



Rialtas na hÉireann  
Government of Ireland



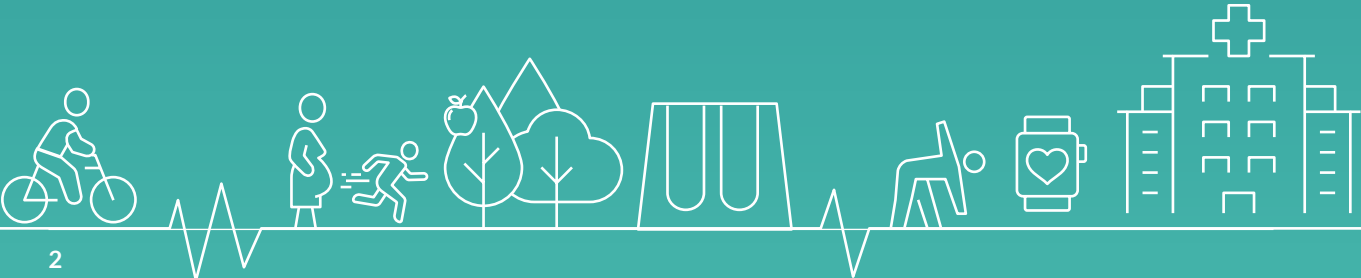
# Sláintecare.

Right Care. Right Place. Right Time.



The Path to Universal Healthcare – Sláintecare &  
Programme for Government 2025+

**2026 Action Plan**



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# 1. Foreword

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## Minister for Health Jennifer Carroll MacNeill TD

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As Minister for Health, ensuring that people can access timely, high-quality healthcare when they need it remains a central priority for me.

The Sláintecare Action Plan 2026 (SCAP26) is an important milestone in advancing Ireland's long-term vision for universal, person-centred healthcare.

As the second of three annual action plans under The Path to Universal Healthcare – Sláintecare & Programme for Government 2025+, SCAP26 sets out the priorities and actions that will be delivered in 2026.

Our population is living longer, healthier lives and will need timely and transparent access to high quality scheduled patient care in the years ahead. More people overall and more older people means more demand for our services, particularly in chronic disease management and long-term care. This is why we have been investing in building our capacity both in infrastructure and workforce.

Despite these challenges, it is important to recognise the strength of our health service and the progress that continues to be made. Irish people report high levels of health satisfaction, with the 2025 Healthy Ireland Survey reporting over 82% rating their health as good or very good. Life expectancy is now approaching 83 years - among the highest in Europe. These achievements reflect sustained public investment, effective public health policy, and, above all, the dedication and professionalism of our health and social care workforce.

Looking ahead, demographic change means that maintaining today's outcomes will require additional capacity, delivered in new ways, and in settings that are better aligned with people's needs. These growing pressures make reform essential - and urgent. SCAP26 is designed to focus the programme across three core priorities: improving access to care, improving service quality and building capacity, supported by strong enabling reforms. Delivery of this plan is supported by a €27.4 billion healthcare budget.

Digital transformation and productivity reform are central to this year's plan. The continued rollout of the HSE Health App will provide more transparent, user friendly access to services, while expanded digital records and modern systems will support safer, more integrated care. In parallel, a renewed system-wide focus on productivity will ensure better use of workforce time, infrastructure and technology so that more patients are treated, and treated sooner.

Sláintecare remains the foundation of this Government's ambitions to build a universal, accessible and high-quality health and social care service where care is based on need, delivered closer to home wherever possible, and available at the right place and the right time - now and into the future.



# 1

## Introduction

# 1. Introduction

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The Sláintecare 2026 Action Plan (SCAP26) represents the next stage in Ireland's multiannual pathway to universal healthcare, advancing the delivery of Sláintecare and the commitments set out in the *Path to Universal Healthcare: Sláintecare & Programme for Government 2025+* (SC2025+), focussing on major service and infrastructural reforms and system and staff productivity improvements.

