National Service Plan 2026

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A: Foreword from the Chair of the Board

I am pleased to present the National Service Plan for 2026. This plan reflects the Letters of Determination from our two sponsoring Departments, builds on the progress of recent years and aligns with our *HSE Corporate Plan 2025-2027*, alongside *Sláintecare* and the *Programme for Government*. As such, the Plan represents a continuation of our reform journey towards a health and social care system that is accessible, supportive, sustainable, and responsive to the needs of all.

In one way, this National Service Plan is different to its predecessors. While the resources, goals and outcomes are specified, the Health Regions and the National Services will have greater discretion in the allocation of those resources. This will allow them to optimise their use and to decide how reforms should be pushed to maximise the impact for their populations. They will do this while ensuring both learning and consistency across Regions and National Services.

Ireland's population now exceeds 5.3 million. Life expectancy continues to rise, projected at 82.7 years overall in 2025, placing us among the highest in Europe. Continuing improvement in life expectancy and in healthy life years remains an important goal now and for the long term.

Our priority for 2026 is to improve access to care by making significant improvements to waiting times for both emergency and scheduled care. Part of this will be expanding and strengthening health and social care capacity to meet the increasingly complex needs of a growing, ageing, and diverse population. More, however, will be using our existing resources to best effect, innovating our processes to ensure our colleagues are supported to have the time and resources to continue to deliver great care.

We welcome the increase in funding and staffing we have received from the Government. We must also acknowledge that the growth we have seen over the past decade cannot indefinitely continue at that level. Our focus has to remain on maximising value, ensuring every investment delivers its promise and every effort translates into measurable improvements in care and outcomes. Productivity and efficiency must become central to how we work.

We also welcome the commitment to capital investment, which will allow us to increase capacity, modernise facilities and enable better patient flow. These investments will have a direct and positive impact on patient outcomes, improving access, safety and experience. They also create environments that support our staff to deliver high-quality care, essential for sustaining services into the future.

Ireland's health system has shown what collaboration can achieve. We had one of the lowest excess death rates globally, during the recent pandemic. This is because every part of the system worked together – the HSE and partners, the political system and the public, hospitals, sports organisations, nursing and medicine. This spirit of collaboration must continue as we face the next phase of transformation and move towards truly population-based healthcare, expanding community-based services, embedding care closer to home, reducing waiting times, and strengthening integrated care pathways.

To enable these priorities, we will advance digital health solutions, including integrated financial management, electronic health records and virtual care to improve patient and service user experience while ensuring value for the funds invested in us.

We are also determined to do more for people with disabilities. Our vision is to support people with disabilities to live full and autonomous lives in their communities. In 2026, we will continue to expand access to person-centred, integrated, and responsive supports that are flexible and which enable greater choice and control. We will make more improvements for children and families, aiming to ensure timely, integrated services that give children the best chance to realise their potential. We will also strengthen adult services to promote independence and inclusion.

We know challenges persist, not least with waiting times and access to disability supports. Disciplined management of our public resources, targeting clear outcomes will mean the accountability of Regions and National Services for hitting their targets will be supported by a performance management approach that includes opportunities for shared learning, continuous improvement and transparency of data.

The Board's role is to provide strategic oversight, governance and accountability. Working with the Executive will ensure that reforms translate into tangible benefits such as improved access and reduced variation across different parts of our health system.

This plan sets out a roadmap for 2026, aligned with Government priorities and the *Programme for Government*. It signals our determination to embed innovation, support colleagues to deliver great care and uphold the highest standards of governance as we deliver on this vision.

The past year has again demonstrated the excellence and dedication of our staff and partners in responding to growing demand and evolving expectations. On behalf of the Board, I thank them for their enduring commitment. Together with our Departmental colleagues, we will continue to build a health service that not only meets today's needs but is prepared for the future, a service that sustains the trust of the people we serve.

Ciarán Devane

Chairperson

19 December 2025

B: Introduction from the Chief Executive Officer

I am pleased to introduce the 2026 National Service Plan for the HSE. This Plan sets out the provision of health and social care services for the people of Ireland within the allocated budget of €29bn (€25.2bn allocated from the Department of Health and €3.8bn allocated from the Department of Children, Disability and Equality).

We enter 2026 with the foundations of organisational reform in place and a clear Government mandate to accelerate improvements in service delivery for the people we serve. The establishment of six Health Regions under *Sláintecare* and 20 Integrated Health Areas, marks a critical step towards planning and delivering services around the specific needs of local populations leading to better co-ordination of care and improved access to services. This transition to population-focused funding aligns resources with need and empowers Health Regions to deliver integrated, responsive care, with the ultimate goal of achieving better health outcomes. 2026 is the first year and first major step towards the type of resource allocation and the pathway set by the Minister is clear - we must look at all resources existing and new together to achieve the priorities for the people.

In addition, the expansion of community-based care, and progress in digital transformation have marked important steps in our progress to date. We continue to work to enhance hospital services, improving patient flow, efficiency and capacity, and introducing new models of care to support timely treatment and better outcomes. The goal of right care, right place, right time can be our only real target as we balance the critical success factors of access, safety and outcome.

The scale of demand however continues to grow. Our population is larger, older, and living longer than ever before. The population aged 65 years and over is projected to grow from 0.78 million in 2022 to over 1.3 million by 2040, increasing their share of the total population from 15% to 21%. The over 85 age group at circa 85,000 is likely to quadruple over the next 30 years and this is a particular marker for health care planning. With an expected prevalence of chronic diseases of 53.8% among adults aged 50+ years, the number of people with chronic diseases in Ireland could increase from approximately 778,000 people in 2016 to 1.08 million by 2030.

This reality means that we must focus on using resources wisely, working collaboratively, and driving change that delivers the greatest impact for patients, service users and communities. Alignment with ministerial priorities for improving access, reducing unwarranted performance variation between regional services and increasing productivity will guide these efforts, ensuring that reforms translate into tangible benefits for all. The voices of patients and service users must be heard and influence all of our work both in our health and disability portfolios.

Aligned with the *Programme for Government*, our ambition in health for 2026 is to deliver consistent, high-quality healthcare based on local need across all Health Regions and National Services, ensuring that every person, no matter where they live, can access the same standard of care closer to home. In the case of disability our ambition is clear, more access, better care and achievement of Government strategy.

This National Service Plan for 2026 sets out clear, measurable actions under key commitments that support the goals of our *Corporate Plan 2025-2027*, universal healthcare and providing services that make a lasting difference for generations to come.

Healthy Communities – Prevention and Early Intervention

- **Focus on prevention and early intervention** to help people live longer, healthier lives. This includes expanding initiatives such as *Sláintecare* Healthy Communities, social prescribing, and targeted programmes to support healthy lifestyle choices

- **Enhance screening programmes** for cancer, diabetic retinopathy, and children's health, ensuring earlier diagnosis and better treatment results
- **Protect public health** with continued investment in immunisation, health protection strategies, and measures to reduce health inequalities.

Right Care, Right Place, Right Time

- **Access and timeliness:** We are committed to ensuring that every person receives the right care without delay, in the most appropriate setting. This means reducing waiting times for planned care and in our Emergency Departments, community services to provide the right care closer to home, and improved access to early intervention mental health services. We will achieve this by improving patient flow, streamlining pathways, seven-day operating models and using data to target areas of greatest need and improvement
- **Quality and safety of care:** We will strengthen clinical governance, safeguarding arrangements, invest in staff training, and embed continuous quality improvement across all Health Regions and National Services to ensure that every interaction meets the highest standards of safety and compassion. In addition, we will implement safety improvement initiatives to address common causes of harm, such as infections and falls, and implement learning from regulatory and independent report recommendations, including findings from case reviews. The HSE has concluded the work necessary to implement the recommendations of the investigation by Mr Justice Frank Clarke following the tragic death of Aoife Johnston. All recommendations will continue to be matured in terms of application during 2026 and will be subject to audit of their application
- **Capacity and reform delivery:** Building sustainable capacity is essential to meet growing demand and deliver reform. In 2026, we will continue to increase capacity and modernise infrastructure that reflects new ways of responding to demand. We will implement digital solutions that support integrated, safe, person-centred care. These changes will enable us to deliver on *Sláintecare* commitments and create a health system that is fit for the future.

Strong Foundations – Value for Money

Delivering value for money is a core responsibility as we manage a record €29bn (€25.2bn – DoH, €3.8bn – DCDE) investment in 2026. We are committed to ensuring that every euro spent translates into better access, improved quality, and tangible outcomes for patients and service users. This means rigorous financial oversight, transparent reporting, and prioritising initiatives that deliver the greatest impact and optimise existing resource capacity. At the same time, we will continue to invest in our workforce by supporting recruitment and retention, and fostering a culture of accountability and excellence.

Disability Services – Receiving Right Care, Right Time, Right Place

Supporting people with disabilities and their families remains a fundamental commitment for 2026. We will continue to expand specialist services, including residential care, day supports, respite, and personal assistance. This year sees investment of over €3.8bn for disability services, enabling us to increase capacity and deliver more person-centred supports in line with the Government's *Action Plan for Disability Services 2024-2026* and the *National Human Rights Strategy for Disabled People 2025-2030*, embedding the principles of the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD). The UN CRPD emphasises full and equal participation, dignity, independent living and across five key pillars: Inclusive Learning and Education; Employment; Independent Living and Active Participation; Wellbeing and Health; and Transport and Mobility. Our focus will be on reducing waiting times for assessments, improving access to community-based services, and ensuring that every individual can live with dignity and inclusion. Engagement with people living with disabilities is also built into both the strategy and, by extension, the HSE's planning mechanisms.

Holding Ourselves Accountable

This plan is underpinned by record investment, but funding alone will not solve our challenges. We must relentlessly focus on productivity, accountability, and innovation translating into better outcomes for our patients, service users and communities.

As we discharge accountability, it is essential that all stakeholders, including patients and service users, have confidence in the effectiveness of our performance management systems. The HSE's Performance and Accountability Framework (PAF) reset in 2025 will in 2026 further strengthen transparency across every level of the health service, with clear lines of authority, responsibility, and accountability to ensure delivery on our commitments. A greater emphasis on the application of comparative data and context will support a better understanding of unwarranted variation across the state with a focus on closing. Excellence has no prerequisite nor a limit – and the PAF 2026 will ensure that data and information support a culture of continuous improvement and accountability. Resources, existing and new, will be the baseline of investment and services will have to pursue productivity, efficiency and reforms to ensure that all services are progressing towards the best level possible.

Our work depends on strong partnerships, particularly with voluntary organisations, including Section 38 and 39 agencies. These partners are central to delivering health and social care, often for the most vulnerable in our communities. In 2026, we will continue to strengthen these relationships while ensuring that all funded services meet the same high standards of performance and accountability. Introducing new state funded and mandated systems to support reform will be central to our Service Arrangements in funding such organisations, leading to greater consistency and outcome from the vast resources invested by the state in health and personal social services.

In 2026, the entire focus of the HSE will be on the further pursuit of a public, accessible, affordable, safe health and social care system with good outcomes. It must be one which is easier to navigate and one in which the public and we, who are privileged to serve them, can all be confident. To our staff across the country thank you for your efforts in 2025 and I hope you will find job satisfaction in being part of the plan for 2026.

Bernard Gloster

Chief Executive Officer

19 December 2025

C: At a Glance (i) Our commitments to delivery and outcomes 2026

OUR PRIORITY FOCUS FOR DELIVERY

EXPANDING OUR CAPACITY

- **428** community beds will be delivered
- **177** acute beds will be delivered
- **5** new surgical hubs will be operational
- The National Children's Hospital Ireland (NCHI) will be completed.

REFORM DELIVERY

- **Single point of access** to disability, mental health and primary care services will be provided for children to improve timely access to the right care
- **Greater access** with more services available in the evenings and on weekends
- The action plan to reduce **Primary Care Therapy Waiting Times** will be implemented
- The **Planned Care** Wait Time Action Plan 2026 will be delivered
- **Productivity** through consistent implementation in all hospitals of the Outpatient Planning Tool.

DIGITAL TRANSFORMATION

- The **Maternity and Newborn Electronic Health Record** system will be deployed in 4 of the remaining 13 maternity units, in addition to already being used at 6 maternity hospitals (currently 70% of births)
- **The Shared Care Record** will be implemented in the Dublin South East region and implementation will commence in two other regions. In 2026, this will deliver a patient summary including the medication record from GPs
- The implementation of AI assisted diagnostic and triage tools.

WORKFORCE GROWTH

- Workforce will grow by 3,300 (to 136,600 WTEs).

WHAT THE NSP MEANS FOR OUR PATIENTS AND SERVICE USERS

PREVENTION AND EARLY INTERVENTION

- **240,000** women will have had a cervical screening test (18% increase)
- **22,820** smokers will receive face to face or telephone intensive smoking cessation support (8% increase).

TIMELY ACCESS

- **60,000** people will be removed from primary care therapy waiting lists
- **2,205** additional children and young people will be seen by Child and Adolescent Mental Health Services (19% increase)
- **3,755** additional people will be seen by General Adult mental health services (15% increase)
- **78,779** additional Chronic Disease Management Programme reviews will take place in General Practice (13% increase)
- **103,000** additional new Outpatient patients to be seen in 2026 resulting from implementation of the OPD planning tool
- **93,911** additional inpatient / day case procedures will be undertaken (5% increase)
- **6,927** additional people will receive an endoscopy (7% increase)
- **10,500** additional day case procedures and **4,600** additional OPD appointments provided through surgical hubs.

CARE CLOSER TO HOME

- **26.7 million** home support hours for Older People (5% increase)
- **136,975** additional contacts with GP out of hours services (13% increase).

PRODUCTIVITY

- **500,000** administrative hours released to allow greater capacity towards service delivery and patient care (through AI assisted tools).

At a Glance (ii) Our commitments to delivery and outcomes 2026 – people with disabilities

OUR PRIORITY FOCUS FOR DELIVERY

STRENGTHENING CHILDRENS SERVICES

- Implement a Service Improvement Plan for Children and Young People Services inclusive of Children's Disability Network Teams (CDNTs)
- Introduce a Case Co-ordinator role in each network
- Reform Assessment of Need (AoN) processes, supported by a €20m fund and legislative changes to improve timeliness, quality, and compliance with statutory obligations
- Introduce a Single Point of Access model to improve service flow and integration
- Establish 11 new In-Reach Teams to integrate support across Primary Care, Child and Adolescent Mental Health Services (CAMHS) and Disability Services building to 20 Teams in 2027
- Recruit 202 additional staff (therapy, case co-ordinators, student placements).

IMPROVING DAY SERVICES TOWARD VALUED ROLES

- Increase capacity, implement the Rehabilitation Training (RT) Review, and promote inclusive community supports
- Engage with DCDE and relevant stakeholders on the development of a revised New Directions Implementation Plan.

SUPPORTING PEOPLE TO REMAIN AT HOME

- Increase Personal Assistant (PA) hours and home support capacity
- Establish a Home Support Authorisation Scheme and align service rates with other sectors
- Invest €25m in respite services, prioritising overnight and alternative respite options
- Deliver supports to improve the quality of Home Sharing and coverage to all regions, with a focus on adults and children requiring community-based supports.

EMBRACING PERSONAL BUDGETS

- Continue support of Personalised Budgets to support independent living
- Work with the National Disability Authority (NDA) and the Department of Children, Disability and Equality to complete the evaluation of the pilot and agree next steps.

INTEGRATING SUPPORT

- Implement the Autism Assessment and Intervention Pathways protocol
- 2 new Community Neuro-Rehabilitation Teams (CNRTs) in Dublin North-East and Dublin Midlands
- Expand existing CNRT in the West and North West region
- Provide new enhanced supports to improve the quality of daily life for younger disabled persons in a nursing home and help them towards living independently.

HARNESSING DIGITAL DEVELOPMENTS

- Invest €2.5m in data reform
- Deploy Community Connect to support AoN workflow, case tracking and reporting
- Introduce data dashboards to monitor AoN performance and implement a replacement National Day Services database that incorporates residential service data.

DEVELOPING WORKFORCE

- Implement the Pay and Numbers Strategy (PNS) with growth of 1,050 WTE.

DELIVERING CAPITAL

- €43m investment to improve and expand disability service infrastructure.

WHAT THE NSP MEANS FOR CHILDREN AND ADULTS

SUPPORTING PEOPLE WITH DISABILITIES AND THEIR FAMILIES

- **25%** reduction (**2,290** children) in Children's Disability Network Teams waiting lists with a focus on those children who have been waiting the longest
- **6,500** children will have their overdue assessment of need completed
- **10,000** additional respite bed nights nationally, including high support placements (6% increase)
- **25,000** additional day sessions through for adults and children including after-school, weekend, and holiday programmes (6% increase)
- **500** more children and adults with a disability will receive respite sessions both centre based and alternative within their community (7% increase)
- **40** enhanced packages for children in care with complex needs, working in partnership with Tusla.

ACTIVE PARTICIPATION IN SOCIETY

- **152,765** additional personal assistance and home support hours to persons with a disability, representing a 5% increase on the over 5 million hours delivered last year
- **1,400** new day service placements for school leavers and rehabilitative training graduates
- **53** placements for adults who require a day service later in life (new initiative for 2026).

INDEPENDENT LIVING

- **58** people moving to new homes from congregated settings (100% increase)
- **45** people aged under 65 moving to new homes from nursing homes (20 more than 2025).

RESIDENTIAL SUPPORT

- **72** new planned residential placements (new initiative for 2026)
- **80** priority 1 residential placements.

D: Our approach to delivering the National Service Plan 2026

1. Setting the context: key population trends

Health outcomes are strong overall with life expectancy at 82.7 years (above European Union (EU) average) and older adults reporting better health than EU peers. However, while Ireland remains younger than the EU average, it is ageing rapidly. 15% are aged over 65 and are projected to reach 1.94 million or 21% of our population by 2057.

Other challenges exist with chronic conditions increasing. An estimated 53.8% of adults aged 50 years or more have a chronic disease with the number increasing from approximately 778,000 people in 2016 to 1.08 million by 2030. Behavioural and metabolic risk factors for these conditions remain substantial: 14% of adults are current smokers, 60% are overweight or obese, and less than half meet minimum physical activity recommendations. According to 2023 figures, chronic diseases account for approximately 40% of hospital admissions and approximately 75% of bed-days. Furthermore, disparities continue and the death rate for those aged 40–64 in very disadvantaged areas stands at twice that of very affluent areas.

Over the past decade, significant levels of investment have allowed us to meet these challenges through faster diagnosis, improved outcomes, increases in activity and more standardised care pathways. However, we know we can, and must, do better by ensuring every euro invested in our health and social care system yields better and consistent experiences and outcomes for our patients and service users.

Building on our improvements to date, National Service Plan (NSP) 2026 reaffirms our commitment that wherever people live in Ireland, they will increasingly have equitable timely access to high-quality care.

2. Our Corporate Plan 2025-2027

This NSP 2026 has been prepared in line with the five pillars of our *HSE Corporate Plan 2025-2027* and the *Programme for Government* which is anchored in *Sláintecare*:

Healthy Communities: Together, we will create supportive environments for people to live healthier and for longer

Right Care: You will experience high quality, safe and co-ordinated care

Right Place: You will receive care in the setting most appropriate for your needs

Right Time: You will be able to access services when you need them

Strong Foundations: We will invest in our people, the right capabilities and digital enablers to support a culture where teams are empowered to innovate and deliver excellent care.

3. How we will deliver the plan

We are a national health service, delivered regionally. Our 2026 NSP reflects the current maturity of establishing our six Health Regions and one collective of National Services and Schemes. It focuses on delivery and sets out clear performance expectations with measurable, activity levels and targets that will guide the development of more local regional operational plans. Our approach to delivering the NSP focuses on:

- **Equitable access to services**: We will focus on improving our patient / service user experience, access, and outcomes across all services, including urgent and emergency and planned services delivered in hospitals and services delivered in primary care, community and mental health. NSP 2026 separately seeks to strengthen supports for people living with disabilities and reducing delays in accessing disability services. Our key focus on access is on time waiting as opposed to numbers waiting for services

- **Increasing capacity, improving capability and delivering reform:** We will create additional capacity by opening and fully using new hospital and community beds, and opening new surgical hubs. The HSE will ensure that no available facilities remain unopened or underused. Expanding and organising our workforce and multidisciplinary teams alongside digital enablers and virtual care, will also ensure we are positioned to deliver the best possible services and care
- **Delivering integrated services closer to where people live:** Through regional, integrated services, we will provide care closer to home with more support and options to support people to stay well closer to their homes and avoid hospital-based services where possible

  Productivity and value for money – using our resources better: All parts of our health and social system will be required to use our total resource more efficiently and effectively to create capacity through different ways of working. As stewards of public resources, we recognise the need to yield value for every euro spent as reflected in better outcomes and experience for our patients and service users. We recognise that every euro spent is a euro away from other critical determinants of health like housing and education, so we understand how important it is to make the investment entrusted to us count. Throughout all services, we will leverage digital developments and virtual care to make the best use of our resources and offer care closer to home. The combined resource of new and existing capacity will be required to absorb demographic demand pressures ranging from 5% to 10% and improve all measures of access to care.

  A key overarching principle guiding all actions outlined throughout NSP 2026 is productivity, reflecting our general approach to:

  - **Absorbing anticipated increases in demand by increasing activity to meet this demand through improved productivity**
  - **Harnessing our digital capability to provide more virtual care from hospitals and in the community**
  - **Matching productivity targets with increased efficiencies and reducing waste**

  An example of one such action is to implement the outpatients department (OPD) toolkit in all hospitals, on a cost neutral basis, to deliver an additional 103,000 new patient attendances. Another is the expanded hours of workforce reform in both the Public Only Consultant Contract rostering and the 5/7 provisions for the rest of the workforce
- **Greater autonomy for Health Regions and National Services:** Health Regions and National Services will have increased autonomy to plan and deliver services, with the flexibility to manage resources to best meet the needs of their more local populations while consistently adhering to national standards of quality and performance
- **Improvement through comparative performance measurement:** Reducing unwarranted variation in performance across our system will be key to unlocking the potential for services to learn from higher performers and engender an accountable culture of continuous improvement
- **Better evidence-driven decision-making and planning:** Leveraging our multidisciplinary teams for their talent and innovation to develop more evidence-informed options (through capacity and demand modelling forecasting) to ensure a forward-looking viable health and social care system for generations
- **Regional Operational Plans:** Operational Plans for Health Regions and National Services will be developed to outline greater details of their delivery approach. These will be a key feature of the HSE's planning framework from 2026 onwards, yielding cascaded transparency and accountability at every level within a more devolved system.

4. Performance, improvement and accountability

With increased autonomy, the HSE will also strengthen its performance and accountability arrangements. This means:

- **Setting performance standards and targets:** As in other years, national targets and metrics are included in the NSP. In 2026, services performing consistently below their peers will be expected to have plans in place to address these performance issues and to demonstrate consistent

improvement. In addition to the absolute targets set out in the NSP, a graduated performance improvement approach will be introduced for priority areas, providing for progressive improvements that narrow performance gaps and subsequently raising overall performance standards at a system level. This will be managed through the Performance Management Agreements. As our systems improve we will be able to reflect that, while a service may be a distance from the national target (Red), it is achieving substantial improvement and therefore not of the same concern as might initially be associated with RAG reporting

- **Reducing unwarranted variation:** Variation across the country exists in how individual services are performing. 2026 will see a greater focus on appropriately closing the gap between higher and lower performers. The objective will be to ensure that where there is underperformance, improvement will be expected, with the standard being the best performing services
- **Monitoring performance:** Performance will be routinely monitored by the CEO, senior leadership and HSE Board. Performance monitoring processes will also be cascaded and aligned across the Health Regions, National Services and other HSE functions. This will ensure a coherent view and ensure appropriate checks and balances are in place for understanding how our investments are yielding the maximum impact across our system. The Ministers for Health and for Children, Disability and Equality, together with their Departments, will play a key role in the discourse on monitoring and performance
- **Reporting on performance:** Health service performance will be reported through the singular frame of the National Performance Report. In 2026, more detailed comparative data will also be developed to support decision-making and accountability while enabling improvement actions at all levels. The Board will report on performance to the Ministers for Health and for Children, Disability and Equality. Additionally, as part of its commitment to public accountability, the HSE will continue to publish the National Performance Report and add to performance data it publishes
- **Developing the role of the HSE Centre:** The HSE Centre will set performance standards and expectations, support performance improvement and planning, monitor progress, and report on results to ensure transparency, good governance and the alignment of decisions with actions and impact
- **Implementing the Performance and Accountability Framework 2026:** The HSE's Performance and Accountability Framework 2026 will support the approach to the delivery of the NSP 2026, ensuring the appropriate balance between greater autonomy and accountability for performance. It reinforces that every level of our system has a role to play in ensuring our collective accountability to yield the best outcomes for our patients and service users with the public funds entrusted to us. Improvement does not require a prerequisite and excellence has no limit.

Section 1: Healthy Communities – Prevention and Early Intervention

Our commitment:

Together, we will create supportive environments for people to live healthier and for longer

Section 1: Healthy Communities – Prevention and Early Intervention

1.1 Promoting Health and Wellbeing

Our focus

In 2026, we will support our population to live longer, healthier lives through prevention and self-care. We will do this by:

- **Delivering early interventions**
- **Promoting healthy behaviours**
- **Community and workplace integration of Health and Wellbeing programmes such as Minding Your Wellbeing, Healthy Food Made Easy and Engage Men's Health**

In 2026

7,325 additional staff will complete Making Every Contact Count (MECC) training (16% of all HSE and S38 staff to have completed by year end)

Our priority actions for 2026

Deliver early interventions

1. ***Sláintecare* Healthy Communities initiative:** With local authorities and community groups deliver the initiative in 24 local areas to help reduce health inequalities
2. **Social prescribing: (i)** Deliver social prescribing services that connects 5,500 people with supports addressing social isolation, poverty and loneliness; **(ii)** Deliver the community-based mental health promotion initiative, Act-Belong-Commit in three Integrated Health Areas (IHAs) targeting at-risk groups.

Promote healthy behaviours

1. **Lifestyle programmes and initiatives:** Deliver programmes that promote healthy lifestyle choices and prevent obesity, frailty and falls, and disease, including Making Every Contact Count (MECC), Stop Smoking services to 32,808 people (face to face / telephone service to 22,820 and online service to 9,988), a vaping prevention campaign and over 400 parenting programmes for parents and caregivers
2. **Sexual health model of care: (i)** Develop a model of care for sexual health services; **(ii)** Distribute 120,000 free home STI test kits to increase accessibility; **(iii)** Provide 500 new Pre-Exposure Prophylaxis (PrEP) appointments per quarter for HIV prevention.

