ACTION ON SEPSIS:
Five-Year Strategy
2026 - 2030

National Quality and Patient Safety **(NQPS)**

Reader Information

Title:	HSE Action on Sepsis : Five-Year Strategy (2026 – 2030)
Purpose:	The Action on Sepsis outlines a five-year strategic programme of work from 2026 to 2030. This comprehensive strategy, grounded in Irish data and international best practice, is structured to tackle the challenges of sepsis management and prevention in adult, maternity and paediatric care.
Developed by:	HSE National Clinical Programme (NCP) for Sepsis and National Quality and Patient Safety
Approved by:	Dr Colm Henry, Chief Clinical Officer, HSE Dr Orla Healy, National Clinical Lead Quality and Patient Safety, HSE
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Target Audience:	All staff working across HSE services and other staff providing healthcare services across the spectrum of healthcare in Ireland, patient partners, advocacy groups, government agencies, charity and non – governmental organisations and any other relevant service personnel involved in the prevention, recognition, identification and treatment of Sepsis.
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Contact Details for further information:	National Clinical Programme for Sepsis, HSE & link https://www2.healthservice.hse.ie/organisation/sepsis/
Related/Associated documents	All related documents can be found on the National Clinical Programme for Sepsis website https://www2.healthservice.hse.ie/organisation/sepsis/

Foreword

Sepsis remains one of the most significant patient safety and quality challenges facing modern healthcare systems. The HSE is committed to ensuring strong national leadership, coordination and collaboration in sepsis prevention, recognition and management, so that harm from sepsis is reduced for all those in our care. We remain cognisant of the competing challenges that arise in sepsis management, particularly in regards to antibiotic overuse and the rising threat of antimicrobial resistance.

Since its establishment in 2014, the National Clinical Programme (NCP) for Sepsis has delivered substantial achievements, including the development of standardised national clinical guidelines, nationwide awareness campaigns, education programmes, and annual audits across acute hospitals. These initiatives have contributed to reducing the incidence, morbidity and mortality from sepsis in Ireland and have strengthened the capability of healthcare professionals to provide safe, timely care informed by changing global evidence in what is a very fluid and fast moving field.

Governance of the NCP for Sepsis sits under the National Quality and Patient Safety under the remit of the Office of the Chief Clinical Officer (CCO). This structure enables sharing of expertise and collaboration with other national strategic programmes in the CCO Directorate, such as the National Women & Infants Health Programme (NWHIP), Public Health and Antimicrobial Resistance & Infection Control (AMRIC) functions. In addition utilising the network of clinical and nursing leadership will support the NCP for Sepsis in ensuring effective engagement and partnership in the delivery of the strategic objectives.

This Action on Sepsis: Five-Year Strategy (2026–2030) builds on that foundation and sets out a comprehensive, system-wide plan to improve sepsis prevention, early recognition, treatment, and support for sepsis survivors across adult, maternity, paediatric and community services. The strategy reflects core principles of the HSE Patient Safety Strategy (2019 - 2024), the HSE Corporate Plan (2025 - 2027), and the priorities of Sláintecare by promoting an integrated, standardised and person centred approach to safety and quality across our health system.

The six strategic priorities outlined in this strategy provide a cohesive framework for delivering measurable improvements in sepsis outcomes in key areas such as the prevention of avoidable infections; enhanced public and professional awareness; timely identification and treatment across the patient pathway; improved support for sepsis survivors; and expanded national and international research.

Patients, families, survivors, and advocacy groups have contributed directly to the development of this strategy, ensuring that lived experience is

central to our collective approach. Their involvement will continue through a dedicated patient and service user forum, helping guide implementation, communication and evaluation.

Delivering on this strategy will require sustained leadership, cross sectoral collaboration, strong data and clinical audit capability, and a shared commitment across health regions and services. By strengthening governance, empowering healthcare workers, supporting the public, and prioritising survivor needs, this strategy aims to reduce preventable harm and deaths, enhance recovery, and embed a culture of continuous learning and quality improvement across the health service.

The HSE remains steadfast in its commitment to ensuring that sepsis prevention and management remain a national patient safety priority. Through coordinated effort and a whole systems approach, we can continue to improve outcomes, build safer services, and provide better care for patients and families impacted by sepsis. Our ultimate goal is the elimination of avoidable sepsis deaths and the compassionate management of the long term consequences suffered by sepsis survivors.

Dr Michael O'Dwyer, Clinical Lead, National Clinical Programme: Sepsis

Dr Orla Healy, Clinical Lead, National Quality & Patient Safety, HSE

Dr Colm Henry, Chief Clinical Officer, HSE

Foreword from the Irish Sepsis Foundation

Sepsis is an ever-present and often silent threat that touches individuals, families and communities across Ireland. For many, its onset is sudden and devastating. For others, the long-term physical, emotional and social impact can last for years. The Irish Sepsis Foundation was established to ensure that the voices, experiences and needs of patients, survivors and bereaved families remain central to national efforts to prevent, recognise and treat sepsis.

We welcome the development of Action on Sepsis: Five-Year Strategy (2026–2030) and the HSE's continued commitment to strengthening a whole-system approach to sepsis. This strategy reflects the lived realities of those affected while setting out a clear and practical roadmap for improving patient safety, enhancing early recognition, supporting the workforce, and ensuring that survivors receive the follow-up and rehabilitation they need.

We are particularly encouraged by the emphasis on stronger governance, integration across health authorities, research, public awareness and the focus on post-sepsis care areas that families consistently identify as critical. The commitment to embed standardised practice, mandatory education and robust clinical audit across all care settings marks an important milestone in the delivery of safer, more consistent care nationwide.

The Irish Sepsis Foundation is proud to contribute to this strategy and to continue working in partnership with the HSE, clinical leaders, healthcare professionals, and other advocacy groups. Together, we share a common goal: to reduce preventable harm, ensure timely and effective treatment, and improve the quality of life for all who live with the consequences of sepsis.

Most importantly, this strategy recognises that progress is only possible when we listen to those who have lived through sepsis. Their insight, strength and determination guide our collective work. We remain committed to representing their voices as this strategy moves into implementation and delivering, with compassion and integrity, the change they urgently need and rightly expect.

