €1,600; this has been worked out and many people have done research on it. The OIT cost would be €4,000 per year, but it would be finite and would only have to be done for a couple of years. The cost per year would disappear or be significantly reduced, so it makes sense to roll this out.

In relation to training people to use EpiPens, Professor Hourihane, who is one of the four allergists in Ireland, said it would take 20 minutes, so that is the kind of training that would be

needed. Another group I met with said this could be done on Zoom with teachers on their Croke Park hours. It is the kind of common-sense stuff that can be done.

There are four allergists in Ireland for a population of 5.3 million. Finland, with a similar population of 5.6 million, has 100 allergists. We are just not prioritising this, although allergies are on the increase. We need to be a lot more proactive in how we deal with this and roll it out.

There is a very good team at CHI but it is very difficult to get access to food challenges, as I know from speaking to parents. When someone is diagnosed with an allergy by a GP, they are referred to that team. The person will then have to do a food challenge, where they are exposed to, say, a bit of a nut in order to see how they get on. It is very hard to get access to those, and people may actually need five or six different challenges, depending on what their allergies are. More joined-up thinking is definitely needed.

The Minister of State is right that it is the start of a campaign. I am disappointed to hear that OIT is not on the agenda. However, we could have more movement on the policy for publicly available EpiPens, from what I am hearing.

Deputy Niamh Smyth: As I said, I will certainly reflect the Senator's thoughts and views to the Minister for Health. I will support her in any way I can. It is a common-sense approach to policy to protect the most vulnerable. As the Senator said, we have just four allergists for a population of our size. Unfortunately, this is on the increase. We know many people who are intolerant of various food products and ingredients, which can have fatal consequences, as the Senator outlined. I appreciate that the Senator is starting a campaign. I congratulate her on her audiovisual room presentation today. It had a powerful impact on everybody across the House who attended. As I said, I will reflect her views and thoughts to the Minister for Health after this debate.

Acting Chairperson (Senator Malcolm Noonan): It is important, when a Minister of State is on duty for Commencement matters, that the response is given to the Minister in a timely manner.

Dental Services

Senator Cathal Byrne: I welcome the Minister of State and thank her for taking this matter. Each week, I am contacted by the parent of a child awaiting a dental procedure or appointment. We know that, nationwide, waiting lists are starting to extend. Approximately 2,000 children have been waiting over four years for orthodontic treatment. I recognise that we now have an additional third level training facility in the new RCSI facility in Sandyford, which, when fully up and running, will produce an extra 75 graduate dentists in addition to those who are currently being trained in Trinity College and UCC.

I want to speak about alternative opportunities to increase the number of dentists in the country. Fifteen years ago, there were approximately 23% more dentists working with the HSE than there are today. While there were approximately 3,100 dentists registered and practising in 2019, and that figure has gone up to 3,888 in the last set of figures for private practice, we need to recruit more dentists into the system and the HSE.

One of the ideas in that area is that we allow dentists who have been trained overseas to work here. A lady who contacted me recently is a qualified dentist from Bolivia. She has an international qualification and worked there for many years as a dentist. She is currently working here as a dental nurse. She told me one of the difficulties she has encountered is that it is taking so long for her to be allowed sit the exam. She would like the opportunity to sit the exam but because it only takes place in an 18- to 24-month application window, she is not in a position to do that. If we are serious about getting to grips with the long waiting lists we currently have in the HSE for dental care we have to look at taking on more internationally trained, recognised and qualified dentists and allowing them to sit the exam here to ensure they are coming with the highest quality standards people expect and deserve. While the RCSI's new college took its first set of students back in September it will take five years before we see qualified dentists coming through from that, so this is a mechanism we have to look at. I would be grateful for an update from the Department on whether it is possible to speed up the length of time between those international qualification recognition tests.

Deputy Niamh Smyth: I thank the Senator for raising this really important question. He raises a much broader issue in terms of the number of dentists we have working in Ireland. Unfortunately, I have been at the end of those calls to the constituency office too. There are so many parents out there super keen to get their kids looked at by the primary care services dentist and we do not have the numbers we need at the moment. I will give the Senator the answer from the Department so he is fully informed. I hope it can be shared with him in full as well.

The Dentists Act 1985 established the Dental Council as the regulatory body for the dental profession in Ireland. As such, issues concerning the registration of dentists are a matter for the Dental Council to consider. For all applicants for full registration, bar those granted international protection, the key criteria in determining their registration pathway is the country where the applicant undertook their dental education. There are a number of different registration pathways including those for Irish graduates and graduates from countries with which we have reciprocal agreements, graduates from the EEA who are entitled to automatic recognition or assessment under the professional qualifications directive, graduates from the UK and of course graduates from non-EEA countries.

In addition to this, the Dental Council introduced a registration pathway for refugees in response to the EU Commission's request to assess the qualifications from refugees from the war in Ukraine. This pathway includes a mentorship programme whereby refugee dentists can practice under the mentorship of an established registered dentist. To avail of this registration pathway, you must be a qualified dentist with current temporary protection or refugee status in Ireland. The Dental Council has opened this process to any refugee granted international protection in Ireland. For applicants who qualified outside of the EEA and do not have refugee status or temporary protection in Ireland the appropriate pathway to registration is the Dental Council examination. This is a two-part exam that takes place annually. Part 1 of the exam typically take place in March or April each year and part 2 typically takes place in June or July. The specific dates of part 1 and part 2 of the examination will be confirmed as soon as possible with candidates who have been awarded a place. For the 2026 sitting of the Dental Council exam, applications can be received at any time during the week of 12 to 16 January 2026.

The Dental Council is not currently planning to introduce an additional registration pathway or to change the existing pathways for non-EEA qualification holders. It is important to note

the Dental Council examination is an assessment of suitability for registration to practice dentistry in Ireland where applicants have already undertaken a dental qualification in a non-EEA country and it is not an examination at the end of a course of study. It is a broad-spectrum assessment of a candidate's competence at a point in time to safely practice dentistry in Ireland. The standard of the examination is designed to maintain the integrity of the register of dentists in the best interests of patients. The involvement of representatives from each of the dental schools in the design, delivery and management of the examination maintains the direct linkage between the standards underpinning the examination and the standards expected of dental graduates in Ireland.

Senator Cathal Byrne: I thank the Minister of State for her response. It is important to recognise this is about ensuring people across the country have access to the best possible dental care. As I highlighted earlier, I have concerns we are not training sufficient numbers of dentists and we are not taking on, through the HSE, sufficient numbers of dentists. We have to look at all possible options for children in particular, 2,000 of whom are waiting over four years for dental care. We need to take an all-encompassing approach that prioritises recruitment and while we wait for the RCSI to get up and running, we should see whether we can take on more dentists who have qualified abroad, while ensuring the recognition examination is to the highest possible standard.

Deputy Niamh Smyth: I thank the Senator and accept his proposal. We need the numbers, we need the practitioners and we have to diversify and look more broadly at how we can recruit and ensure that even when we recruit dentists from other countries we maintain a practice that is of the same standard as that of the pathways in education here. I will reflect the Senator's thoughts, views and suggestions to the Minister for Health following this debate.

Cuireadh an Seanad ar fionraí ar 10.16 a.m. agus cuireadh tús leis arís ar 10.33 a.m.

Sitting suspended at 10.16 a.m. and resumed at 10.33 a.m.

An tOrd Gnó - Order of Business

Senator Fiona O'Loughlin: The Order of Business is No. 1, statements on the HIQA review to inform decision-making on the design and delivery of urgent and emergency healthcare services in HSE mid-west, to be taken at 11.45 a.m. and to conclude at 1 p.m., if not previously concluded, with the time allocated for the opening remarks of the Minister not to exceed ten minutes, group spokespersons not to exceed six minutes, all other Senators not to exceed four minutes, time may be shared, and the Minister to be given not less than ten minutes to reply to the debate.

Senator Mary Fitzpatrick: This week marked the start of 16 days of activism on the issue of violence against women. Women's Aid is leading a 16-day campaign against gender-based violence. Thirty-five percent of women in Ireland have experienced psychological, physical or sexual abuse from an intimate partner. One in four women in Ireland has experienced sexual violence as an adult with a partner, and more than 100 women have been murdered in Ireland in the past ten years. Violence against women is one of the most urgent human rights issues in

Ireland today and it is affecting far too many girls and women. The Government has taken action and I commend it in that regard. It has updated the strategy on domestic, sexual and gender-based violence and has established Cuan, a new agency dedicated to co-ordinating services and driving change. It has strengthened the laws to protect victims and is updating and driving changes to education programmes that address misogyny in schools and colleges. Investment in refuges, safe houses and changes to social housing guidelines are all important, but ending violence against women is not just a policy goal; it has to reflect a value we all subscribe to. We must all work every day to end violence against women. I encourage everybody to think about this in their daily lives and about the casual misogyny, sometimes perceived as benign, that can take place in clubs, organisations, groups and online chats. We should ask ourselves whether behaviour is misogyny, bullying or a violent attack on a woman. If so, we should just call it out and not be part of it or complicit by being silent. I encourage everybody to do this, not just for the next 14 or 15 days but maybe for the rest of their lives. They should be kind and treat people as they would like to be treated themselves. I am referring not necessarily to how they have been treated but to how they would like to be treated.