1.2 Screening

Our focus

In 2026, we will help more people avail of screening programmes, resulting in earlier diagnosis, better treatment outcomes, reduced mortality and improved quality of life. We will do this by:

- **Delivering cancer screening programmes while reducing screening inequalities**
- **Delivering screening for diabetic retinopathy**

In 2026

223,000 women will have a completed mammogram (36% increase[1])	240,000 women will have a cervical screening test in a primary care setting; this includes an additional 63,000 who will be eligible to be screened (18% increase)

Our priority actions for 2026

Deliver cancer screening programmes while reducing screening inequalities

1. **BreastCheck:** Expand screening infrastructure to keep pace with population growth, ensuring equitable and timely access
2. **CervicalCheck:** Deliver the second year of *Ireland's Cervical Cancer Elimination Action Plan* in collaboration with the National Immunisation Office, National Cancer Control Programme, Healthy Communities, National Women and Infants Health Programme, and the National Cancer Registry
3. **BowelScreen:** Extend the eligible age range to include individuals aged 57 and 71.

Deliver screening for diabetic retinopathy

1. **Diabetic retinopathy:** Increase the number of people living with diabetes invited to be screened for diabetic retinopathy to 162,330.

1.3 Protecting and Improving the Public's Health

Our focus

In 2026, we will continue to protect the population from health threats, and reduce the spread of serious infections. We will also address health inequalities to improve health outcomes by:

- **Protecting the health of our population**
- **Minimising the risk from environmental factors through enforcement and regulation**
- **Strengthening population health equity**
- **Addressing broader social accountabilities**

In 2026

95% of children aged 24 months will have received MMR vaccines (5% increase)

Our priority actions for 2026

Protect the health of our population

1. **Implement the *Health Protection Strategy 2022-2027*:** Prevent harm and protect the population from health hazards through enhanced preparedness, improved surveillance, standardised response methods, collaborative research, and workforce development
2. **Infectious disease:** Fully commission the High Level Isolation Unit (HLIU) in the Mater Misericordiae University Hospital to enhance Ireland's capacity to meet treatment needs of patients with high consequence infections
3. **Immunisation programmes: (i)** Achieve World Health Organisation (WHO) and national percentage uptake targets, reversing post-COVID declines in vaccine uptake; **(ii)** Provide vaccines and support for implementation of a) Pathfinder 3.0 for the respiratory syncytial virus (RSV) infant immunisation programme (birth and catch up cohorts) for winter 2026 / 2027; b) BCG vaccine to eligible infants under 12 months at high risk of tuberculosis as per National Immunisation Advisory Committee

[1] *Where comparisons with this year are referenced this means performance projected to the end of 2025.*

(NIAC) guidance and c) Human Papillomavirus (HPV) catch up vaccination in schools for 5th and 6th year students

4. **Child health: (i)** Expand newborn bloodspot screening to include two new conditions, severe combined immunodeficiency and spinal muscular atrophy, to enable early diagnosis and intervention for babies with either condition; **(ii)** Develop a framework for consistent School Health Programme delivery that provides equitable eyesight and hearing screening to children; **(iii)** Achieve a 2% annual increase in breastfeeding rates through targeted programmes
5. **Deliver the Public Health Strategy:** Develop a strategic action plan for implementation, supported by workforce planning, competency frameworks, and communications to align efforts and build capacity.

Minimise the risk from environmental factors through enforcement and regulation

1. ***Public Health (Tobacco Products and Nicotine Inhaling Products) Act 2023*:** Commence implementation of the annual licensing provisions of the Act
2. **National Environmental Health statutory programmes:** Maintain and deliver regulatory programmes of inspection, surveillance, sampling and investigation on a risk-assessed and inter-agency basis, where appropriate, in relation to food safety, sunbeds, alcohol, port health, cosmetic products, tobacco, e-cigarettes and import and export controls
3. **Water fluoridation:** Ensure consistent monitoring of levels of fluoride in water to assure optimal levels are provided in accordance with health and safety standards.

Address broader social accountabilities

1. **Global health:** Play our role in global health security through the roll-out of national quality improvement training in Tanzania and Mozambique, and a national healthcare accreditation system in Ethiopia
2. **Human rights and equality:** Implement the Public Sector Human Rights and Equality Duty in the HSE
3. **Climate action and sustainability:** Work to decarbonise the HSE estate (a 51% reduction in energy-related greenhouse gas emissions and a 50% improvement in energy efficiency by 2030) through regional green plans and implementation for each of the 10 strategic objectives with measurement and reporting methodologies in place.

1.4 Women's Health

Our focus

In 2026, we will deliver more timely, local, and specialised care for women at all life stages, reducing delays and improving population health outcomes by ensuring services are designed around women's needs, preferences and experiences. This is in line with the *Women's Health Action Plan*. We will do this by:

- **Finalising implementation of the *National Maternity Strategy***
- **Delivering improved gynaecology services**
- **Providing evidence-based compassionate sexual and reproductive health services**

In 2026

100% of maternity hospitals / units will have implemented the Irish Maternity Early Warning System (78.9% have implemented as of 2025)

Our priority actions for 2026

Finalise implementation of the *National Maternity Strategy*

1. ***National Maternity Strategy: Creating a Better Future Together 2016-2026*:** Supported by the National Women and Infants Health Programme and in line with agreed models, complete operationalisation of the *National Maternity Strategy* and publish the close-out report

2. **Postnatal hubs:** Operationalise four additional community-based postnatal hubs to enhance postnatal care, embedding community-based, midwifery-led clinics offering support to mothers and babies.

Deliver improved gynaecology services

1. **General and ambulatory gynaecology:** Provide ambulatory gynaecology services within the 18 established ambulatory gynaecology clinics. Operationalise an additional ambulatory gynaecology clinic in the South West, bringing the network of ambulatory gynaecology services nationally to 19
2. **Menopause clinics:** Provide complex menopause services within the six established menopause clinics in line with identified population needs and service priorities
3. **Endometriosis:** Regionally implement the National Endometriosis Framework to improve access to diagnostics, outpatient appointments and surgery, and to provide additional supports for women with endometriosis, including pain management and physiotherapy
4. **Menstrual health awareness:** Increase menstrual health awareness through the design and delivery of an awareness campaign.

Provide evidence-based compassionate sexual and reproductive health services

1. **Assisted human reproduction: (i)** Initiate the provision of intrauterine insemination services in the first public assisted human reproduction centre in Cork (to be fully commissioned and operationalised in 2027); **(ii)** Advance implementation of the model of care for Assisted Human Reproduction.

Section 2:
Right Care, Right Place, Right Time

Our commitment:

You will experience high quality, safe and coordinated care, in the setting most appropriate to your needs and you will be able to access it when you need it

Section 2.1: Access and Timeliness

2.1.1 Care in the Community

In line with *Sláintecare*, the 2026 mandate is to shift care from hospitals into community – bringing services closer to people's homes and tailoring them to local needs as part of an integrated approach to the overall delivery of care.

2.1.1.1 Primary and Enhanced Community Care (ECC)

Our focus

In 2026, we will ensure people of all ages can access health and social care closer to home, delivered by multidisciplinary teams providing end-to-end care for core primary care services for children and adults, using an integrated approach including services beyond healthcare. We will do this by:

- **Delivering care in people's communities**
- **Increasing access to primary and enhanced community care services**
- **Ensure free or reduced cost services provided by Health Care Professionals across community schemes**
- **Reducing inequalities in health and improving access to services for under-served groups**

In 2026

95% of children to receive their 9 to 11-month child health and development assessment on time or before 12 months (10% increase)	81% of new physiotherapy patients seen for assessment within 12 weeks (9% increase)	74,367 more people will be covered by a GP visit card (9% increase)
125,498 referrals made to community intervention teams (5% increase)	100% of substance users under the age of 18 will start treatment within one week of assessment (3% increase)	

Our priority actions for 2026

Deliver care in people's communities

1. **Increased capacity:** Open six additional primary care centres in Nenagh, Adamstown, Fethard, Ballybay, Birr and Ballyhaunis.

Increase access to primary and enhanced community care services

1. **Therapy waiting times:** Deliver the joint Department of Health (DoH) / HSE Programmatic Approach to all Primary Care Therapy Waiting Lists, including application of a capacity planning methodology to primary care therapies and the digitalisation of primary care activity and scheduling (Community Connect). Applying this approach, reduce the maximum wait time for physiotherapy, occupational therapy and speech and language therapy to <39 weeks, removing 60,000 people from these waiting lists, and commence recruitment of permanent posts to sustain waiting times at this <39 weeks
2. **Psychology:** Develop a model of family support, counselling and psychology in primary care
3. **Single point of access**: A single point of access for children referred to primary care, disability and mental health services will be introduced
4. **Community Connect:** Implement the first phase of the Community Connect management system
5. **Virtual care: (i)** Implement the ECC telehealth approach nationally; **(ii)** Implement the Virtual Care in the Community model in one Integrated Care Programme for Older Persons (ICPOP) team per

Health Region; **(iii)** Collaborate with ALONE, a national organisation that enables older people to age at home, to ensure patients in community healthcare networks (CHNs) and community specialist teams (CSTs) with low or limited digital literacy are empowered to engage and access virtual services; **(iv)** Manage the care of 600 multi-morbid patients in the community and reduce hospital admissions through the Supporting Multi-morbidity self-care through Integration, Learning and eHealth (SMILE) Remote Monitoring Project in the South East in conjunction with the Integrated Care Programme for Chronic Disease; **(v)** In collaboration with the DoH and Department of Justice, Home Affairs and Migration, develop a virtual model for delivery of chronic disease care in the prison service targeted at the appropriate cohort identified from within the overall inmate population of 5,643 (phase 1 to commence in Q3 / Q4)

6. **General practice (GP capacity): (i)** Increase the intake of general practitioner (GP) training places by 50 to 400; **(ii)** Complete the Strategic Review of General Practice. Implementation actions will be defined to support reform and capacity building, including GP out of hours services
7. **Community diagnostics: (i)** Provide GPs direct access to 240,000 community radiology tests; **(ii)** Proposals will be developed for the use of Clinical Decision Support Systems, focusing on how these tools might enhance the quality of the scheme, streamline workflows, and support clinical decision-making
8. **Multidisciplinary working:** Embed multidisciplinary team working and service delivery in the CHN and CST integrated care model incorporating the services of ALONE
9. **Oral Health Strategy:** A three-year plan to implement the National Oral Health Policy will be developed and 2026 implementation actions commenced, including proof of concept for mobile dental clinics.

Ensuring free or reduced cost services provided by Health Care Professionals across community schemes

1. **Medicines: (i)** Enhance access to new medicines through the efficient use of €30m funding for 2026; **(ii)** New savings initiatives for 2026 will be launched; **(iii)** The next phase of the Medicines Pricing and Reimbursement Applications Tracker will be completed; **(iv)** A process for enhanced monitoring of the expenditure impact of new medicines approvals will be developed; **(v)** The governance structure for the delivery and oversight of the Framework Agreement on the Supply and Pricing of Medicines (FASPM) will be defined and put in place
2. **Community pharmacies: (i)** Implement the revised arrangements arising out of the Community Pharmacy Agreement; **(ii)** Implement the actions to expand the role of community pharmacists to provide care for common conditions and alleviate the pressure on GPs. This will include scoping out pharmacists' role as part of the school vaccination programme. In addition, the scoping and implementation of the role of pharmacists in bowel screening will be a key deliverable in the overall progressing of this service in 2026
3. **Primary Care Reimbursement Scheme:** Leverage automation and Artificial Intelligence (AI) systems to deliver productivity and improved accessibility for the public.

Reduce inequalities in health and improving access to services for under-served groups

1. **National Drugs Strategy:** Continue to expand initiatives aimed at supporting those with drug-related problems and implement the 2026 actions of the successor strategy
2. **People who are experiencing homelessness:** Expand access to integrated care and case management for 800 individuals experiencing homelessness who have no supports in place, bringing the total number to 4,500
3. **Medical complex cases:** Provide an additional 18 residential treatment beds in Cuan Dara and increase the capacity of the homeless health and addiction care facility in Usher's Island by 12 beds to meet growing demand
4. **Refugees and applicants seeking protection, and other vulnerable migrants: (i)** Define delivery arrangements for the identification of acute medical needs or the need for isolation on public health grounds under the National Implementation Plan for the EU Migration and Asylum Pact; **(ii)** Each Health Region to establish a co-ordination structure across public health, community services and

GPs to increase access to immunisations, healthcare and psychosocial supports and to support the work of migrant health in-reach teams

5. **Traveller communities: (i)** Extend the Brighter Beginnings for Traveller Children initiative to two additional Regions; **(ii)** Publish the Review of Primary Healthcare for Travellers Projects; **(iii)** Implement local Traveller Health Action Implementation Plans and implement a range of measures to support Traveller Primary Healthcare Projects and Traveller Workers
6. **Victims and survivors of domestic, sexual and gender-based violence (DSGBV) and human trafficking: (i)** The training of staff in DSGBV in 2026 will be increased with a target minimum uptake of 10% of staff across the health service; **(ii)** Work in conjunction with the Department of Justice, Home Affairs and Migration to implement the National Referral Mechanism for the identification and support of victims of human trafficking
7. **Inclusion Health Services:** Extend the work of adult, paediatric and maternity Inclusion Health Services in the Regions, including the consultant-led service in the South West Region
8. **Social Inclusion Engagement Framework:** A Social Inclusion Engagement Framework to support under-served populations will be developed. The framework aims to ensure these populations, through their lived experience become genuine partners in decision-making and that they have equitable access to resources and opportunities.

2.1.1.2 Older Persons' Care

Our focus

In 2026, we will ensure that older people receive support and equity of access to meet their needs, improving wait times and helping them to maintain their independence, dignity and quality of life. We will do this by:

- **Providing support at home and through day care services when needed**
- **Providing residential care, where appropriate**
- **Ensuring timely access to dementia care**

In 2026

26.7 million home support hours will be delivered (5% increase)	90 service users will be in receipt of home support hours provided from Complex Home Support funding (7% increase)	10,800 persons approved for transitional care will move to alternative care settings (12% increase)

Our priority actions for 2026

Provide home support at home and through day care services when needed

1. **Home support: (i)** Provide more effective delivery of home support through the development and implementation of the integrated information and communications technology (ICT) system for home support services and the Nursing Homes Support Scheme (NHSS); **(ii)** Reduce the number of people waiting for home care by at least 1,000 people; **(iii)** Deliver 275,000 complex home support hours to 90 people; **(iv)** Ensure compliance with future home support provider regulations and Health Information and Quality Authority (HIQA) standards through implementation of a regulated home support service model and the deployment of an ICT solution
2. **Comprehensive assessment of the needs and goals of individuals:** Increase the number of people who have been assessed using the International Resident Assessment Instrument (interRAI) assessment to in line with national target (18,100)

3. **Day care services:** Support 15,800 older people in 313 day centres, and provide funding to deliver over 3.3 million Meals on Wheels annually, focusing on areas of greatest need.

Provide residential care, where appropriate

1. **Transitional care:** Provide funding to 10,800 people to support hospital discharge while a Fair Deal application is being processed or for short-term convalescence, whilst they await a home support package or housing adaptation, or as a step-up measure or hospital avoidance measure from the community
2. **Residential care: (i)** Increase HSE-run community nursing unit (CNU) bed capacity with 352 new and replacement beds across 10 CNUs and community hospitals; **(ii)** Fully implement the National Bed Management System to monitor utilisation and occupancy of CNUs to support access for older people to a residential bed in a timely way, supporting whole-system flow
3. **Nursing Homes Support Scheme (NHSS):** Support an average of 24,729 people through the NHSS while maintaining the average four-week waiting period for funding.

Ensure timely access to dementia care

1. **Home support:** Provide a minimum of 22% of all new home support hours to people with dementia / cognitive impairment, an increase of 2% on 2025
2. **Assessment services:** Open Memory Assessment services in Donegal, Kerry, Mullingar, Wexford, Waterford, Limerick and Galway
3. **Memory clinics:** Scale up Regional Specialist Memory Clinics (RSMC) from current number of four to five by establishing an RSMC in North Dublin.

2.1.1.3 Mental Health Care

Our focus

In 2026, we will develop a more person-centred and inclusive mental health system where people have access to timely supports of varying intensity to match their needs at any point in their recovery journey (including supporting the Department of Health to prepare for commencement of a new Mental Health Act, through established governance structures and workstreams). We will do this by:

- **Improving access to support, especially for children and young people**
- **Delivering an improved response to people experiencing a crisis**
- **Promoting positive mental health, delivering early interventions and focusing on recovery**
- **Improving the National Forensic Mental Health Service**

In 2026

2,205 additional children and young people referred to Child and Adolescent Mental Health Services (CAMHS) will be seen (19% increase)	3,755 additional adults will be seen by community mental health teams (15% increase)
1,491 additional older adults will be seen by mental health services (19% increase)	

Our priority actions for 2026

Improve access to support, especially for children and young people

1. **Faster access for children and young people: (i)** Implement the mental health single point of access for children (with primary care and disability services) to improve timely access to the right care; **(ii)** Reduce waiting times so that more than 78% of CAMHS referrals are seen within 12 weeks (64.7% projected outturn in 2025) through targeted waiting list validation and proactive appointment scheduling by CAMHS teams; **(iii)** Reduce CAMHS waiting times so that no child is waiting more than

12 months to access services; **(iv)** Implement regional CAMHS service improvement plans; **(v)** Identify and address capacity and service utilisation variances in mental health services through national benchmarking

2. **CAMHS inpatient services: (i)** Increase CAMHS inpatient capacity with an additional 7 beds in the National Children's Hospital Ireland (NCHI) and re-opening of 11 beds in Linn Dara; **(ii)** Maintain a focus on avoiding inappropriate admissions of children and adolescents to adult mental health approved centres
3. **Clinical programmes:** Continue the national roll-out and implementation of clinical and service improvement programmes spanning all age groups, including attention deficit hyperactivity disorder (ADHD) for adults, early intervention in psychosis, eating disorders, dual diagnosis, self-harm and suicide-related ideation, specialist perinatal mental health services, mental health and intellectual disability, mental health and older persons and liaison psychiatry in line with the new Model of Care. These programmes continue to enhance access, quality and outcomes across specialist mental health services
4. **Digitally enabled supports and infrastructure:** Roll out Community Connect in mental health to improve operational management, service user outcomes and performance data insights.

Promote positive mental health promotion, delivering early interventions and focusing on recovery

1. **Social prescribing:** Complete the evaluation of social prescribing and scale up access to services
2. **Talk therapy:** Establish a national talk therapy programme board and enhance access to talk therapies, ensuring greater consistency in delivery and standards of service provision
3. **Counselling supports:** Provide an additional 8,000 counselling sessions and develop new services for men
4. **Mental Health Engagement and Recovery strategy:** Implement the strategy in each of the Health Regions
5. **Recovery education:** Develop a national strategy and implementation plan for recovery education across mental health services and develop a recovery education outcome measures tool.

Deliver an improved response to people experiencing a crisis

1. **Specialist nursing teams:** Focus on the creation of specialist nursing teams in all Model 4 emergency departments (EDs) to enhance extended out of hours coverage
2. **Suicide crisis assessment:** Expand the Suicide Crisis Assessment Nurse service for both adults and for children and young people, ensuring integration with wider crisis response services
3. **Crisis Resolution Services: (i)** Complete an evaluation of Crisis Resolution Services and design an end-to-end crisis response pathway, within the context of an overarching operating framework for mental health services; **(ii)** Continue to roll out crisis resolution teams
4. **Model of care for children and young people:** Develop an integrated model of care for child and youth mental health services with a clear focus on integrated pathways of care across the continuum of need from promotion, prevention and early intervention through to specialist supports, crisis response pathways and recovery and relapse prevention supports
5. **Integrated crisis response pathway for children and young people:** Design and develop an integrated crisis response and care pathway, incorporating 24/7 end-to-end services and supports for children and young people with crisis response and care needs to support access to timely, appropriate and specialist mental health input from across the continuum of care
6. **National suicide and self-harm reduction strategy:** Support the DoH to implement the new strategy with a specific focus on embedding learning from the lived experience of people who have used mental health services.

Improve the National Forensic Mental Health Service

1. **Multidisciplinary team:** Establish a forensic consultant psychiatrist-led multidisciplinary team to

provide in-reach and court diversion services to Limerick Prison

2. **Needs study and analysis:** Commence a mental health needs prevalence study and analysis of the prison population in partnership with the Irish Prison Service and the Probation service
3. **Bed provision:** Expand capacity at the National Forensic Mental Health Service by opening the Intensive Care Rehabilitation Unit with 10 beds in 2026.

2.1.1.4 Palliative Care

Our focus

In 2026, we will improve the quality of life of people facing challenges associated with life-limiting illness and provide support to their families. We will do this by:

- **Implementing the *National Adult Palliative Care Policy* through out of hours, non-conveyance and multidisciplinary specialist palliative care services**
- **Strengthening inpatient and community-based palliative care capacity**

In 2026

98% of referrals will be able to access a specialist inpatient bed within seven days of referral (3% increase)

Our priority actions for 2026

Implement the National Adult Palliative Care Policy through out of hours, non-conveyance and multidisciplinary specialist palliative care services

1. **Regional care:** Implement the 2024 *National Adult Palliative Care Policy* in each Health Region to enable patients and families to experience more co-ordinated and accessible palliative care support within their local communities
2. **Specialist palliative care:** Enhance specialist palliative care services in areas such as out of hours, non-conveyance and health and social care professional focused-care delivery.

Strengthen inpatient and community-based palliative care capacity

1. **Specialist inpatient units:** Develop 14 additional specialist palliative care inpatient (Level 3 Hospice) beds in Sligo, Kerry and Limerick
2. **Palliative care for children and young adults:** Deliver the ‘End-of-life management in children and young people national programme’ in all six Health Regions to 260 staff working with children with life limiting conditions
3. **Caru Nursing Home Programme:** Fully implement the Caru programme across all six Health Regions to enhance nursing home staff knowledge and skills in palliative care, supporting consistent, high-quality end-of-life care for residents
4. **Improving facilities:** Complete four Design and Dignity grant-funded projects for the improvement of end-of-life care within acute hospitals including mortuary facilities and seek approval for a further five projects.

2.1.2 Ambulance Care and Emergency Department Avoidance

Our focus

In 2026, we will provide an effective and efficient ambulance service while also strengthening services that appropriately divert people from having to attend an ED. We will do this by:

- **Improving access to an agile, responsive, dynamic and emergency care service**
- **Treating more people outside of the hospital setting**

In 2026

75% PURPLE incidents will be responded to by the National Ambulance Service within 18 minutes and 59 seconds (3% increase)*	1.22 million contacts with GP Out of Hours (12.7% increase)

* Not included as part of 5% activity uplift

Our priority actions for 2026

Improve access to an agile, responsive, dynamic and emergency service

1. **Response times:** Improve ambulance response times by providing an additional eight ambulances across the six Health Regions and target areas with longer waiting times by reducing the average from two hours to one hour in these locations
2. **Helicopter Emergency Medical Service (HEMS):** Enhance access to specialist care by expanding HEMS with a new dedicated service in the West North West and progress a training programme for Specialist Paramedic (Advanced)
3. **Support Community and Island Resilience:** Provide additional support to community and Islands first response schemes through the roll out of the National Ambulance Service (NAS) Community First Responders App in Q1 and progress the development of a National Automated External Defibrillator (AED) Registry by Q4
4. **Cross border collaboration:** Work with the Northern Ireland Ambulance Service to strengthen the interoperability of an All-Island Specialist Ambulance Response capability
5. **Emergency care service**: Strengthen workforce planning through the commencement of a new NAS Tertiary Education Centre in Cork with an initial 24 students to respond to rapidly rising emergency demand, reducing the number of patients experiencing a prolonged emergency response
6. **NAS Development Plan:** Complete a new development plan for the next 3-5 years in collaboration with DoH by Q2 2026. NAS will use the recognised Industrial Relations processes to engage with trade unions on implementing the Roles and Responsibilities Transformation Programme and associated pay deal for 1,500 staff in exchange for service reform and change involving improved rostering, professional workforce and a simplified pay system leading to better patient care
7. **NAS recruitment:** Complete the recruitment of 180 staff approved in 2025 to deliver on these priorities for 2026.

Treating more people outside of the hospital setting

1. **Virtual care:** Deploy digital health infrastructure to 12 islands, enabling remote connectivity to primary care, acute and community services
2. **Injury Units: (i)** Deliver Injury Units in additional locations including Tallaght, Athlone, Carlow and Ballina; **(ii)** Injury units will all be targeted for development to a standardised operating hours and days of 12 hours by seven days; **(iii)** The current radiography service offered through primary care in Longford will be secured into the future and connected to overall acute care governance as part of a plan for local injury access for the people of Longford. This plan will be developed in Q1 2026
3. **Alternative care pathways:** Maximise the use of alternative pathways (models of care that treat patients in their homes or local communities instead of automatically taking them to EDs) to help

people avoid unnecessary attendances and admissions to hospital. These initiatives include the clinical hub at National Emergency Operations Centre, Pathfinder, Community Paramedics and the alternative pre-hospital pathway cars in Cork University Hospital (CUH) and University Hospital Limerick (UL).

2.1.3 Care in Hospital

In 2026, we will continue to improve access, safety and quality, outcomes, productivity and value for money across all hospital services – urgent and emergency care (UEC), planned care and trauma care– as part of an integrated approach to the overall delivery of care.

2.1.3.1 Urgent and Emergency Care

Our focus

In 2026, we will continue to improve the experience and safety of people attending our EDs, including older adults and those with complex health needs, by ensuring timely access to the appropriate clinical care. We will do this by:

- **Enhancing operational excellence**
- **Optimising and integrating resources**
- **Ensuring that people who are fit to leave hospital are discharged without delay with a strong emphasis on addressing delayed transfers of care**

In 2026

1.74m ED attendances (3.2% increase)*	85% of patients will wait less than 9 hours in ED (10% increase)

* Increase is based only on forecasted demand. No further uplift applied in line with *Sláintecare's* aim toward ED alternative care

Our priority actions for 2026

Enhance operational excellence

1. **Patient safety in EDs:** Implement consistent local ED Escalation Protocols and Emergency Medicine Early Warning System in all EDs
2. **Vulnerable patient support:** Prioritise care and compassion for vulnerable patients identified as at risk in our EDs by assigning designated persons to inform and assist them as needed and linking these vulnerable patients to both acute and non-acute services as required
3. **Stroke care: (i)** Ensure 90% of all acute stroke cases are admitted to acute stroke unit bed / combined stroke unit; **(ii)** Provide stroke community-based care through early supported discharge teams to provide specialised stroke rehabilitation in stroke patients' own homes
4. **Timely access to diagnostics:** Extend the availability of diagnostic services over seven days and in the evenings in all hospitals to support clinical decision-making and patient flow
5. **Clinical decision-making:** Provide senior clinical staff seven days a week to ensure decisions to admit or discharge patients are made in a timely manner
6. **Clear operational leadership:** Provide senior operational decision-makers on-site seven days a week to ensure optimal management of patient flow
7. **Manage demand and capacity:** All hospitals will have centralised hubs delivering real-time information on ED and hospital patient flow, discharge status, and available capacity in both the acute hospitals and community facilities to enable effective decision-making. Each of the 29 sites will have clearly defined thresholds for both trolley numbers and delayed transfers of care at 8am, using a green / amber / red threshold, with recovery plans in place to achieve and maintain green status

8. **Streaming pathways:** Optimise streaming pathways at the point of triage or ED assessment
9. **UEC improvement programmes:** Roll out UEC improvement programmes at Integrated Health Area (IHA) / Regional level to enable targeted improvements
10. **Operations best practice:** Enhance the capacity of the healthcare systems through training and upskilling of UEC healthcare professionals.