**SCAP26** is designed to drive delivery towards achieving universal healthcare by translating national reform commitments, across 23 Sláintecare programmes, into concrete actions that will be delivered in 2026. As the second annual plan under *The Path to Universal Healthcare: Sláintecare & Programme for Government 2025+*, SCAP26 focuses on delivering **faster access, safer and higher quality care, and increased capacity**, supported by digital transformation, regional delivery and productivity reform.

The 2026 Action Plan builds on the successes of the *Sláintecare Implementation Strategy 2018; Sláintecare Implementation Strategy & Action Plan 2021-2023* and the first year of implementation of the *Path to Universal Healthcare: Sláintecare & Programme for Government 2025+ (Sláintecare 2025+)* - see *Sláintecare Progress Report 2025*.

Sláintecare 2025+ set out an integrated and whole of-system reform programme to be implemented over the period 2025–2027, recognising that some of these reforms will continue over a longer timeframe.

SCAP26 sets out the actions required to maintain momentum and accelerate delivery to further advancing progress, throughout 2026, towards achieving the Sláintecare vision.

SCAP26 delivery is underpinned by defined actions to be achieved in 2026, broken down by quarterly deliverables, detailed at Appendix 1.

The Sláintecare Programme Board, chaired by the Secretary General of the Department of Health and the CEO of the Health Service Executive (HSE), leads on the delivery of Sláintecare and meets quarterly to review progress, (Governance & Accountability, Chapter 7). The Sláintecare Programme Board is supported by the Sláintecare Programme Management Office (SPMO) in the Department of Health and the Sláintecare Transformation and Innovation Office (STIO) in the HSE.

Through defined milestones, clear governance and effective performance oversight, SCAP26 aims to deliver sustained improvement across the health and social care system.