Dublin Fire Brigade was established in 1862. It is over 150 years old. It is renowned worldwide as a unique and top-class fire and emergency service but it is under a really severe threat. This issue has been trundling on probably since 2014. I was on the city council in that year. I commend the leader of Fianna Fáil in Dublin City Council, Councillor Daryl Barron, and my colleagues in the Dublin group of the parliamentary party. We have raised this issue with the Minister, Deputy James Browne. There is a genuine issue over the fact that Dublin's fire and emergency services are going to be excluded from the new national mobilisation and communications system, NMACS, a dispatch system. This is not an administrative change; it is an operational change that will have real consequences for the lives of those who go out to save others' lives, those working in our fire service, those working in other emergency services and those who rely on those services. I call for a pause on making the proposed change until there is a full review and I also call for Dublin fire services to be included in the new NMACS.

Senator Garret Kelleher: I often think of the seanfhocal "Mol an óige agus tiocfaidh sí" when dealing with and interacting with young people, particularly young people involved in community groups and organisations, because young people are the future of our society, and our clubs and organisations. We need them to participate for our organisations to survive and thrive. I was recently contacted by Ms Bebhinn Lombard, the Munster regional organiser of Young Fine Gael, about an issue of concern that has arisen on the campus of UCC pertaining to the affiliation of youth sections of political parties. It relates to the affiliation of Young Fine Gael as a branch on the campus of UCC. A clerical issue arose that resulted in the branch not being re-affiliated in 2024. Early in 2025, the organisation contacted the UCC societies executive to address the issue and overcome the administrative barriers preventing it from re-affiliating. The rules on the establishment of youth sections of registered political parties changed in August 2025. The societies council instituted a new rule prohibiting registered political parties or youth wings of political parties from establishing but applied this only to new societies, which precluded both Young Fine Gael and also the Social Democrats from re-affiliating as societies on campus. This seems inherently unfair as other political groups have youth wings which have been allowed to continue as societies. A meeting took place yesterday between Young Fine Gael, the Social Democrats, Ógra Fianna Fáil and Ógra Sinn Féin on the

campus of UCC, all of whom were supportive of the re-establishment of both the Social Democrats and Young Fine Gael as societies on the college campus.

As I said at the beginning, for our community groups to survive and thrive, it is essential we have the participation of young people. I call upon the UCC societies executive to reverse its decision and allow youth wings of political parties to function as societies on the college campus.

Senator Joe Conway: Back in the days of the autumn past, I spoke on the Order of Business about a serious matter that arose in north Cork relating to fish kill. I see the matter is back in the headlines again this week. It is troubling for the people from that area. It is troubling for all of the people who enjoy the amenities of the rivers Blackwater and Allow. If you were to look at what has happened, there is a high concentration of ammonia going into the water. Ten days ago, one of the farm businesses concerned - back in the day, they used to be called co-ops but I think it is called North Cork Creameries Limited or plc or something like that - was warned by the EPA that its effluent concentration levels were well above the permitted levels. Despite that, when it was tested again in the past few days, it was found it was 50 times above the permitted level, despite the number of warnings it had received.

The problem has been checked out, examined, tested and retested by Cork County Council, Uisce Éireann and the EPA. I am wondering if there would be a case for the Leader's office, and perhaps the Cathaoirleach's office, to ask the Oireachtas environment committee to bring representatives from those three bodies to a meeting of the committee so that the elected parliamentarians can tease out the issue. There are obviously serious matters of fault in this. The proper forum would be the committee where we can get the investigators in to clear the air and people in these Houses could establish what exactly is going wrong and what exactly is proposed to remediate the situation.

An Leas-Chathaoirleach: Before I move on to the next speaker, I welcome Senator Comyn and her guests, the transition year class from Our Lady's College in Drogheda, along with teachers Una McGorry and Eileen O'Sullivan. They are all very welcome and I hope they enjoy their visit. I also welcome Deputy John Connolly and his guests and the guests of Deputy Pádraig O'Sullivan. Everyone is very welcome and I hope they all enjoy their visit to Leinster House today.

Senator Chris Andrews: Last month's ceasefire deal between Israel and Hamas gave the impression there would be some sort of peace and order. We all support and want peace but without justice, there can be no peace. If there is not self-determination, freedom of movement, access to education and access to hospitals and health services, peace will not last very long. This is called a ceasefire and it is worrying that media attention has moved away and been drawn to other conflicts and issues in the world. The reality is there is no ceasefire in Gaza. There is no peace in Gaza. A total of 327 Gazans have been killed by Israel in the past month, 136 of whom were children. Clearly, there is no peace.

Almost half of Gaza is occupied by Israel now and the rest of the population has been squeezed into the other half. The genocide continues. The famine, hunger and starvation is still continuing. There has been an increase in aid but nowhere near enough. All of the

infrastructure that allows for healthy lives has been destroyed. There is no sign that will be addressed. Israel continues to bomb and shoot civilians. There are thousands of tonnes of aid on the border in warehouses outside of Gaza and it is not getting in. Israel is still dismantling the place. Ultimately, the US is a rogue state now. It has stepped outside international law. There is no sense there is accountability for Israel. Without accountability, there will be no justice. Without justice, there will be no long-term peace.

The Irish Government needs to stay focused on it. Unfortunately, just before the last election, we thought the occupied territories Bill would be introduced and passed. It was said it would be done within 12 months. It has been 12 months now and there is still no sign of the occupied territories Bill being passed. There is a real concern that the Government will either not pass the occupied territories Bill or pass a watered-down version. We have to continue to keep our eyes on Gaza. We have to hear and see the people in Gaza and stand up and work for a lasting, just peace.

Senator Paraic Brady: I wish to raise an issue regarding dog attacks on livestock. This week, we saw dog attacks on livestock have surged to a six-year high. We are now coming into lambing season once more. We have seen that half the dogs that are impounded have no microchips. The system that is there at this moment in time is actually broken. There are fines from €100 to €300 for anybody caught by a dog warden who has a dog off a leash or one that is worrying sheep. Two thirds of these fines were not paid in 2024. It is alarming to see that even when a dog warden catches somebody who has a dog off a leash that is doing damage or worrying sheep or livestock and the warden then issues a fine of €300, the local authorities are still unable to collect these fines.

I am calling for us to scrutinise the legislation for this and look at tightening up the whole legislation about dog worrying and dog owners. When Covid hit, everybody felt it was a good idea to get a pet. We have seen the number of pets in Ireland rise by over 50%. We are now seeing a problem where some people have these pets that are not microchipped and are roaming free. Some dog owners do not even know where their dogs are at night-time, whether they are in the back yard or roaming free and worrying sheep.

By law, every dog owner must microchip their dog. The dog must have a microchip. For any dog that goes to a vet and does not have a microchip, it is compulsory that the vet must put a microchip in it. We need to tighten up the laws. Any dog that is left into a pound must get a microchip before it is handed out to a new owner. At least, we can microchip them and register the microchips to the new owners so that when damage is done, we know both the dog that has done the damage, once it is lifted, and the owner of that dog. It is very important that this is tightened up because, as I said, we are entering the spring lambing season and we will see huge amounts of damage done to sheep again and again without anyone taking responsibility.

An Leas-Chathaoirleach: I welcome Mike Ward, a guest of Senator Ollie Crowe.

Senator Aubrey McCarthy: I am raising an urgent matter regarding ESB, Electric Ireland, connections to houses across the country. I am on the housing committee. In recent weeks the Government rightly agreed to reforms with regard to Uisce Éireann, allowing developers to carry out certain works directly, thereby reducing delays and costs. The same principle now

needs to be put in place and applied to the electricity infrastructure in our country. Housing projects across the country are being stalled as developers are forced to wait, in many cases for many months, for the ESB to connect them to the grid. We all know of the recent case in Portlaoise where a housing development was delayed by many months. In many cases those developers have the expertise and the contractors can carry out this work to the required standard, but they are prevented from doing so and we are, therefore, getting unnecessary bottlenecks. With over 16,000 people now in emergency accommodation, there is an urgency for housing targets, and everybody is under pressure. As we recognised recently with Irish Water, that we can unblock this gridlock, we need to do the exact same with electricity connections. I call on the Government to engage with ESB Networks and the industry stakeholders to establish a framework that will work, as we have done with Uisce Éireann, and that can undertake private wiring for developments according to regulation and absolute oversight. This would accelerate housing delivery. It would reduce costs and ensure houses are not left idle for many months like the ones in Portlaoise.

Senator Margaret Murphy O'Mahony: I speak about the recent fatal road traffic accidents. It is all so upsetting. Young people were going for a night out. There was a man at work and a man going to work doing ordinary everyday things and they never came home. I pass on my sympathies to their families, friends and those who will always be affected by what happened. I ask that the Minister would come in to discuss his plans for road safety. Something has to change and, if we can save one life, it would be fantastic. I would like the Deputy Leader to invite the Minister to the House to discuss the subject of road safety.

Senator Linda Nelson Murray: I raise the issue of the women's under-19 soccer qualifier against Sweden in Bulgaria yesterday. The players stood facing their Irish flag when Britain's "God Save the King" played through the speakers. The music was cut off after approximately 30 seconds. There was an awkward silence and then the ladies proudly sang "Amhrán na bhFiann". I cannot imagine what was going through their minds and how they felt before that game. I know they lost yesterday, but that must have been very difficult for them not to have their own anthem playing. It is important that we have our own anthem playing for all our sporting events, and I would like to see if we can find out what happened yesterday. Was it a complete mistake, or did the people in Bulgaria think that was our anthem? We cannot let that happen for our fabulous ladies who are travelling and playing soccer. That is my first point.