Optimise and integrate resources

1. **Community services:** Extend the availability of community services inclusive of community beds over seven days and in the evenings
2. **In-reach community services:** Support people living in public and private long stay residential care facilities by the expansion of in-reach community services
3. **Community-based ambulatory services:** Increase the utilisation of community based ambulatory services
4. **Existing service models:** Increase the productivity of existing service models such as Chronic Disease and Integrated Care of Older Persons programmes
5. **Virtual care:** Progress the implementation and evaluation of integrated virtual care and the development of key performance indicators (KPIs) to demonstrate the impact.

Ensure that people who are fit to leave hospital are discharged without delay with a strong emphasis on addressing delayed transfers of care

1. **Patients with complex needs:** Taking a 'home first' approach, every hospital will develop multidisciplinary care plans at the time of admission for every patient with more complex and ongoing needs, including an anticipated date of discharge. For complex homeless admissions, hospitals will develop their Inclusion Health approach to treatment and discharge planning
2. **Integrated hospital and community care approach:** Integrated teams across community and acute services, including at IHA level, will operate an in-reach model to reduce length of stay and enable safe and timely discharge to the most appropriate setting over seven days. IHAs covering major urban areas will advance the development of a Homeless Discharge Protocol in collaboration with their local authorities
3. **Discharge planning:** All patients will have a documented comprehensive plan for discharge, developed in conjunction with community services. A predicted date of discharge will be assigned at the time of admission and updated throughout the patient journey
4. **Safe and timely discharge:** Ensure safe and timely discharge to home or to community care as soon as the patient is deemed clinically ready to discharge over seven days. Ensure safe and appropriate arrangements for continuing care are in place.

Urgent and Emergency Care (UEC) Operational Plan 2026-2027

1. **UEC Operational Plan:** Update the UEC plan based on the 2025/26 winter period experience and publish
2. **Regional Operational Plans:** Led by Regional UEC Improvement Programmes, include specific UEC actions, in respect of enhancing operational excellence, optimising and integrating resources and ensuring that people who are fit to leave hospital are discharged without delay with a strong emphasis on addressing delayed transfers of care.

2.1.3.2 Planned Care

Our focus

In 2026, through extended service hours and additional capacity, we will continue to reduce the length of time people are waiting for planned care, bringing us closer to the *Sláintecare* target of no patient waiting

more than 10 weeks for an outpatients department (OPD) appointment or more than 12 weeks for an inpatient / day case procedure or GI scope. We will do this by:

- **Reforming planned care**
- **Optimising existing and delivering more capacity**
- **Enabling planned care**

In 2026

50% of patients will wait less than 10 weeks for an OPD appointment (20% increase)	65% of patients waiting for a GI scope will wait less than 12 weeks (16% increase)	90% of patients will wait less than 12 months for first access to outpatient services (7% increase)
4.3m patients will be seen as new / return outpatients (6% increase)	111,894 GI scopes will be undertaken (6.6% increase) with no patients waiting more than 4 weeks for an urgent colonoscopy	2,064,894 inpatient / day case procedures will be undertaken (5% increase). 50% of these will be within 12 weeks

Our priority actions for 2026

Reform planned care

1. **Optimise the patient pathway:** Each hospital will receive and register all referrals centrally, pool all waiting lists and times (HSE Central Referrals) and implement standardised prioritisation protocols (digitally where possible) to effectively manage demand. Waiting lists and times will be validated both administratively and clinically at a minimum of twice yearly
2. **Reduce longest waiting times:** Each hospital will apply chronological scheduling within all specialties / sub- specialties. Regional Operational Plans will each contain defined hospital actions to meet *Sláintecare* access targets. Patients waiting over two years will be reviewed and assigned individual case management plans
3. **Learn from high performance hospitals:** Based on quantitative data and insights from top performing specialties / departments / hospitals, each Health Region will include specific actions to address performance variation across their hospitals in their Regional Operational Plans
4. **Innovate to improve access and timeliness through: (i)** Innovation initiatives to reduce waiting times in four clinical areas: dermatology, ophthalmology, otolaryngology, and plastic surgery and **(ii)** system-wide innovation initiatives to improve waiting times as part of the HSE Spark Impact innovation programme

Optimise existing and deliver more capacity

1. **Seven-day services:** Each Health Region will in their Regional Operational Plans specify the increased level of services that will be available earlier in the day, in the evening and at weekends. These will include outpatient (OPD) clinics and diagnostics such as MRI, X-ray and CT as well as scheduling more surgical procedures during these times
2. **Surgical hubs:** Surgical hubs will deliver 10,500 new and additional day case procedures and 4,600 new and additional OPD appointments in 2026. By the end of 2026 an additional five surgical hubs will be constructed and in operation (Waterford, Limerick, Dublin North, Galway and Cork)
3. **Outpatient clinic planning and capacity optimisation:** The OPD clinic planning tool, tested in Naas, Mercy and Kilkenny hospitals in 2025, will be implemented in all hospitals during 2026. Implementing the OPD clinic planning tool will increase capacity, allowing us to provide an additional 103,000 appointments for new patients
4. **Acute Expansion Plan:** Expand and replace acute bed capacity in line with the Acute Bed Expansion Plan to deliver 177 additional acute beds (see Appendix 2 for further detail)
5. **Critical Care Strategic Plan:** Complete Phase 1 of the Critical Care Strategic Plan investment in

adult critical care beds by operational delivery of the 6 x Level 3 intensive care unit (ICU) beds in the Mater Misericordiae University Hospital (MMUH) and 6 x Level 3 ICU beds in St Vincents University Hospital

6. **Paediatric orthopaedic services:** Implement recommendations from the paediatric orthopaedic reports and deliver 540 paediatric spinal surgeries in 2026 through national and international outsourcing initiatives to maximise capacity and reduce waiting times
7. **National Children's Hospital Ireland (NCHI):** The conclusion of building, commissioning and commencement of inpatient care at the NCHI will be a key deliverable in 2026

Enable planned care

1. **Outpatient clinic activity:** Initiate a phased approach to the setting of performance standards in OPD settings, through engagement with internal and external stakeholders, with an initial focus on high-volume outpatient specialties across the age spectrum
2. **Technology and tools:** During 2026, the HSE will develop further capability across a range of digital solutions including the HSE Patient App, National Patient Administration Solution, Healthlink, Robotic Process Automation and Telemedicine. The HSE Patient App will support patients to have greater visibility and access to personal health data, leading to improved satisfaction and outcomes. Other digital solutions will assist healthcare workers to deliver more remote healthcare, streamline workflows ensuring consistency and standardisation, and reduce administrative overheads whilst improving data quality
3. **Urgent colonoscopy:** Each Health Region in their Regional Operational Plans will have specific actions in place to maintain or achieve the zero breaches target for urgent colonoscopies.

2.1.3.3 Trauma Care

Our focus

In 2026, we will work to significantly improve patients' chances of attaining fullest possible recovery following a trauma-related injury, prevent avoidable deaths and reduce disabilities. We will do this by:

- **Progressing the implementation of *A Trauma System for Ireland***

Our priority actions for 2026

Progress the implementation of *A Trauma System for Ireland*

1. **Major Trauma Centres (MTCs):** Development of the MTCs at the MMUH and CUH specifically by:
   - Completing and operationalising capital projects at the MMUH and CUH, including the Emergency Department Trauma Resuscitation Bays and CT scanner in both hospitals
   - Completing Phase 1B at the MMUH (two dedicated Trauma Theatres and a Diagnostic Imaging Suite – including an MRI and CT Scanner)
2. **Planned trauma care (PTC):** Increase capacity for trauma-related services at Merlin Park Hospital, Galway
3. **Trauma unit with specialist services (TUSS):** Establish and operationalise the TUSS at University Hospital Galway through ongoing recruitment of staff, developing new ways of working, and improved access to specialist plastic and spinal surgery services
4. **Trauma units:** Commence development of trauma units at Our Lady of Lourdes (OLOL) Hospital, Drogheda and University Hospital Waterford (UHW)
5. **Rehabilitation prescription (RP):** Implement the RP in Major Trauma Centres and Trauma Units
6. **Key Performance Indicators (KPIs):** Pilot a suite of KPIs for the delivery of Trauma Care in Ireland.

Section 2.2: Quality and Safety of Care

2.2.1 Patient and Service User Experience

Our focus

In 2026, we will provide patients and service users with more structured opportunities to shape the care they receive, leading to services that better reflect their needs, preferences, and lived experiences. We will do this by:

- **Creating an environment of active listening**
- **Fostering a culture of partnership**
- **Safeguarding children and adults at risk of harm and abuse**

In 2026

75% of complaints will be investigated within 30 working days of being acknowledged by the complaints officer (9% increase)	85% of community concerns will be reviewed and an initial response will be generated within three working days by Safeguarding and Protection teams (10% increase)

Our priority actions for 2026

Create an environment of active listening

1. **National Care Experience Programme: (i)** Develop and commence implementation of Regional Quality Improvement Plans, covering inpatient, maternity and end-of-life experience programmes within six months of completion of relevant survey; **(ii)** Agree a multi-year National Care Experience Survey programme of work between all governing parties (HSE, DoH and HIQA) by Q3, 2026.

Foster a culture of partnership

1. **Patient and Service User Strategy:** Develop a structured process for patient and service user participation and regional implementation plans, including performance indicators and metrics
2. **Better Together Roadmap:** Monitor the number of staff, patients and service users who have completed level 1 training (Better Together) and finalise and launch level 2 training
3. **Patient and Service User Partner Portal:** Create a new Partner Portal to communicate partnering opportunities
4. **Public and Patient Involvement in Guidance:** Embed best practice guidance within new regional research structures.

Safeguard children and adults at risk of harm and abuse

1. **Strengthen safeguarding practice: (i)** Develop a National Implementation Plan for the new Policy Framework for Adult Safeguarding in the Health and Social Care Sector. Each Health Region will, as part of their Regional Operational Plans, set out how the Implementation Plan will deliver the new Policy Framework, including governance structures, Regional Leadership roles and Regional Safeguarding Committees; **(ii)** Support and monitor use of 'Making safeguarding personal' best practice guidance and the safeguarding self-audit tool; **(iii)** Embed the online system for adult safeguarding and further develop the system to enable reporting at a regional level
2. **Child Welfare and Protection Policy:** Complete the Bi-annual Regional Summary of Children First Performance Report (Self-Reported Assurance Level 1) and engage, as required, with the Children First National Office Compliance Assurance Checks (Assurance Level 2).

2.2.2 Culture and Values

Our focus

In 2026, we will continue to demonstrate our core values (care, compassion, trust and learning) in everything we do, ensuring patients and service users experience a respectful, responsive culture across health and social care settings. Culture is a proven factor in ensuring strong patient safety, quality practices and innovation and efficient services. We will do this by:

- **Establishing organisational culture programmes of work**
- **Supporting organisational culture through enabling tools and resources**
- **Focusing on the development of a teamworking and accountability culture**

Our priority actions for 2026

Establish organisational culture programmes of work

1. **National Children's Hospital Ireland (NCHI):** Directly support the organisational culture workstream of the CHI response to the 2025 HIQA Review and the move to the NCHI in Q2
2. **National Organisational Culture Advisory Group:** Establish in Q1 the National Organisational Culture Advisory Group, consisting of internal senior executives and staff representatives in addition to external academic and business leaders to advise and oversee the Organisational Culture programme of work.

Support organisational culture through enabling tools and resources

1. **Tools and skills: (i)** Support Health Regions and the Centre during Q2 with the tools and skills to facilitate organisational culture development; **(ii)** Review and identify organisational culture training needs through the review of key culture metrics including the National Care Experience Surveys, Staff Survey, Employee Assistance and operational performance metrics

Focus on the development of a teamworking and accountability culture

1. **Leadership development:** Provide Compassionate Leadership development programmes for Leaders and Managers through the development of online and in-person modules in Q3
2. **Culture governance:** Establish a culture governance process to ensure a structured implementation of culture development plans, setting out timelines and performance metrics to drive effective and scalable culture change.

2.2.3 Cancer Care

Our focus

In 2026, we will strengthen cancer prevention, provision of cancer treatment, and increase survival and quality of life for those who develop cancer. We will do this, by continuing the implementation of the *National Cancer Strategy 2017-2026* through the Regions, supported by the National Cancer Control Programme and aligned to the pillars of the Strategy by:

- **Reducing the cancer burden**
- **Maximising patient involvement and quality of life**
- **Providing optimal care through clinical care pathways**
- **Enabling and assure change**

In 2026

95% of patients referred to a Breast Rapid Access Clinic and triaged as urgent will be seen within 2 weeks (30% increase)	90% of patients referred to Prostate Rapid Access Clinics attended or offered an appointment within 20 working days of receipt of referral (6% increase)

Our priority actions for 2026

Reduce the cancer burden

1. **Equitable access:** Reduce cancer-related health inequalities through targeted initiatives for defined population groups, with regional cancer networks setting and reporting specific participation and outcome targets
2. **Rapid access:** Each Health Region will develop and commence implementation of plans to ensure that Rapid Access Clinics meet the national time targets for patients being seen, that the number of new people waiting more than four weeks for access to an urgent colonoscopy is zero, and that the percentage of surgeries conducted in designated cancer centres is over 90%
3. **Hereditary cancer care: (i)** Implement hereditary cancer care pathways, aligned to the Hereditary Cancer Model of Care, including establishment of a National Hereditary Cancer Multidisciplinary Meeting; **(ii)** Commence mainstreamed cancer genetic testing pathways in each Health Region; **(iii)** Commence implementation of the National Breast Family History Pathway, piloting the pathway including national GP referral guideline, virtual assessment and surveillance using pilot data to inform phasing and scale of national roll-out
4. **Deliver on current Plans:** Deliver on the *National Skin Cancer Prevention Plan 2023-2026,* the *Early Diagnosis of Symptomatic Cancer Plan 2022-2027* and the *HSE National Cancer Control Programme Cancer Prevention Plan 2025-2030* at both national and regional level, with a particular focus on underserved populations.

Maximise patient involvement and quality of life

1. **Community Cancer Support: (i)** Implement the Empower – Menopause and Cancer Survivorship Programme in community cancer support centres in six Health Regions; **(ii)** Deliver five additional types of survivorship programmes nationally (e.g. Cancer Thriving and Surviving)
2. **Stratified Self-Managed Follow Up (SSMFU):** Complete the implementation of the SSMFU pathway for prostate cancer patients in eight cancer centres, integrate the SSMFU prostate patient pathway into the HSE Patient App and commence the SSMFU pathway for breast cancer patients in three cancer centres
3. **Treatment Summary and Care Plan:** Every patient on the SSMFU pathway for breast and prostate cancer will receive a Treatment Summary and Care Plan as part of their support.

Provide optimal care through clinical care pathways

1. **Children, Adolescent and Young Adult (CAYA) services: (i)** Complete the CAYA survivorship pathway; **(ii)** Complete recruitment of the psycho-oncology multi-disciplinary teams (MDTs) in CHI at Crumlin
2. **Care pathways: (i)** Develop standardised national tumour specific clinical pathways to optimise early access, diagnosis, staging and treatment for breast, liver, pancreas, prostate and skin (current pilot to inform national roll-out); **(ii)** Implement pathway with required capacity for pre-radiation oral health for head and neck cancer
3. **Geriatric oncology:** Establish geriatric oncology clinics in St James's Hospital and UHW
4. **Acute Haematology Oncology Service (AHOS):** Operate a dedicated Nursing AHOS pathway for patients on active treatment, reducing ED attendance and inpatient admissions
5. **Medical oncology: (i)** Develop the National Cancer Control Programme (NCCP) strategic plan for Health Region Systemic Anti-Cancer Therapy (SACT) services capacity; **(ii)** Complete national procurement tender to build resilience and sustainability across the SACT supply chain

6. **Surgical oncology: (i)** Centralise cancer surgery through NCCP Policy for Designation of Cancer Centres, evaluating sites against set criteria; **(ii)** Develop a model to facilitate cancer surgery centralisation, monitored against specific Hospital Inpatient Enquiry (HIPE) procedure codes; **(iii)** Implement national / supra-regional tumour conference meetings for testicular and bladder cancer
7. **Psycho-oncology:** Complete establishment of a psycho-oncology multi-disciplinary team (MDT) in Cork University Hospital and build the MDTs in UHL, UHW, St Vincent's University Hospital and Galway University Hospital
8. **Radiotherapy capacity:** Deliver on the Phase 2 expansion at St. Luke's Radiation Oncology Network (SLRON) at Beaumont Hospital and the replacement of Linear Accelerators in the SLRON Network
9. **Haematology: (i)** Repatriate the allogeneic haematopoietic stem cell transplant (HSCT) and chimeric antigen receptor T-cell (CAR-T) service in CHI Crumlin, allowing patients to avoid the need to travel abroad; **(ii)** Develop NCCP GP Haematology Referral Information Manual (adult)
10. **Molecular diagnostics: (i)** Establish National Molecular Tumour Board to manage cases exhibiting complex genomics alterations; **(ii)** Expand NCCP Genomic Test Directory to include two additional cancers.

Enable and assure change

1. **National Clinical Guidelines:** Monitor implementation of national clinical guidelines e.g. post-treatment follow-up of patients with breast cancer, to assure intended outcomes for patients and services are realised
2. **Data and information: (i)** Complete roll-out of the digital systemic SACT nursing competency passport in all SACT hospitals; **(ii)** Implement the National Cancer Information System in Tallaght University Hospital and Wexford General Hospital to complete roll-out in 24 out of the 26 sites
3. **National Cancer Research Plan:** Develop and publish the National Cancer Research Plan.

2.2.4 Cardiovascular Care

Our focus

In 2026, we will significantly improve patients' access to specialised stroke and cardiac services for better patient outcomes through regional delivery. We will do this by:

- **Progressing the implementation of the *National Stroke Strategy 2022-2027***
- **Progressing the implementation of the *National Review Cardiac Services 2023***

In 2026

90% of acute stroke patients will spend all or some of their hospital stay in an acute or combined stroke unit (17% increase)	95% of ST-Elevation Myocardial Infarction (STEMI) patients will get Primary Percutaneous Coronary Intervention (PPCI) (9% increase)

Our priority actions for 2026

Progress the implementation of the *National Stroke Strategy 2022-2027*

1. **Acute stroke care and cure:** Expand capacity to meet recommended staff levels for acute stroke units as set out in the *National Stroke Strategy 2022-2027*
2. **Stroke rehabilitation and restoration:** Increase capacity to progress the early supported discharge expansion recommendation as set out in the *National Stroke Strategy 2022-2027*.

Progress the implementation of the *National Review Cardiac Services 2023*

1. **Sustain and strengthen National Cardiac Services:** Increase the level of consultant cardiology staffing and cardiac imaging staffing to meet the minimum staffing levels set out in the *National*

Review Cardiac Service 2023, to ensure a safe and sustainable service with adequate provision in cardiology subspecialties

2. **Cardiac rehabilitation:** Deliver an integrated cardiac rehabilitation service in line with the Model of Care for Integrated Cardiac Rehabilitation in HSE West and North West Health Region.

2.2.5 Clinical Standards and Practice

Our focus

In 2026, we will continue to enable high-quality, safe, effective and accessible care, that is population health-based and integrated, supported by a resilient workforce and quality improvement. We will do this by:

- **Modernising and improving care delivery**
- **Building a resilient clinical workforce**
- **Driving improvements through evidence and learning**

In 2026

85% of hip fracture surgeries will be carried out within 48 hours of assessment (4% increase)

Our priority actions for 2026

Modernise and improve care delivery

1. **Clinical practice delivering the best outcomes for patients: (i)** Embed clinical governance and safety structures within the Health Regions and the Performance Accountability Framework; **(ii)** Ensure compliance with compulsory training (Safeguarding Children and Adults); **(iii)** Design rotas and service delivery to provide timely care to patients; **(iv)** Support improvements identified through performance oversight to decrease unwarranted variation in the experience and quality of care within and between Health Regions including recommendations arising from independent investigations and case reviews
2. **Improved safety and productivity through prescribing practices: (i)** Monitor polypharmacy for older people and design an approach to improve identified issues in 2027; **(ii)** Optimise prescribing practices through increased utilisation of best-value biological medicines, to provide medicine expenditure efficiencies
3. **Integrated clinical strategies and networks: (i)** Ensure alignment with national strategies is incorporated within Regional Operational Plans, such as laboratory reform, genetics and genomics, rare disease, radiology, and organ donation and transplant; **(ii)** Establish regional laboratory networks; **(iii)** Deploy an integrated governance system to assist conversion of all organ donation opportunities to transplant in Ireland; **(iv)** Establish a National Genomic Processing Service and expand the National Genomic Test Directory
4. **Clinical design: (i)** Design and develop new models of care for neonatology, perinatal mental health, clinical genetics, haemoglobinopathies and gender healthcare services; **(ii)** Revise the paediatric model of care to reflect an integrated care approach, inclusive of transition of care from Paediatric to Adult Services: A National Framework.

Drive improvements through evidence and learning

1. **Quality and patient safety (QPS): (i)** Update the Incident Management Framework to strengthen system-wide learning, accelerate resolution of patient safety incidents and prevent avoidable patient harm; **(ii)** Improve patient safety through increased clinical audit and use of data from the National Care Experience Programme; **(iii)** Deploy a National QPS Governance Model, aligned with national and regional standards; **(iv)** Implement the recommendations of the *Report of the Interdepartmental Working Group on the Rising Cost of Health-Related Claims*; **(v)** Implement the *Patient Safety*

(Notifiable Incidents and Open Disclosure) Act 2023, National Clinical Audit Strategy and continue to focus on addressing the common causes of harm

2. **Antimicrobial resistance:** Deliver an implementation plan for *HSE Antimicrobial Resistance Infection Control (AMRIC) Action Plan 2026-2030*, aligned to Ireland's *National Action Plan on Antimicrobial Resistance (iNAP3)*, to drive measurable reductions in hospital acquired infections and reduce unnecessary antimicrobial use through awareness training, surveillance and quality improvement programmes
3. **Medical devices: (i)** Establish medical device structures at national, regional and local levels; **(ii)** Publish a Medical Device Plan, to include medical devices and in vitro medical devices, to be applied to all classes of medical devices
4. **Research and evidence architecture: (i)** Deploy regional research capacity assessments to progress the roll-out of research governance, management and support infrastructure within the regions; **(ii)** Facilitate and embed research and innovation within the regional governance framework to be rolled out, to inform more impactful policy development and service delivery; **(iii)** Pilot a patient-focused, open HSE library that includes patient information clinics.

Build a resilient clinical workforce

1. **Advanced care:** Increase nursing, midwifery and health and social care professions workforce capacity through advanced practice roles and clinical placement training expansion.

Section 2.3: Capacity and Reform Delivery

2.3.1 Improving Access through Infrastructure Investment

Our focus

In 2026, we will deliver modern health infrastructure designed to ensure a safe, high-quality and sustainable health system, with the continued development of planned and committed projects while meeting regulatory requirements, increasing capacity and addressing compliance and infrastructure risks. We will do this by:

- **Providing high-quality, safe and accessible facilities for service-users and staff**
- **Maintaining and improving our existing physical infrastructure**

Our priority actions for 2026

Provide high-quality, safe and accessible facilities for service-users and staff

1. **Bed capacity:** Deliver 177 acute beds and 428 community beds
2. **Surgical hubs:** Deliver five surgical hubs in Dublin North, Galway, Cork, Limerick and Waterford, and complete the Stage 1 design (initial design stage) of the Surgical Hubs in Sligo and Letterkenny
3. **Elective Treatment Centres:** Prepare and submit planning permission applications for the Elective Treatment Centres in Cork and Galway
4. **Mental health sites: (i)** Prepare and submit planning permission applications for one acute mental health unit; (**ii)** Complete the Stage 1 design for four priority acute Mental Health sites identified in the Mental Health Approved Centre Priority Sites Capital Plan Report, namely, at Mater Misericordiae University Hospital, at Naas General Hospital at Davitt Road as part of St. James Hospital, at Roscommon University Hospital and the relocation of unit at Mercy University Hospital, Cork; **(iii)** Complete the feasibility study to progress the project at the sixth priority site at University Hospital Waterford
5. **Community care:** Complete construction and handover of two Primary Care Centres (Birr and Ballyhaunis), complete equipping of four Primary Care Centres delivered in Q4 2025 (Nenagh, Adamstown, Fethard and Ballybay), and five ECC Hubs to accommodate integrated, community-based service provision
6. **National Children's Hospital Ireland (NCHI):** Complete the build of the NCHI and deliver the commissioned hospital
7. **National Maternity Hospital (NMH):** Commence construction of the new NMH at Elm Park, subject to Government approval to proceed.

Maintain and improve our existing physical infrastructure

1. **Disposal of surplus assets:** Continue the objective of disposal of surplus assets, that are no longer conductive to healthcare delivery, with a target to achieve 60 property disposals in 2026
2. **Infrastructural risk:** Invest in addressing infrastructural risk across healthcare facilities
3. **Equipment replacement programme:** Invest in the equipment replacement programme across the country
4. **Ambulance fleet:** Invest in expanding our ambulance fleet to meet additional demand and to replace ageing vehicles
5. **Climate action:** Invest in and with co-funding from the Sustainable Energy Authority of Ireland (SEAI) to deliver energy efficiency and sustainability projects in line with the *HSE Climate Action Strategy 2023-2050* and *HSE Infrastructure Decarbonisation Roadmap*.

Further information in relation to capital infrastructure projects can be seen in Appendix 2 and in the HSE Capital Plan 2026 – Building and Equipment.