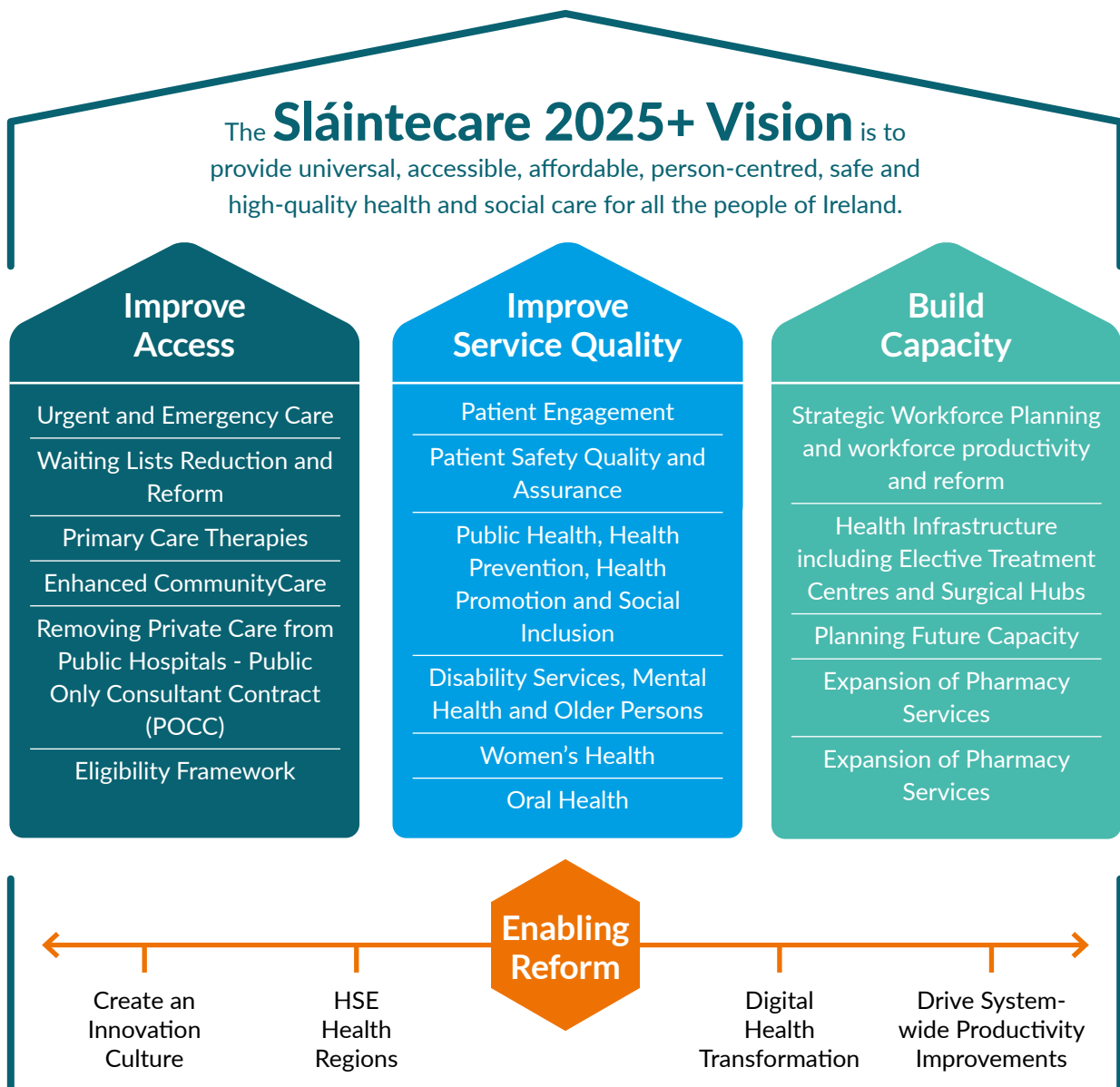


# 2

## Overview & Strategic Priority Areas

## 2. Overview & Strategic Priority Areas

The Sláintecare Vision, set out in Sláintecare 2025+, is to provide universal, accessible, affordable, person-centred, safe and high-quality health and social care for all the people of Ireland. To achieve this vision, the Sláintecare Mission, as outlined in Sláintecare 2025+, is to deliver more timely access, high quality, lower-cost patient care and better health outcomes in partnership with the people who use health and social care services. We will do this by increasing capacity, improving productivity and delivering more efficient and integrated care.



Sláintecare 2025+ comprises 23 individual Sláintecare Projects and the milestones to be achieved on the path to achieving universal healthcare across three priority areas:

- Increase access to health and social care services
- Improve service quality for patients and service users
- Increase capacity of the health and social care system

Underpinning delivery of Sláintecare projects across these priority areas are critical enabling reform programmes designed to transform the delivery of health and social care services through digital transformation, innovation, and with an increased focus on achieving greater levels of productivity. The implementation and further integration of the HSE Health Regions, in particular, is an enabling reform that will reorganise our overall health and social care service to one better aligned to meet the specific needs of our population. Collectively, the suite of Sláintecare Projects will:

- Support people to live well and choose healthy lifestyle behaviours.
- Make access to healthcare services fairer and faster, while expanding and integrating care in the community.
- Increase capacity and output of services through workforce reforms, development of a modern digital health infrastructure, and productivity improvements.

SCAP26 aligns with, and is supported by, a series of national policies and strategies which are delivering significant and permanent improvements and reforms which are focused on ensuring that healthcare services are timely, responsive, and patient-centred - See Appendix 3 for full list of national policies and strategies. As national policies and strategies are developed, they are aligned with the overall vision of Sláintecare and informed by the Sláintecare principles and reform priorities.