IRISH SEPSIS FOUNDATION

James Corcoran

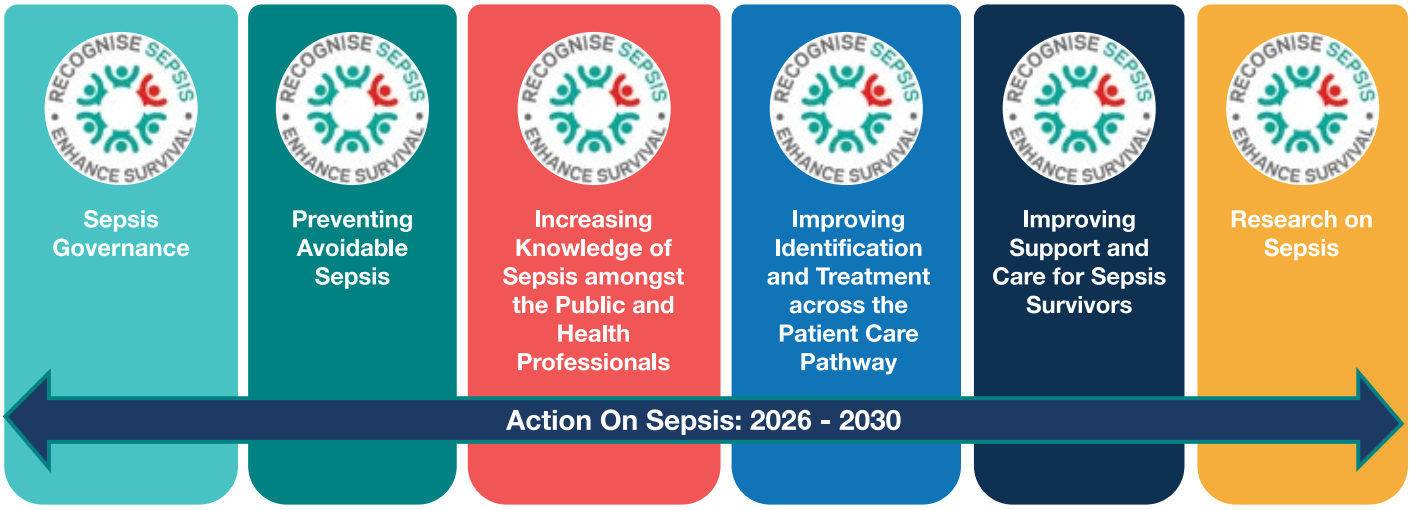
James Corcoran, Deputy Chairperson,
Irish Sepsis Foundation

Executive Summary:

This Action on Sepsis: Five-Year Strategy (2026-2030) is comprehensive and grounded in Irish data and international best practice. The Strategy will tackle the challenges of sepsis management and prevention. It will build on the current sepsis programme of work and will expand its focus into community settings, including supporting the uptake of vaccinations and public health measures that can reduce the incidence of sepsis.

This strategy aligns with the objectives of the HSE Patient Safety Strategy (2019-2024), commitment 4 of the Strategy outlines 13 Common Causes of Harm. These are high-impact patient safety improvement priorities, and tackling them effectively can improve safety in healthcare organisations. Amongst these critical areas, the reduction and effective management of sepsis in line with the recognition and response to clinically deteriorating patients are both identified as a key focus, emphasising their impact on patient safety and care outcomes.

The strategy is built upon six key priority areas, each targeting critical aspects of sepsis prevention, early recognition and management, ensuring this aligns with the highest standards of patient safety and clinical efficacy.



The delivery of this strategy will provide specific and focused outcomes to improve, reduce harm from sepsis and increase patient safety, improve care and support for survivors and families, provide assurance that healthcare services implement sepsis guidelines and undertake research to prevent sepsis and improve treatment and care.

Contents:

Introduction

Sepsis is a frequently underappreciated critical medical emergency, where the body's severe response to a microbial infection manifests as a systemic inflammatory reaction. This response can rapidly progress to organ failure, shock, and even death. Early recognition and prompt intervention are vital for improving survival rates and the prognosis for those who endure sepsis and septic shock. However, its symptoms are frequently subtle and misleading, mimicking a number of different, less serious conditions such as nonspecific viral infections, which complicates its timely detection by healthcare professionals and the public alike.

As outlined in the National Sepsis Report (2025) (HSE 2026) there were 11,939 documented cases of sepsis & septic shock in Irish acute hospitals. The report shows that sepsis associated in-hospital mortality rate in 2025 of 21.2%.

In comparison to the 2024 national Sepsis report there was a 2.6% decrease in documented cases of sepsis & septic shock with a 3.8% relative increase in associated in-hospital crude mortality. There was a 4.1% decrease in the average length of stay for patients with sepsis in Irish acute hospitals. Improving sepsis recognition and management is not straightforward and requires comprehensive changes across the entire spectrum of patient care. The primary focus is to support healthcare professionals in Ireland by providing them with the necessary information, training, and

Key findings

The following figures include adult, maternity, and paediatric patients.	
Total number of cases of sepsis and septic shock, 2025	11,939
Crude mortality rate, 2025	21.2%
The following relate to adult (non-maternity) patients.	
Number of cases of sepsis & septic shock	11,080
In-hospital mortality rate: Sepsis & Septic Shock	22.6%
Average length of stay (bed days)	22.0
Specialty based data:	
Paediatric (0– 15 years) sepsis-associated in-hospital crude mortality rate	3.9%
Maternal sepsis-associated in-hospital crude mortality rate	0.0%
Surgical diagnosis related group (DRG) sepsis-associated in-hospital crude mortality rate (adult non-maternity)	26.3%
Medical diagnosis related group (DRG) sepsis-associated in-hospital crude mortality rate (adult non-maternity)	21.8%

Table 1: Key Findings from National Sepsis Report 2025

evidence-based guidelines for effectively identifying and treating sepsis. Simultaneously, raising public awareness about sepsis and emphasising the importance of seeking medical help promptly is crucial. This becomes even more significant as the threat of antibiotic resistance rises, potentially limiting future treatment options.