I concur with my colleague about road traffic accidents. There are 16,000 learner drivers on Meath roads now. Those statistics are from the RSA. It has increased by 285 learner permits in the past six months. There are 394,000 learner drivers in total on Ireland's roads. A quarter of all learner drivers in Meath are between the ages of 17 and 20. I spoke a few weeks ago about road deaths and the Just 1 Life campaign that Navan rotary is running through schools and how important it is that we are speaking to school students about safety on our roads. We need to start young. By the end of October, 141 people had lost their lives on Irish roads. That is the same number as for the whole of last year. By the 20 November, that number was 158. That is not just 158 people. That has absolutely torn apart heartbroken families across Ireland. I cannot even imagine what those families go through when something like that happens. Most are drivers and one third are pedestrians. There are motorcyclists, cyclists and passengers and e-scooter fatalities. I agree with, and would like to see, the Minister coming here to discuss what we are doing. I know, a few months ago, we spoke about driving test wait times. They

are now down to an average of eight and a half weeks, which is excellent, but we need to tackle this head on, pardon the use of that term. We need to tackle this more than we are now. We cannot have 16,000 people in Meath on learner permits and we must ask the RSA to do all it can to cut this number. It is a scary thought to have so many driving around our county and country on learner permits.

An Leas-Chathaoirleach: I welcome Oisín Corrigan from Ringsend. He is a transition year student who has a keen interest in politics. He is a guest of Senator Andrews. I hope he enjoys his interest, and I wish him the best of luck for his future in politics.

Senator Gerard P. Craughwell: I know what I am about to speak about is something the Deputy Leader cares dearly about, given her constituency. I know her commitment to the Defence Forces and to all things defence. I am sure that she is as outraged as I am about the *Financial Times* article, "How Ireland became the weak spot in Europe's defences". We have been talking about defence in this Chamber for ten years. For ten years I have been constantly talking about defence, and where are we? We are getting worse and worse. We have people talking about the massive increase in the defence budget. There is no massive increase in the defence budget. I will come here with genuine figures in the not-too-distant future, because I have the figures going back to 2022, on how the defence budget has changed. In some years it regressed rather than increased. That is deeply worrying. I know the Deputy Leader engages with Defence Forces people all of the time and so do I, and that tends to be a bubble you are within. What really bothers me is that, now, ordinary members of the public are speaking to me. Neighbours are stopping me to ask me what is going on with defence, what is happening and are we at risk. They will equally throw in the neutrality thing and question the triple lock and all of these things. The key issue is that people feel the State is vulnerable. How right they are. If you sever one of the electricity interconnectors between the UK and us, people will lose power and likely lose their lives because hospitals will run out of electricity. If you damage the gas connectivity, what will that do to the country? In fairness to the flag officer in the navy, he has seen green shoots and a lot of recruitment. We met them recently in Grangegorman. However, there needs to be a more open debate on security, defence and where we are going. We need to counter the article in the *Financial Times*. It made the front page of the *Financial Times* in the United States. Leaving aside our European brothers and sisters and our American brothers and sisters, the citizens of the State themselves are now ahead of Government thinking when it comes to defence and security. I will have more to say on this, as I know the Deputy Leader knows I will, in the coming days and weeks.

Senator Victor Boyhan: I raise two issues. First, I thank the Leader's office for arranging and facilitating statements on HIQA in relation to the review of HSE Mid West. I took the time to search how many times this issue was raised in the Seanad. It was raised loads of times. How many parliamentary questions were there in the Dáil? There were many of them. I encourage and hope that we will have good attendance this afternoon. There have been many demands for engagement and for statements from the Minister on this very important subject related to the mid-west and the various options this report is recommending. I will not go into too much detail but clearly there are options A, B and C set out in the executive summary of this report. We will have time to tease it out with the Minister. I understand the Minister, Deputy Carroll MacNeill, will be here and I look forward to engaging. I appeal to Members

maybe listening in at committees this morning that if they can make it to Seanad Éireann to engage in this debate at 11.45 a.m., it would be worth participating and I hope many people will come.

11 o'clock

I will also flag something else. Mental Health Reform has been in touch with all of the Senators and TDs in these Houses on its key recommendations in respect of the Mental Health Bill. Tomorrow is the deadline for the first amendments in this House. Mental Health Reform has raised some very serious issues. It is a strong advocate. It is easy to tell an advocacy group that something is not consistent with our belief on mental health. I am reliably informed that the Minister will be proposing amendments to her own Bill in this House. Some of the Members should revisit that today, if possible. We have until tomorrow to submit amendments and we will have time to engage with the Minister next week. It is important that we use this House. We are a revising Chamber. We are not supposed to rubber-stamp all legislation that comes from the Government. We would be foolish to think that. It would not be right. We are a bicameral Parliament. Our function is to revise legislation. I hope we will see some amendments to this important legislation, the Mental Health Bill, which is tabled for debate in this House next week.

An Leas-Chathaoirleach: I welcome Deputy Eoin Hayes and his guests to the Gallery today. I hope they enjoy their visit to Leinster House.

Senator Martin Conway: I agree wholeheartedly with Senator Boyhan regarding the Minister's attendance here to discuss HIQA. The mid-west and the situation at the hospital in Limerick have been at the top of all representatives' agendas for some time now. Along with me and others, the Leas-Chathaoirleach has been to the fore in this regard. I hope we will see good attendance. I thank the Leader's office for facilitating and organising that debate. We finally have a roadmap to increased capacity in the mid-west. That is very welcome. I am very keen to hear what the Minister and my colleagues have to say.

I would like to have a debate in the House at some stage on the winter readiness programme and being weather-ready. We have seen very inclement weather recently. Over the last number of years, incidents of inclement weather have been much more significant than they previously were. We all need to improve our knowledge in terms of the readiness programme. We all need to understand more about the warnings and the methodology behind them. The localised nature of recent warnings is very welcome. If they can be localised even further, we need to do that. The technology is there. Met Éireann is at the cutting edge when it comes to embracing and adopting new technology. That is very welcome. Even the Met Éireann graphics on television have improved dramatically and create a more localised understanding. The emergency section is based in the Department of agriculture's building but it is managed by the Department of housing. I request that the Deputy Leader put in train a debate, statements or a discussion on this at her convenience so that we can all improve our understanding of the issue.

Senator Gareth Scahill: I highlight the great work of our fire services nationally, both the full-time and the part-time services that support our communities all over the country. At the same time, I highlight the recent National Oversight and Audit Commission, NOAC, report.

NOAC evaluates all of the local authorities and looks at their spending. I highlight the disparity across the country in what is being spent on fire services and in the service that is provided. Based on the 2024 figures, the average cost *per capita* is €74.85. However, there is a glaring underspend in a number of local authorities. Many of the local authorities are spending approximately half that amount on the service they are providing. At a time when the Government is looking at removing roadblocks to housing and improving our electricity, water and transport infrastructure, I would hope we could be more proactive in relation to the services we are providing to support the people who will be moving into these houses rather than reactively trying to improve these services when we see the increase in population at a later stage. This seems to be a bigger issue in rural counties where fire services cover vast areas. Somehow the spend is coming in at a much lower level than it potentially should be. I call for a debate, when the opportunity presents itself, on the delivery of a more consistent service across the country and on consistent investment in that service.

Senator Rónán Mullen: I welcome yesterday's announcement from the European Council that agreement has been reached on a Council position on a regulation to prevent and combat child sexual abuse. The European Parliament established its position in late 2023. There will be obligations on digital companies to prevent the dissemination of child sexual abuse material and the solicitation of children. National authorities will have the power to oblige companies to remove and block access to content or, in the case of search engines, to delist search results around child sexual abuse material. There is also a new EU agency coming, the EU centre on child sexual abuse, which will support member states and online providers in implementing the law.

Last week, I attended a plenary meeting of the Lanzarote committee, which is responsible for the implementation of the Lanzarote convention, which obliges signatory states to criminalise all forms of child sexual abuse. All of the developments taking place there are welcome but there were two things from last week's meeting that particularly struck me. One is the threat posed by AI, particularly the generation of child sexual abuse materials and imagery using artificial intelligence. I have made a point, which many agree with, which is that the very exposure of children, whether willing or otherwise, to any kind of pornography is, in itself, a form of child sexual abuse. We have to realise that child sexual abuse online is tied to the problem of adult pornography in general. Pornography is a public health issue. It is increasingly linked to addiction, mental health problems and violence against women.

Can we have a debate about this new regulation and the further efforts needed to combat any kind of exploitation or sexual abuse of children, particularly online? We should also look at what we need to do as a country, what is being done and what more needs to be done by Coimisiún na Meán and others to ensure that children do not have access to any kind of pornographic material, because it is damaging them. I believe that stricter rules on age verification are vital. We are not there yet. There is more that needs to be said and more that needs to be done, although all of the things I have mentioned are, of course, very welcome.