## Improve Access

Improving timely access to care is a key Sláintecare and Programme for Government priority. The goal is to ensure that care is available and delivered to patients who need it at the right time, in the right place and as close to home as possible. Under

SCAP26, improving access is being advanced through the coordinated delivery of a suite of key reform programmes spanning community, scheduled and urgent care. Strengthening community and primary care capacity as a foundation of access, enabling earlier intervention, improved management of chronic disease and facilitating reduced reliance on acute hospitals is key to achieving the Sláintecare vision. Improved access to health and social care services will be achieved for the people of Ireland by achieving specified milestones across the following areas:

- **Urgent & Emergency Care** – reducing delays in Emergency Departments and providing safer urgent care.
- **Waiting Lists Reduction & Reform** – focusing on reforming scheduled care to improve productivity and efficiencies, harnessing enabling technologies, and targeted additional capacity to reduce waiting lists and waiting times.
- **Primary Care Therapy Waiting Lists** – addressing primary care waiting lists.
- **Enhanced Community Care** – moving hospital and specialist services closer to home and community.
- **Removing Private Care from Public Hospitals - Public Only Consultant Contract (POCC)** - rolling out of the new Consultant Contract and associated extended working hours and weekend rostering.
- **Eligibility Framework** – improving access and the affordability of healthcare services informed by an evidence-based review.

## Improve Service Quality

SCAP26 places a strong emphasis on ensuring that safety, quality and person-centred care are core features of service delivery across community, primary and acute settings. Improving the quality of services for our patients and service users will be achieved through the following Sláintecare projects:

- **Patient Engagement** – listening to people and involving them in service design and delivery.
- **Patient Safety Quality and Assurance** – ensuring our services provide safe, high-quality care.
- **Public Health, Prevention, Health Promotion and Social Inclusion** – supporting people to live

well, with and without disease, and choosing healthy behaviours.

- **Disability Services, Mental Health and Older Persons** – improving disability services, mental health services, and services for older people.
- **Women’s Health** – providing an increased focus on women’s health issues and greater scrutiny of women’s experiences of health care.
- **Oral Health** – reforming and modernising the provision of oral healthcare services.

## Build Capacity

In 2026, the following Sláintecare Project actions will deliver tangible progress across workforce, infrastructure and system planning. Together, these measures will increase sustainable capacity across the system, support workforce resilience, and enable the delivery of high quality care closer to home in line with Sláintecare objectives.

- **Strategic workforce planning and workforce productivity and workforce reform measures** - Delivering accessible and affordable care will require the workforce operating to the top of their skillsets with a sustainable flow of new resources to build and sustain it at the required levels into the future.
- **Health Infrastructure including Elective Treatment Centres, known as Elective Hospitals, and Surgical Hubs** – the separation of emergency (unscheduled) care from elective (scheduled) care will mean fewer cancellations and fewer delays for elective care leading to better health outcomes and improved quality of life for patients and their families. This will also release capacity in existing hospitals, allowing them to focus on non-elective, acute and other inpatient activity.
- **Planning Future Capacity** - Planning for future capacity requirements, including capital/ infrastructure and workforce will ensure that we are addressing longer-term challenges and preparing our health and social care service to be future-fit.
- **Expansion of Pharmacy Services** - improving services that can be delivered by pharmacists and pharmacies for the benefit of the public and the wider healthcare service.

## Enabling Reforms

A key focus in 2026 is embedding and scaling innovation as a routine part of health service delivery. We will continue investment in innovation, through the **Sláintecare Integration Innovation Fund (SIIF)**.

The **HSE Health Regions** reform enters a consolidation phase in 2026, implementing Integrated Service Delivery and strengthening leadership and accountability in the 20 Integrated Health Areas, with preparations for the roll out of a Population Based Resource Allocation model.

**Digital health transformation** remains a critical enabler, and continued delivery of the *Digital for Care* strategy will progress through expanded HSE Health App functionality, wider rollout of the National Shared Care Record, and further deployment of core digital systems. These reforms will be underpinned by the **Health Information Act 2026**, and complemented by **system wide productivity initiatives**, ensuring greater access and activity within available resources.

This will be achieved through the following Sláintecare projects:

- **Creating an Innovation Culture** – enabling health care innovation to support sustainable health and social care for all.
- **HSE Health Regions** – reorganising the HSE into six regions in order that hospital and community care services will be integrated and managed together in each region
- **Digital Health Transformation** – improving health outcomes enabled by safe, secure and connected digital health.
- **Driving System-wide Productivity Improvements** – improving productivity, efficiency and performance across the health service.