2.3.2 Technology and Transformation

Our focus

In 2026, we will further integrate digital technologies in our health and social care system, continuing our Digital for Care journey. We will continue to focus on delivering digital programmes, new transformation initiatives, maintaining services, enhancing digital security, and supporting innovation, all of which are vital for upgrading Ireland's public health technology in order to advance toward achieving the positive impacts for our population contained within the HSE's *Digital Health Strategic Implementation Roadmap*, supported by the enactment of the *Health Information Bill 2024* and the *European Health Data Space Regulation*. We will do this by:

- **Implementing transformational initiatives**
- **Implementing further strategic initiatives**

Our priority actions for 2026

Implement transformational initiatives

1. **HSE One Health Record (Electronic Health Record (EHR)): (i)** Advance EHR procurement through the competitive dialogue process and complete final vendor selection; **(ii)** Deploy the Maternity and Newborn EHR system into four Model 3 hospitals (Cavan, Drogheda, Mullingar and Portlaoise); **(iii)** Deploy an enterprise EHR and associated clinical applications to enable effective care delivery at the National Children's Hospital Ireland (NCHI)
2. **HSE Health App:** Expand features to enable patients to manage their digital health identity, personal health information, care co-ordination, and access to healthcare. The expansion of features in the HSE App will be measured by the successful delivery of the three major functionality releases scheduled for 2026
3. **HSE Shared Care Record:** Introduce a shared care record for patients to enable secure access by healthcare providers to patient records to support direct patient care delivery, with releases planned in 2026 to build a Patient Summary including GP medications and implement in a minimum of two Health Regions
4. **HSE Community Care Record (Community Connect):** Commence delivery of a single, national clinical management system for community care that enables integrated care, efficient service delivery, and consistent data sharing across all Health Regions, with delivery in two Health Regions in 2026
5. **Enterprise Wireless:** Enable the implementation of critical digital systems through wireless connectivity, reducing time spent on administrative tasks and increasing time available for direct patient care.

Implement further strategic initiatives

1. **Artificial intelligence (AI)-assisted diagnostic and triage tools and back-office function automation:** Implement the AI strategy and framework to ensure a system-wide response to the emerging opportunities for AI and to address the necessary compliance with the *EU Artificial Intelligence (AI) Act*, the HSE is developing an overall implementation framework for the use of AI in the public health sector. In doing so we aim to release 500,000 administrative hours to higher value work
2. **Medication management: (i)** Develop an implementation plan for medicines management flowing from the FASPM Agreement; **(ii)** Complete the go-live of the Hospital Medicines Management System in 12 sites; **(iii)** Complete procurement of an ePrescribing / eDispensing solution for the National ePrescribing Project; **(iv)** Complete service level go-live of the national medicinal product catalogue solution, and complete first end-user implementation to improve patient safety through the provision of a system wide accurate and consistent identification of medicines and ancillary medicines information
3. **Framework for Health Innovation: (i)** Implement a National Innovation Pathway, create a centralised innovation project repository and define innovation-ready procurement models; **(ii)** Create standardised assessment and evaluation tools and develop a tool kit for benchmarking and progression metrics

4. **Data strategy:** Approve and implement the HSE's new Data Strategy, to harness data for safer, more connected and patient-centred care in 2026, prioritising improvements in primary and community data and collection of Personal Public Service Numbers (PPSNs) and Eircodes across all public health interactions
5. **Finance and HR systems: (i)** Roll out the Integrated Financial Management System (IFMS) to a selection of Section 38 and 39 agencies and roll out the National integrated Staff Records and Pay (NiSRP) Programme to three delivery groups; **(ii)** Implement the safe nurse staffing and skill mix (TrendCare) system across all acute adult hospitals nationwide and initiate the phased national roll-out of InterRAI in nursing homes (public and private), ensuring the full realisation of the outcomes and efficiencies outlined in the Framework for Safe Nurse Staffing and Skill Mix; **(iii)** Deliver an eRostering system to provide an efficient, safe and effective digital roster platform to four regional sites
6. **Cyber security: (i)** Implement the Cyber Incident Response Team operational model, a Threat and Vulnerability Management solution and an Endpoint and Network Detection solution for the organisation; **(ii)** Decrease the instances of out-of-support Windows apps and servers across the country, reducing cyber risks from out-of-date applications to improve the overall IT estate's modernisation by a further 15% and ensure a clear plan for compliance with the EU's second Network and Information Security Directive (NIS2).

Section 3:
Strong Foundations – Value for Money

Our commitment:

We will invest in our people, the right capabilities and digital enablers to support a culture where teams are empowered to innovate and deliver excellent care

Section 3: Strong Foundations – Value for Money

3.1 Workforce Resourcing and Reform

Our focus

In 2026, we will recruit and develop the skills needed across all health and social care services. We will do this by:

- **Planning and delivering a workforce to meet population needs**
- **Enabling adaptive working patterns, and empowering our staff**
- **Protecting and promoting a safe and healthy workplace**

In 2026

The rate of absenteeism will be targeted to reach 4% or less (relative to 6% in 2025)*	97% of non-consultant hospital doctors will work less than a 48-hour week (2% increase)

* Lower target is improved performance

Our priority actions for 2026

Plan and deliver a workforce to meet population needs

1. **Recruitment and resourcing: (i)** Embed the Human Resource (HR) Model for recruitment nationally and regionally, working with the Health Regions to implement by early 2026, further enabling regional resource and capability with a network and suite of topic specific supports and providing assurance on standards of recruitment practice; **(ii)** Extend the available procured frameworks enabling greater value for money when meeting short term service need by agency
2. **Workforce planning: (i)** Publish workforce demand projections for selected workforces in primary care, older persons, mental health and disability services; **(ii)** Publish workforce supply projections for a selection of health and social care professions by end Q1 2026, alongside the establishment of a workforce supply model to support projections of workforce supply for other workforces in 2026
3. **Staff and training development: (i)** Deliver programmes to equip experienced managers with the skills, knowledge, and attitudes to strengthen their management practice by Q2 2026; **(ii)** Support current and first-time managers to develop their practical management skills by launching the HSeLanD 'Line Manager Hub'; **(iii)** Engage with Regional Executive Officers (REOs), Regional Directors of People (RDoPs) and Integrated Health Area (IHA) managers to explore the leadership and management development supports required by the IHA / Community Healthcare Area management teams across the Health Regions in implementing the new model of IHAs / Community Health Areas
4. **Digitisation:** Digitise HR processes through the development of digital recruitment and document management solutions, the ongoing delivery of digital payroll and personnel management via the National Integrated Staff Records and Pay Programme (NiSRP), and training to support staff in expanding their digital skills
5. **Supporting the new Health Regions: (i)** Continue to work with the RDoPs to develop an understanding of the wider HR system needs, identify gaps and strengthen weaknesses; **(ii)** Identify opportunities to improve processes, increase consistency and standardisation and provide specialist expertise to inform and support the practical implementation of the HR operating model; **(iii)** Facilitate collaboration between the various functions of National and Regional HR with an aim of supporting a co-design methodology to develop solutions (engagement with the RDoPs is ongoing, including through active engagement with the Chief People Officer, with Terms of Reference approved and are in the initial stages of implementation).

Enable adaptive working patterns, and empower our staff

1. **Industrial relations:** Deliver an Employee Relations Programme consisting of a Foundation and Advanced Programme to improve the capacity and capability of HR professionals. Programmes will be delivered in Q3 2026
2. **Staff support services:** Promote and support a safe and healthy workplace for our workforce through the delivery of services and programmes that support workplace physical and psychosocial health, compliant with legislation and in line with evidence-informed practice.

Protect and promote a safe and healthy workplace

1. **Compliance: (i)** Support our HR managers through the provision of compliance and reporting frameworks to meet the requirements of their roles; **(ii)** Continuous monthly monitoring and reporting of the new Public Only Consultant Contract, measuring the implementation of work schedules reflecting the 5/7 and extended working day as provided for in the new contract
2. **Performance management: (i)** Implement and further strengthen performance monitoring and reporting across services at a lower level of detail, enabling a more targeted and effective approach to controls, balancing investment in new developments with demonstrable productivity; **(ii)** Support Health Regions in their efforts to deliver workforce optimisation by enabling greater workforce data analytics via enhanced reports and reporting capability – e.g. comparative analysis reports / benchmark reports
3. **Attendance management: (i)** Development of comparative analytics on absence data to support Health Regions insight and decision-making on targeted actions and their impact; **(ii)** Support Health Regions by providing webinars on the Attendance Management Policy and deliver targeted Managing Attendance Programmes for line managers in specific hospital / HSE services with high absenteeism levels; **(iii)** Support Health Regions by surveying particular areas that will provide assurances on the robust management of the attendance management policy, and to identify key trends and areas for improvement.

3.1.1 Total Workforce and Paybill Allocation and Management

The Minister for Health in the Letter of Determination (LoD) issued to the HSE Board Chair, has clearly set out that total pay budget, including basic pay, agency, overtime and allowances, remains the key controlling instrument. Further to this, there has also been a Maximum Whole Time Equivalent (WTE) Limit of 136,606 WTE set for end 2026, to ensure the overall pay allocation is not exceeded. The setting of a new WTE Limit builds on the significant steps taken in 2024 and 2025 to strengthen overall pay and WTE controls, with the introduction of WTE Limits in 2024. At the end of 2025, the Maximum WTE Limit is 133,306 WTE. As it stands at October 2025, the variance to the 2025-year end WTE limit is reported at –5,731 WTE.

At the end of 2026 the maximum WTE limit will increase by 3,300 WTE to 136,606 WTE, owing to the approval of a further 3,300 WTE in workforce growth. There will be no additional WTE sanctioned above this maximum. There is however a significant shift away from new funding streams as the only way to improve or enhance services, to a focus on the totality of health investment both in this year, and the previous decade. As directed by the Minister, this shift provides for greater and stronger autonomy for Health Regions and National Services and Schemes to use all resources available to them, provided they are in line with national strategies and policies and opening new capacity, including:

1. Existing resources and prioritisation of same to better respond to the needs of populations across Health Regions and National Services and Schemes
2. Previously funded new service developments, not yet contractually committed, allocated to the Health Regions and National Services and Schemes, are now available for reallocation to better respond to the needs of populations:
   - Between Health Regions by the Chief Executive Officer (CEO) and;
   - Within Health Regions and National Services and Schemes as determined by the Health Regions and National Services and Schemes

3. Autonomy by the Health Regions and National Services and Schemes to deploy 2026 new service developments to meet specified targets and outcomes.

The HSE CEO will set the maximum pay budget and WTE limit for each Health Region and for National Services and Schemes, based on population needs, service demand and planned new capacity, notified before the end of 2025. Thereafter, the devolution of staffing decisions, except for ring-fenced Mental Health posts (300 WTE 2026 new service developments) will be at the discretion of the REO and National Director of National Services and Schemes, in line with national strategies and policy priorities. All decisions on the utilisation and prioritisation / reprioritisation of resources will be at the discretion of the REO and National Director of National Services and Schemes, within an overarching framework to remain within both budget and WTE limit.

The devolution of decision-making to Health Regions and National Services and Schemes, remains subject to the delegated sanction levels. Therefore:

1. All proposed new posts at Grade VIII and above, in line with the current approvals processes, require sanction by the Department of Health (DoH) and Department of Public Expenditure, Infrastructure, Public Service Reform and Digitalisation
2. All new and replacement posts at National Director level, in line with the current approvals processes, require sanction by the DoH and Department of Public Expenditure, Infrastructure, Public Service Reform and Digitalisation
3. The WTE Limits reporting will include separate reporting WTE Limit for Grades VIII and above to monitor against the relevant sanctions in place.

In line with the role of the HSE Centre to set clear expectations, manage performance and provide accountability under the framework of Planning, Enablement, Performance, and Assurance (PEPA), the WTE limits monitoring and reporting approach introduced in 2024 will serve as the mechanism to monitor performance against the maximum WTE limit set for each Health Region and National Services and Schemes. As noted at point 3 above, this will include separate WTE limit reporting for Grades VIII and above to monitor against the relevant sanctions. Performance monitoring will be used to ensure that workforce growth is being delivered (in line with WTE limits) and in conjunction with Finance, that growth in workforce is also being reflected in Agency spend reduction and overall pay budget is being adhered to. As indicated in the LoD:

- Where workforce does not increase and / or total pay budget is exceeded the CEO can revoke the available posts and associated funding from the Health Region and,
- Confirmation that performance in 2026 will directly affect regional allocations including staffing resources for 2027 and beyond.

Priority focus and deliverables in 2026

1. Stronger autonomy through devolved decision-making on allocation and re-allocation of resources to deliver resource optimisation via flexible deployment of the workforce
2. Building on WTE controls to ensure all new appointments and replacements are delivered within the overall WTE maximum regionally and nationally, inclusive of WTE Limits for Grade VIII and above
3. Planned workforce recruitment in line with funding envelope for new developments in 2026 to ensure phasing of recruitment within budget
4. Delivering workforce growth via direct employment, prioritising unfilled funded posts across and within Health Regions to enable agency conversion and reduce reliance on agency use
5. Monitoring and reporting on performance via WTE limits and monthly census reports on WTE growth.

HR Information

The below table sets out the current allocation of the WTE Limit to year end 2025. Of note the WTE Limits as set out below, are as reported in October 2025. As further developments are commissioned, these will be reflected in an update to the WTE limit for year-end 2025. As set out in the LoD, the HSE CEO will set

the maximum pay budget and WTE limit for each Health Region and for National Services and Schemes, based on population needs, service demand and planned new capacity, notified before the end of 2025. The below allocations as it currently stands in October 2025 will be updated based on this information as advised.

Region by Staff Category Dec 25 Limit	Medical & Dental	Nursing & Midwifery	Health & Social Care Professionals	Management & Admin.	General Support	Patient & Client Care	*To be Commis-sioned*	Dec 25 Limit
HSE Dublin & Midlands	3,200	9,537	3,936	4,324	1,530	3,823	-	**26,350**
HSE Dublin & North East	3,153	9,456	3,417	3,976	1,924	3,234	-	**25,159**
HSE Dublin & South East	2,463	7,833	2,759	3,200	2,016	2,967	-	**21,238**
HSE Midwest	1,082	3,643	1,199	1,607	1,075	1,626	-	**10,233**
HSE South West	1,914	6,387	2,269	2,365	1,459	3,069	-	**17,464**
HSE West & North West	2,334	7,742	2,585	3,195	1,500	3,956	-	**21,312**
National Services & Schemes	12	11	912	864	15	2,150	-	**3,964**
HSE Centre	406	648	535	5,036	445	129	-	**7,199**
*To be commissioned**							*388*	***388***
Overall	**14,564**	**42,256**	**17,613**	**24,567**	**9,965**	**20,953**	**388**	**133,306**

*Funded developments allocated to central functions for allocation to Health Regions – e.g Digital Projects of Note Data was at October 2025

3.2 Financial Management Framework

3.2.1 2026 context including our focus and high-level ambition for the year ahead

The Minister for Health has made clear in the Letter of Determination (LoD) issued to the HSE Board Chair that the requirement to live within budget and total pay bill will be an important indicator of performance during 2026 alongside the priorities of improved access, quality and safety for patients and service users and value for money for the public funds entrusted.

There is significant ongoing engagement between the Centre and the six Health Regions and National Services, including their finance teams, to ensure that there is a minimum of funding held at the Centre so that they have certainty before the end of 2025 regarding their 2026 budgets, WTE limits and other targets. That certainty will be given at a sufficiently detailed level to allow it to be quickly passed on to hospitals and other services, including the main voluntary acute hospitals and other community and disability voluntary providers so that Service Arrangements (SA) can be signed in January and February.

The 2026 budgets are set on an Income and Expenditure basis as that is the accounting policy mandated via legislation. However, fundamentally, government accounting works on a largely cash basis and therefore in 2026, as in the last two years, operating within our cash limits and minimising any supplementary cash requirement will be the overall financial management focus.

In 2026, we are taking the initial steps towards a regional population focused funding model with a view to unlocking the potential of regional funding and enabling Health Regions to prioritise each year to address their own unique challenges and local needs.

The model seeks to mandate all health managers to focus on making the most productive use of the totality of the financial and staffing resources available to them rather than the more traditional focus on a perceived need for new resources to make any improvements. We seek to live up to the principle that every euro of public money must deliver what matters to patients and service users.

Targeted investment, aligned to *Sláintecare*, with very clear measurable targets for each Health Region or national service / function, are part of a three-step approach in 2026 directed by the Minister:

1. Appropriate Regional / National Service autonomy and flexibility in the deployment of new resources to meet specified targets and outcomes
2. Appropriate Regional / National Service autonomy and flexibility in the changing and better use of existing resources as they become available to meet the needs of local populations, aligned with

national strategies and policies

3. A measurable focus on productivity in the use of all resources and tools at each managers disposal as a means of creating capacity to respond to need.

This flexibility will facilitate Health Regions in moving services and resources from acute hospitals into the community in line with *Sláintecare*.

The combined resource of new and existing capacity, and the productivity improvements required in the use of that capacity, is expected to absorb demographic demand pressures (average 5-10%) and improve all access to care metrics.

To effectively deal with underperformance, the HSE will seek to take a structured approach that considers financial, workforce, governance, infrastructure, and operational factors to ensure corrective actions are effective. Performance in 2026, including financial management performance is expected to directly affect regional allocations including staffing for 2027 and beyond.

The HSE Board has and will continue to exercise oversight of overall performance including financial performance, supported by Audit and Risk Committee (ARC) and other board committees.

As part of setting 2026 budgets before the end of 2025, a set of next steps in relation to the use of Activity Based Funding for 2026-2028, initially in the Acute Hospital sector, will be finalised and commenced.

3.2.2 Significant additional Government investment in health in 2026

HSE Budget Allocation for 2026 for Operating Costs	Total €m	DoH €m	DCDE €m
2025 Recurring Budget including any opening adjustments	**26,920.3**	**23,722.9**	**3,197.4**
2025 Supplementary recurring	526.0	260.0	266.0
COVID Programmes returned in 2026 on a once-off basis	18.0	-	18.0
Base budget at end of 2025	**27,464.4**	**23,982.9**	**3,481.5**
Additional 2026 funding	**1,585.8**	**1,234.0**	**351.9**
To support the Existing Level of Service (ELS)	**1,257.3**	**1,055.1**	**202.2**
a) Pay cost pressures	603.3	490.0	113.3
b) Section 39 2025 Pay Agreement	30.3	-	30.3
c) Service specific price and volume cost pressures	586.6	559.5	27.0
d) Full year costs of service developments started in 2025	253.2	221.7	31.5
e) Savings	(181.2)	(181.2)	-
f) Balancing budget reduction – implications to be monitored in 2026	(100.0)	(100.0)	-
g) Base adjustment re once off Value Added Tax (VAT) refund in 2025	65.0	65.0	-
To support Workforce Growth / Development of Services	**328.5**	**178.8**	**149.7**
a) DoH workforce Growth	178.8	178.8	-
b) DCDE New Developments	149.7	-	149.7
Budget 2026 per Letters of Determination 2026	**29,050.2**	**25,216.9**	**3,833.3**
% increase in funding over 2025 opening budget	7.9%	6.3%	19.9%
% increase in funding over effective 2025 closing budget	5.8%	5.1%	10.1%

DoH – Compared to the opening National Service Plan (NSP) 2025 budget level, an additional €1.5bn / 6.3% has been secured for 2026 which compares to the overall 6.4% provided for across total current public expenditure in the Government's 2025 Summer Economic Statement.

When compared to the final agreed budget for 2025, which will closely align to final 2025 costs, an additional €1.2bn / 5.1% has been secured for 2026.

Of this €1.2bn, an additional €179m supports workforce growth (including non-pay €30m).

Department of Children, Disability and Equality (DCDE) – (Disability Services) Compared to the recurring opening NSP 2025 budget level, an additional €636m / 19.9% has been secured for 2026.

When compared to the final expected budget for 2025, which will closely align to final 2025 costs, an

additional €352m / 10.1% has been secured for 2026.

Of this €352m, an additional €202m / 5.8% relates to supporting the ELS with the balance, €150m / 4.3% supporting new developments including workforce growth.

Notwithstanding the importance and welcome nature of the significant additional investment outlined above, it is stressed again that the requirement is to ensure that we are making the best use of the totality of the resource, particularly the existing resource, as well as the new. This includes the need for continuous improvement incorporating a focus on productivity and savings.

3.2.3 Savings targets to assist with managing the financial challenge in 2026

Savings 2026 (m)	Savings Pay	Savings Non-Pay	Savings Total
Cumulative savings to end 2025:			
Pre 2026 Savings to be delivered permanently in 2026	**(242)**	**(84)**	**(327)**
Savings 2026:			
Agency savings – conversion 2,000 WTE	(30)	-	(30)
Agency reductions – 'do without', substitution, price savings and usage efficiencies	(26)	-	(26)
Allowances savings – 2.5% of budget	(25)	-	(25)
Non-Pay savings		(100)	(100)
Total Additional Savings 2026	**(81)**	**(100)**	**(181)**

As is the case in any year there will be financial challenges (issues and risks) for the HSE to manage. Savings targets and productivity initiatives coupled with the additional flexibilities around reprioritisation of staffing and overall resources are the key means to manage these financial challenges and minimise any requirement for supplementary funding.

This will be underpinned by the strengthened Performance and Accountability Framework, which for the first time is in effect part of the NSP and will be approved by the Minister as part of same.

The 2026 LoD provides that:

1. The savings target of €633m that was incorporated into the HSE's budget for 2025 needs to be delivered permanently in 2026, particularly for agency pay, which needs to be reduced substantially, to be replaced with core HSE staff
2. The HSE is required to achieve additional savings of €181m in 2026 in order to deliver expenditure on budget as these savings have been incorporated into the budget calculations.

Accordingly, in moving to finalise the detailed allocation of 2026 budgets and targets, including savings targets, before the end of 2025, we will also factor in:

A. Maximising the potential re-prioritisation of centrally held 2025 funding to minimise any reduction in starting 2025 service budgets. This results from the necessary lowering of the level of negative budget held at the Centre from the €555m approved in NSP 2025 to €300m in NSP 2026 as mandated by the 2026 LoD

B. Latest estimates of the amount of the NSP 2026 €633m savings targets not likely to be permanently delivered by the end of 2025, and therefore failing to be added to and delivered along with the €181m in new 2026 savings flagged above

C. Any further savings and productivity measures that may be necessary and feasible based on estimates of likely costs versus the totality of available resources.

While the NSP has a primary single year focus, our aim in 2026, supported by the direction and flexibility set out by the Minister in the LoD, is to move to a more sustainable multi-year approach to both savings and productivity. For example, in relation to agency savings, a multi-year approach will be required through 2026 to 2027/8 to reduce costs from the current annualised run-rate of c.€850m to below the 2026 spend limit of €720m limit towards the available agency budget of c.€440m. In the interim it is clear that:

- The HSE must operate within its overall pay budget in 2026 with the WTE limit being an 'up to limit'

that can only be reached if it can be afforded within that pay budget

- Some services will not be able to recruit their full WTE limit in 2026 where they have agency costs that are beyond their agency budget.

In addition, the LoD outlines that it has been agreed that the HSE will hold a negative balance of €300m at the Centre in 2026, reflecting a €100m portion of the supplementary funding for 2025 not retained in the base, and a €200m forecast of the working capital movement arising from the difference between the HSE's expenditure and cash requirements. While we hope that this will reduce over the course of 2026, it notes that the scale of the existing savings targets makes this a significant challenge.

There is a level of complexity in bringing all the above together as part of notifying 2026 budgets and related targets before the end of 2025. To be able to estimate the level of, visualise and appropriately categorise and narrate the various financial challenges (issues and risks) that must be successfully managed in 2026, an accompanying Initial Forecast 2026 is being prepared to bring together all the various strands at a high level.

The aim of this is to be able to get to as much of a shared view internally and with DoH, DCDE, and the Department of Public Expenditure, Infrastructure, Public Service Reform and Digitalisation as to the nature and potential extent of the various financial issues and risks including categorisation of same. This will inform the approach to addressing those issues and risks, including savings and productivity requirements, prioritisation decisions and expectation management.

3.2.4 Specific points of detail from the Letter of Determination 2026

3.2.4.1 Section 38 Voluntary Providers

With appropriate oversight by the HSE Board, it is expected that Acute Voluntary Hospitals (Section 38) will receive clarity on their 2026 funding, staffing levels, key priorities (access and other KPIs and key actions) along with SA documentation in December so that SAs can be appropriately considered and signed by their Boards by the end of February 2026. The same timeline will be targeted for all Section 38 and larger Section 39 voluntary providers.

The contractual terms of the SA document, the text of which has been agreed with the representative bodies of the Voluntary Sector, require, amongst other things:

- Pro-active adoption of government approved and funded national ICT systems, for example the National Financial (Integrated Financial Management System (IFMS), HR (NiSRP) and Laboratory (Medical Laboratory Information System (MedLIS) systems
- Compliance with all public policy controls on the use of public funds (pay and non-pay).

3.2.4.2 Mental Health Services

The Minister has given clear direction as regards the ringfencing of the Mental Health budget and workforce in 2026.

3.2.4.3 Capital Infrastructure

The allocation of new funding and headcount requires that no new built capacity is left unopened or partially opened.

3.2.4.4 Resource Allocation (Budget and Workforce)

- **Regional Allocations (pay budget, workforce / WTE limits and non-pay budget):**
  - Will be set by the CEO before the end of 2025 for each Health Region and for National Services and Schemes
  - Will be informed in so far as practical by population needs, service demand and planned new capacity

- **Held Funding:** The HSE will only hold funding within the Centre following agreement with the DoH
- **Responsibility for allocating and prioritising staffing:** Including new posts and vacancies – will be devolved to the REOs and the Director of National Services and Schemes, with discretion on how to allocate their pay budgets and staffing, in line with the priorities in this NSP
- **Pay budget as key control:** The total pay budget, including basic pay, agency, overtime and allowances, remains the key controlling instrument. Headcount must be managed below the maximum WTE limit to ensure the overall pay allocation is not exceeded. While workforce growth funding reflects half year funding on average, the expectation is that workforce growth will be phased as evenly as practical over the full course of 2026
- **No increase in agency staffing:** Agency expenditure must reduce in 2026. The HSE will produce a plan to reduce agency costs to below €720m in 2026. The CEO and REOs / National Services can re-allocate any previously funded posts that remain unfilled across and within Health Regions to enable agency conversion and reduce agency usage. The plan to reduce agency in 2026 will include three strategic aspects. The first is a new control environment on approving agency staffing that will take effect in January 2026. The second is an enhanced recruitment timeline and process that will reduce the staff gaps that lead to agency dependence. The third is the establishment of an internal staff bank system that will offer first preference on additional hours required to existing staff; this will remove the need for agency charges and costs while increasing the flexibility within the workforce
- **Non-pay:** The LoD indicates additional 2026 allocations per care-group based on assumptions that sought to recognise the particular cost pressures of different care groups. The devolved regional autonomy referenced above enables REOs and the National Director, Services and Schemes to re-prioritise between care groups, provided always that due regard is had to the needs of individual care groups
- **Income:** Timely income collection is essential for financial sustainability, and the HSE will take appropriate measures to ensure the collection of income, including rebate income.