Senator Sarah O'Reilly: I raise the urgent matter of the mass abduction of children from St. Mary's School in the village of Papiri in northern Nigeria. More than 300 pupils, both primary and secondary school children, were taken by armed groups, who spent hours ransacking the school compound before forcing the children into the bush. Families in Papiri had repeatedly

appealed to the Nigerian security forces for protection but no meaningful response was provided. This does not seem to be a conflict between Christians and Muslims. Rather, it seems to reflect the Nigerian Government's persistent failure to protect its children from criminal gangs. Given that St. Mary's School has a long and historic connection with Ireland, there is even more of a responsibility on the Minister for foreign affairs to engage with the Nigerian Government to ensure these children are returned safely. Some 50 children have managed to escape. This have given parents hope that their child could be safely returned too. Some families have seen all of their children taken in this abduction. Kidnapping for ransom has become endemic. The international community must not look away. More than 1,500 Nigerian children have been abducted since 2014. Even if Nigeria is not reaching out to us for help, we still have a responsibility to work with our EU partners and offer any support we can. Time is of the essence here. Let us not forget that we are talking about young children. They will be traumatised. I would like to know what the Irish Government is doing to ensure the immediate safe return of these children. I urge the Minister for foreign affairs to engage with the Nigerian Government and other EU member states.

Senator Dee Ryan: This morning, I rise to acknowledge and thank the Minister, Deputy O'Brien, for the significant committed moneys that we heard about yesterday for Limerick in the NDP sectoral plan for transport. We are delighted that key projects like the M20-N20 Cork to Limerick motorway and route, the N21 Abbeyfeale relief road, the N21 and N69 Limerick to Foynes road, including the Adare bypass, the Newcastle West relief road and the Coonagh to Knockalisheen distributor road all got funding. They are important roads to us locally. Indeed, they are almost the sum total of the major roads that we were seeking allocation of funding for. We are grateful for that. They will help to improve safety, reduce congestion and better connect communities across the county of Limerick. The inclusion of the N20-M20 Adare bypass is particularly important for us, as the Deputy Leader knows. We are eagerly anticipating and getting ready for the Ryder Cup coming to Limerick in 2027. We are delighted to see all of these projects advancing. The next step, in my view, and I have sought a meeting with the Minister to advance it, is delivering a metro rail line for Limerick with a rail link to Shannon Airport. I look forward to raising that with the Minister very soon. I look forward to working closely with the Mayor of Limerick and all the city and county councillors on these projects and further projects into the future to ensure that Limerick has the resources and investment it needs for a strong future.

Senator Fiona O'Loughlin: I thank all of the Senators who have contributed to this morning's Order of Business.

First, Senator Mary Fitzpatrick spoke about the elimination of violence against women and gave us the horrific statistic that about 35% of women in Ireland have been impacted by gender-based violence. About one in four have experienced sexual violence at the hands of an intimate partner. As we know, more than 100 women have been murdered over the last ten years by a current or former partner. She is correct to raise that. We are in the UN 16 Days of Combatting Violence Against Women. It is important on so many levels that we have these conversations. It is not just about legislation or supplying refuges and safe spaces for women. There has to be a strong conversation with men and between men and boys in terms of the values that we have as a country about kindness, respect and about all of us collectively calling out when we see them casual inferences that are belittling women, because that is where it starts. I know that

the Minister, Deputy Jim O'Callaghan, has done a lot of work in this area and is continuing to do so. He has increased funding for Cuan and for safe spaces. He is also working on significant legislative change, including the removal of guardianship rights where a person has murdered their partner, limiting the disclosure of counselling records for victims and Jennie's law, which I have worked on myself with Jason Poole. While there are a lot of measures coming from this House, we also need to make sure in society that domestic violence and the way it is viewed changes.

Senator Fitzpatrick also brought up the issue of Dublin fire brigade and the fact that it is in existence since 1862 and is currently under threat. As Deputy Leader, I totally support her call to have a pause on the proposed changes awaiting a full review. We have to ensure that we have fully functioning fire services in Dublin and across the country.

Senator Kelleher spoke about a situation in UCC where the affiliation of the youth wings of political parties has now apparently been stopped. Two particular parties, Fine Gael and the Social Democrats, have been prohibited from starting. This is completely wrong. There has to be one rule for everybody. I hope this will change. It seems to be a common-sense response to ensure that it changes. It is something we can bring up with the Minister for higher education and to ask him to address because it is certainly not correct.

Senator Joe Conway spoke about the issue regarding a fish kill in Cork. He has raised it before. It is shocking to hear that things have not improved and that there have been high levels of ammonia detected only in the last week or two in terms of what is going into the water. We do know that Cork County Council, the EPA and Uisce Éireann have been working on this. Obviously, there is still a huge gap between what they are doing and getting the right result. I agree with the Senator that this needs to come before the Oireachtas environment committee. I will speak to Members of this House who are members of that committee and ask them to bring it forward and to liaise with Senator Conway.

Senator Andrews spoke about the ceasefire in Gaza. It is concerning. It is a ceasefire by name only, I think. We all have to work collectively and internationally to try to ensure that it is a working ceasefire and that the aid is there. The fact that 327 people have been killed by the Israeli forces during that ceasefire period is testament that it is a ceasefire in name only. In terms of the occupied territories Bill, the Minister, Deputy McEntee, when she became Minister for foreign affairs last week said it is her first priority. We know that any legislation that comes from the Dáil and the Seanad needs to be robust. I understand that officials are working on it. Obviously it would be better if all countries implemented the same legislation Europe-wide. That would be sending a really strong message. It is unfair to say that nothing is happening in relation to it because it is.

Senator Brady spoke about dog attacks on livestock and the fact that half of the dogs impounded do not have microchips. It is shocking that two thirds of fines are not paid. The legislation is there but it is not being implemented. We need to have a look at a review of the legislation. That might be something that we could ask the agriculture committee to look at. It is an important issue and it comes up time and again. As the Senator says, we are not at Christmas yet, but particularly as we will be heading into spring and lambing season soon, it is absolutely a concern. There is a disconnect between the legislation and the implementation, but we will take it further. I assure the Senator of that.

Senator McCarthy made the suggestion that the ESB connections should be treated in the same way as water connections. We know now because of recent policy change that the Minister, Deputy Browne, has introduced that developers can do that work themselves. That was an important policy change. I support that we could do the same with electricity. We will certainly bring that message back to the Minister. That should accelerate house delivery.

Senator Margaret Murphy O'Mahony spoke about the recent road deaths. The most recent was in my own County Kildare last night. Sadly, somebody was killed in a car accident. Sadly too, there have been a number of fatal accidents over the past two weeks. Our thoughts and prayers go to all the families of those who have been killed. A lot of people have been injured as well. These people are our neighbours, friends and part of work or college communities. It is shocking and has a huge impact on communities. We will look for a debate with the Minister on road safety.

Senator Nelson Murray spoke about the game in Bulgaria last night where the women's under-19 team played Sweden. I did hear a clip of that this morning. I did think "Ooh" when I heard the British national anthem was played but, fair play to the girls, they started singing themselves. They stood up and sang loud and proud. Even though they did not win the game, they won the moment. We will ask the Minister for sport to write to all international sporting organisations to make sure that something like this never happens again.

Senator Craughwell spoke about the article in the *Financial Times* about defence. We live in a world where the geopolitics are changing all the time. We have to support all of those in our Defence Forces. I want to pay tribute to all the men and women in the Defence Forces who do a terrific job. The Government and the Minister for Defence have committed to the recommendations of the commission report. There were three levels. They committed to the second level and is implementing that.

Senator Boyhan spoke on the debate on HIQA in the mid-west, which is coming up and which it is hoped there will be a good attendance for. It is important. Senator Ryan called for this and we were happy to facilitate this and ensure it happened. We hope all Senators from the mid-west will be here to contribute to that. Senator Boyhan also spoke about mental health reforms and highlighted that tomorrow, I think, is the last day for amendments.

Senator Martin Conway spoke about the need for weather readiness and localised weather forecasts. That is something we will discuss. Last week we looked for a debate on that.

Senator Scahill spoke about fire services that are doing great work and the NOAC report evaluating all the different local authorities, which highlighted the big disparity. No matter where anyone lives, they should have access to the type of services the fire brigades offer. It is concerning there is a glaring omission in some local authorities. That is why it is so important that in the latest housing plan "building communities" was part of its title. It is about looking at everything that makes up a community and, of course, safety is one of those elements. We will ask the Minister to look at that and to see if we can have a debate about more consistent delivery right across the country.

Senator Mullen spoke about the EU Council announcement yesterday on regulation to combat child sexual abuse and the fact that an EU agency is being established. We are all concerned about the threat AI poses to everybody, not just our young people. We have to ensure we do not allow our young people to be exploited. We have to bring in very strong regulations

to ensure they are not exposed to pornography. Coimisiún na Meán has over 300 people working for it now. Only earlier this week, it gave a presentation about its work and it was at the European Affairs committee about three weeks ago too. The call for stricter rules on age verification is a worthy call and something we will bring to the Minister and the AI committee.

Senator Sarah O'Reilly spoke about the mass abduction of children in Nigeria from St. Mary's School. The international community must respond. We will ask the Minister for Foreign Affairs and Trade to engage with the Nigerian Government.

Senator Dee Ryan was the last contributor. She spoke of her delight yesterday when she saw, among other funding announcements for Limerick, the Cork to Limerick road, Limerick to Abbeyfeale road, Limerick to Foynes road, including the Adare bypass, and others. It is certainly a very good day for connectivity in Limerick. I know she wants to advance the metro rail link for Limerick and connecting to Shannon Airport. It is important for Limerick to bring resources and investment. We look forward to seeing how that progresses.

Order of Business agreed to.

Cuireadh an Seanad ar fionraí ar 11.26 a.m. agus cuireadh tús leis arís ar 11.48 a.m.