The HSE Patient Safety Strategy (2019-2024) calls for embedding patient safety into everything we do. Commitment 4 of the Strategy outlines 13 Common Causes of Harm, as outlined in the image below. These are high-impact patient safety improvement priorities, and tackling them effectively can improve safety in healthcare organisations. Amongst these critical areas, the reduction and effective management of sepsis in line with the recognition and response to clinically deteriorating patients are both identified as a key focus, emphasising their impact on patient safety and care outcomes.

Patient Safety Improvement Priorities:

Sepsis does not discriminate. It can happen to anybody, irrespective of age. However, it is much more common in the extremes of age and in individuals with co-morbidities and those at risk of neutropenia. Patients with a diagnosis of sepsis spend longer in hospital than those who have a diagnosis of infection. Sepsis has a considerable impact on the quality of life in survivors of sepsis, their families, and carers, and a significant economic and social burden.

It is estimated that 20% of global deaths are caused by sepsis. World Health Organization statistics indicate that there were 48.9 million cases of sepsis worldwide in 2017, with 11 million deaths (Rudd et al., 2020).

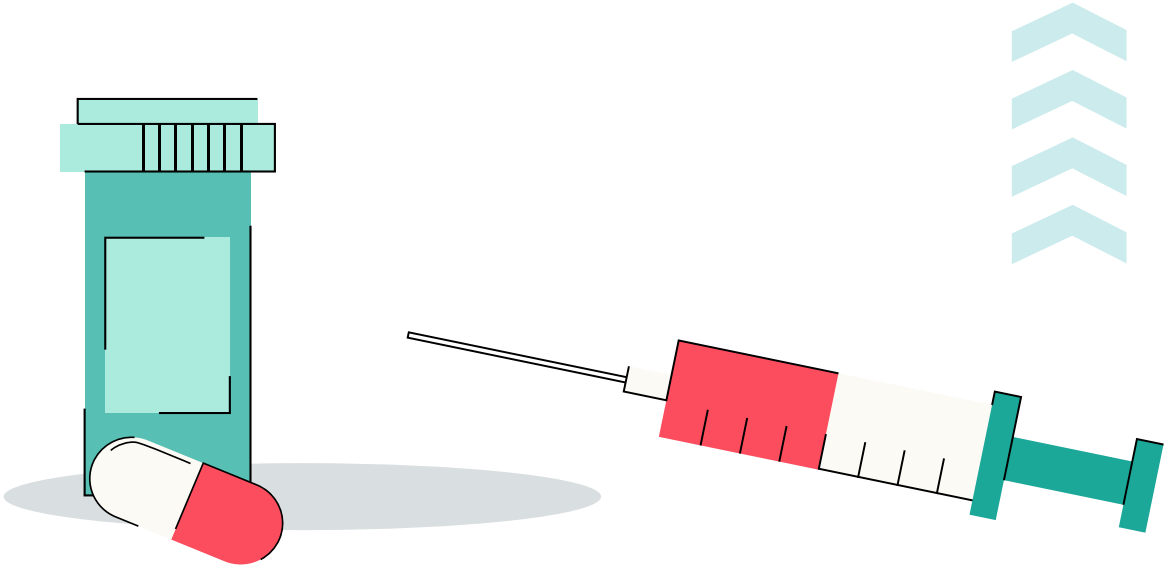
The most effective way to reduce mortality from sepsis is through prevention of primary infection, such as effective chronic disease management and wound care management, encouraging breast feeding and adherence to vaccination programmes. The next most effective way to combat sepsis is through early recognition and treatment (HSE, 2023).

In 2014, the HSE established the National Clinical Programme (NCP) for Sepsis within the Clinical Design and Innovation division. The focus of the programme was to promote the early recognition and evidence-based management of sepsis through audit, education, and raising awareness. The programme has had many achievements, including the development of the National Clinical Effectiveness Committee (NCEC) National Clinical Guideline (NCG) No. 6 on Sepsis Management (2014) and the revised National Clinical Guideline No. 26 - Sepsis Management for Adults (including maternity) (2021), national awareness campaigns, educational initiatives, and ongoing audits in acute hospitals. In 2025 the NCEC NCG Sepsis Management for Adults (including Maternity) was further updated and enhanced, and the revised guidelines and clinical support tools and form have been implemented across all acute hospitals. These efforts aim to standardise sepsis management, reduce mortality rates, and enhance patient care and safety across Ireland.

In 2022, governance for the NCP for Sepsis was transferred to HSE National Quality and Patient Safety (NQPS) within the CCO Directorate. Governance of the programme within the CCO Directorate enables collaboration with a range of key programmes and stakeholders and will be an important enabler in the implementation of this strategy. The strategic move to NQPS, brings the programme to a new level of maturity and enhances its ability to address the "whole quality cycle" – from planning to improvement to control. Leveraging the expertise of teams across NQPS, it placed the NCP for Sepsis in an advantageous position to integrate data intelligence, clinical audit, incident management, quality improvement, and performance management as part of an overall quality management system.

NQPS design and deliver programmes and resources aimed at building skills, knowledge and confidence in addressing patient safety priorities. The team has developed a tiered model approach to quality improvement (QI), providing an appropriate and effective quantum of support to services with a consistent approach and managed expectations. Rigorous co-designed programmes around QI, clinical audit, and patient safety are an important feature of this work. Through continuous monitoring and evaluation, teams identify areas for improvement and make data-driven decisions to drive sustainable change.