The ring-fenced nature of mental health and disability funding, the *Sláintecare* direction of travel (i.e. movement of services from acute to community), and the expectation that core workforce growth is expected to increase significantly in community and mental health settings relative to recent years, is also relevant regarding the above.

3.2.4.5 Controls incorporated into IFMS

To ensure a focus on strong financial management and enabling the stronger devolved accountability arrangements:

- A revised control framework that sets out levels of approvals for expenditure has been put in place, is incorporated into IFMS, and will be fully bedded down in 2026
- The significant business practice changes that IFMS now facilitates will be made during 2026 so that procurable spend against compliant contracts can be reported at a detailed level. This will assist with identification of further opportunities for non-pay procurement savings, and the necessary actions will be taken to deliver these savings
- The HSE has been mandated by Government and the Departments of Health and Children, Disability, and Equality to implement IFMS in the Section 38 funded sector and also, in the case of Disability services, the Section 39 higher funded sector. The roll out for all 16 acute sector sites will commence in 2026 with work for all sites advancing to completion across both 2026 and 2027; full completion for all acute sites will be no later than end 2027. The implementation work in Disability sites will also commence in 2026 and complete not later than end 2028. The HSE will assist the Ministers in quarterly reporting to the respective Cabinet Committees on this priority change programme.
- IFMS will be utilised during 2026 to provide more timely monthly financial reporting, including expenditure reporting, cash reporting and balance sheet reporting to the Department within 10-12 working days of month end

- The cash reporting capabilities of IFMS will be tested and optimised during 2026 to separately identify cash expenditure as between DoH and DCDE funded services.

3.2.4.6 Procurement Compliance

The HSE will continue to strengthen public procurement compliance. This includes making in 2026 the necessary changes to practices and processes now enabled by the IFMS system to:

- Reduce the volume of spend not subject to compliant and competitive public procurement and reduce variability in this regard
- Increase the share of procurable expenditure which is subject to either Office of Government Procurement or HSE central frameworks.

The HSE will also work to ensure that conflict of interest declarations are completed and retained for relevant staff in line with public sector standards.

3.2.4.7 National Finance and Procurement Division (NF&PD) Key Priorities for 2026

The 2026 Operational Plan for the NF&PD will set out further details regarding the measurable priorities the division will focus on in 2026. It will cover the specific topics outlined at 3.2.4.5 (IFMS) and 3.2.4.6 (Procurement Compliance) above along with the Chief Financial Officer's and senior team's key priorities across their full remit. Priorities will reflect the overall matters covered in this chapter with a particular focus on the move to a more effective and sustainable multi-year approach to savings. This includes savings to be made in respect of costs at the HSE Centre as well as the HSE Centre's role in enabling appropriate savings to be identified and implemented within the six Health Regions and National Services.

3.3 Good Governance

Our focus

In 2026, we will ensure good governance by addressing risks and performance through robust internal control systems and effective management practices. We will do this by:

- **Proactively managing risk**
- **Ensuring appropriate monitoring and independent assurance**

Our priority actions for 2026

Proactively managing risk

1. **Enterprise risk management:** Strengthen patient safety and organisational resilience by integrating risk management into clinical and operational governance structures
2. **Data protection:** Enhance trust and safeguard patient data by delivering a programme of work to enhance compliance maturity
3. **Protected disclosures:** Update protected disclosure procedures and implement a case management system
4. **Compliance:** Ensure regulatory assurance and continuous improvement by implementing the Compliance Framework and risk-based Compliance Assurance Monitoring Plan.

Ensure appropriate monitoring and independent assurance

1. **Independent assurance: (i)** Deliver a programme of internal audits that provides assurance to the ARC, the Board, the CEO and the Senior Leadership Team, including ensuring that assurance activity is focused on areas of greatest organisational importance and impact; **(ii)** Actively monitor the implementation of internal audit recommendations.

Section 4: Disability Services – Receiving Right Care, Right Time, Right Place

Our commitment:

You will experience high quality, safe and coordinated care, in the setting most appropriate to your needs and you will be able to access it when you need it

Section 4: Disability Services – Receiving Right Care, Right Time, Right Place

In 2026, the HSE will receive an allocation of €3.88bn for Disability Services, a 20% increase on 2025 and the largest single year investment in the history of the service. This funding reflects the State's commitment to advancing the rights of disabled people under the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and delivering on the *National Human Rights Strategy for Disabled People 2025-2030.* It provides a stable financial base to strengthen sustainability, expand capacity, and embed a rights-based, person-centred approach across all services.

The HSE will be guided by its *Corporate Plan*, the *National Human Rights Strategy for Disabled People 2025-2030*, and the principles of *Sláintecare*, ensuring that our work is informed by:

- Meaningful involvement of persons with disabilities – including children, young people, and adults, in the design, delivery, and evaluation of the services they use
- Integrated models of care and support that connect disability services with primary care, mental health, social care, and acute services
- A whole of government approach to disability inclusion, focusing on equality of access, personal autonomy, full participation in society, and improved life outcomes.

The HSE is committed to working to implement all HSE related initiatives and requirements outlined in the Letter of Determination (LoD), ensuring alignment with national priorities and compliance with statutory obligations.

Our focus

In 2026, we will provide health and social care services that are inclusive, accessible, and rights-based, ensuring disabled people can access timely, appropriate, and equitable supports to live independently and participate fully in society. We will do this by:

- **Expanding core services**
- **Strengthening children's services**
- **Developing specialist supports**
- **Driving governance and accountability**
- **Building workforce capacity**
- **Enhancing data and digital capability**

The HSE welcomes the move towards a more planned and responsive system of service provision. This includes the development of 72 new planned residential placements, with progress reflected in key performance indicators (KPIs) to ensure transparency and accountability in meeting service needs.

In 2026

2,290 people (all disabilities) in receipt of rehabilitative training (4% increase)	91,000 day only respite sessions accessed by people with a disability (38% increase)	1.99 million personal assistance service hours delivered to adults with a physical and / or sensory disability (8% increase)

Our priority actions for 2026

Expand core services

1. **Residential supports:** Deliver 199 residential placements, 58 decongregation transitions, and 45 transitions from nursing homes for people under 65:
   - Transition 45 younger people with disabilities from nursing homes to community settings
   - Invest €2m to improve quality of life for disabled persons under 65 remaining in nursing homes during transition

- Develop housing solutions for disabled persons according to the National Housing Strategy and bespoke accommodation for those with more complex needs
- Launch and implement National Guidelines for Home Sharing to expand person-centred, community-based care and support
- Complete a national procurement framework for new residential services by April 2026 to streamline contracts, ensure value for money, and promote quality outcomes
- Strengthen data collection and integration, linking residential capacity data with Service Arrangement (SA) documentation

2. **Respite services:** Invest €25m in respite services, ensuring equitable access across all regions and a mix of centre-based, in home, overnight and alternative respite options. 500 more children and adults with a disability will receive respite sessions both centre based and alternative within their community (7% increase)
   - Centre-based respite expansion: Deliver new and enhanced facilities and increase capacity in existing centres to reduce waiting times and improve access for people requiring high levels of support
   - Alternative and flexible respite models: Introduce after-school hubs, weekend day respite, and holiday programmes and expand community-based programmes such as equine therapy and outreach clubs
   - Home sharing and community supports: Launch National Guidelines for Home Sharing, invest in collaborative models, and develop governance and monitoring frameworks to ensure quality and safeguarding; expand home sharing coverage to all regions with a focus on adults requiring community-based supports
   - Performance and governance: Implement strengthened data collection and reporting to track bed-nights, day sessions and Whole Time Equivalent (WTE) staffing per region; integrate respite capacity data with SA documentation; report monthly KPIs including the number of respite overnights delivered (2026 target – 10,000 additional), the number of alternative respite sessions provided (2026 target – 25,000 additional), and regional distribution and utilisation rates
3. **Day services: (i)** Provide 1,400 new day service placements for school leavers and rehabilitative training graduates, plus 53 placements for adults who require a day service later in life; **(ii)** Engage with Department of Children, Disability and Equality (DCDE) and relevant stakeholders on the development of a revised five-year New Directions Implementation Plan; **(iii)** Engage with DCDE colleagues on multi-disciplinary teams supports on an integrated adult disability basis including a mapping exercise
4. **Personal assistance (PA) and home support**: **(i)** Increase PA hours and home support capacity to enable independence, meaning 48,943 additional PA hours will be provided to persons with a disability (8% increase) and 103,822 additional home support hours will be provided to persons with a disability (3% increase); **(ii)** Establish a Home Support Authorisation Scheme to provide quality home support to persons with disabilities; **(iii)** Align service rates with other sectors; **(iv)** Target increased hours for those currently receiving less than five hours per week; **(v)** Engage with and support DCDE in an evaluation of PA and Home Support Services
5. **Personalised budgets: (i)** Continue support of Personalised Budgets to support independent living; **(ii)** Work with the National Disability Authority and DCDE to complete the evaluation of the pilot and agree next steps.

Strengthen children's services

1. **Service improvement:** Develop and implement a comprehensive Service Improvement Plan for Children and Young People Services covering Children's Disability Network Teams (CDNTs), Single Point of Access, workforce development, respite, residential, Assessment of Need (AoN) and innovation

2. **Children's Disability Network Teams (CDNTs): (i)** Reduce waiting lists by 25% (2,290 children), prioritising longest waits, with a goal of no child waiting more than 12 months; **(ii)** Recruit 202 additional staff (therapy, case co-ordinators, student placements) supported by bespoke campaigns; **(iii)** Introduce a case co-ordinator role in each network; **(iv)** Appoint a national lead for clinical pathways for children with physical support needs
3. **Assessment of Need (AoN):** Supported by a €20m fund and legislative changes, implement a comprehensive reform of the AoN process to improve timeliness, quality, and compliance with statutory obligations:
   - Legislative and policy reform
   - Implement the amended provisions of the *Disability Act*, once enacted
   - Develop and publish Statutory Guidelines for AoN, ensuring clarity and consistency in application across all regions
   - Update HSE AoN procedures to align with new statutory requirements and best practice standards
4. **Capacity building: (i)** Allocate resources to each Health Region for additional Assessment Officers, Liaison Officers, and management support; **(ii)** Deploy in-reach teams to assist with complex assessments and improve throughput; **(iii)** Provide training and clinical support structures to ensure quality and consistency in assessments
5. **Waiting list reduction: (i)** Use the €20m AoN Waiting List Initiative fund to engage private providers for clinical assessments, particularly Autism Diagnostic Assessments, where internal capacity cannot meet demand and apply a nationally standardised cost framework for commissioned assessments to ensure value for money and equity; **(ii)** Implement a national project plan to reduce AoN times, prioritising children waiting the longest and aiming for statutory compliance timelines
6. **Process and technology improvements: (i)** Deploy Community Connect to support AoN workflow, case tracking, and reporting; **(ii)** Introduce data dashboards to monitor AoN performance, including number of completed assessments, average turnaround time, and waiting time trends by region and age group
7. **Joint working with Tusla: (i)** Provide 40 enhanced packages for children in care with complex needs; **(ii)** Update the Memorandum of Understanding, Joint Working Protocol, and Data Sharing Agreement
8. **Single Point of Access:** Introduce a Single Point of Access model to improve service flow and integration.

Develop specialist supports

1. **Community Neuro-Rehabilitation Teams (CNRTs):** Scale CNRTs nationally, guided by strong lived experience input through partnerships with disability organisations and neurological alliances:
   - Establish two new CNRTs in Dublin and North East, and Dublin and Midlands
   - Expand the existing CNRT in the West and North West region currently serving Donegal
   - Support all regions to develop Local Implementation Groups to drive neuro-rehabilitation service development
   - Develop a Lived Experience Expert Policy Group in collaboration with community and voluntary partners to ensure service design reflects user needs
2. **In-Reach Teams:** Strengthen integration across Primary Care Services, child and adolescent mental health services (CAMHS) and Disability Services, with an initial focus on autism and neurodiversity-related assessment and intervention for children. In 2026 we will establish 11 In-Reach Teams across Integrated Healthcare Areas (IHAs), with further scaling in 2027, ensuring:
   - Integration with the Single Point of Access to streamline referrals and reduce duplication
   - Building of local capacity for autism assessment and intervention, reducing reliance on outsourcing
   - Support for implementation of the Autism Assessment and Intervention Pathways protocol

- Over time, the model will extend to adult pathways, addressing neurodiversity needs and improving access to community supports

3. **Thalidomide survivors:** Implement the next phase of the Enhanced Pathway to Health and Social Care Supports, including digital tools for referrals and health outcome monitoring, expansion of case management capacity within the Thalidomide Liaison function, and strengthened partnerships with acute hospitals and rehabilitation services to deliver proactive, preventative care
4. **Personalised budgets:** Continue to support Personalised Budgets for independent living.

Drive governance and accountability

The HSE will implement governance related initiatives outlined in the LoD and the agreed governance framework appended to the LoD. This commitment reflects the step change in funding for specialist disability services in 2026, requiring strengthened governance, oversight, and accountability. The devolution of responsibility to Health Regions will be supported by robust governance and reporting arrangements to the HSE Centre, ensuring compliance with the statutory roles of the Chief Executive Officer and Board in reporting to the Minister for Children, Disability and Equality.

1. **Governance, workforce and data: (i)** Implement an updated Performance and Accountability Framework with monthly reporting on KPIs (therapy hours, PA hours, respite nights, residential moves); **(ii)** Recruit +976 WTEs with an additional 74 WTE in agency conversion providing for a total net growth of 1,050 WTE under the two-year Pay and Numbers Strategy, prioritising disability services workforce expansion; **(iii)** Invest €2.5m in data reform, including improved National Ability Supports System compliance, and the development of a data portal for provider reporting and performance monitoring
2. **Quality, oversight and safeguarding:** In partnership with disabled people, their families, Disabled Persons Organisations (DPOs) and provider organisations, foster a culture of continuous learning, quality assurance, and safeguarding to:
   - Co-create supports that promote quality, safety, and rights-based living, ensuring meaningful involvement of people with disabilities in service design and evaluation
   - Deliver on the Safeguarding Vulnerable Persons Policy, Health Information and Quality Authority (HIQA) Standards, and the *National Human Rights Strategy for Disabled People 2025-2030*, embedding these principles across all service areas
   - Develop national guidance on healthy relationships and sexuality for people with disabilities, in collaboration with DPOs, to promote autonomy and informed choice
   - Produce guidance on compatibility and choice for individuals moving into residential care, supporting stability and person-centred planning
   - Establish a Quality and Safeguarding Network across IHAs to strengthen regional governance, escalation pathways, and shared learning
3. **Enhanced performance, governance and accountability structures:** Operate under strengthened governance and performance management aligned with the *National Human Rights Strategy for Disabled People 2025-2030*, ensuring clear accountability from local delivery to national oversight:
   - The HSE's Performance and Accountability Framework will underpin governance arrangements
   - Expanded disability service metrics for 2026, reported through National and Regional Performance Reports and submitted monthly to Ministers
   - Introduction of outcome focused measures, supported by digital developments including the National Ability Supports System and integration with local disability service information systems
   - Establishment of Residential Placement, Planning, and Review Teams in each Health Region to review new and existing placements, enhance governance and expenditure monitoring, improve coordination of residential services, and, through strong linkages to the National Disability Team ensure consistency and oversight

- Operational accountability arrangements will link data, performance, and service outcomes through regular reporting and governance fora
- Regional Executive Officers and accountable service managers will operate within allocated resources and WTE ceilings, with exceptions for priority residential placements escalated to national level.

Build workforce capacity

1. **Pay and Numbers Strategy (PNS): (i)** A PNS for 2026 has been agreed, outlining targeted growth of +976 WTE and an additional 74 WTE in agency conversion providing for a total net growth of +1,050 WTE, aligned with Ministerial priorities and the National Service Plan (NSP); **(ii)** The HSE Centre will implement a mechanism for regular regional reporting against the WTE limit, integrated with the monthly Health Service Personnel Census; **(iii)** Workforce controls will be monitored and reviewed continuously to assess effectiveness and identify any unintended consequences, ensuring compliance with funded ceilings
2. **Recruitment and retention challenges:** Develop and implement a Disability Workforce Strategy to address recruitment and retention challenges and deliver sustainable disability services
   - Retention and recruitment initiatives: Develop targeted retention actions and innovative recruitment campaigns to address persistent vacancies and optimise recruitment across all service providers, ensuring the workforce reaches its funded level
   - Workforce diversification and pipeline development: Expand entry pathways through multiple educational routes, safe task delegation, and development of new roles tailored to disability services; strengthen collaboration with higher education institutions to increase health and social care student training places; and invest in clinical placement infrastructure, dedicating resources within the 2026 WTE allocation to support sustainable practice education
   - Talent engagement and cross-sector collaboration: Drive cross-sectoral initiatives to enhance talent engagement and create sustainable capacity at service level, and explore development of specific roles to support employing people with disabilities, promoting inclusion and diversity within the workforce

Enhance data and digital capability

1. **Data reform:** Invest €2.5m in data reform, including improved National Ability Supports System compliance and a new data portal for provider reporting
2. **Planning and performance:** Linking financial and service data to enable evidence-based planning and performance monitoring.

4.1 Workforce Data – Disability Services

Region by Staff Category Disabilities (ex pm)	Total WTE December 2024	Medical and Dental	Nursing & Midwifery	Health & Social Care	Managem-ent & Administr-ative	General Support	Patient & Client Care	Total WTE September 2025
Total	**21,506**	**50**	**3,851**	**4,887**	**1,923**	**636**	**10,751**	**22,098**
HSE Dublin & Midlands	5,295	17	817	1,275	457	219	2,787	**5,571**
HSE Dublin & North East	4,786	22	1,130	1,363	450	154	1,675	**4,793**
HSE Dublin & South East	3,064	1	469	718	357	39	1,572	**3,156**
HSE Mid West	2,129	0	372	377	146	68	1,206	**2,168**
HSE South West	2,812	2	430	494	212	86	1,628	**2,852**
HSE West & North West	3,413	7	633	661	286	71	1,884	**3,543**
HSE Centre	7	-	-	-	16	-	-	**16**

Region by Staff Category Disabilities (ex pm)	Total WTE December 2024	Medical and Dental	Nursing & Midwifery	Health & Social Care	Managem-ent & Administr-ative	General Support	Patient & Client Care	Total WTE September 2025
Total	**21,506**	**50**	**3,851**	**4,887**	**1,923**	**636**	**10,751**	**22,098**
Health Service Executive	4,504	11	1,119	818	620	78	1,964	**4,610**
Section 38 Voluntary Agencies	17,002	39	2,732	4,070	1,303	558	8,787	**17,489**

Note 1: Direct employment Department of Children, Disability and Equality. Note this does not include pre-registration nurses

4.2 Finance – Disability Services

A total of €3.8bn has been provided in day-to-day funding for specialist disability services in 2026 by DCDE. This is a €636m / 20% increase on the level of recurring budget provided for disability services in 2025, see table A below.

Table A: 2026 Disabilities Funding

HSE Budget Allocation for 2026 for Operating Costs	DCDE €m
2025 Recurring allocations	**3197.4**
2025 Supplementary recurring	-
Recurring budget at the end of 2025	3197.4
Plus allocations:	
Additional 2026 Funding	**635.9**
To support the existing level of service (ELS)	**468.2**
To support the development of services	**149.7**
DCDE new developments	149.7
Additional once off funding	**18.0**
COVID Progammes (once-off basis)	18.0
Budget 2026 per Letter of Determination 2026	**3,833.3**

When compared to the final expected budget for 2025, which will closely align to final 2025 costs, an additional €352m / 10.1% has been secured for 2026. This significant additional funding will address the systemic funding challenges that have featured historically in the disability sector. Of this €352m, an additional €202m / 5.8% relates to supporting the existing level of service (ELS) with the balance, €150m / 4.3% supporting new developments including workforce growth. Notwithstanding the importance and welcome nature of the significant additional investment outlined above, it is stressed again that the requirement is to ensure that we are making the best use of the totality of the resource, particularly the existing resource, as well as the new. This includes the need for continuous improvement incorporating a focus on productivity and savings.

Table B: Finance Allocation 2026 by Region

Disabilities	2026 Opening Budget						2026 New Allocation					
	2025 Recurr-ing budget	Recurrin g Supple-mentary	Non Core returned once off in 2026	2026 Opening Position	Realloc-ation to Regions	Adjusted 2026 Opening	ELS 2026 Pay Rate Funding	ELS Service Specific	S39 Pay Agreem-ent	Full Year Impact of 2025 New Develo-pments	New Measures	2026 NSP Budget
	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m
	Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I	Column J	Column K	Column L
HSE Dublin & North East	722.3	-	6.5	**728.8**	9.5	**738.3**	9.5	-	-	8.0	-	**755.8**
HSE Dublin & Midlands	590.7	-	5.1	**595.8**	12.1	**607.9**	9.9	-	-	6.3	-	**624.1**
HSE Dublin & South East	558.1	-	2.4	**560.5**	13.1	**573.6**	6.8	-	-	5.9	-	**586.3**
HSE South West	375.9	-	1.6	**377.5**	8.2	**385.7**	5.2	-	-	3.7	-	**394.6**
HSE Mid West	280.6	-	1.9	**282.5**	2.2	**284.7**	4.0	-	-	2.5	-	**291.2**
HSE West & North West	484.5	-	0.6	**485.2**	3.4	**488.6**	7.0	-	-	5.1	-	**500.7**
To be apportioned among Regions	-	266.0		**266.0**	68.6	**334.6**	-	27.0	30.3	-	-	**392.0**
Total Health Regions	**3,012.3**	**266.0**	**18.0**	**3,296.3**	**117.2**	**3,413.5**	**42.4**	**27.0**	**30.3**	**31.5**	**-**	**3,544.7**

Disabilities	2026 Opening Budget						2026 New Allocation					
	2025 Recurring budget	Recurring Supplementary	Non Core returned once off in 2026	2026 Opening Position	Reallocation to Regions	Adjusted 2026 Opening	ELS 2026 Pay Rate Funding	ELS Service Specific	S39 Pay Agreement	Full Year Impact of 2025 New Developments	New Measures	2026 NSP Budget
	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m
	Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I	Column J	Column K	Column L
Corporate Centre - Non DLS	165.2	-	-	165.2	(117.2)	48.1	70.9	-	-	-	149.7	268.6
Total Corporate & National Non DLS	**165.2**	**-**	**-**	**165.2**	**(117.2)**	**48.1**	**70.9**	**-**	**-**	**-**	**149.7**	**268.6**
Total Non-Demand Led	**3,177.5**	**266.0**	**18.0**	**3,461.5**	**-**	**3,461.5**	**113.3**	**27.0**	**30.3**	**31.5**	**149.7**	**3,813.4**
National Services & Schemes - DLS	19.9	-	0.0	**19.9**	**-**	**19.9**	0.0	-	-	-	-	**19.9**
Total Demand Led	**19.9**	**-**	**0.0**	**19.9**	**-**	**19.9**	**0.0**	**-**	**-**	**-**	**-**	**19.9**
Total DCDE Allocation	**3,197.4**	**266.0**	**18.0**	**3,481.5**	**-**	**3,481.5**	**113.3**	**27.0**	**30.3**	**31.5**	**149.7**	**3,833.3**

Table B above sets out the indicative opening 2026 allocation by Region in respect of Disability Services.

Table C: 2026 New Service Measures for Disabilities

In 2026 €150m has been provided for New Service Measures; a breakdown of this is included in table C below.

Reference	2026 Draft Workforce Growth / DCDE New Measures	WTE 2026 WTE	Funding 2026 €m	Full Year Costs in 2027 €m
		Column A	Column B	Column C
NSD 2026 DIS – 1	Priority one – new residential places	106	40	53
NSD 2026 DIS – 2	Enhanced need existing resident	20	6	6
NSD 2026 DIS – 3	TUSLA places	0	6	8
NSD 2026 DIS – 4	U65 transitions	0	10	13
NSD 2026 DIS – 5	Decongregation transitions	40	3	3
NSD 2026 DIS – 6	Respite	150	25	30
NSD 2026 DIS – 7	Home support and PA hours	-	5	5
NSD 2026 DIS – 8	Rate increase – PA & HS	-	7	7
NSD 2026 DIS – 9	CDNTs staffing and vacancies (PNS)	150	8	11
NSD 2026 DIS – 10	Neurorehabilitation	37	3	4
NSD 2026 DIS – 11	Day services school leavers	297	25	42
NSD 2026 DIS – 12	Day services non-school leavers	19	2	2
NSD 2026 DIS – 13	Data and reform (detail to be agreed)	7	3	3
	Double week payment*	-	0	-
NSD 2026 DIS – 14	Staffing and vacancies (PNS)	150	8	11
Total Disabilities		**976**	**150**	**197**

Note: * Double week payment will be paid out of 2025 monies, no additional funding provided in 2026

In 2026, we will seek to maximise available resources and minimise financial risk by strengthening oversight and governance including:

1. Improving our financial controls particularly around staffing levels, including agency and overtime, so that we operate within the agreed total pay bill envelope for 2026 that is sustainable into 2027. The 2025 / 2026 HSE PNS for Disability Services for the HSE and Section 38s will be agreed in Q4 2025, setting a balanced agency, overtime and WTE quantum for Disability Services
2. Maintaining current service levels while growing service levels in areas where this has been specifically funded, particularly in support of our key priorities around residential, respite, day services and children's services. Working with DCDE to manage any related financial or service risk through strengthened monitoring and escalation pathways to ensure services operate within funded levels
3. Making savings through reducing our total pay and staffing costs by substantially reducing the amount of agency staff hours that we use. In non-pay we will also seek to avoid cost growth, or reduce costs where practical, in terms of bought in goods and services including spend on consultancy, training, travel and professional services

4. Delivery of a procurement framework for the commission of private placements by Q2 2026. Implementation of a procurement framework will ensure consistency in the approach to sourcing and funding private residential placements
5. Identifying and implementing savings, productivity and efficiency measures across all service areas to optimise outcomes from available resources, as required under the 2026 LoD. This includes leveraging data-driven insights, streamlining processes, and ensuring value-for-money in service delivery while maintaining quality and person-centred care
6. The HSE welcomes 74 positions to commence agency conversion. We anticipate savings of between 20% and 30% on the cost of those posts. Depending on the time of conversion and the introduction of other controls we anticipate the savings in 2026 could be in the order of €500,000.