Sitting suspended at 11.26 a.m. and resumed at 11.48 a.m.

Teachtairachtaí ón Dáil - Messages from Dáil

Acting Chairperson (Senator Alison Comyn): Dáil Éireann has passed the Finance Bill 2025 on 26 November 2025, which is sent herewith to Seanad Éireann for its recommendation. Dáil Éireann has passed the Health Insurance (Amendment) Bill 2025 on 26 November 2025, to which the agreement of Seanad Éireann is desired.

HIQA Review: Statements

Acting Chairperson (Senator Alison Comyn): Before we begin, I welcome the students from St. Mary's National School. They are guests of Senator Cathal Byrne. It is lovely to see them. I hope they enjoy the rest of the day. There has been a long-standing tradition that any schools visiting the Seanad or Leinster House have no homework for the rest of the week. I am not sure whether that can stand or how the teachers will fare with it.

Senator Victor Boyhan: And it is only Thursday.

Acting Chairperson (Senator Alison Comyn): I hope the students enjoy the rest of their stay. I thank them for coming in. I welcome the Minister, Deputy Jennifer Carroll MacNeill. She will have ten minutes, group spokespersons will have six minutes and all other Senators will have four minutes.

Minister for Health (Deputy Jennifer Carroll MacNeill): I thank Senators for the opportunity to discuss the HIQA review of urgent and emergency healthcare services in the

mid-west. We continue to be fully committed to deliver the highest quality healthcare services nationwide, including at University Hospital Limerick and across the mid-west region.

I take this opportunity to acknowledge the hard work, expertise and consideration that HIQA invested in producing its recent review and the advice it gave me. I also acknowledge the significant work undertaken by the ESRI, which contributed important research relating to the future bed requirements for the mid-west, which greatly informed HIQA's advice.

We can all agree without hesitation that the people of the mid-west deserve access to responsive, safe, urgent and emergency care in a safe and timely way. Much has improved in Limerick over the past 12 months. To add to that, I was delighted to open the first of two new 96-bed blocks at UHL last month. Those beds were very much needed. The opening was important not just for Limerick but for the entire mid-west region. The bed block has already had a positive impact on capacity and reducing overcrowding. Since its opening, we have seen days this month such as last weekend where UHL reported on the HSE figures, which are our standard for measuring, nine, five and seven people on trolleys. On the same day last year, those numbers were 80, 75 and 59, respectively. The 96-bed block has had a major impact on trolleys in Limerick. It is not a universally perfect picture by any means but the difference in what is experienced in Limerick in the past number of weeks since the bed block opened is considerable. The average trolley number in the two weeks before the bed block opened was 54, while the average trolley figure for the two weeks after that was 20. As I look at the difference at random between my first pages of trolley figures and my most recent pages of trolley figures from January, we are looking at figures in Limerick of 72, 77, 57, 88, 91 and 69. If I look over the past number of days, the numbers are seven, six, 13, 30, 27 and 28. A figure of 28 people is too many but it is a very considerable difference and improvement and it reflects the trajectory we know we need to see. When I look at all the hospital trolley figures every day, there was a lot of red in January while there was far less red in the past seven or eight days. In Limerick, it really does come down to beds because it has made extraordinary improvements in all its processes, particularly in the emergency department.

We know that in large part this is because of the implementation of the excellent report of the independent investigation by retired Chief Justice Frank Clarke into the tragic death of Aoife Johnston at UHL in December 2022. It identified several factors that contributed to delaying treatment and to Aoife's death. My thoughts continue to be with her family. I was so grateful to have the opportunity to meet with them this year. The report highlighted particularly severe pressures that night in the emergency department and the HSE established a structure to oversee the implementation of the 17 recommendations made by the report immediately after it was published in September 2024. Work to close out that implementation has concluded and was shared with the Department last month. The outcomes from the report contribute to an improved patient safety situation in the HSE mid-west region and across the healthcare system in Ireland generally because other departments are learning from the experience in Limerick. It has transformed their processes generally in the emergency department but also in other parts of the hospital since December 2024.

Regarding the HIQA review, in 2024, my predecessor Stephen Donnelly requested HIQA to conduct a review of urgent and emergency care in the mid-west with the primary objective of ensuring safe, quality acute care. As part of that review, HIQA was asked to consider the case for a second emergency department in the context of population changes in recent years and

ongoing pressures across the mid-west. That final report was submitted by HIQA and published at the end of September 2025. As Senators are aware, the report presents three options and advices for me as to how best to address the capacity gap. They include the expansion of capacity at UHL on the Dooradoyle site, option A; the extension of the UHL hospital campus to include a second site in close proximity under a shared governance and resourcing model, option B; and the development of a model 3 hospital in HSE mid-west providing a second emergency department for the region, option C. More than anything else, as Senators are aware, the report clearly identifies that the lack of sufficient acute inpatient beds in UHL and the mid-west region is the core issue that needs to be addressed urgently, and that is my priority.

In addressing the issue, we continue to increase capacity as we try to increase capacity generally. A total of 278 beds have opened in acute hospitals since January 2020, including two 16-bed rapid-build units delivered in December 2024 and June 2025 and the 96-bed block, which I opened last month. A total of 236 of those 278 beds are in UHL. We can see the impact on patients waiting on trolleys.

On enabling works, I have seen it myself in the second 96-bed block at UHL and a further 84 inpatient beds planned at UHL are under way. Those projects, including the 32 rapid-build beds and the first 96-bed block, will increase the bed capacity by up to 308 beds by 2028. Since 2020, we will have had 572 new inpatient beds across the region to 2031. I know these are lots of numbers and it is hard to imagine but the most striking thing for me was to stand in the soon-to-be-opened 96-bed block and look down and see the second 96-bed block about to be developed. The reason it did not happen at the same time was related to some of our outdated rules regarding procurement and infrastructure guidelines, which the Minister, Deputy Chambers, will be bringing measures to Cabinet next week to change.

Other really important initiatives include the acute virtual ward for 25 patients, which went live last year. We want to extend that to 40 patients. That is like 40 beds. It is 40 people who can be at home under the care of Limerick in the bed or on the couch, properly monitored remotely. It is working well in Limerick and St. Vincent's and we are expanding that across five more hospitals. It really works well. We have had very good outcomes and would like to see more of that. The Limerick surgical hub will open in the summer of 2026. We will begin recruitment for that in advance. It is very important. The idea is to pull out as much work that does not have to be in the hospital, such as elective and other day case procedures, to free up capacity for other things.

Staffing has grown by 53% since 2019, including 300 more whole-time doctors, including consultants, 571 more nurses and midwives and 163 more health and social care professionals. All of those improvements show our commitment to increasing capacity and de-escalating the pressure experienced in the UHL emergency department more broadly.

I compliment the work of the regional clinical director Dr. Catherine Peters, the overall regional executive officer Sandra Broderick and the patient council, all of whom have done extraordinary work on changing processes in Limerick. Limerick has the lowest proportion of public-only consultant contracts and is working with the 2008 contract holders in an excellent way to ensure there are more people working at weekends. They are discharging better at the weekends, have the highest presentations and are discharging and rostering the best at the

weekend. They really have taken every possible step and what they need are more beds and more acute capacity. That is very clear.

I have met with the patient council and will meet it again. Last night, I met a cross-party group of Senators and Deputies to discuss the next steps of the review and outline my thinking for them. I thank them sincerely for their collaborative work. Everybody here simply wants to improve services for the people of the mid-west, whom they represent and to whom I have a major obligation. My intent, as I said to Senators and Deputies last night, is to bring a memo to the Government before Christmas to do a number of different things. One is to show how we are going to bring forth options A and B, particularly in the context of the new infrastructure guidelines that I hope will be approved by Cabinet next week. That is a really important enabler for us. The reason we did not do two 96-bed blocks at the same time related to the infrastructure guidelines and how difficult and slow they have been in the past, so this is an important enabling change and I need to see how that intersects with our plan for option A in particular. We need to get as much out of the Dooradoyle site as we can while exploring and delivering the other options. My intent is that the memo before Christmas will deal with options A and B together and set out a really substantial plan for how we can increase not just infrastructure capacity in Ennis and Nenagh, recognising that there are many more beds. I have should have spoken to that earlier. There are an additional 48 beds that are going into Ennis on top of the 81 that are there. That is a very considerable expansion. There will be something of a similar order in Nenagh. There will also be more radiology and other medical facilities such as disinfection facilities.

What we have not fully explored, and what I have asked the HSE to give me, is a plan for how we can deliver more services from Ennis. I am talking about cancer treatments that can be delivered closer to home after the patient has had the major diagnosis and the treatment plan in the acute hospital. What more can we do to deliver services? My intent is to bring forward a memo dealing with those three things in particular and to agree a process for how we will address option C, which needs to take a longer term approach to and analysis of what the perfect size for a hospital is and how that is best governed. We have a genuinely clean slate here and we are learning so much about the perfect hospital size in terms of efficiency, governance and clinical integration. The mid-west is a big opportunity for genuinely good thinking on that, bearing in mind what we have learned from the very important work of the infrastructure accelerator task force, which has been working with the Department of public expenditure and reform for the past six months or so.

12 o'clock

We have a major project of work. In my mind, I divide it into two sections: prior to Christmas dealing with the priority area of delivering acute capacity, which is what HIQA has said is necessary, so that must be our priority, and then the in the early part of 2026 having a proper structure that enables us to consider all of the factors about how we will deliver capacity for the longer term in the mid-west.