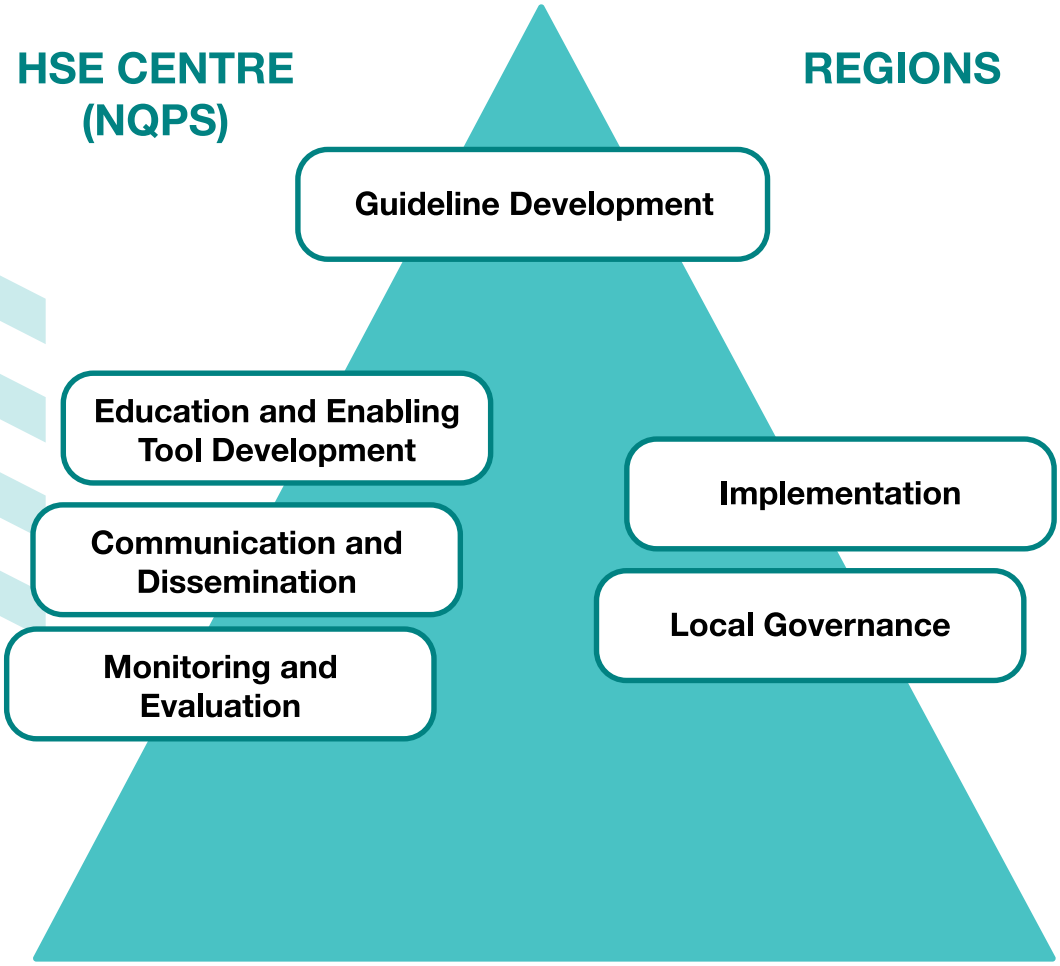
Improvement approaches offer well-established, evidence-based methods for understanding processes and systems, pinpointing improvement opportunities, and designing sustainable solutions. They provide a systematic, collaborative and inclusive approach capable of delivering sustained improvement at scale. From an organisational perspective, QI is well designed to deliver productivity and cost benefits by removing waste, delay and duplication from care processes and pathways. Improvement also provides tools to ensure that the approaches used to meet waiting time targets or cost improvement goals support broader objectives for the organisation. Crucially, improvement approaches also have the potential



to deliver notable workforce-related benefits, including a positive impact on staff satisfaction, joy at work, reduced absenteeism and improved recruitment and retention rates.

The HSE Performance and Accountability Framework 2025 outlines that responsibility for service delivery lies with the six Regional Executive Officers (REOs), while national services fall under the National Director for National Services and Schemes and the Chief Clinical Officer (CCO). Clinical Governance is to be provided in a matrix reporting relationship; the Regional Clinical Director will report directly and operationally to the REO and professionally to the CCO, thereby ensuring that Regions have consistency

Figure 2: National Quality & Patient Safety Governance Model



of approach in clinical matters and provide for the national HSE to mandate clinical programmes, standards and patient safety management including sepsis. Quality and patient safety are overseen at national executive level by the newly established National Executive Quality and Patient Safety Committee. This is chaired by the Chief Clinical Officer (CCO) and reporting directly to the CEO and relevant Board subcommittees. Much of the work of the NCP, including this strategy, is aligned with the planning, enabling, performance and assurance (PEPA) Model which outlines the focus for engagement of NQPS with the health regions.

NQPS has national governance for a number of national programmes which address common causes of harm and focus on patient safety improvement priorities, including the Deteriorating Patient Improvement Programme (DPIP); the National Medication Safety Programme; and the National Improvement Programme for Wound Management. Closer alignment of the NCP for Sepsis with these programmes enhances the success of each programme and delivery of optimal patient care and outcomes for all patient cohorts.

This collaborative programmatic approach also aligns with several strategic plans and national clinical guidelines, including:

- HSE National Patient Safety Strategy 2019-2024
- HSE Corporate Plan 2025-2027
- National Maternity Strategy: Revised Implementation Plan 2021-2026
- HSE Antimicrobial Resistance Infection Control (AMRIC) Action Plan 2022-2025
- National Open Disclosure Framework, DOH (2023)
- Digital for Care 2030 eHealth Strategic Goals
- Operational priorities within Sláintecare Action Plan 2021-2023
- The strategic direction of several national clinical approaches, staff teams, and programmes (ANP outreach service, reduced ICU admissions, reduced hospital LOS, improved capacity and flow)

National Clinical Effectiveness Committee Guidelines, including:

- National Clinical Guideline No 1 – Irish National Early Warning System (INEWS) National Clinical Guideline (V2 2020)
- National Clinical Guideline No 4- National Maternity Early Warning System (IMEWS) v2
- National Clinical Guideline No. 5 – Communication (Clinical Handover) in Maternity Services (2014)
- National Clinical Guideline No.11 – Communication (Clinical Handover) In Acute and Children's Hospital Services (2015)
- National Clinical Guideline No. 12- the Paediatric Early Warning System (PEWS) (2015 – clinical update 2016)
- National Clinical Guideline No 18- Emergency Medicine Early Warning System (EMEWS) (2018)
- National Clinical Guideline No. 26 - Sepsis Management for Adults (including maternity) (2021)
- National Clinical Guideline N0. 30 – Infection Prevention and Control (IPC) (2023)
- International Guidelines for the Management of Septic Shock & Sepsis Associated Organ Dysfunction in Children (SSCGC) HSE National Implementation Plan (2021)