The above will seek to avoid escalation measures set out in the 2026 LoD and protect funding for new development measures in 2026.

4.3 Key performance indicators and activity – Disability Services

Disability Services	Reporting Period	Expected Activity NSP 2025	Projected Outturn 2025	Target 2026
Day Services including School Leavers % of school leavers and rehabilitation training (RT) graduates who have been provided with a placement	Annual	95%	87%	95%
***Disability Act* Compliance** % of child assessments completed within the timelines as provided for in the regulations	M	100%	9.9%	100%
Children's Disability Network Teams Total % of children with a current Individualised Family Support Plan (IFSP) on the CDNT		New KPI 2026	New KPI 2026	100%
Residential Places No. of residential places for people with a disability (including new planned places)		8,695	8,865	9,064
New Priority 1 Residential Places Provided to People with a Disability No. of new Priority 1 Residential places provided to people with a disability		70	205	152
Congregated Settings Facilitate the movement of people from congregated to community settings		21	28	58
Day Services including School Leavers No. of people (all disabilities) in receipt of RT		2,290	2,200	2,290
No. of people with a disability in receipt of other day services (excl. RT) (adult) (ID / autism and physical and sensory disability)	Bi-annual	20,600	20,400	21,700
Respite Services No. of day only respite sessions accessed by people with a disability	Q (1 Mth in arrears)	66,000	66,000	91,000
No. of people with a disability in receipt of respite services (ID / autism and physical and sensory disability)		6,340	6,832	7,332
No. of overnights (with or without day respite) accessed by people with a disability		164,060	165,000	175,000

Disability Services	Reporting Period	Expected Activity NSP 2025	Projected Outturn 2025	Target 2026
Personal Assistance (PA) No. of PA service hours delivered to adults with a physical and / or sensory disability	Q (1 Mth in arrears)	1.945m	1.84m	1.993m
No. of adults with a physical and / or sensory disability in receipt of a PA service		2,865	2,868	2,940
Home Support Service No. of home support hours delivered to persons with a disability		3.8m	3.86m	3,963,822
No. of people with a disability in receipt of home support services (ID / autism and physical and sensory disability)		7,326	7,251	7,523
***Disability Act* Compliance** No. of requests for assessment of need received for children	M	10,300	12,400	13,000
Children's Disability Network Teams Number of children waiting 0 - 3 months on the CDNT waiting list at month end		New KPI 2026	New KPI 2026	2,910
Number of children waiting 4 - 6 months on the CDNT waiting list at month end		New KPI 2026	New KPI 2026	241
Number of children waiting 7 - 12 months on the CDNT waiting list at month end		New KPI 2026	New KPI 2026	324
Number of children waiting over 12 months on the CDNT waiting list at month end		New KPI 2026	New KPI 2026	1,450
Total no. of children waiting on the CDNT waiting list at month end		New KPI 2026	New KPI 2026	4,925

Appendices

Appendix 1(a): National Balanced Scorecard

KPIs organised by the domains of Quality, Access, People, Money

QUALITY

Screening
- Breast
- Cervical
- Bowel
- Diabetic Retinopathy

Vaccination
- Flu – Healthcare workers / > 60 years

Child Health
- Vaccination MMR

Ambulance
- Response times Red Purple Calls
- ED handover

Hospital
- Hip Fracture < 48 hours
- Laparoscopic Choly

Cancer
- Cancer Rapid Access Breast, Lung, Prostate
- Urgent colonoscopy breaches + total breaches

ED's
- ED conversion rate
- Time waiting < 9, >24, >24 O75s

System Wide
- Readmission Medical / Surgical
- Serious Incidents
- Complaints
- HCAIs [Staph A / C.Diff]

ACCESS

COMMUNITY CARE

Primary Care
- Therapies <12 weeks / < 10 months
- Chronic Disease Referrals received / seen

Older Persons
- Home Support hours + recipients
- Home Support waiting lists / times
- Residential
- Integrated Care Older Persons referrals and seen

Disabilities
- Assessment of need
- Children seen CDNTs
- Respite
- Rehab training
- Residential places

Child Health
- PHN visits

Mental Health
- CAMHS first appt. and urgent referrals
- Adults seen

Social Inclusion
- Substance users <18yrs

Palliative Care
- Urgent community response

New Capacity
- New NSP community capacity

HOSPITAL CARE

Emergency

Attendance Profile
- Total ED attendances
- ED admissions

ED's – Wait Times
- 8am Trolleys
- PET > 24 hours
- PET + 75 years > 24 hours

Hospital Avoidance
- GP Out of Hours
- Community Intervention teams
- Virtual care – Acute community
- Local injury units

Planned

Waiting times
- SC Wait targets [OPD + IPDC + GI]
- Average Wait OPD + IPDC + GI [Weighted]
- Day of surgical admission

Waiting Lists
- Addition / removals OPD + IPDC
- Total WL OPD + IPDC +GI

All Hospital

Discharge
- Inpatient discharges
- Delayed transfers of care
- Weekend discharges
- Length of stay

New Capacity
- NSP New beds
- Surgical hubs

PEOPLE
- WTE limit
- Agency conversion
- Absence

MONEY
- Budget variance
- Pay variance
- Non-pay variance
- Savings

KPIs organised by the continuum of care

PREVENTION

Screening
- Breast
- Cervical
- Bowel
- Diabetic Retinopathy

Vaccination
- Flu – Healthcare workers / > 60 years

COMMUNITY CARE

Child Health
- Vaccination MMR
- PHN Visits

Older Persons
- Home Support Hours + Recipients
- Home Support Waiting Lists and Times
- Residential
- Integrated Care Older Persons Referrals and seen

Disabilities
- Assessment of Need
- Children – CDNT's
- Respite
- Rehab Training
- Residential Places

Community
- Therapies <12 weeks / < 10mts
- Chronic Disease Referrals received / seen

Mental Health
- CAMHS 1st appointment / urgent referrals
- Adults seen

Social
- Substance users <18yrs

Palliative Care
- Urgent community response

New Capacity
- New NSP community capacity

PRE HOSPITAL

Ambulance
- Response times Red Purple Calls
- ED handover

Hospital Avoidance
- GP Out of Hours
- Community Intervention Teams
- Virtual Care – Acute Community
- Local Injury Units

HOSPITAL CARE

Emergency

Attendance Profile
- Total ED Attendance
- ED Admissions
- ED Conversion Rate

Waiting Times
- 8am Trolleys
- Time Waiting <9, >24, >24 O75sWait > 24 hours
- Wait + 75 > 24 hours

Planned

Waiting Times
- SC Wait Targets [OPD + IPDC + GI]
- Average Wait OPD + IPDC + GI [Weighted]

Waiting Lists
- Additions / Removals OPD + IPDC
- Total OPD + IPDC + GI

Urgent Planned
- Cancer Rapid Access Breast, Lung, Prostate
- Urgent colonoscopy breaches + total breaches

All Hospital

Performance
- ALOS < 30 days
- Day of surgical admission
- Laparoscopic Choly
- Hip Fracture <48hours

Discharge
- Total IP Discharges
- Delayed Transfers of Care
- Weekend discharges

New Capacity
- NSP New beds
- Surgical hubs

SYSTEM WIDE

QUALITY
- Readmission Medical / Surgical
- Serious Incidents
- Complaints
- HCAIs [Staph A/ C.Diff]

PEOPLE
- WTE Limit
- Agency conversion
- Absence

MONEY
- Budget variance
- Pay variance
- Non-pay variance
- Savings

Appendix 1(b): National Performance Indicator Suite

Note: 2025 and 2026 expected activity and targets are assumed to be judged on a performance that is equal or greater than (>) unless otherwise stated (i.e. if less than (<) or, less than or equal to symbol (≤) is included in the target).

Healthy Communities – Prevention and Early Intervention				
Activity	**Reporting Period**	**Expected Activity NSP 2025**	**Projected Outturn 2025**	**Target 2026**
Health and Wellbeing				
Tobacco % of smokers on cessation programmes who were quit at four weeks	Q (1 Qtr in arrears)	50%	58.6%	59%
% of smokers engaging with HSE Stop Smoking Services and using recommended Stop Smoking Medicines		70%	78.1%	78%
National Screening Service				
BreastCheck % BreastCheck screening uptake rate	Q (1 Qtr in arrears)	70%	76.5%	77%
% of women offered hospital admission for treatment in BreastCheck host hospital within three weeks of diagnosis of breast cancer	Bi-annual (1 Qtr in arrears)	90%	No data 2025	90%
CervicalCheck % of eligible women with at least one satisfactory cervical screening test in a five year period	Q (1 Qtr in arrears)	80%	75.1%	80%
BowelScreen % BowelScreen screening uptake rate		45%	40.8%	50%
Diabetic RetinaScreen % Diabetic RetinaScreen uptake rate		69%	54.2%	69%
Public Health				
IHR Alerts % of IHR alerts received by Health Projection Surveillance Centre (HPSC) that are risk assessed and actioned as appropriate within 24 hours of the alert	Q	100%	100%	100%
Immunisations and Vaccines **6 in 1** % children aged 24 months who have received three doses of the Diphtheria (D3), Pertussis (P3), Tetanus (T3), Haemophilus influenzae type b (Hib3), Polio (Polio3), hepatitis B (HepB3) vaccine (6 in 1)	Q (1 Qtr in arrears)	95%	91.6%	95%
MMR % of children aged 24 months who have received the Measles, Mumps, Rubella (MMR) vaccine		95%	89.5%	95%
HPV vaccine % of first year students who have received one dose of Human Papillomavirus (HPV) vaccine	Annual	90%	76.4%	90%

Healthy Communities – Prevention and Early Intervention				
Activity	**Reporting Period**	**Expected Activity NSP 2025**	**Projected Outturn 2025**	**Target 2026**
Flu vaccine % of healthcare workers who have received seasonal Flu vaccine in the 2025-2026 influenza season (acute hospitals)	Annual	75%	52.5%	75%
% of healthcare workers who have received seasonal Flu vaccine in the 2025-2026 influenza season (long-term care facilities in the community)		75%	47.9%	75%
% uptake in Flu vaccine for those aged 60 and older		New KPI 2026	New KPI 2026	75%
% uptake of Flu vaccine for those aged 2-17 years old		50%	15.8%	50%
Women's Health				
Irish Maternity Early Warning System (IMEWS) % of maternity units / hospitals with full implementation of IMEWS (as per 2019 definition)	Q	100%	78.9%	100%
% of all hospitals implementing IMEWS (as per 2019 definition)		100%	34.9%	100%
% of maternity hospitals / units that have completed and published monthly Maternity Safety Statements	M (2 Mths in arrears)	100%	73.7%	100%
% of Regions that have discussed a quality and safety agenda with National Women and Infants Health Programme (NWIHP) on a bi / quarterly / monthly basis, in line with the frequency stipulated by NWIHP		100%	100%	100%
Sexual assault services (>14yrs) % of patients seen by a forensic clinical examiner within 3 hours of a request to a Sexual Assault Treatment Unit (SATU) for a forensic clinical examination	Q	90%	90%	90%

Right Care, Right Place, Right Time				
Indicator	**Reporting Period**	**Expected Activity NSP 2025**	**Projected Outturn 2025**	**Target 2026**
Quality and Safety				
'Your Service Your Say' Policy % of complaints investigated within 30 working days of being acknowledged by the complaints officer	Q (1 Mth in arrears)	75%	66.1%	75%
% of complaints where an Action Plan is identified as necessary, is in place and progressing	Q (1 Qtr in arrears)	75%	90.5%	91%
Serious Incidents % of reviews completed within 125 days of category 1 incidents from the date the service was notified of the incident	M (4 Mths in arrears)	70%	30.8%	70%
Incident Reporting % of reported incidents entered onto NIMS within 30 days of notification of the incident	Q (1 Mth in arrears)	70%	82.3%	85%
Extreme and major incidents as a % of all incidents reported as occurring	Q	<1%	0.4%	<1%

Right Care, Right Place, Right Time				
Indicator	**Reporting Period**	**Expected Activity NSP 2025**	**Projected Outturn 2025**	**Target 2026**
Safeguarding % of community concerns that have been reviewed by a social worker on the Safeguarding and Protection Team and an initial response has been generated by a social worker on the Safeguarding and Protection Team within 3 working days	Q (1 Mth in arrears	85%	74.7%	85%
% of service concerns that have been reviewed by a social worker on the Safeguarding and Protection Team where a response has been sent to the notifying service within 10 working days		81%	76.7%	81%
Older Persons' Services				
Residential Care % occupancy of open short stay beds	M	90%	83.6%	90%
% of Service Users in receipt of Complex Home Support funding (OP) who have a key worker assigned		100%	100%	100%
Nursing Homes Support Scheme (NHSS) % of population over 65 years in NHSS funded beds		≤2.9%	2.9%	≤3%
% of clients with NHSS who are in receipt of ancillary state support		17%	17.6%	18%
% of clients who have Common Summary Assessment Reports (CSARs) processed within six weeks		90%	82.4%	90%
Primary Care Services				
Healthcare Associated Infections: Medication Management Consumption of antibiotics in community settings (defined daily doses per 1,000 population) per day based on wholesaler to community pharmacy sales – not prescription level data	Q (1 Qtr in arrears)	<21	21.0	<20
Nursing % of new patients accepted onto the nursing caseload and seen within 12 weeks	M (1 Mth in arrears)	100%	97%	100%
Physiotherapy % of new patients seen for assessment within 12 weeks	M	81%	72.1%	81%
% on waiting list for assessment ≤39 weeks		New KPI 2026	New KPI 2026	78%
Occupational Therapy % of new service users seen for assessment within 12 weeks		71%	64.7%	71%
% on waiting list for assessment ≤39 weeks		New KPI 2026	New KPI 2026	55%
Speech and Language Therapy % on waiting list for assessment ≤ 4 months		New KPI 2026	New KPI 2026	41%
% on waiting list for assessment ≤ 8 months		New KPI 2026	New KPI 2026	69%
Podiatry % on waiting list for treatment ≤12 weeks		33%	15.2%	33%
% on waiting list for treatment ≤39 weeks		New KPI 2026	New KPI 2026	56%

Right Care, Right Place, Right Time				
Indicator	**Reporting Period**	**Expected Activity NSP 2025**	**Projected Outturn 2025**	**Target 2026**
Ophthalmology % on waiting list for treatment ≤12 weeks	M	35%	27.4%	35%
% on waiting list for treatment ≤39 weeks		New KPI 2026	New KPI 2026	52%
Audiology % on waiting list for treatment ≤12 weeks		30%	19.6%	30%
% on waiting list for treatment ≤39 weeks		New KPI 2026	New KPI 2026	60%
Dietetics % on waiting list for treatment ≤12 weeks		40%	33%	40%
% on waiting list for treatment ≤39 weeks		New KPI 2026	New KPI 2026	80%
Psychology % on waiting list for treatment ≤12 weeks		36%	12.8%	36%
% on waiting list for treatment ≤39 weeks		New KPI 2026	New KPI 2026	47%
Orthodontics % of patients seen for assessment within six months	Q	50%	58.6%	59%
% of orthodontic patients (grades 4 and 5) on the treatment waiting list longer than four years		<6%	12.3%	<6%
Child Health % of children reaching 12 months within the reporting period who have had their 9-11 month PHN child health and development assessment on time or before reaching 12 months of age	M (1 Mth in arrears)	95%	84.8%	95%
% of infants visited by a PHN within 72 hours of discharge from maternity services	Q	99%	98.2%	99%
% of infants breastfed (exclusively and partially (not exclusively)) at the PHN primary (first) visit	Q (1 Qtr in arrears)	64%	62.5%	64%
% of infants breastfed exclusively at the PHN primary (first) visit		50%	41.9%	50%
% of infants breastfed (exclusively and partially (not exclusively)) at the 3 month PHN child health and development assessment visit		46%	44.4%	46%
% of infants breastfed exclusively at the PHN 3 month child health and development assessment visit		36%	34.6%	36%
National Ambulance Service				
Clinical Outcome Return of spontaneous circulation (ROSC) at hospital in bystander witnessed out of hospital cardiac arrest with initial shockable rhythm, using Utstein comparator group calculation	Q	40%	41%	41%
Audit National Emergency Operations Centre (NEOC) Tallaght and Ballyshannon – % medical priority dispatch system (MPDS) protocol compliance	M	94%	93%	94%

Right Care, Right Place, Right Time				
Indicator	**Reporting Period**	**Expected Activity NSP 2025**	**Projected Outturn 2025**	**Target 2026**
Emergency Response Times % of clinical status 1 PURPLE incidents responded to by a NAS patient-carrying vehicle in 18 minutes and 59 seconds or less	M	75%	72%	75%
% of clinical status 1 PURPLE incidents responded to by a Dublin Fire Brigade (DFB) patient-carrying vehicle in 18 minutes and 59 seconds or less		73%	83%	75%
% of clinical status 1 PURPLE incidents responded to nationally by a patient-carrying vehicle in 18 minutes and 59 seconds or less		72%	74%	74%
% of PURPLE calls which had a resource allocated within 60 seconds of call start • *NAS* • *DFB*		60%	83% 83% 71%	83%
% of clinical status 1 RED incidents responded to by a NAS patient-carrying vehicle in 18 minutes and 59 seconds or less		45%	45%	45%
% of clinical status 1 RED incidents responded to by a DFB patient-carrying vehicle in 18 minutes and 59 seconds or less		43%	36%	43%
% of clinical status 1 RED incidents responded to nationally by a patient-carrying vehicle in 18 minutes and 59 seconds or less		45%	44%	45%
% of RED calls which have a resource allocated within 180 seconds of call start • *NAS* • *DFB*		75%	79% 79% 32%	79%
Intermediate Care Service % of all transfers provided through the intermediate care service		80%	79%	80%
Patient Handover at ED to Clear % of ambulance crews who are ready and mobile to receive another 999 / 112 call within 20 minutes of clinically and physically handing over their patient at an ED or hospital		75%	55%	75%
Cancer Services				
Symptomatic Breast Disease Services % of attendances to whose referrals were triaged as urgent by the cancer centre and adhered to the national standard of 2 weeks for urgent referrals	M	95%	64.7%	95%
Lung Cancers % of patients attending lung rapid access clinics who attended or were offered an appointment within 10 working days of receipt of referral in designated cancer centres		95%	95.9%	96%
Prostate Cancer % of patients attending prostate rapid clinics who attended or were offered an appointment within 20 working days of receipt of referral in the cancer centres		90%	83.6%	90%

Right Care, Right Place, Right Time				
Indicator	**Reporting Period**	**Expected Activity NSP 2025**	**Projected Outturn 2025**	**Target 2026**
Symptomatic Breast Disease Services Non-urgent % of attendances whose referrals were triaged as non-urgent by the cancer centre and adhered to the national standard of 12 weeks for non-urgent referrals (% offered an appointment that falls within 12 weeks)	M	95%	69.7%	95%
Clinical Detection Rate – breast cancer % of new attendances to the rapid access clinic, triaged as urgent, that have a subsequent primary diagnosis of breast cancer	Annual	>6%	>6%	>6%
Clinical Detection Rate – lung cancer % of new attendances to the rapid access clinic that have a subsequent primary diagnosis of lung cancer		>25%	>25%	>25%
Clinical Detection Rate – prostate cancer % of new attendances to the rapid access clinic that have a subsequent primary diagnosis of prostate cancer		>30%	>30%	>30%
Radiotherapy % of patients undergoing radical radiotherapy treatment who commenced treatment within 15 working days of being deemed ready to treat by the radiation oncologist (palliative care patients not included)	M	90%	77%	90%
Palliative Care Services				
Inpatient Palliative Care Services Access to specialist inpatient bed within seven days during the reporting year	M	98%	95.3%	98%
Community Palliative Care Services % of all Category 1 triaged patients who received specialist palliative care within 2 days in the community*		90%	97.7%	90%
% of all Category 2 triaged patients who received specialist palliative care within 7 days in the community*		90%	91%	90%
% of all Category 3 triaged patients who received specialist palliative care within 14 days in the community*		80%	87.7%	85%
% of patients triaged within one working day of referral (community)		96%	96.4%	96%
*Targets are currently high and consistently met, aligning with DoH expectations, despite a 5% year on year patient volume increase				
Disability Services				
Day Services including School Leavers % of school leavers and rehabilitation training (RT) graduates who have been provided with a placement	Annual	95%	87%	95%
Disability Act Compliance % of child assessments completed within the timelines as provided for in the regulations	M	100%	9.9%	100%
Children's Disability Network Teams Total % of children with a current Individualised Family Support Plan (IFSP) on the CDNT at month end		New KPI 2026	New KPI 2026	100%

Right Care, Right Place, Right Time				
Indicator	**Reporting Period**	**Expected Activity NSP 2025**	**Projected Outturn 2025**	**Target 2026**
Mental Health Services				
General Adult Community Mental Health Teams % of accepted referrals / re-referrals offered first appointment within 12 weeks by General Adult Community Mental Health Team	M	≥90%	85.5%	≥90%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks by General Adult Community Mental Health Team		≥75%	66.9%	≥75%
% of new (including re-referred) General Adult Community Mental Health Team cases offered appointment and did not attend (DNA) in the current month		≤22%	23%	≤22%
Psychiatry of Later Life Community Mental Health Teams % of accepted referrals / re-referrals offered first appointment within 12 weeks by Psychiatry of Later Life Community Mental Health Teams		≥98%	89.6%	≥98%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks by Psychiatry of Later Life Community Mental Health Teams		≥95%	86.8%	≥95%
% of new (including re-referred) Psychiatry of Later Life Psychiatry Team cases offered appointment and DNA in the current month		≤3%	3.6%	≤3%
Child and Adolescent Mental Health Services (CAMHS) Admissions of children to Child and Adolescent Acute Inpatient Units as a % of the total no. of admissions of children to mental health acute inpatient units		>90%	98.3%	>90%
% of bed days used in HSE Child and Adolescent Acute Inpatient Units as a total of bed days used by children in mental health acute inpatient units		>95%	100%	>95%
% of accepted referrals / re-referrals offered first appointment within 12 weeks by Child and Adolescent Community Mental Health Teams		≥80%	69.7%	≥80%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks by Child and Adolescent Community Mental Health Teams		≥78%	64.7%	≥78%
% of new (including re-referred) child / adolescent referrals offered appointment and DNA in the current month		≤10%	7.4%	≤10%
% of accepted referrals / re-referrals seen within 12 months by Child and Adolescent Community Mental Health Teams excluding DNAs		≥95%	94.2%	≥95%
% of urgent referrals to Child and Adolescent Mental Health Teams responded to within three working days		≥90%	95.2%	≥90%
Social Inclusion				
Opioid Agonist Treatment Mean time in clinics from referral to assessment for opioid agonist treatment	M	4 days	5.32 days	4 days
Mean time in clinics from opioid agonist assessment to treatment commenced		28 days	3.68 days	28 days

Right Care, Right Place, Right Time				
Indicator	**Reporting Period**	**Expected Activity NSP 2025**	**Projected Outturn 2025**	**Target 2026**
Homeless Services % of new individual homeless service users admitted to Supported Temporary Accommodations (STA), Private Emergency Accommodations (PEA), and / or Temporary Emergency Accommodations (TEA) during the quarter whose health needs have been assessed within two weeks of admission	Q	86%	45%	60%
% of new individual homeless service users admitted to Supported Temporary Accommodations (STA), Private Emergency Accommodations (PEA), and / or Temporary Emergency Accommodations (TEA) during the quarter whose health needs have been assessed and are being supported to manage e.g. their physical / general health, mental health and / or addiction issues as part of their care / support plan		85%	20.7%	85%
Substance Use % of substance users (over 18 years) for whom treatment has commenced within one calendar month following assessment	Q (1 Qtr in arrears)	100%	97%	100%
% of substance users (under 18 years) for whom treatment has commenced within one week following assessment		100%	97.4%	100%
Problem Alcohol Use % of problem alcohol users (over 18 years) for whom treatment has commenced within one calendar month following assessment		100%	97.7%	100%
% of problem alcohol users (under 18 years) for whom treatment has commenced within one week following assessment		100%	92.7%	100%
Acute Hospital Services				
Outpatient attendances New: Return Ratio (with exclusions)**	M	New KPI NSP2026	New KPI NSP2026	1:2
Activity Based Funding (ABF) model Hospital Inpatient Enquiry (HIPE) completeness – Prior month: % of cases entered into HIPE	M (1 Mth in arrears)	100%	100%	100%
Colonoscopy No. of new people waiting > four weeks for access to an urgent colonoscopy	M	0	6,419	0
Inpatient, Day Case and Outpatient Waiting Times % of adults waiting <12 weeks for an elective procedure (inpatient)		50%	30.3%	50%
% of adults waiting <12 weeks for an elective procedure (day case)		50%	41.0%	50%
% of children waiting <12 weeks for an elective procedure (inpatient)		50%	31.0%	50%
% of children waiting <12 weeks for an elective procedure (day case)		50%	30.7%	50%
% of people waiting <12 weeks for an elective procedure GI scope		50%	49.4%	65%
% of people waiting < 10 weeks for first access to OPD		50%	30.5%	50%
% of people waiting < 12 months for first access to OPD services		90%	83.0%	90%

Right Care, Right Place, Right Time				
Indicator	**Reporting Period**	**Expected Activity NSP 2025**	**Projected Outturn 2025**	**Target 2026**
Weighted Average Wait Time Weighted average wait time for people first access to OPD	M	<5.5 months	6.9	<5.5 months
Weighted average wait time for people for an elective inpatient or day case procedure (excl GI Scope)		New KPI 2026	New KPI 2026	<5.5 months
Weighted average wait time for people for an elective GI Scope procedure		New KPI 2026	New KPI 2026	<3.5 months
Emergency Care and Patient Experience Time % of all attendees at ED who are discharged or admitted within six hours of registration		70%	58%	70%
% of all attendees at ED who are discharged or admitted within nine hours of registration		85%	75%	85%
% of ED patients who did not wait or leave before completion of treatment		<5%	6.7%	<5%
% of all attendees at ED who are in ED <24 hours		97%	96%	99%
% of all attendees aged 75 years and over at ED who are discharged or admitted within six hours of registration		95%	37%	95%
% of all attendees aged 75 years and over at ED who are discharged or admitted within nine hours of registration		99%	56%	99%
% of all attendees aged 75 years and over at ED who are discharged or admitted within 24 hours of registration		99%	93%	100%
Medical patient average length of stay >14 days	M (1 Mth in arrears)	≤28	33.8	≤28
Ambulance to ED Handover Times % of patients arriving by ambulance at ED to physical and clinical handover within 20 minutes of arrival	M	80%	No Data in 2025	80%
Length of Stay Average length of stay (ALOS) for all inpatient discharges excluding LOS over 30 days	M (1 Mth in arrears)	≤4.8	5.0	≤4.8
Weekend Discharges % of total weekly discharges discharged at the weekend	M	17%	13%	17%
Medical Medical patient average length of stay	M (1 Mth in arrears)	≤7.0	7.3	≤7.0
% of medical patients who are discharged or admitted from Acute Medical Assessment Unit (AMAU) within six hours AMAU registration	M	75%	68%	75%
% of all medical admissions via AMAU	M (1 Mth in arrears)	52%	30%	52%
% of emergency re-admissions for acute medical conditions to the same hospital within 30 days of discharge		≤11.1%	12%	≤11%
Surgery Surgical elective inpatient average length of stay		≤4.5	4.3	≤4.5