Acting Chairperson (Senator Alison Comyn): Before I call on the next speaker, I welcome more guests to the Visitors Gallery, two of whom I feel should be in our Distinguished Visitors Gallery. Please welcome Dr. Fiona Nic Fhionnlaoich from Shankill, County Dublin, granddaughter of former Senator, Peadar Toner Mac Fhionnlaoich, known as An Cú Uladh, the

Ulster Hound. He was a Senator in the second and third Seanaid. I hope you can feel the presence of your grandfather in the great Chamber. I also welcome Julie O'Shea from Ardmore, County Waterford, guest of the usher, Paul Smith. I am sure you are being very well looked after. We have other guests of Deputy Séamus Healy. I hope you have a very enjoyable day today.

Senator Maria Byrne: I thank the Minister for coming to discuss this all-important issue. This is my ninth year in the Oireachtas, and I would not like to count how many times I, and many others in the Chamber from Limerick, raised the issue of UHL. I thank the Minister for her openness and transparency in terms of her thoughts and whole process, but also the fact she is taking the report from HIQA into account. It is very clear this is about capacity. I would like to compliment Catherine Peters and Sandra Broderick as well. It has been a breath of fresh air. The Oireachtas briefings have been very open and forward thinking in terms of what their thoughts are and how we can solve the issue. It is very clear that it is about capacity. When the Minister took over the brief, she put in greater efficiencies and put emphasis on the fact that consultants were not working on the weekend, people were not being discharged and there was bed-blocking. A lot of those practices have changed and that is down to the staff in the hospital and to the Minister's thoughts on how it should operate differently. It took buy-in from the staff to achieve that so that has certainly helped an awful lot.

The impact of the new 96-bed block has been shown in terms of trolley numbers, but some days it does shoot back up again and comes down. However, the staff have worked there under horrific circumstances as have the patients attending the hospital over many years. Some people were afraid to go in there. I really hated to hear that being said because if somebody is sick, he or she needs to go to the hospital. I would like to pay compliments to the other hospitals in the region, namely, St. John's Hospital, Nenagh Hospital, Ennis Hospital and Croom Hospital because they are all part of that UHL configuration. There are extra beds going into some of those hospitals, like St. John's Hospital, which is a Nightingale hospital. Many older people feel so comfortable going there, with the care and attention they get there. I compliment the staff in all those other hospitals. It has been about greater efficiency and greater use. I recall raising a Commencement matter about the blood clinic closing at 12 p.m. on a Friday, so if somebody went to the doctor after that, they were sent to UHL and spent the weekend waiting to have their bloods taken, whereas all those practices have changed and that is leading to greater efficiencies.

From the very beginning I have been very clear that options A and B need to happen in unison, which will eventually lead to option C. I compliment all my colleagues across all parties and none who came together as a unified voice right across the mid-west. This is the first time all voices have come together because they are so concerned about the future for the mid-west and the safety of patients and staff. It is great we have a unified voice from most parties on the future of what should happen at UHL. The buy-in from the staff has been really important. There are many volunteers working in the hospital. It is good to see they are delivering above their weight in terms of discharges and other issues that are happening at the hospital. We have the surgical hub coming on board. I understand that is opening in the middle of next year. That will help. Option A has to progress as quickly as possible. The foundations have started and it has gone out to tender. I hope with the memo from Minister for Public Expenditure, Infrastructure, Public Service Reform and Digitalisation, Deputy Chambers, that things will be

able to happen in a more proactive manner. We might be able to provide more beds. We cannot pre-empt what is going to be in the memo, but it is about doing things more efficiently. The private hospital in Limerick went up in 18 months. The public hospital has ties to the Department. Hopefully that will help and the Minister will take that into account. As far as I am concerned, options A and B have to happen as quickly as possible.

I was in HSE West for a number of years and I listened to colleagues in Galway talk about University Hospital Galway and Merlin Park University Hospital, and how they were working so well in tandem. That is what I envisage for Limerick hopefully. The more acute patients will be in the main hospital and the less acute patients in the new section. It will mean greater efficiencies, but safety for all and people experiencing better healthcare. I acknowledge the people who have died in the hospital system. Sometimes, we do not know the circumstances. I also acknowledge the hardworking staff and everybody who is helping to bring this together, including consultant Terry Hennessy, who sat on the HIQA report team locally. I am looking forward to working with the Minister for greater delivery for the mid-west.

Senator Victor Boyhan: I welcome the Minister to the House and thank her for giving her time. It is important that when we discuss this that we set the scene, because I am always conscious there are people outside of here looking in who will be looking at the Oireachtas report later on. We know HIQA publishes terms of reference. In a press release issued on 21 August 2024 the authority: "The HIQA has published its terms of reference for an independent statutory review to inform the delivery of safe quality urgent and emergency care in the mid-west region of Ireland."

We also know that through an examination of Oireachtas parliamentary questions, hundreds and hundreds of questions, motions and matters of discussion were raised with various Ministers for health. We have had the parties in Government in some form or shape for many years. I acknowledge the new Minister has clearly demonstrated a capacity to focus and a determination and emphasis on this particular issue, and on other issues. I acknowledge that and pay tribute to her for that.

The terms of reference were, of course, developed following a request by the then Minister, Stephen Donnelly, for HIQA, as the independent health and social care regulator, to conduct this review. It is important to stress this review was conducted under section 8(1)(e) of the Health Act 2007. I understand the review sought an evaluation of evidence-based and key factors to inform decision-making around the design and delivery of urgent and emergency healthcare services, including the case for a secondary emergency department within the region. Following completion of the review, the report ultimately landed on the Minister's desk and was published.

Before I go into some key questions to ask or points I wish to raise with the Minister, it is important we acknowledge the many patients that suffered within this region. Their cases were articulated well in this House by a number of my colleagues. That is important. In addition, what the key health workers, medical workers, front-line workers or any workers or service supports and anybody within the health service in this region had to tolerate for years was totally unacceptable. It has taken so long, and it is a pity it has taken so long, but we are now clearly on a trajectory for something new, which is important. The Minister mentioned the ERSI. I studied some of its documentation relating to this report and it is important we

acknowledge that independent thought process feeding into it. I thank all stakeholders engaged in the process. Let us now move on. Enough of the old history listen, let us look at the key asks today.

We have three options. Option A talks about expanding. The three key issues are expand, extend and develop. Option A is to expand capacity at University Hospital Limerick, UHL, on the Dooradoyle site. Option B is to extend the UHL campus to comprise a new second site in close proximity under a shared governance and resourcing model. Option C is to develop a model three hospital in the HSE mid-west region, providing a second emergency department for the region.

The Minister has to put in place timelines. Clearly we cannot wait. There are issues, let us be honest, about resources that have to be secured. There is planning. There is a whole range of issues as consultation with all stakeholders. It is also important to acknowledge that HIQA completed this extensive research. We know that there were 17 in-person meetings with the stakeholders and that there were 1,121 public consultation submissions. I have looked at some of the correspondence that supports all of this. We know that an expert advisory group was convened to consult the independent review. Of course, then we need to go back to the core issues here. What was the core recommendation? The core issue of this was that there were not enough inpatient beds. Keep it simple. There were not enough inpatient beds in the HSE mid-west region capable of treating the sickest patients who presented for urgent or emergency care. This is a summary of HIQA's own report to the Minister. HIQA recommended "immediate action and investment to address current risks to patient safety in the shortest time frame and safest way possible". That is the kernel of what the Minister is saying. Therefore, we now have to go back to the options.

The time for deferral is over. There are three key options. What is HIQA saying about some conglomeration of option A or B? HIQA's view is that options A and B are most likely to increase the number of available inpatient beds of the required type in the shortest timeframe, addressing the immediate risk to patient safety. It acknowledges this risk. I suggest that this is the focus. This is what the ask is. I would be interested to hear what the Minister is proposing or planning. When will she have a timeframe in terms of kickstarting the recommendations? I presume she will have talks internally with her own officials and with the Government as well. We need to know today or certainly in the next few weeks, and the people in this region want to know, what is happening.

We have identified the problem and the weaknesses. We have acknowledged that people suffered. We acknowledged that patients and their safety were put at risk. We acknowledge that staff had to tolerate dreadful conditions. People were embarrassed. The medics and politicians who represent the region were embarrassed. Loads of parliamentary questions were asked and there were debates and motions. What do we need to do today? The heavy lifting is done. The Minister is committed to focusing on getting things done. What I would like to hear in the short term, for the people of this region, is what options she is recommending, what options she is going to fund and what timelines are involved for delivery. This will be progress and action, which is the key ask here.

Senator Dee Ryan: Cuirim fáilte roimh an Aire. As the Minister knows, the people of Limerick, Clare and Tipperary have lived with crisis conditions in our acute hospital system

for more than a decade. What the HIQA review has done, bluntly and unmistakably, is confirm in black and white what patients, families, clinicians and communities have been saying for years - that the mid-west's acute hospital infrastructure is not fit for purpose, not matched to the population we serve and not resourced in line with national norms.

Last night, along with Oireachtas colleagues from across the region, I met with her to discuss the report and the action required in its aftermath. I acknowledge at the outset her engagement, her openness and her commitment to progressing solutions. Acknowledgment of the problem alone will not rebuild public trust in the mid-west. We now need decisive and visible action to restore public confidence - action that shows the people of the mid-west that this Government will deliver the acute hospital capacity that our region critically needs.