The programme aligns its work with the National Clinical Programmes, including:

- Antimicrobial Resistance and Infection Control (AMRIC) Programme
- The Critical Care Programme
- The Emergency Medicine Programme
- The Paediatrics and Neonates Programme
- The National Women & Infants Health Programme
- The Older Persons' Programme

In particular, the programme reflects the clinical effectiveness agenda by linking closely with NCEC guidelines and fulfils the journey from clinical guideline development to implementation to monitoring. Clinical guidelines on adult, maternal and paediatric sepsis are implemented across all relevant acute hospitals, and the national sepsis team currently conducts annual audits to ensure compliance with guidelines' recommendations.

Purpose of the Action on Sepsis: Five-Year Strategy

Action on Sepsis outlines a five-year strategic programme of work from 2026 to 2030. This comprehensive strategy, grounded in Irish data and international best practice, is structured to tackle the challenges of sepsis management and prevention in adult, maternity and paediatric care. A detailed implementation plan with targets, timeframes and processes for monitoring and evaluation will accompany this strategy.

The strategy is built upon six key priority areas, each targeting critical aspects of sepsis prevention, early recognition and management, ensuring this aligns with the highest standards of patient safety and clinical efficacy. The strategy sets out a range of HSE actions aligned to the six priority areas

Six Key Priority Areas:

1. **Governance:**
   This priority area focuses on establishing the key national governance structures for overseeing the development and monitoring of the implementation plan.

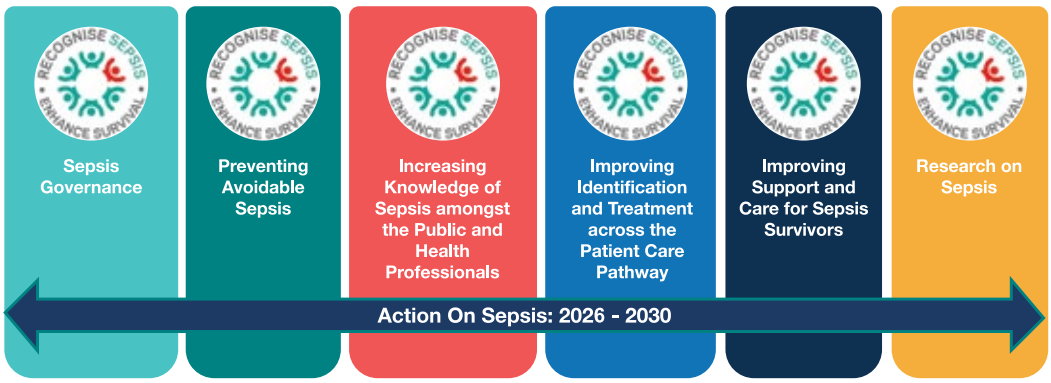
2. **Preventing Avoidable Cases of Sepsis:**
   This priority area is focused on promoting proactive identification and reduction of sepsis risk factors, to lower the overall incidence of sepsis through early intervention and preventive measures such as vaccination with particular emphasis on sepsis in vulnerable population groups such as maternity, paediatrics, older persons, young adults and immunocompromised.

3. **Increasing Knowledge of Sepsis amongst the Public and Health Professionals:**
   This involves increasing knowledge and understanding of sepsis amongst healthcare professionals and the public. This will be achieved through targeted social marketing awareness campaigns, training programmes, and public information initiatives.

4. **Improving Identification and Treatment across the Patient Care Pathway:**
   Refining patient care pathways to ensure the rapid and effective identification and management of sepsis, enhancing the efficiency and outcomes of sepsis treatments. With a focus on enhancing capability and collaborative working amongst healthcare professionals.

5. **Improving Support and Care for Sepsis Survivors:**
   Improve ongoing care and rehabilitation of sepsis survivors to support recovery and improved long-term health outcomes.

6. **Research for Sepsis:**
   Promote investment in research in research and development on effective management of sepsis. Research on sepsis in Ireland is required to inform clinical practice and expertise, early identification and prevention of sepsis and would allow for specific health interventions and care planning.



Detailed Actions for these Six Key Priority Areas can be found on pages 23 - 26 of this document.

Outcomes and Measures

Outcomes

All of these priority areas have specific HSE actions with associated deliverables that, over the period 2026 - 2030, will work towards the following in relation to sepsis:

- Improved patient safety outcomes
- Awareness and deeper understanding across staff, patients and members of the public
- Improved support and care for sepsis survivors
- Assurance on mandatory training for all staff
- Comprehensive and Innovative Staff Education
- Research based insights and development in sepsis prevention, treatment and management

Measures

In addition to continuing work to enhance governance, structures and processes (detailed in this strategy), actions from this strategy will include developing key performance indicators and targeted outcomes for the identification, treatment and management of sepsis. This reflects the HSE's ambition with respect to reducing and managing sepsis, as per Commitment 4, HSE Patient Safety Strategy 2019-2024.

The strategy is committed to learning from patient safety incidents, critical learning events, clinical audit, the national sepsis report data and other key findings pertaining to reducing the incidence of sepsis. Therefore, objectives and outcomes over the five years may alter to ensure the strategy retains a dynamic response to the evolving needs of all patient cohorts.

Partnering with Patients:

Patients and families affected by sepsis and their advocacy groups have contributed to this strategy and we will ensure that their lived experience is core to the Action on Sepsis Strategy 2026 – 2030. This will be done through the development of a patient forum that will be led by patient/service users and will assist in the development and leadership of key working groups across the different strategy implementation work streams.

They will be key stakeholders in the formation of patient specific outcomes and assurance measurements and their collaboration and partnership will be pivotal in determining the success of this ambitious strategy.