Right Care, Right Place, Right Time				
Indicator	**Reporting Period**	**Expected Activity NSP 2025**	**Projected Outturn 2025**	**Target 2026**
Surgical emergency inpatient average length of stay	M (1 Mth in arrears)	≤6.0	6.2	≤5.7
% of elective surgical inpatients who had principal procedure conducted on day of admission		83.4%	79%	83%
% day case rate for Elective Laparoscopic Cholecystectomy		60%	49%	60%
% hip fracture surgery carried out within 48 hours of initial assessment (Hip fracture database)	Q (1 Qtr in arrears)	85%	80.9%	85%
% of surgical re-admissions to the same hospital within 30 days of discharge	M (1 Mth in arrears)	≤2%	1.8%	≤2%
Healthcare Associated Infections (HCAI) Rate of new cases of hospital-acquired Staphylococcus aureus bloodstream infection	M	<0.7/10,000 bed days used	0.7	<0.7/10,000 bed days used
Rate of new cases of hospital-associated Clostridioides difficile infection		<2.0/10,000 bed days used	2.4	<2.0/10,000 bed days used
% of acute hospitals implementing the HSE Reserve Antimicrobials Policy	Q	100%	68.8%	100%
Medication Safety Rate of medication incidents as reported to NIMS per 1,000 beds	M (2 Mths in arrears)	≥3.0 per 1,000 bed days	3.3	≥3.0 per 1,000 bed days
Irish National Early Warning System (INEWS) % of hospitals implementing INEWS in all clinical areas of acute hospitals (as per 2019 definition)	Q	100%	50%	100%
% of hospitals implementing Paediatric Early Warning System (PEWS)		100%	60%	100%
National Standards % of acute hospitals that have completed and published monthly hospital patient safety indicator reports	M (2 Mths in arrears)	100%	66.3%	100%
Stroke % acute stroke patients who spend all or some of their hospital stay in an acute or combined stroke unit	Q (2 Qtrs in arrears)	90%	73%	90%
% of patients with confirmed acute ischaemic stroke who receive thrombolysis		12%	10.6%	12%
% of hospital stay for acute stroke patients in stroke unit who are admitted to an acute or combined stroke unit		90%	69.1%	90%
Acute Coronary Syndrome % ST-Elevation Myocardial Infarction (STEMI) patients (without contraindication to reperfusion therapy) who get Primary Percutaneous Coronary Intervention (PPCI)	Q (1 Qtr in arrears)	95%	85.6%	95%
% of reperfused STEMI patients (or left bundle branch block (LBBB)) who get timely PPCI		80%	61.4%	80%

Right Care, Right Place, Right Time				
Indicator	**Reporting Period**	**Expected Activity NSP 2025**	**Projected Outturn 2025**	**Target 2026**
**This KPI excludes clinics for which there is an expectation of frequency, routine monitoring or treatment such as clinics for rheumatology, cystic fibrosis, warfarin patients				
Primary Care Reimbursement				
Medical Cards % of completed medical card / general practitioner (GP) visit card applications processed within 15 days	M	99%	99%	99%
% of medical card / GP visit card applications, assigned for medical officer review, processed within five days		95%	93%	95%
% of medical card / GP visit card applications which are accurately processed from a financial perspective by National Medical Card Unit staff		96%	99%	99%
Medicines Management Programme				
% uptake of the best-value biological medicine/best-value medicine (BVB/BVM)	M-2M	New KPI 2026	New KPI 2026	>80%
% uptake of the preferred Continuous Glucose Monitoring (CGM) Sensors		New KPI 2026	New KPI 2026	>35%
% uptake of Preferred Proton Pump Inhibitor (PPI)		New KPI 2026	New KPI 2026	>30%
Polypharmacy				
% of adults aged 65 or older dispensed ≥ 10 Regular medications	Q-1Q	New KPI 2026	New KPI 2026	<22%

Strong Foundations – Value for Money				
Indicator	**Reporting Period**	**NSP 2025 Target**	**Projected Outturn 2025**	**Target 2026**
Human Resources				
Attendance Management % absence rates by staff category	M	≤4%	≤6.2%	≤4%
European Working Time Directive (EWTD) <24 hour shift (acute – non-consultant hospital doctors (NCHDs))		97%	95%	97%
<24 hour shift (mental health – NCHDs)		97%	95%	97%
<24 hour shift (disability services – social care workers)		95%	71%	75%
<48 hour working week (acute – NCHDs)		97%	78%	97%
<48 hour working week (mental health – NCHDs)		97%	90%	97%
<48 hour working week (disability services – social care workers)		90%	83%	85%
Respect and Dignity % of staff who complete the Health Services eLearning and Development (HSeLanD) Respect and Dignity at Work module	Annual	80%	93%	100%

Strong Foundations – Value for Money				
Indicator	**Reporting Period**	**NSP 2025 Target**	**Projected Outturn 2025**	**Target 2026**
Performance Achievement % of staff who have engaged with and completed a performance achievement meeting with his / her line manager	Q	70%	10%	70%
Finance				
Net expenditure variance from plan (pay + non-pay - income)	M	≤0.1%	To be reported in Annual Financial Statements 2025	≤0.1%
Gross expenditure variance from plan (pay + non-pay)		≤0.1%		≤0.1%
Pay expenditure variance from plan		≤0.1%		≤0.1%
Non-pay expenditure variance from plan		≤0.1%		≤0.1%
Governance and Compliance Procurement – expenditure (non-pay) under management	Q	90%	74%	90%
Procurement – estimate of expenditure (non-pay) over €25k that is compliant with Public Procurement Requirements	Q (1 Qtr in arrears	>90%	>90%	>90%
Compliance Unit				
Service Arrangements / Annual Compliance Statement % of number of service arrangements signed	M	100%	100%	100%
% of the monetary value of service arrangements signed		100%	100%	100%
% annual compliance statements signed	Annual	100%	100%	100%
Capital and Estates				
Capital expenditure versus expenditure profile	Q	100%	100%	100%
Internal Audit				
% of internal audit recommendations implemented by agreed due date	Q	90%	57%	90%

Appendix 1(c): Activity 2026

Note: 2025 and 2026 expected activity and targets are assumed to be judged on a performance that is equal or greater than (>) unless otherwise stated (i.e. if less than (<) or, less than or equal to symbol (<) is included in the target).

Healthy Communities – Prevention and Early intervention				
Activity	**Reporting Period**	**Expected Activity NSP 2025**	**Projected Outturn 2025**	**Expected Activity 2026**
Health and Wellbeing				
Tobacco No. of smokers who received face to face or telephone intensive cessation support from a HSE trained and accredited stop smoking advisor	Q	20,774	21,078	22,820
No. of smokers who are receiving online cessation support services		7,000	9,988	9,988
Making Every Contact Count (MECC) No. of HSE frontline staff, incl. S38 Voluntary Organisations to complete the Making Every Contact Count eLearning training		5,426	1,358	5,635
No. of HSE frontline staff, incl. S38 Voluntary Organisations to complete the Making Every Contact Count Enhancing Your Skills workshop training		1,628	606	1,690
National Screening Service				
BreastCheck No. of women in the eligible population who have had a complete mammogram***	M	219,000	164,140	223,483
CervicalCheck No. of unique women in the eligible population who have had one or more satisfactory cervical screening tests in a primary care setting****		177,000	204,074	220,905
BowelScreen No. of clients in the eligible population who have completed a satisfactory BowelScreen FIT test*****		151,000	175,838	192,493
Diabetic RetinaScreen No. of Diabetic RetinaScreen clients in the eligible population screened with final grading result******		127,000	162,330	158,574
***Of the 638,522 eligible people for screening, the BreastCheck Programme anticipates inviting 319,261 and screening 223,483				
****Of the 1,380,656 eligible people for screening, the CervicalCheck Programme anticipates inviting 276,131 and screening 220,905				
*****Of the 855,523 eligible people for screening, the BowelScreen Programme anticipates inviting 427,762 and screening 192,493				
******Of the 254,818 eligible people for screening, the Diabetic RetinaScreen Programme anticipates inviting 229,818 and screening 158,574				
Environmental Health				
No. of initial tobacco sales and / or nicotine inhaling product sales to minors test purchase inspections carried out	Q	384	384	448
No. of test purchases carried out under the Public Health (Sunbeds) Act 2014	Bi-annual	32	32	32
No. of mystery shopper inspections carried out under the Public Health (Sunbeds) Act 2014		32	32	32

Healthy Communities – Prevention and Early intervention				
Activity	**Reporting Period**	**Expected Activity NSP 2025**	**Projected Outturn 2025**	**Expected Activity 2026**
No. of establishments receiving a planned inspection under the Public Health (Sunbeds) Act 2014	Q	188	188	188
No. of official food control planned, and planned surveillance, inspections of food businesses		33,000	33,000	33,000
No. of inspections of e-cigarette and refill container manufacturers, importers, distributors and retailers under E.U. (Manufacture, Presentation and Sale of Tobacco and Related Products) Regulations 2016		40	40	40

Receiving the Right Care in the Right Place				
Activity	**Reporting Period**	**Expected Activity NSP 2025**	**Projected Outturn 2025**	**Expected Activity 2026**
Quality & Safety				
Safeguarding No. of staff undertaking safeguarding training (eLearning module via HSeLanD)	Q (1 Mth in arrears)	40,000	36,398	60,000
Older Persons' Services				
InterRAI Ireland (IT based assessment) No. of complete assessments using the interRAI Ireland Assessment System	M	18,100	4,382	18,100
Home Support No. of home support hours provided (excluding provision of hours from Complex Home Support)		24.0m	25.46m	26.7m
No. of people in receipt of home support (excluding provision from Complex Home Support) – each person counted once only		60,000	60,700	62,000
No. of people assessed and waiting for the provision of Home Support (excluding provision from Complex Home Support) – each person counted once only		New KPI 2026	New KPI 2026	4,500
Complex Home Support Total no. of Service Users in receipt of home support hours provided from Complex Home Support funding (OP)		90	84	90
No. of home support hours provided from Complex Home Support funding (OP)		275,000	265,111	275,000
Total home support hours		24.3m	25.7m	27.0m
Transitional Care No. of persons in receipt of payment for transitional care in alternative care settings	M (1 Mth in arrears)	916	1,518	1,518
No. of persons in hospitals approved for transitional care to move to alternative care settings		10,800	9,622	10,800
Nursing Homes Support Scheme (NHSS) No. of persons funded under NHSS in long-term residential care during the reporting month	M	23,956	23,807	24,729

Receiving the Right Care in the Right Place				
Activity	**Reporting Period**	**Expected Activity NSP 2025**	**Projected Outturn 2025**	**Expected Activity 2026**
No. of NHSS beds in public long-stay units	M	5,131	4,954	5,201
Residential Care No. of short stay beds in public units		1,651	1,562	1,711
Primary Care Services				
Community Intervention Teams (CITs) Total no. of CIT referrals	M	110,000	119,522	125,498
Paediatric Homecare Packages Total no. of Paediatric Homecare Packages		400	401	401
GP Activity No. of contacts with GP Out of Hours Service		1,217,015	1,080,040	1,217,015
Chronic Disease Structured Management Programme (Treatment Programme) No. of reviews undertaken in 12 months	Bi-annual (1 Mth in arrears)	632,036	619,561	698,340
Nursing No. of patients seen	M (1 Mth in arrears)	474,366	418,116	439,022
Therapies / Community Healthcare Network Services Total no. of patients seen	M	1,626,435	1,342,862	1,426,784
Physiotherapy No. of patients seen		587,604	510,896	538,331
Occupational Therapy No. of patients seen		389,256	316,230	336,469
Speech and Language Therapy No. of patients seen		282,312	162,884	171,028
Podiatry No. of patients seen		85,866	55,756	62,804
Ophthalmology No. of patients seen		105,000	124,214	130,425
Audiology No. of patients seen		58,000	52,060	54,663
Psychology No. of patients seen		49,757	42,146	44,852
Dietetics No. of patients seen		68,640	78,676	88,212
No. of people who have completed a structured patient education programme for type 2 diabetes	Q	1,480	2,998	3,148
Orthodontics No. of patients seen for assessment within six months		1,500	2,091	2,196

Receiving the Right Care in the Right Place				
Activity	**Reporting Period**	**Expected Activity NSP 2025**	**Projected Outturn 2025**	**Expected Activity 2026**
Oral Health No. of new Oral Health patients in target groups attending for scheduled assessment	M	105,000	101,512	106,588
GP Trainees No. of trainees	Annual	350	297	400
National Virus Reference Laboratory No. of tests	M	1,032,083	1,025,986	1,077,285
ECC (Enhanced Community Care)				
Diagnostics No. of mobile x-rays conducted at home	M	New KPI 2026	New KPI 2026	16,452
No. of GP access to community diagnostics tests conducted		New KPI 2026	New KPI 2026	240,000
Integrated Care Programme for Older Persons (ICPOP) No. of patient contacts		New KPI 2026	New KPI 2026	150,000
No. of referrals received by the Integrated Care Programme for Older Persons (ICPOP) community specialist teams (CSTs)		New KPI 2026	New KPI 2026	28,428
No. of referrals accepted by the Integrated Care Programme for Older Persons (ICPOP) community specialist teams (CSTs)		New KPI 2026	New KPI 2026	24,204
Integrated Care Programme for Chronic Disease (ICPCD) No. of patient contacts		New KPI 2026	New KPI 2026	461,900
No. of referrals received by the Integrated Care Programme for Chronic Disease (ICPCD) community specialist teams (CSTs)		New KPI 2026	New KPI 2026	92,868
No. of referrals accepted by the Integrated Care Programme for Chronic Disease (ICPCD) community specialist teams (CSTs)		New KPI 2026	New KPI 2026	86,844
National Ambulance Service				
Total no. of AS1 and AS2 (emergency ambulance) calls • *NAS* • *DFB*	M	453,236 *371,631* *81,605*	454,155 *371,981* *82,174*	471,504 *386,191* *85,313*
Total no. of AS3 calls (inter-hospital transfers)		33,872	33,864	35,158
No. of intermediate care vehicle (ICV) transfer calls		27,131	26,684	27,703
No. of clinical status 1 PURPLE calls activated • *NAS* • *DFB*		7,510 *6,028* *1,482*	7,487 *6,070* *1,417*	7,773 *6,302* *1,471*
No. of clinical status 1 PURPLE calls arrived at scene (excludes those stood down en route) • *NAS* • *DFB*		7,221 *5,875* *1,346*	7,172 *5,885* *1,287*	7,446 *6,110* *1,336*

Receiving the Right Care in the Right Place				
Activity	**Reporting Period**	**Expected Activity NSP 2025**	**Projected Outturn 2025**	**Expected Activity 2026**
No. of clinical status 1 RED calls activated • *NAS* • *DFB*	M	201,193 *163,760* *37,433*	201,294 *163,413* *37,881*	208.983 *169,655* *39,328*
No. of clinical status 1 RED calls arrived at scene (excludes those stood down en route) • *NAS* • *DFB*		184,598 *151,260* *33,338*	184,664 *150,789* *33,875*	191,718 *156,549* *35,169*
HEMS Athlone – Hours (Department of Defence)		480	360	374
HEMS National – Calls (Department of Transport, Tourism and Sport)		260	120	125
HEMS South West – Tasking		600	360	374
Note: DFB activity is not under NAS governance.				
Palliative Care Services				
Children's Palliative Care Services No. of children in the care of the Clinical Nurse Co-ordinators for Children with Life Limiting Conditions (children's outreach nurse)	M	336	334	336
No. of children / family units who received therapeutic support from Laura Lynn Children's Hospice (during the reporting month)		181	176	190
No. of admissions to Laura Lynn Children's Hospice (during the reporting year)		600	598	600
Disability Services				
Residential Places No. of residential places for people with a disability (including new planned places)	M	8,695	8,865	9,064
New Priority 1 Residential Places Provided to People with a Disability No. of new Priority 1 Residential places provided to people with a disability		70	205	152
Congregated Settings Facilitate the movement of people from congregated to community settings		21	28	58
Day Services including School Leavers No. of people (all disabilities) in receipt of RT		2,290	2,200	2,290
No. of people with a disability in receipt of other day services (excl. RT) (adult) (ID / autism and physical and sensory disability)	Bi-annual	20,600	20,400	21,700
Respite Services No. of day only respite sessions accessed by people with a disability	Q (1 Mth in arrears)	66,000	66,000	91,000
No. of people with a disability in receipt of respite services (ID / autism and physical and sensory disability)		6,340	6,832	7,332
No. of overnights (with or without day respite) accessed by people with a disability		164,060	165,000	175,000

Receiving the Right Care in the Right Place				
Activity	**Reporting Period**	**Expected Activity NSP 2025**	**Projected Outturn 2025**	**Expected Activity 2026**
Personal Assistance (PA) No. of PA service hours delivered to adults with a physical and / or sensory disability	Q (1 Mth in arrears)	1.945m	1.84m	1.99m
No. of adults with a physical and / or sensory disability in receipt of a PA service		2,865	2,868	2,940
Home Support Service No. of home support hours delivered to persons with a disability		3.8m	3.86m	3.96m
No. of people with a disability in receipt of home support services (ID / autism and physical and sensory disability)		7,326	7,251	7,523
Disability Act Compliance No. of requests for assessment of need received for children	M	10,300	12,400	13,000
Children's Disability Network Teams Number of children waiting 0 - 3 months on the CDNT waiting list at month end		New KPI 2026	New KPI 2026	2,910
Number of children waiting 4 - 6 months on the CDNT waiting list at month end		New KPI 2026	New KPI 2026	241
Number of children waiting 7 - 12 months on the CDNT waiting list at month end		New KPI 2026	New KPI 2026	324
Number of children waiting over 12 months on the CDNT waiting list at month end		New KPI 2026	New KPI 2026	1,450
Total no. of children waiting on the CDNT waiting list at month end		New KPI 2026	New KPI 2026	4,925
Mental Health Services				
General Adult Community Mental Health Teams No. of adult referrals seen by mental health services	M	31,166	25,688	29,443
No. of admissions to adult acute inpatient units	Q (1 Qtr in arrears)	11,661	11,586	11,586
Psychiatry of Later Life Community Mental Health Teams No. of Psychiatry of Later Life referrals seen by mental health services	M	9,936	7,706	9,197
Child and Adolescent Mental Health Services (CAMHS) No. of CAMHS referrals received by mental health services		24,154	29,140	29,140
No. of CAMHS referrals seen by mental health services		13,529	11,640	13,845
Social Inclusion				
Opioid Agonist Treatment No. of clients in receipt of opioid agonist treatment (outside prisons)	M	10,400	10,109	10,100
Needle Exchange No. of unique individuals attending pharmacy needle exchange*******	Q (1 Qtr in arrears)	1,400	1,239	1,200

Receiving the Right Care in the Right Place				
Activity	**Reporting Period**	**Expected Activity NSP 2025**	**Projected Outturn 2025**	**Expected Activity 2026**
Traveller and Migrant Health No. of people who received information on or participated in positive mental health initiatives********	Q	5,272	8,378	5,272
No. of people who received information on cardiovascular health or participated in related initiatives********		5,272	6,010	5,272
No. of staff who completed the eLearning Intercultural Awareness programme*********	M	2,500	3,550	3,000
No. of staff who completed the eLearning Introduction to Guidance on Ethnic Data Collection		500	468	500
Domestic, Sexual and Gender Based Violence (DSGBV) No. of staff who have completed the online Domestic, Sexual and Gender-Based Violence (DSGBV) Training modules*********		3,000	7,603	5,000
*******Demand-led service that has observed a decrease in presentations				
********Expected activity levels are set as a percentage of the Traveller population. Targets were increased last year from 10% to 25% of the population. These preventative services are not likely to reach the same cohort again next year.				
*********Both training modules have been recently revised or are planned for revision in 2026. As a result, it is not planned to actively promote these non-mandatory training modules in 2026				
Acute Hospital Services				
Discharge Activity Inpatient	M (1 Mth in arrears)	722,593	704,126	736,589
Day case (includes dialysis)		1,288,705	1,266,857	1,328,305
Total inpatient and day cases		**2,011,298**	**1,970,983**	**2,064,894**
Emergency inpatient discharges		516,703	503,995	529,440
Elective inpatient discharges		104,098	93,771	100,789
Maternity inpatient discharges		101,792	106,360	106,360
Inpatient discharges ≥75 years		170,478	165,181	173,968
Day case discharges ≥75 years		271,195	273,970	285,647
Level of GI scope activity		111,488	104,967	111,894
Level of dialysis activity		196,397	194,596	197,621
Level of chemotherapy (R63Z) and other Neoplastic Dis, MINC (R62C)		254,023	249,769	253,664
Emergency Care New ED attendances	M	1,519,715	1,496,020	1,543,893
Return ED attendances		138,895	131,883	136,103
Injury unit attendances		227,203	232,440	265,121
Other emergency presentations		57,239	54,167	56,875
Average daily 8am trolley count		≤280	275	Per Hospital
Births Total no. of births		52,461	53,545	53,545

Receiving the Right Care in the Right Place				
Activity	**Reporting Period**	**Expected Activity NSP 2025**	**Projected Outturn 2025**	**Expected Activity 2026**
Outpatients No. of new and return outpatient attendances	M	3,910,841	4,082,307	4,333,180
No. of new outpatient attendances		1,178,112	1,123,977	1,226,933
Delayed Transfers of Care No. of acute bed days lost through delayed transfers of care		≤109,500	145,780	≤109,500
Average no. of beds subject to delayed transfers of care		≤300	399	≤300
Healthcare Associated Infections (HCAI) No. of new cases of CPE		N/A	1,500	N/A
Venous Thromboembolism (VTE) HIPE-reported (including clinically unconfirmed) Hospital-Associated VTE (HA-VTE)	M (1 Mth in arrears)	N/A	9.7	N/A
Primary Care Reimbursement Service				
Medical Cards No. of persons covered by medical cards as at 31st December**********	M	1,504,091	1,539,598	1,516,653
No. of persons covered by GP visit cards as at 31st December		820,328	788,642	863,009
Total		**2,324,419**	**2,328,240**	**2,379,662**
General Medical Services Scheme Total no. of items prescribed		71,957,125	71,840,407	71,957,125
No. of prescriptions		23,258,627	21,630,218	24,150,585
Long-Term Illness Scheme Total no. of items prescribed		11,630,629	12,262,660	13,078,493
No. of claims		3,393,661	3,424,270	3,601,634
Drug Payment Scheme Total no. of items prescribed		20,214,707	21,981,968	23,834,881
No. of claims		6,522,790	6,863,328	7,886,911
Other Schemes No. of high tech drugs scheme claims		1,208,266	1,292,638	1,426,021
No. of dental treatment services scheme treatments		1,081,631	1,122,726	1,206,926
No. of community ophthalmic services scheme treatments		679,245	730,682	736,053
**********Decrease in expected activity relates to policy on eligibility and income thresholds				

Appendix 2: HSE Infrastructure 2026 – Beds and Surgical Hubs

The Infrastructure Appendix includes projects that increase bed capacity through the delivery of new and replacement beds (acute and community) and surgical hubs where:

1. Construction is completed by 2025 and project becoming operational in 2026, or
2. Construction is completed and project operational in 2026, or
3. Construction is completed in 2026 with project becoming operational in 2027.