The figures are stark. UHL remains the busiest emergency department in the country, with 83,000 attendances up to 16 November, a 10% increase on the same period last year. It also has the highest acuity of any model 4 hospital in the country. This means that patients attending UHL are sicker and more unwell than those attending other hospitals. As a result, UHL has recorded the highest number of admissions nationally to date - 25,915 admissions nationally to date. Behind these statistics are real people and real suffering. The memory of Aoife Johnston and Eve Cleary and the testimony of families like that of Niamh McNally just yesterday must be front and centre in our minds. Their experiences and those of so many others are a constant reminder that delays in procuring hospital beds at UHL are not abstract problems; they are matters of life and death. Every day that we fail to deliver meaningful solutions increases the risk to people right across our region.

The geographical realities make the challenge even sharper. Over 40% of Clare's population lives more than an hour from an emergency department. The west Clare municipal district, the largest municipal district in Clare by population, is also the furthest from an emergency department. It is not just inconvenient; it is dangerous. I recognise and thank the staff - our nurses, doctors, hospital staff and management who continue to work tirelessly to provide safe care in difficult conditions. Their commitment is extraordinary. We have seen improvements. I acknowledge the impact that the new 96-bed block has had on trolley numbers since the Minister opened it last month. Indeed, for the first time in recent memory, Limerick was designated green last weekend, as the Minister stated, because the trolley numbers have fallen so low. We are, however, at 35 today on the HSE trolley watch and at 98 on INMO, which is more than double any other hospital in the country, even with those improvements. We must be honest - the new block has not ended corridor care. It is not capable of addressing the scale of the crisis before us alone.

The problem is bigger and deeper than that single block. That is why the HIQA report matters. It is why the decisions that the Minister takes now will shape healthcare for the mid-west for a generation. We urge the Minister to place herself in our shoes and imagine that she, her family and all her loved ones are in the catchment area for UHL and be ambitious for us. I welcome her commitment to option A, maximising capacity at the existing Dooradoyle site, and option B, identifying a site for a co-located acute bed facility. They must progress urgently and in parallel. I also welcome the Minister's confirmation that she will be bringing a detailed and fully costed report on those options to Cabinet prior to Christmas. That is the seriousness that this moment requires. I appreciate too that she is examining option C and looking at what the long-term sustainable hospital capacity for the mid-west may look like. I appreciate that

this requires further time and consideration. That is prudent and necessary. At the same time, as I raised with her last night, we cannot simply wait for medium-term and long-term solutions. That is why I asked her last night for a UHL site-specific winter plan, as I had previously done in this Chamber over many months before the summer.

As I referenced last night, the HSE mid-west region has implemented a seasonal adjustment plan, postponing non-essential procedures. This is normally implemented in November and December and it is to keep the hospital beds free for the emergency department, but it was brought into force in October of this year. That means we have had a reduction in non-essential procedures from a maximum of 20 cases admitted per day to a maximum of ten admitted per day and the majority of those ten are reserved for oncology and in line with cancer treatment protocols. I ask the Minister, in advance of next winter, if we could have a site-specific UHL winter plan. I acknowledge that her plans, which we look forward to hearing next week, on localising services across the region will indeed help us to manage those challenges. The public needs to see movement. We need to see that the Government understands the scale of the crisis and that this Government is willing to match the investment with action. Let this moment be the turning point. Let it be the moment we acknowledge past failings, face the realities outlined by HIQA, and commit fully, visibly and without delay to delivering a modern acute hospital system worthy of the people in the mid-west it serves.

Senator Martin Conway: The Minister is welcome to the House. The meeting the Minister had with representatives from the mid-west yesterday and her opening statement here today show that she understands the urgency and purpose of the work she is doing, that she gets how important it is and that it is receiving the detailed attention at the highest level it deserves. I pay tribute to HIQA. It produced a very good report, which is informing the Minister. Many of us in the mid-west would have been able to summarise the recommendations ourselves from our ongoing engagements and experience over the years.

I have been a Member of this House since 2011. UHL is the one issue I have spoken about more than any other, both here in the House and at the Joint Committee on Health. It has been utterly frustrating to hear, week in, week out, month in, month out for year and years, the stories of people who have had negative experiences in the emergency department at UHL through no fault of the staff but because the accommodation and bed capacity was not there, leading to backlogs in the emergency department. We saw the tragic consequences of that when a citizen from my county lost her life unnecessarily. As a result of what happened, a lot of good is now happening. The new 96-bed block has made a significant difference. The facts and figures speak for themselves. As the Minister correctly said, it is still too many people. We still have not hit peak flu season. I take this opportunity to encourage everyone who has not got the flu vaccine to do so because it is the one way we can help to deal with the numbers in our emergency departments. The 96-bed block is up and running and making a difference.

I am very pleased that it is hoped that the accelerated critical infrastructure will include health infrastructure. I have no doubt the Minister has articulated that point loudly and clearly in the necessary corners of Government. With that memo on accelerated critical infrastructure protocols and so on being brought to Cabinet next week, I hope the Minister will be in a position to bring a memo to cabinet about options A and B the following week. I hope she will be able to refer to a process for examining option C as well. However, the critical thing at this moment in time is options A and B because they will eventually lead to option C. I know the Minister

has committed to all three options. I am interested in hearing how we are going to develop both option A and option B. I believe that more can be achieved on the site at Dooradoyle. There is talk of a 96-bed block. It is my understanding that the history behind the number 96 is that the pocket of funding for the block had to be kept at €200 million. Perhaps that can now be scaled up. Perhaps the next 96-bed block could have another floor or two, adding another 15 or 20 beds. That is the type of outside-the-box thinking the Minister is very open to. There is this whole idea of capping funding at €200 million when we all know that bed capacity is needed and that funding is available for it. It is just about the process. Beds cannot be magically delivered overnight. There has to be a process. However, we can accelerate the implementation of option B. I know the Minister is fully committed to that. Again, on behalf of the people of the mid-west, I thank the Minister for her urgency and commitment in this regard.

Acting Chairperson (Senator Alison Comyn): I apologise for my error in having passed over the next spokesperson, an Seanadóir Nicole Ryan.

Senator Nicole Ryan: I will share time with Senator Collins. I welcome the Minister and thank her for being here. What is happening in the mid-west is not a stand-alone issue. It is a symptom of a health system that is stretched to its limits and a government that has failed to match population growth with the necessary investment in critical infrastructure. For years now, the mid-west has had one of the most overcrowded emergency departments in the entire country. UHL has broken trolley records time and again. Staff are exhausted, patients are frightened and families are left in corridors for days. Communities across the mid-west have been raising the same alarm again and again. No other region in Ireland is operating under that kind of pressure. No other region has been expected to absorb the closure of multiple emergency departments without a corresponding investment in beds, staffing, diagnostics and community services. The result is predictable. We see overcrowding, dangerously long waiting lists and a level of strain that undermines the safety of patients every single day.

Of course, this not about blaming front-line workers. They are performing miracles in impossible conditions. The issue is political will and planning. It is about the refusal of successive governments to accept what every clinician and every community in the mid-west has been saying, which is that the system just cannot cope. We need a fundamental shift. We need capacity and more beds, staff and diagnostics. We need real investment in step-down and community care. We need resilience and a system that is flexible enough to ensure that one overcrowded emergency department does not bring the entire region to its knees. Ultimately and inevitably, the region needs another hospital. I know that is option C but it is needed, especially in light of current population growth. This is essentially about fairness and equality in services for people. A person's chance to get timely life-saving care should not depend on their postcode but, time and time again, we see that it does. The people in the mid-west deserve a health system that works and a Government that sees this not just as a regional problem, but as a national responsibility.

Senator Joanne Collins: My thoughts go out to all the families in the mid-west who have unnecessarily lost loved ones due to the clear failures of our health service in the region. I commend the staff of UHL. They get up every day and go to work in what can sometimes only

be considered a warzone. They have talked about the stress they are under and about feeling that staff in the mid-west are not being seen. I thank the Minister for giving up her time for that meeting yesterday. I apologise that I had to leave early but I did catch up with my colleagues afterwards. I was a bit confused when I saw some of the headlines coming out reporting that some of our colleagues in the Dáil were saying that we were going to get a second hospital in the mid-west. What I got from the meeting was that we were getting options A and B and that, after Christmas, the Minister might look at option C. I just do not think she gets how serious this is. I could be wrong.

I will go into some of the history, as my colleague did before me. Nearly 16 years ago, Fianna Fáil shut down three emergency departments in the area, those in Ennis and Nenagh and the one at St. John's Hospital. That Government promised we would get a centre of excellence. Between them, Fine Gael and Fianna Fáil have been in power, on and off, for the past 15 years and nothing has happened. We are getting 96-bed blocks and 16 beds here and there, but it is not good enough. The next 96-bed block is not going to be built until 2029. That is another three years. How many more lives do we have to lose in the mid-west before something is done to move this on a little bit more quickly?

Deputy Jennifer Carroll MacNeill: That is not the case.

Senator Joanne Collins: The plan we have been given says it will be 2029. The winter plan that comes out every year is great but it is a piece of paper and nothing ever seems to change. The hospital is still overrun with patients. It is constantly at capacity. It is great idea on paper to try to bring in GPs but we do not have GPs to put in there in the first place. People cannot get appointments with their GPs.