Priority 1: Governance. Aligns with PEPA (Planning and Performance):

Rationale:

Our commitment involves the establishment of key governance and oversight in the implementation of this strategy over the five year time frame. We will engage with a diverse multi-stakeholder group to ensure a comprehensive, cross-sectoral approach towards the prevention, management and treatment of sepsis. The restructuring of the health service to health regions provides a timely opportunity for this strategy. We will work with health regions to ensure robust governance arrangements are in place for the identification and management of Sepsis including quality improvement processes following audit and serious incident reviews.

Additionally, we will evaluate the functions of the National Sepsis Steering Group with a view to aligning and integrating ways of working with the six new health regions.

Furthermore, the alignment of the National Clinical Programme for Sepsis with the Deteriorating Patient Improvement Programme (DPIP) will enhance the success of each programme and deliver optimal patient care and outcomes for all patient cohorts.

Priority 2: Preventing Avoidable Cases of Sepsis (Enabling):

Rationale:

Available evidence indicates that certain instances of sepsis are likely to be avoidable, particularly amongst populations at the highest risk, such as the very young and the very old, people who are immunosuppressed and pregnant women (NHS England, 2015). For these groups, implementing infection prevention measures and promptly recognising and treating infections can reduce the burden of sepsis. As part of our implementation plan, we will identify population groups with distinct needs in the prevention of sepsis.

Sepsis prevention measures include promoting routine vaccinations including the childhood vaccination schedule such as those targeting Haemophilus influenza type B, influenza. The routine vaccines, such as Men B/C, pertussis and MMR are important to continue to promote and should be encouraged by all healthcare workers, particularly as new vaccines become available. Vaccine uptake is currently a challenge particularly in older adults and those who are immunocompromised, these groups should be the focus for vaccination campaigns. The success of COVID-19 vaccinations demonstrates the potential of vaccines in reducing sepsis deaths and morbidity. The COVID-19 pandemic also highlights how populations can adopt simple hygiene measures effectively. We will work with the National

Immunisation Office to review their vaccination programmes, exploring ways in which they can be used to prevent avoidable cases of sepsis.

Initiatives aimed at reducing healthcare-associated infections are of critical importance. The National Clinical Programme for Sepsis will work with the AMRIC (Antimicrobial Resistance and Infection Control) Programme to comprehensively review existing protocols, focusing on improving hand hygiene practices and the reduction of device-associated infections as well as wound and postoperative infections. This is in an effort to prevent avoidable cases of sepsis and antimicrobial stewardship to prevent the emergence of resistant organisms. The NCP for Sepsis will also work with AMRIC to ensure adequate antimicrobial stewardship is incorporated into sepsis improvement programmes with input from microbiologists in order to reduce antimicrobial resistance (AMR). This will enable a reduction in AMR while supporting the right patients to receive the right antibiotics at the right time.

The National Clinical Programme for Sepsis will align its work with the National Improvement Programme for Wound Management, which is also under the governance of NQPS. The programme is co-sponsored by NQPS and the Office of the Nursing and Midwifery Services Director (ONMSD), who bring key nursing and midwifery leadership and expertise, ensuring strong clinical engagement across services. This collaboration is critical in ensuring the work of the programme is grounded in both patient safety and nursing practice excellence. The aim of the programme is to enable services to optimise the quality of care and outcomes for people with, or at risk of, chronic wounds within the Irish healthcare service. Phase 1 was delivered over a two-year period (2023-2025), and Phase 2 is scheduled for 2025-2027.

The two programmes have many synergies. Wound infections may become systemic and present as a sepsis or septic shock with associated morbidity and/or mortality. The National Improvement Programme for Wound Management promotes an integrated approach to improving the prevention and management of chronic wounds across healthcare services.

In addition, the ONMSD is leading out on the revision of the HSE National Wound Management Guidelines (2018), commencing in 2025. It is anticipated that the NCP for Sepsis will have an important role in contributing to the revised document and underlining the correlation between chronic / non-healing wounds and the increased risk of severe infections including sepsis. This will also provide an opportunity to address the overuse of systemic antibiotics which result in bacterial resistance.

Priority 3: Increase Awareness of Sepsis amongst the Public and Health Professionals (Enabling):

Rationale:

Sepsis, which often starts in the home, requires increased awareness for timely recognition and intervention, potentially saving lives. It can affect anyone, anywhere, making widespread awareness crucial, for example increasing awareness, of signs and symptoms of sepsis in newborn babies through the education of new parents in maternity units. The sepsis programme supports the development of guidance on the identification, care and treatment of sepsis in Neonates.

Effective sepsis social marketing education campaigns will target both the general population and healthcare professionals. These campaigns need consistent terminology and simple explanations to differentiate between general infections or fevers and sepsis, marked by signs like breathing difficulties, poor circulation, or new confusion. It is important to balance the need for public awareness and the risk of creating excessive anxiety amongst the general population.

Social marketing campaigns will also inform about the long-term consequences of sepsis, which vary across age groups. Evidence from the UK and Germany indicates that broad social marketing campaigns with high visibility, such as public transport advertising, are effective. In New York, legislative changes led to sepsis education being included in school curricula (Swiss Sepsis national action plan, 2022). Sepsis ambassadors across various media are recommended to spread awareness.

Priority 4: Improving Identification, Treatment and Assurance across the Patient Care Pathway (Enabling and assurance):

Rationale:

The severity, mortality, and long-term consequences of sepsis escalate with each hour's delay in starting appropriate treatment. International guidelines advocate for systematic screening to aid in timely sepsis recognition and institutional protocols for treatment (Evan et al. 2021; Weiss et al. 2020). However, many sepsis cases are recognised late, diagnostic clues are often missed, and treatment delays are common.

A gap exists between optimal healthcare team performance and real-world challenges, such as staff resources and skill mix variability, workload, and systemic barriers. To bridge this gap, some countries have launched coordinated quality improvement campaigns targeting sepsis. These include defining minimal standards for sepsis detection and treatment, applicable across all healthcare sectors but adaptable to local needs.