Note: The HSE Capital Plan sets out details of beds under construction, while the National Service Plan sets out the number of beds to become operational (i.e bringing the capacity into service)

Additional Bed Capacity 2026	Additional Beds (net new)	Replacement Beds	Total Beds (All beds including NSP 2024/2025)
Acute Hospital Services	134	43	177
Community Health Services	203	225	428
Sub Total Acute & Community Bed Capacity	**337**	**268**	**605**
New Surgical Hubs	-	-	-
Sub Total New Surgical Hubs	**-**	**-**	**-**
Total – Additional Capacity (excl National Children's Hospital Ireland (NCHI))	**337**	**268**	**605**
National Children's Hospital Ireland (NCHI)	14	353	367
Sub Total National Children's Hospital Ireland (NCHI)	**14**	**353**	**367**
GRAND TOTAL	**351**	**621**	**972**

Facility	Project details	Expected Construction completion date	Expected open and operational date	Additional Beds (net new)	Replacement Beds	Total Beds (All beds including NSP 2024/2025)
HSE Dublin and Midlands						
Older Persons Services						
Cherry Orchard Hospital, Co. Dublin	Willow & Sycamore Units – Refurbishment and Upgrade	Q2 2026	Q2 2026	1	42	43

Facility	Project details	Expected Construction completion date	Expected open and operational date	Additional Beds (net new)	Replacement Beds	Total Beds (All beds including NSP 2024/2025)
Acute Hospital Services						
Midland Regional Hospital Tullamore	Reconfiguration of Renal Department	Q3 2026	Q3 2026	3	0	3
St James's Hospital	Isolation Rooms in the National Burns Unit – Phase 2 & 3	Q3 2026	Q3 2026	0	10	10
SUB TOTAL HSE DUBLIN AND MIDLANDS (Excluding National Children's Hospital Ireland (NCHI))				**4**	**52**	**56**
National Projects						
National Children's Hospital Ireland (NCHI)	Development of National Children's Hospital Ireland (NCHI)	Q1 2026	Q4 2026	7	353	360
National Children's Hospital Ireland (NCHI)	New CAMHS / CYPMHS Unit	Q4 2026	Q4 2026	7	0	7
SUB TOTAL NATIONAL CHILDREN'S HOSPITAL IRELAND (NCHI)				**14**	**353**	**367**
GRAND TOTAL HSE DUBLIN AND MIDLANDS (Including National Children's Hospital Ireland (NCHI))				**18**	**405**	**423**
HSE Dublin and North East						
Primary Care Services						
St. Christopher's Hospice, Co. Cavan	New Specialist Palliative Care Unit	Q4 2026	Q2 2027	13	3	16
Acute Hospital Services						
Our Lady of Lourdes Hospital, Drogheda	Upgrade Ground Floor West Phase 2	Q4 2026 For all 33 beds	Q1 2026 Total 33 beds over 3 phases (8 delivered 2025 but not resourced) 15 beds Q1 2026; remaining 10 beds Q4 2026/2027	33	0	33
Mater Misericordiae University Hospital	New 18 bed CCU, 3rd CV Lab and Ward refurbishment	Q4 2026	Q4 2026	6	12	18
Mater Misericordiae University Hospital	Rose Garden Refurb. 12 Oncology / Haematology beds	Completed	Q3 2026	12	0	12
Mater Misericordiae University Hospital	National Isolation Unit	Completed	Q3 2026	1	1	2

Facility	Project details	Expected Construction completion date	Expected open and operational date	Additional Beds (net new)	Replacement Beds	Total Beds (All beds including NSP 2024/2025)
Connolly Hospital Blanchardstown	Internal reconfiguration to add 2 additional stroke beds	Non-capital	Q1 2026	2	0	2
Swords Business Park	Surgical Hub for Dublin North	Q1 2026	Q2 2026	-	-	-
GRAND TOTAL HSE DUBLIN AND NORTH EAST				**67**	**16**	**83**
HSE Dublin and South East						
Acute Hospital Services						
St. Luke's General Hospital, Kilkenny	Ward Refurbishment Phase 2	Q4 2026	Q4 2026	0	20	20
University Hospital Waterford	Surgical Hub for Waterford	Q3 2026	Q3 2026	-	-	-
GRAND TOTAL HSE DUBLIN AND SOUTH EAST				**0**	**20**	**20**
HSE Midwest						
Primary Care Services						
Millford Care Centre, Co. Limerick	Additional beds	Completed	Q2 2026	4	0	4
Bushy Park Addiction Treatment Centre, Ennis, Co. Clare	Residential Addiction Treatment Service	Q4 2026	Q4 2026	4	12	16
Older Persons Services						
St. Camillus' Hospital, Co. Limerick	New Build CNU (Phase 2) – HIQA	Q3 2026	Q4 2026	0	25	25
St. Ita's Community Hospital, Newcastlewest, Co. Limerick	Refurbishment and Extension – HIQA	Q1 2025-12 beds Q4 2025-8 beds	Q1 2026	0	20	20
St. Senan's Nursing Home, Kilrush, Co. Clare	Emergency Infrastructure works plus additional bed capacity	Q3 2026	Q3 2026	6	0	6
Acute Hospital Services						
University Hospital Limerick	Inpatient emergency ward in courtyard of existing Hospital (Block H Phase 3)	Q4 2026	Q4 2026	16	0	16
University Hospital Limerick	Surgical Hub for Limerick	Q3 2026	Q3 2026	-	-	-
GRAND TOTAL HSE MIDWEST				**30**	**57**	**87**

Facility	Project details	Expected Construction completion date	Expected open and operational date	Additional Beds (net new)	Replacement Beds	Total Beds (All beds including NSP 2024/2025)
HSE South West						
Primary Care Services						
Kerry Hospice Foundation, Co. Kerry	Additional beds	Non-capital	Q4 2026-3 beds Q4 2027-2 beds	5	0	5
Older Persons Services						
Tralee Community Nursing Unit, Co. Kerry	Refurbishment, 4 additional beds	Non-capital	Q2 2026 (Awaiting HIQA Registration)	4	0	4
Middleton Community Hospital & Long Stay Unit, Co. Cork	New Build CNU – HIQA	Q1 2026	Q1 2026	23	27	50
Heather House Community Nursing Unit	Refurbishment for Dementia Ward	Q4 2025	Q1 2026	19	0	19
St. Joseph's Community Hospital, Millstreet, Co. Cork	Extension and Refurb – HIQA	Q3 2026	Q3 2026	0	15	15
Mental Health Services						
4 Westbrook Court, Dwyer's Road, Midleton, Co. Cork	Purchase and refurb of property to allow decant of Owenacurra	Q4 2025	Q1 2026	0	4	4
Carraig Mór Centre, Shanakiel, Co. Cork	Refurbishment of Existing Centre	Q3 2025	Q4 2025-10 beds Q4 2026-8 beds	0	18	18
Acute Hospital Services						
Mallow General Hospital	Fit out of shell and core space to provide beds	Q2 2026	Q3 2026	24	0	24
University Hospital Kerry	Bed Capacity Project (part of 30 bed Unit)	Q4 2026	Q3 2026	7	0	7
Mercy University Hospital	Bed Capacity Project – Former Paediatric Ward	Q4 2026	Q4 2026	9	0	9
Cork University Hospital	Additional inpatient Beds in former Medical Records footprint	Q4 2026	Q3 2026-9 beds Q4 2026-12 beds	21	0	21

Facility	Project details	Expected Construction completion date	Expected open and operational date	Additional Beds (net new)	Replacement Beds	Total Beds (All beds including NSP 2024/2025)
Cork University Hospital	Surgical Hub for Cork	Q3 2026	Q3 2026	-	-	-
GRAND TOTAL HSE SOUTH WEST				**112**	**64**	**176**
HSE West and North West						
Primary Care Services						
Sligo University Hospital	North West Hospice extension	Q3 2026	Q1 2026 Inpatient beds Q1 2026 OPD / day unit and home care team offices Q3, 2026.	5	7	12
Older Persons Services						
Residential Care Home Merlin Park, Co. Galway	Replacement of Community Nursing Unit including dementia beds – formerly Public Private Partnership (PPP)	Q4 2026	Q4 2026	9	51	60
Letterkenny Community Nursing Unit, Co. Donegal	New Build CNU and Medical Rehab Unit	Q4 2026	Q4 2026	110	0	110
Mental Health Services						
An Coilin & Teach Aisling, Castlebar, Co. Mayo	Refurb of High Support Community Residences	Q4 2025	Q2 2026	0	1	1
Acute Hospital Services						
Merlin Park University Hospital	Day Surgery Unit – Proposed Surgical Hub	Q3 2026	Q3 2026	-	-	-
GRAND TOTAL HSE WEST AND NORTH WEST				**124**	**59**	**183**

Note: Two facilities changing from voluntary to HSE governance will increase HSE capacity in 2026 by 62 beds (St. Senan's, Kilrush 31 beds; Mount Carmel Tipperary 31 beds). These are beds that the HSE is purchasing from Voluntary organisations which are not counted in the above.

Appendix 3: Financial Tables

Table 1: Finance Allocation 2026

Health Region	2025 Recurring Budget	Opening Adjustm-ents	Recurring Suppleme-ntary	Non-core returned once off in 2026	2026 Opening Position	Reallocation to Health Regions	Adjusted 2026 Opening	Base Reduction	Base Adjust-ment	2026 Pay Rate Funding	2026 Price & Volume Funding	Savings	Full Year Impact of 2025 Developm-ents	DoH Workforce Growth / DCDE New Measures	2026 NSP Budget
	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m
	Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I	Column J	Column K	Column L	Column M	Column N	Column O
HSE Dublin and North East	3,208.8	-	-	-	**3,208.8**	(0.2)	**3,208.6**	-	-	58.2	15.9	(16.8)	20.4	-	**3,286.3**
HSE Dublin and Midlands	3,335.3	-	-	-	**3,335.3**	(0.3)	**3,334.9**	-	-	60.9	18.8	(26.5)	10.2	-	**3,398.4**
HSE Dublin and South East	2,458.8	-	-	-	**2,458.8**	10.2	**2,468.9**	-	-	46.4	8.7	(13.7)	9.3	-	**2,519.6**
HSE South West	1,845.7	-	-	-	**1,845.7**	(0.1)	**1,845.6**	-	-	36.0	9.3	(8.4)	27.0	-	**1,909.4**
HSE Mid West	1,091.5	-	-	-	**1,091.5**	(0.1)	**1,091.4**	-	-	22.3	2.6	(7.3)	37.1	-	**1,146.2**
HSE West and North West	2,347.3	-	-	-	**2,347.3**	(0.3)	**2,347.0**	-	-	42.7	9.7	(13.2)	17.4	-	**2,403.6**
To be apportioned among Health Regions	-	-	207.0	-	**207.0**	240.7	**447.6**	-	-	-	190.2	(45.4)	20.1	-	**612.5**
Total Health Regions	**14,287.3**	**-**	**207.0**	**-**	**14,494.3**	**249.8**	**14,744.1**	**-**	**-**	**266.6**	**255.1**	**(131.4)**	**141.5**	**-**	**15,276.0**
Nursing Home Support Scheme	1,247.7	-	23.5	-	**1,271.2**	-	**1,271.2**	-	-	-	81.6	-	10.0	-	**1,362.8**
National Services & Schemes – Other Non DLS	350.3	-	11.6	-	**361.8**	120.5	**482.3**	-	-	6.5	3.0	(2.0)	8.0	-	**497.8**
Total National Services & Schemes - Non DLS	**1,598.0**	**-**	**35.0**	**-**	**1,633.0**	**120.5**	**1,753.5**	**-**	**-**	**6.5**	**84.6**	**(2.0)**	**18.0**	**-**	**1,860.6**
Corporate Centre - Non DLS	1,920.3	6.5	(53.1)	-	**1,873.6**	(370.4)	**1,503.3**	(100.0)	65.0	143.3	56.6	(3.3)	19.2	178.8	**1,862.9**
Total Corporate & National - Non DLS	**3,518.2**	**6.5**	**(18.1)**	**-**	**3,506.6**	**(249.8)**	**3,256.8**	**(100.0)**	**65.0**	**149.9**	**141.2**	**(5.3)**	**37.2**	**178.8**	**3,723.6**
Total Non-Demand Led	**17,805.6**	**6.5**	**188.9**	**-**	**18,000.9**	**-**	**18,000.9**	**(100.0)**	**65.0**	**416.5**	**396.3**	**(136.7)**	**178.7**	**178.8**	**18,999.6**
Local Demand Led Schemes (Primary Care)	366.0	-	15.0	-	**381.0**	-	**381.0**	-	-	-	17.1	-	-	-	**398.1**
Primary Care Reimbursement Service	4,066.1	-	143.0	-	**4,209.1**	-	**4,209.1**	-	-	0.8	190.1	(44.5)	43.0	-	**4,398.5**
EU Schemes: European Health Insurance Card	18.9	-	-	-	**18.9**	-	**18.9**	-	-	0.0	-	-	-	-	**18.9**
Treatment Abroad and Cross Border Healthcare	62.6	-	(5.9)	-	**56.7**	-	**56.7**	-	-	0.1	2.6	(0.0)	-	-	**59.4**
Total National Services & Schemes - DLS	**4,513.6**	**-**	**152.1**	**-**	**4,665.7**	**-**	**4,665.7**	**-**	**-**	**0.8**	**209.8**	**(44.5)**	**43.0**	**-**	**4,874.9**

Health Region	2025 Recurring Budget	Opening Adjustm-ents	Recurring Supplemen-tary	Non-core returned once off in 2026	2026 Opening Position	Reallocation to Health Regions	Adjusted 2026 Opening	Base Reduction	Base Adjust-ment	2026 Pay Rate Funding	2026 Price & Volume Funding	Savings	Full Year Impact of 2025 Developm-ents	DoH Workforce Growth / DCDE New Measures	2026 NSP Budget
	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m
Pensions	887.2	-	2.3	-	**889.5**	-	**889.5**	-	-	72.7	(19.6)	-	-	-	**942.6**
State Claims Agency	510.0	-	(83.2)	-	**426.8**	-	**426.8**	-	-	-	(27.0)	-	-	-	**399.8**
Total Corporate Centre - DLS	**1,397.2**	**-**	**(80.9)**	**-**	**1,316.3**	**-**	**1,316.3**	**-**	**-**	**72.7**	**(46.6)**	**-**	**-**	**-**	**1,342.4**
Total Demand Led	**5,910.8**	**-**	**71.1**	**-**	**5,982.0**	**-**	**5,982.0**	-	-	**73.5**	**163.2**	**(44.5)**	**43.0**	**-**	**6,217.3**
Total Department of Health	**23,716.4**	**6.5**	**260.0**	**-**	**23,982.9**	**-**	**23,982.9**	**(100.0)**	**65.0**	**490.0**	**559.5**	**(181.2)**	**221.7**	**178.8**	**25,216.9**
Department of Children, Disability and Equality	3,197.4	-	266.0	18.0	**3,481.5**	**-**	**3,481.5**			113.3	57.4	-	31.5	149.7	**3,833.3**
Total Allocation - DoH and DCDE	**26,913.8**	**6.5**	**526.0**	**18.0**	**27,464.4**	**-**	**27,464.4**	**(100.0)**	**65.0**	**603.3**	**616.9**	**(181.2)**	**253.2**	**328.5**	**29,050.2**

Note 1: Column B represents once off funding provided for in 2025 National Service Plan (NSP) that has been allocated permanently into the opening 2026 base

Note 2: Column C represents (i) €260m recurring supplementary from DoH, of which €207m has been allocated to Health Regions above, but there may be a portion of central acutes or community within this figure; (ii) €266m for DCDE is once off supplementary in 2025 returned in 2026

Note 3: Column D non-core funding from DCDE relates to COVID Programmes returned in 2026 on a once-off basis

Note 4: Column F the DoH has mandated that funding be allocated to Health Regions at the outset, representing a change from previous years. Work is ongoing to determine the regional distribution of the base budget, and associated cost where appropriate, and funding that has been identified for transfer but not yet apportioned is reflected here

Note 5: Column H it has been agreed that the HSE will hold a negative balance of (€100m) at the Centre in 2026, representing a portion of the supplementary funding for 2025 not retained in the base

Note 6: Column I base adjustment relates to once off vat refund income of €65m in 2025 that was in the base and must be offset by savings in 2026

Note 7: Column J represents funding provided for implementing nationally approved pay agreements in 2026 and supports existing staffing levels

Note 8: Column K represents the funding allocated to support non pay and income price and volume increases and includes s39 pay funding from DCDE

Note 9: Column L represents the savings of (€100m) non pay and (€81m) pay

Note 10: Column M represents the additional funding that has been provided in 2026 towards the incremental cost of 2025 developments

Note 11: Column N the allocation of additional DoH funding for Workforce Growth will be set by the CEO before the end of 2025 for each Health Region and for National Services and Schemes. Responsibility for allocating and prioritising staffing including these new posts will be devolved to the REOs and the Director of National Services and Schemes, with discretion on how to allocate their pay budgets and staffing, in line with the priorities in this NSP

Note 12: Pay expenditure allocation from DoH will be set at €13,806m in line with the Letter of Determination

Note 13: Dormant Accounts Fund of €2.0m to fund health initiatives for disadvantaged groups is held by DoH and included above in the Corporate Non DLS budget

Note 14: The above tables by Health Region / division remain indicative and subject to change until budgets are finalised in December.

Table 2: 2026 Department of Health Workforce Growth / Department of Children, Disability and Equality New Measures

Reference	2026 DoH Workforce Growth / DCDE New Measures	WTE 2026	2026 Funding Allocation €m			Balance of funding required in 2027 to cover Full Year Costs €m		
		WTE	Pay 2026 €m	Non Pay 2026 €m	Total 2026 €m	Pay 2027 €m	Non Pay 2027 €m	Total 2027 €m
		Column A	Column B	Column C	Column D	Column E	Column F	Column G
	Workforce Growth in 2026 - Mental Health	300	148.9	30.0	**178.8**	148.9	56.5	**205.3**
	Workforce Growth in 2026 - Other	3,000						
Total DoH		**3,300**	**148.9**	**30.0**	**178.8**	**148.9**	**56.5**	**205.3**
NSD 2026 DIS - 1	Priority One - new residential places	106	4.0	36.0	40.0	8.0	45.3	53.2
NSD 2026 DIS - 2	Enhanced Need Existing Resident	20	0.8	5.3	6.0	1.5	4.5	6.0
NSD 2026 DIS - 3	Tusla Places	-	-	6.0	6.0	-	8.0	8.0
NSD 2026 DIS - 4	U65 transitions	-	-	10.0	10.0	-	13.3	13.3
NSD 2026 DIS - 5	Decongregation transitions	40	3.0	-	3.0	3.0	-	3.0
NSD 2026 DIS - 6	Respite	150	7.5	17.5	25.0	11.3	18.8	30.0
NSD 2026 DIS - 7	Home Support and PA Hours	-	-	5.0	5.0	-	5.0	5.0
NSD 2026 DIS - 8	Rate Increase - PA & HS	-	-	7.1	7.1	-	7.1	7.1
NSD 2026 DIS - 9	CDNTs Staffing and Vacancies (PNS)	150	8.0	-	8.0	10.7	-	10.7
NSD 2026 DIS - 10	Neurorehabilitation	37	2.5	0.5	3.0	3.3	0.7	4.0
NSD 2026 DIS - 11	Day Services School leavers	297	9.3	15.2	24.5	22.3	19.7	42.0
NSD 2026 DIS - 12	Day Services non-school leavers	19	1.5	0.1	1.6	1.5	0.1	1.6
NSD 2026 DIS - 13	Data and Reform (detail to be agreed)	7	0.5	2.0	2.5	0.5	2.0	2.5
	Double week payment *	-	-	0.3	0.3	-	-	-
NSD 2026 DIS - 14	Staffing and vacancies (PNS)	150	7.5	0.5	8.0	10.7	-	10.7
Total Disabilities		**976**	**44.4**	**105.6**	**150.0**	**72.6**	**124.5**	**197.1**
Total Allocation		**4,276**	**193.3**	**135.5**	**328.8**	**221.4**	**180.9**	**402.4**
Department of Health		3,300	148.9	30.0	**178.8**	148.9	56.5	**205.3**
Department of Children, Disability and Equality		976	44.4	105.6	**150.0**	72.6	124.5	**197.1**
Total Allocation - DoH and DCDE		**4,276**	**193.3**	**135.5**	**328.8**	**221.4**	**180.9**	**402.4**

DoH - For 2026 posts are funded on average for half year with c.17% non-pay. The balance of funding required in 2027 will bring non-pay to blended 22.5% of gross costs

DCDE - Posts for 2026 are funded on a three-quarter year basis, representing a change from the half-year funding applied in previous years

Note: * Double week payment will be paid out of 2025 monies, no additional funding provided in 2026

Appendix 4: Mapping of Transformation Priorities to National Service Plan 2026

A key focus in 2026 is the progression of 12 identified priority programmes in the transformation portfolio. These are outlined below, mapped to their positioning, as relevant, within this NSP:

#	Transformation Priority Programmes	Alignment with Sláintecare Action Plan 2025	Positioning within NSP 2026
1.	**Integrated Model of Care** • Implementation of Health Regions and National Centre Model	• Critical enabling reform programmes designed to transform the delivery of health and social care services	• Implementation completed – not referenced for 2026
2.	**National Electronic Health Record**	• Critical enabling reform programmes designed to transform the delivery of health and social care services	• Section 2.3.2 Technology and Transformation
3.	**Organisational Culture** • Developing an Organisational Culture • Clear Leadership Development Plan	• Critical enabling reform programmes designed to transform the delivery of health and social care services	• Section 2.2.2 Culture and Values
4.	**Elective Care** • Elective Treatment Centres and Surgical Hubs • Modernised Care Pathways • Perioperative Patient Pathway Enhancement • Planned Care Wait Time Action Plan 2026	• Improving access to health and social care services	• Section 2.1.3.2 Planned Care • Section 2.2.5 Clinical Standards and Practice
5.	**Urgent Care** • NAS Transformation • National Trauma Strategy, A Trauma System for Ireland • Urgent and Emergency Care (UEC) • Virtual Care	• Increase access to health and social care services	• Section 2.1.2 Ambulance Care and Emergency Department Avoidance • Section 2.1.3.1 Urgent and Emergency Care • Section 2.1.3.3 Trauma Care
6.	**Shifting Care to Community** • Enhanced Community Care • Community Connect • GP and Primary Care Contractors • Community Virtual Care	• Increase access to health and social care services	• Section 2.1.1.1 Primary and Enhanced Community Care (ECC) • Section 2.1.1.3 Mental Health Care • Section 2.1.2 Ambulance Care and Emergency Department Avoidance • Section 2.3.2 Technology and Transformation
7.	**Child and Youth Services** • Child and Youth Mental Health • Progressing Disability Services for Children & Young People • National Paediatric Model of Care	• Improve service quality for patients and service users	• Section 2.1.1.3 Mental Health Care • Section 4 Disability Services – Receiving Right Care, Right Time, Right Place • Section 2.2.5 Clinical Standards and Practice
8	**Disability Services** • Work commencing with key stakeholders to agree the scope of this programme	• Improve service quality for patients and service users	• Section 4 Disability Services – Receiving Right Care, Right Time, Right Place
9	**Patient and Service User Engagement Project**	• Improve service quality for patients and service users	• Section 2.2.1 Patient and Service User Experience
10	**Bed Capacity** • Acute Beds • Community Beds and Home Care	• Increase capacity of the health and social care system	• Section 2.1.1.1 Primary and Enhanced Community Care (ECC) • Section 2.1.1.2 Older Persons' Care

#	Transformation Priority Programmes	Alignment with Sláintecare Action Plan 2025	Positioning within NSP 2026
	• Critical Care Strategic Plan		• Section 2.1.3.1 Urgent and Emergency Care • Section 2.1.3.2 Planned Care • Appendix 2 HSE Infrastructure 2026 – Beds and Surgical Hubs
11.	**New Hospitals** • National Children's Hospital Ireland (NCHI) • National Maternity Hospital	• Increase the capacity of the health and social care system	• Section 2.3.2 Technology and Transformation • Appendix 2 HSE Infrastructure 2026 – Beds and Surgical Hubs • Section 2.3.1 Improving Access through Infrastructure Investment
12.	**Workforce** • Medical Workforce Strategy • NCHD Taskforce • Public Only Consultant Contract • Recruitment Resourcing and Reform	• Increase the capacity of the health and social care system	• Section 2.2.5 Clinical Standards and Practice • Section 3.1 Workforce Resourcing and Reform

The Transformation portfolio also consists of 27 strategic programmes, delivered through the annual NSPs:

#	Transformation Priority Programmes	Alignment with Sláintecare Action Plan 2025	Positioning within NSP 2026
1.	**Capital Programmes Delivery Approach**	• Increase capacity of the health and social care system	• Section 2.3.1 Improving Access through Infrastructure Investment
2.	**Infrastructure Resilience Programme**	• Increase capacity of the health and social care system	• Section 2.3.1 Improving Access through Infrastructure Investment
3.	**Climate Action Programme**	• Improve service quality for patients and service users	• Section 1.3 Protecting and Improving the Public's Health • Section 2.3.1 Improving Access through Infrastructure Investment
4.	**National Women's and Infants Health Programme**	• Improve service quality for patients and service users	• Section 1.4 Women's Health
5.	**HSE Health Protection Strategy 2022-2027**	• Improve service quality for patients and service users	• Section 1.3 Protecting and Improving the Public's Health
6.	**National Cancer Strategy 2017-2026**	• Improve service quality for patients and service users • Increase access to health and social care services	• Section 2.2.3 Cancer Care
7.	**National Screening Service Strategic Plan 2023-2027**	• Improve service quality for patients and service users • Increase access to health and social care services	• Section 1.2 Screening
8.	**National Stroke Strategy 2022-2027**	• Improve service quality for patients and service users • Increase access to health and social care services	• Section 2.1.3.1 Urgent and Emergency Care • Section 2.2.5 Clinical Standards and Practice
9.	**Patient Safety Strategy 2019-2024**	• Improve service quality for patients and service users	• Plans to develop and publish the new HSE Patient Safety Strategy in 2026
10.	**Public Health, Reform (Crowe Horwath Report)**	• Improve service quality for patients and service users	• Section 1.3 Protecting and Improving the Public's Health

#	Transformation Priority Programmes	Alignment with Sláintecare Action Plan 2025	Positioning within NSP 2026
11.	**Radiology Strategy (including NIMIS)**	• Critical enabling reform programmes designed to transform the delivery of health and social care services	• Section 2.3.2 Technology and Transformation
12.	**Connecting for Life - National Office for Suicide Prevention (Mental Health Services)**	• Improve service quality for patients and service users	• Section 2.1.1.3 Mental Health Care
13.	**New Directions: Report of the National Working Group for the review of HSE Funded Adult Day Services**	• Improve service quality for patients and service users • Increase access to health and social care services	• Section 4 Disability Services – Receiving Right Care, Right Time, Right Place
14.	**Sharing the Vision: A Mental Health Policy for Everyone**	• Improve service quality for patients and service users	• Section 2.1.1.3 Mental Health Care
15.	**Digital Transformation of Medicines Management - HMMS / e-Prescribing**	• Critical enabling reform programmes designed to transform the delivery of health and social care services	• Section 2.3.2 Technology and Transformation
16.	**Model of Care for fertility services inclusive of tertiary assisted human reproduction (AHR) services**	• Improve service quality for patients and service users	• Section 1.4 Women's Health
17.	**National Maternity Strategy: Creating a Better Future Together 2016-2026**	• Improve service quality for patients and service users	• Section 1.4 Women's Health
18.	**Implementation of the Performance Achievement Process**	• Critical enabling reform programmes designed to transform the delivery of health and social care services	• Appendix 1b National Performance Indicator Suite
19.	**HSE National Adult Palliative Care Policy Implementation Plan 2025-2026**	• Improve service quality for patients and service users	• Section 2.1.1.4 Palliative Care
20.	**National Strategy for Accelerating Genetic and Genomic Medicine in Ireland**	• Improve service quality for patients and service users	• Section 2.2.5 Clinical Standards and Practice
21.	**Striving to End Tuberculosis: A Strategy for Ireland 2024-2030**	• Improve service quality for patients and service users	• Section 1.3 Protecting and Improving the Public's Health
22.	**Finance Reform Programme (including IFMS)**	• Critical enabling reform programmes designed to transform the delivery of health and social care services	• Section 2.3.2 Technology and Transformation and Section 3.2 Financial Management Framework
23.	**Population Based Resource Allocation**	• Critical enabling reform programmes designed to transform the delivery of health and social care services	• Section 1.3 Protecting and Improving the Public's Health
24.	**Older Persons Homecare Statutory and Regulation Implementation**	• Improve service quality for patients and service users	• Section 2.1.1.2 Older Persons' Care
25.	**Digital for Care – A Digital Health Framework for Ireland (2024-2030)**	• Critical enabling reform programmes designed to transform the delivery of health and social care services	• Section 2.3.2 Technology and Transformation
26.	**HR Digital Programme - NiSRP**	• Critical enabling reform programmes designed to transform the delivery of health and social care services	• Section 2.3.2 Technology and Transformation
27.	**National Laboratory Strategy**	• Critical enabling reform programmes designed to transform the delivery of health and social care services	• Section 2.2.5 Clinical Standards and Practice

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