Trolley numbers went down a little but they are jumping back up. Yesterday, they were at 75. Today, they are at 93. That is not good enough considering 96 beds just opened up. There was a study done that suggested that you will get one death for every 67 people who wait on trolleys in emergency departments for longer than eight hours. It is not good enough that the number has already gone back up to 93. Where is that going to leave us?

I really welcome the HIQA report but it was done as the result of pressure from the families of those who died and for no other reason. It was not the result of political will. I have a little show and tell. Sinn Féin wrote a plan two years ago. It mirrors the HIQA report. Is there something wrong with the Sinn Féin plan that meant nobody wanted to look at it to see what we actually need? That is two more years of waiting and of constant reports and plans but nothing is changing. I am sorry if I sound really cross today but I am cross because I have elderly parents who refuse to go to UHL. One of my parents refused to get into an ambulance because he would have had to go to UHL. He made me put him in the car and take him to Galway. There is crippling fear in the mid-west and it is time now to do A, B and C. We cannot wait any longer.

Minister for Health (Deputy Jennifer Carroll MacNeill): The whole purpose of this is a patient safety issue. I have to correct a few things. Let me go through the patient safety issues. The whole approach is to try to make Limerick have enough capacity to have the same flow as other well-run hospitals like Waterford. Limerick is now an extremely well-run hospital. In

the last 12 months, Ian Carter, Catherine Peters and Sandra Broderick have brought in really meaningful changes. All of the teams working there, all the consultants and all of the nurses deserve credit. The hospital is a different place in terms of how it is run and it is having a major impact on patient safety.

What do we do? We do a range of different things all the time and not just at Limerick. We are trying to decant as much as possible from the acute hospital so that people who are acutely unwell can get the best care there. So, we are doing a couple of different things. We are moving as many outpatient appointments as we can to primary care facilities. I met one of the ENT consultants, Joe Hughes, who is now running his clinics in the primary care centre in Newcastle West. That is exactly the sort of commitment to Sláintecare that we are seeing from consultants there. He does not need to do his surgery in the hospital, requiring people to incur parking costs and other different challenges. He can do that in Newcastle West. That is one of the many things we are asking people to do differently that is happening in the mid-west.

We do have an elective flex, not just in Limerick but in every hospital in every season not just in the winter season. We do that to account for a couple of different things. There is always a Christmas-winter flex and then we have to intersect when the flu season will hit; it changes every year. This year the flu season is likely to hit really hard in the two weeks over Christmas; normally it is a little bit later. We need to adjust and adapt to that. For anyone who has not yet got their flu vaccine, I encourage them to please do that. Even if they are not going to get the flu, even if they are not at risk, they can stop its transmission. From the experience of the southern hemisphere, we know that this will be a hard flu and an early flu. I am asking people to get the flu vaccine because that is the single biggest thing people can do to contribute to their loved ones' well-being and help the healthcare staff in Limerick. There are opportunities there.

We always flex. There has been a change in October and November this year. They do it all the time, but there is no change to the electives in St. John's. The electives are still continuing at St. John's and that is the model we have in Limerick to enable continuing elective procedures. We are also opening a surgical hub there to do elective procedures and take away the pressure, again to take away a thing that should not be happening in acute hospitals but can happen elsewhere.

Why do we do it? Why do we have an elective flex? I hope there is not a single person in this room who would think it is acceptable to bring in an elective surgery into an overcrowded hospital thereby creating danger to the people already there and to the person who is coming in potentially for very sensitive surgery. We need to try to do it somewhere else or at a different time. We should not bring people into an already overcrowded hospital. Our first priority has to be patient safety and the well-being of the hospital.

That is why it is so important that all the reforms I have been trying to push through since January in terms of weekend work, weekend rostering and weekend discharging are to make sure that we have a safe patient flow and that we do not have people backed up on trolleys on Mondays and Tuesdays. That is not just in Limerick but in every part of the country. All those reforms need to sit together to have a hospital that has a good flow all the time. Is it possible? Yes. The hospital in Waterford has had no people on trolleys in the last five years and it does not cancel elective surgeries. Why? It is because it has its patient flow absolutely tip top. When I look at the trolley numbers every day, Limerick is the only place that I will give a pass

to in terms of being in the red because I know it has an acute bed capacity issue. It is not down to its processes. It is an acute bed capacity issue.

It is absolutely clear that Limerick is persistently better on trolley numbers, whether it is counted on the INMO figures or the HSE figures. I might get this slightly wrong but they are two very different things. The INMO figures count the people who are in the emergency room generally. The HSE figures count the people on trolleys. They are slightly different ways of counting. More people are self-referring to the hospital in Limerick than in any other region and so those numbers will always be much higher. However, we need to look at the trend regardless of which one we count by. The trend is persistently lower. I have to end this idea that Limerick is the worst hospital in terms of its emergency department.

Throughout November - I will happily call it out - Galway, St. Vincent's at the edge of my constituency in Dublin, and Cork have been persistently worse in their hospital trolley figures than Limerick and they do not have the same bed issues that Limerick has. For the benefit of Senators from the region I will outline the figures. Yesterday, Wednesday, at 8 a.m. there were 28 people on trolleys in Limerick on the HSE figure. There were 42 in Galway. On Tuesday, there were 27 in Limerick, 50 in Galway and 35 in St. Vincent's. It is persistently worse in other hospitals. We have to get away from the idea that Limerick is the most dangerous place and the most under pressure; it is not actually. This is as a consequence of two things. First is the greatly improved processes and second is the new bed block. We need more beds, there is no question about that. However, the other hospitals have more to do and they do not have the same presentation pressures, demographic pressures or capacity pressures. It is important to put that in context. In particular, I compliment the management there on the extraordinary work they do.

Am I committed to it? Every morning at 11 o'clock, there is a trolley call with the CEO and other senior management of the HSE, the regional executive officers and hospital managers - it depends on who is there. Owing to Cabinet meetings and everything else, just twice this week I joined the call in the background and listened to the specific nuances going on in each hospital. I do that because I recognise that there are some hospitals like St. Vincent's and Cork which have had an up-and-down experience over the last month where they are just not landing it and just not getting it right persistently. Some other hospitals might be under a flu pressure or an RSV pressure for a day or two and then recover. They are all slightly different issues. It helps me track the delayed transfers of care. It helps me track what is happening in the community and the beds the patients are going to.

One of the really important investments we are making is the additional investment in Ennis and Nenagh. We have 81 beds in Ennis and our plan is to put in another 48, a 50% capacity increase. We have 62 in Nenagh and an additional 27 coming. I think St. John's has 95 with an additional 42 coming. It is as much about the service delivery in those different hospitals to try to do everything we can to avoid the need for people to come to UHL unless they are seriously unwell or have been in a trauma situation. However, for routine treatment, for outpatient appointments, for elective processes, we do not want them to be in Limerick in the same way that we do not want them to be in other acute hospitals. We are across this.

We have an urgent bed capacity issue. I ask for all Senators' support that when we put in planning applications they do their best to make sure we minimise objections to those applications so that we can get the best out of the site that we can, that we push as hard as we

can on that site, that we deliver an option B as close as possible to that and that we look intelligently with all of the best information we have about how to approach the option C construct and how we do that with optimal site location, optimal clinical location and optimal hospital size, recognising that we are learning more and more about better hospital efficiency over time from our international experience and from our own learning here.

There is a real commitment to the people of the mid-west from the hospital management, from the people who are working there, from everybody here and from me. I am invested in this on a day-to-day basis. Over the weekend, I get a text at 8 a.m., 2 p.m. and 8 p.m. every single day of my weekend every single weekend so that I can track exactly where every hospital is and so I can see if a hospital is going into difficulty. Am I committed? I promise Senators that I am. I know exactly what is going on to the best that I can in the 29 hospitals at any given time.

Last weekend, at one point I think there were 57 people on trolleys in 29 hospitals and that increased over Sunday night into Monday and Monday night into Tuesday. So, I really do know. Limerick is doing really comparatively well. It might not feel like that for people who are in Limerick today. It has the seventh longest wait times of all the hospitals but not the longest wait time. It does not have the worst hospital trolley presentations and that is because of the work of the people in Limerick and because of the 96 beds. My priority is to deliver more beds as quickly as possible and to put in all the supporting architecture to make sure we can bring people out of Limerick. We are genuinely committed to this.

We will prioritise A and B coming up to Christmas and we will all look together at the opportunities for option C in the new year. The Senator is right that I did not say those things at the meeting yesterday; I was not correctly quoted. We will look at option C intelligently and in a paced way in the new year when we have done what HIQA has asked us to do for the people of the mid-west, our commitment being in respect of option A and B and putting real teeth to that.

Acting Chairperson (Senator Alison Comyn): Before I conclude business today, I welcome the guests of Deputy Brian Brennan to the Seanad. They are just catching the very tail end of a very busy morning's work. I hope they enjoy their stay here.

Sitting Arrangements: Motion

Senator Maria Byrne: I move:

That, notwithstanding anything in Standing Orders relative to Public Business, the Seanad shall adjourn today until 6 p.m. on Tuesday, 2nd December; Standing Orders 31 and 32 shall stand suspended; and the Order of Business shall be proposed at 6 p.m.

Question put and agreed to.

Cuireadh an Seanad ar athló ar 12.40 p.m. go dtí 6 p.m., Dé Máirt, an 2 Nollaig 2025.

The Seanad adjourned at 12.40 p.m. until 6 p.m. on Tuesday, 2 December 2025.