The purpose of screening is to identify patients with a high-risk presentation e.g. clinically apparent acute organ dysfunction such as acute confusion, respiratory failure or a purpuric rash AND patients who because of their medical history, e.g. on chemotherapy or having chronic co-morbidities or additional factors such as frailty, age ≥75 and recent trauma or surgery, have a high mortality risk if they have sepsis.

The outcome from screening is NOT the initiation of the Sepsis 6 bundle but rather to prompt an early thorough medical review. The result of screening is communicated to the treating clinician so that sepsis is considered during the medical review.

Training to recognise signs of cardiovascular and respiratory dysfunction and altered consciousness is essential, as is alertness to laboratory markers like renal function or lactate levels. Digital tools can enhance early detection and personalised treatment.

Antimicrobial stewardship (AMS) principles will be integrated into sepsis standards, empowering clinicians to appropriately rule out sepsis. Sepsis standards will also reinforce guidelines for antimicrobial therapy, considering pathogen epidemiology and aligning with AMS best practices.

Standards will be audited and re-audited regularly to provide assurance of their implementation and where necessary identify areas for quality improvement and impact of those quality improvements.

Quality indicators for sepsis recognition and treatment outcomes, including

the differentiation between community and hospital-acquired sepsis, will be incorporated into national quality metrics. Training for medical staff, in the accurate diagnosis of sepsis, and HIPE coding staff and validation checks for hospital coding of sepsis are also crucial.

Training of Clinical Staff in the identification, treatment and management of Sepsis in adult, maternity and paediatric inpatients is mandatory and requires completion every 3 years. It is the responsibility of acute hospitals to ensure their staff training is monitored and reported through the HSE acute business information unit (BIU). In addition to reporting on mandatory training, sepsis key performance indicators (KPIs) have been developed to provide assurance on audit, quality improvement and governance pertaining to the management and care of sepsis inpatients, these KPIs provide assurance that all acute hospitals adhere to the NCEC NCG Sepsis Guidelines and are reported quarterly through the HSE Acute BIU.

Priority 5: Improving the support and care for Sepsis Survivors (planning and enabling):

Rationale:

Large observational studies have shown that a significant number of sepsis survivors, ranging from 25% to 50%, experience long-term consequences. These effects overlap with the post-ICU syndrome and can include lifelong physical disabilities such as limb amputation, reduced respiratory capacity, and decreased physical activity. Many sepsis survivors also suffer from reduced mental or cognitive capacities, affecting their recovery and often leading to misunderstandings amongst patients, families, and employers. Both children and adults are at risk of new cognitive impairments post-sepsis. Additionally, symptoms resembling post-traumatic stress disorder, affecting sleep and relationships and increasing the risk of mental health issues are common (Swiss Sepsis national action plan, 2022; Australian Sepsis Network and George Institute for Global Health, 2017)

Post-sepsis syndrome can adversely affect educational and professional performance; impede the return to school or work, and impact families for years. There is generally a lack of public awareness and understanding of post-sepsis syndrome, which can hinder successful reintegration of survivors into society. Healthcare professionals, including general practitioners, may not be fully aware of this syndrome, and structured follow-up and rehabilitation pathways are often not available to sepsis survivors. This lack of support and rehabilitation can lead to missed opportunities for mitigating long-term effects.

The transition from hospital to home is crucial, requiring effective information transfer and structured education for allied health services to enhance

rehabilitation and return to work. Addressing socioeconomic and cultural barriers is also vital, as disadvantaged groups may face more significant challenges accessing information, healthcare support, and rehabilitation.

Professional psychosocial support and peer support groups are essential to help families cope with the impact of sepsis. These groups can also contribute to sepsis awareness activities, thereby improving the quality of care and support for sepsis patients. We will ensure that the lived experience of survivors of sepsis is at the centre of delivering on this priority.

Priority 6: Research for Sepsis (Planning)

Rationale:

Sepsis is a time-dependent medical emergency that has benefited significantly from research activity over the last decades. Epidemiological research has helped us better understand the burden of disease, and translational research has significantly contributed to decreasing the mortality rate by guiding the application of new interventions.

The National Clinical Programme for Sepsis aims to become a strong advocate for increasing the volume of national and international sepsis research. We will become a stakeholder in funding sepsis research by collaborating with grant awarding bodies and engaging with academic partners to help guide and deliver sepsis research priorities. We will seek to showcase national and international research at the annual sepsis summit and reward, recognise and encourage talented young researchers with an annual award. We will strengthen ties with international bodies such as the Global Sepsis Alliance to become an international stakeholder in sepsis research.

Appendix I: Action on Sepsis

Priority 1: Governance

Ref.	HSE Actions
1.1	Work with health regions and Acute Hospitals to ensure robust governance arrangements are in place for the identification and management of sepsis including Quality Improvement processes following audit and serious incident reviews
1.2	Evaluate the functions of the National Sepsis Steering Group and align with revised governance structures
1.3	Develop a number of working groups to progress the implementation of the Action on Sepsis Strategy aligned to the priority areas and specific population groups i.e. older person, paediatrics, maternity, immunosuppressed, other vulnerable groups such as disability and mental health service users. Stakeholders for relevant working groups will include patient and service users.
1.4	Enhance collaboration between different sectors of the healthcare system, academics, professional organisations and researchers, to ensure a coordinated approach to implementation of the Strategy, including: • Out of Hospital Care • National Ambulance Service/Paramedics • Community Health Care settings • Acute Hospital settings • General Practice • Community Pharmacists • Public Health • National Women & Infants Health Programme • Universities/educational institutions catering for medical, nursing and paramedical undergraduate qualifications • Academic partners involved in sepsis research
1.5	Work with the health regions to support the implementation and monitoring of the Strategy for Action on Sepsis to ensure local implementation through existing performance management and assurance processes.
1.6	Develop quality indicators for sepsis recognition and treatment outcomes, including the differentiation between community- and hospital-acquired sepsis, and incorporate into national quality metrics
1.7	Work with the National Centre for Clinical Audit (NCCA) and health regions, through the Regional Sepsis teams, to develop standardised sepsis clinical audit processes across the health regions.
1.8	Deliver report on the feasibility of the development of a national clinical audit of sepsis
1.9	Review the existing annual National Sepsis Report structure and contents to align with the actions of this Strategy and publish an annual report. Develop an implementation plan in relation to National Sepsis Reports. Integrate Quality Improvement principles into the annual report and accompanying implementation plan
1.10	Allocate finance and resources for NCP sepsis to progress the implementation of this strategy.
1.11	Develop a sepsis communications plan for 2026 – 2030.

Priority 2: Preventing Avoidable Cases of Sepsis

Ref.	HSE Actions
2.1	Collaborate with AMRIC on their communication campaigns to continue to enhance good hand hygiene and handwashing techniques amongst the public and healthcare professionals. Collaborate with AMRIC on their communication campaigns on AMR.
2.2	Partner with National Public Health Colleagues to ensure their work in protecting, supporting, enabling and advising on the wellbeing of the population is closely aligned with sepsis prevention, treatment and management.
2.3	Work in partnership with the Health Protection Surveillance Centre (HPSC) to provide the best possible information for the control and prevention of infectious diseases associated with sepsis.
2.4	Support & collaborate with the National Immunisation Office in the delivery of immunisation policy & recommendations & continue to target: • High vaccination in vulnerable groups, including pregnant women, over 65s, those in care homes, and individuals with long-term conditions to reduce influenza incidence, pneumococcal, and secondary bacterial infection • High uptake of childhood vaccinations, including those for » Haemophilus influenzae type B » Meningococcal serogroup C » Pneumococcal infections
2.5	Work with the National Women & Infants Health Programme to develop a specific programme of work to raise awareness and reduce risk of sepsis development in pregnant women.
2.6	Work with the DPIP and other stakeholders to develop and progress specific programmes of work to raise awareness and prevent sepsis in the deteriorating inpatient, adults, and older person.
2.7	Update existing National Clinical Guideline No. 26 Sepsis Management for Adults (including maternity)
2.8	Update existing Paediatric Guidelines based on the International Guidelines for the Management of Septic Shock& Sepsis-Associated Organ Dysfunction in Children (SSCGC)
2.9	Review current sepsis education and training programmes. Provide a suite of standardised training programmes. Incorporate Simulation, Psychological Safety, Human Factors, Clinical Audit training. Develop a Competency Framework on sepsis aligned to the above. Use different media platforms to engage healthcare staff across the system (webinars, podcasts, QI presentations)
2.10	Mandate sepsis eLearning for all relevant healthcare workers to be refreshed every 3 years. Develop a monitoring system for this mandated training and include in the annual Irish National Sepsis Report Ensure local mechanisms are in place to provide assurance that eLearning has been completed.
2.11	Work with Irish College of General Practitioners (ICGP) to develop a 2-year programme of work, to include development of Quick Reference Guides for Adult and Paediatric Sepsis.

Priority 3: Increase Awareness of Sepsis amongst the Public and Health Professionals

Ref.	HSE Actions
3.1	Continue collaboration with HSE Communications, advocacy groups and other stakeholders to build on the successful 2024 public awareness social marketing campaign to raise awareness and recognition of the signs and symptoms of sepsis.
3.2	Create Patient and Service user forum to engage for communication campaigns including creation of the sepsis ambassador role
3.3	Collaborate with HSE Health Promotion to continue to distribute existing sepsis awareness materials to relevant stakeholders. Develop a sepsis campaign strategy to support an annual sepsis campaign.
3.4	Develop and deliver awareness educational materials, such as workshops, webinars and podcasts, etc. to healthcare professionals. Continue to engage with public forums to utilise best mediums for communicating on sepsis awareness.
3.5.	Deliver an annual Sepsis Summit to raise awareness and to highlight international and national best practice on awareness, recognition and management of sepsis.
3.6.	Collaborate with General Practitioners (ICGP), community pharmacists, and local/ community health services to raise awareness on early detection and referral of potential sepsis cases.
3.7	Collaborate with Undergraduate and Post Graduate institutions to increase awareness, recognition and management of sepsis as part of the curricula.
3.8	Put in place a process for ongoing engagement with service users, families, advocacy groups to support key elements of this strategy.
3.9	Continue to develop a suite of resources for GPs and other community areas to access, including videos/leaflets.
3.10	Engage with the DOH and DOE on the feasibility of a schools awareness programme

Priority 4: Improving Identification and Treatment across the Patient Care Pathway

Ref.	HSE Actions
4.1	Continue to provide training on the identification and treatment of sepsis across the patient care pathway including the use of the sepsis 6 bundle and early warning systems.
4.2	Continue to work with other National Clinical Programmes to support alignment and integration with the sepsis programme of work as relevant e.g.; DPIP, AMRIC, National Improvement Programme for Wound Management, and other programmes.
4.3	Continue to partner with Irish College of General Practitioners (ICGP) to improve the identification, treatment and management of sepsis in the primary care setting.
4.4	Review Sepsis and Deteriorating Patient identification and detection tools to update and improve clinical decision-making support tools, which include user feedback, human factors and digital solutions.
4.5	Provide Support and Awareness Training to HIPE coders on improving recognition and coding of sepsis in acute hospital inpatients

Priority 5: Improving the support and care for Sepsis Survivors

Ref.	HSE Actions
5.1	Undertake a literature review to determine international best practice around support and care for sepsis survivors.
5.2	Development of an integrated discharge pathway for sepsis survivors including a structured discharge summary outlining sepsis as a discharge diagnosis and follow up recommendations with allied health professionals.
5.3	Support Relevant Acute Hospitals to develop post-sepsis specific OPD clinics as part of their post-ICU OPD
5.4	Collaborate with Sepsis Advocacy Groups to scope a plan to address the needs of Sepsis Survivors and Rehabilitation Medicine Programme.

Priority 6: Research for Sepsis

Ref.	HSE Actions
6.1	Identify potential areas for research to inform evidence-based approaches for the priority areas outlined in this strategy.
6.2	Collaborate with academic research institutes and grant awarding bodies to guide and deliver sepsis research priorities. Become a key stakeholder in all national sepsis research initiatives. Collaborate with international research bodies such as Global Sepsis Alliance

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