# 3

## Improve Access

## 3. Improve Access



Improving timely access to care is a key Sláintecare priority. While sustained progress has been made in recent years, improving access continues to be one of the most complex and systemwide challenges facing the health service. The Sláintecare focus is on ensuring that care is available and delivered to patients who need it at the right time, in the right place and as close to home as possible.

### Urgent & Emergency Care

Supported by an increased health budget for 2026 and through the implementation of the HSE NSP 2026 there will be continued support for urgent and emergency care services, with ongoing investment in staff, infrastructure, and innovative solutions to ensure that patients receive the care they need in a timely and efficient manner.

The Urgent Emergency Care (UEC) Plan 2026-2027, which is currently in development, will build on previous UEC Plans (2023/24 and 2024/25). Annual UEC Operational Plans will deliver:

- Actions and initiatives to be implemented nationally and locally to support integrated 'operational grip' (governance, structures and processes that are in place to support the management of day-to-day operations) of UEC services and instil a culture of continuous improvement.
- Surge measures will be specified to respond to and mitigate patient safety risks associated with high UEC activity and congestion. Some measures will be in place prior to the winter period while others will be triggered by agreed indicators.
- Key Performance Indicators for UEC will be set each year with hospitals and associated HSE Health Regions working towards realistic and achievable in year improvement targets.
- A strengthened, integrated system of governance and accountability will underpin the monitoring, performance oversight, and delivery of UEC services as well as service improvements

in 2026 and beyond. Aligned with the six new HSE Health Regions, there will be a focus on improving local analysis and insights to better inform decision-making, resource allocation, and improvement trajectories at service level.

### UEC Plan 2025/26

The UEC Plan provides a comprehensive framework, covering hospital avoidance, ED operations, in-hospital care delivery, and discharge management. The 3rd iteration of the UEC Plan Q2 2025-Q1 2026 also includes additional targeted actions and reform initiatives such as providing additional and extended hours for senior decision makers and staff integral to supporting 7/7 operations and standardising the opening hours of all Injury Units to provide a 7-day service, 8am to 8pm including Bank Holidays. There is also a focus on the importance of hospitals and communities working and communicating together to improve patient flow.

The government is committed to delivering safe and timely healthcare to all patients but particularly the most vulnerable. A key target of the HSE's current *Urgent and Emergency Care (UEC) Operational Plan 2025/2026* is to ensure 99% of elderly patients are either admitted or discharged from the ED within 24 hours. We have invested significantly in Virtual Care, and following the success of Acute Virtual Wards launched in St. Vincent's University Hospital and University Hospital Limerick in 2024, a further 5 Acute Virtual Wards have been launched. As a result, there is now at least 1 Acute Virtual Ward operating in each HSE Health Region. The Acute Virtual Wards

(AVW) have collectively admitted over 1,981 patients by end 2025, and have delivered over 17,808 bed days, freeing up capacity for patients who require more traditional care. Building on this success, in 2026, we will continue to scale existing AVWs up to a capacity of 40 beds per site. The promotion and utilisation of alternative pathways of care such as GPs, GP Out of Hours, Pharmacies and Injury Units will help as many people as possible to get the right care in the right place at the right time.

Building on the progress made in 2025, which saw an improvement in the daily average 8am trolley figures, with a 10% reduction compared to the previous year, (equating to, on average of 30 fewer patients waiting on trolleys for an inpatient bed per day) in 2026, there will be a renewed focus on achieving UEC key performance indicators (KPIs), as well as elevating and standardising the patient experience across the HSE Health Regions.

The 2026 National Priorities, supported and enabled by the Access & Integration (A&I) team, aim to enhance patient outcomes, streamline service delivery, and ensure that all individuals receive high-quality, safe and efficient care.

## Waiting Lists Reduction & Reform

The Waiting Lists Reduction and Reform goal is to implement agreed annual Action Plans as part of a multi-annual approach to sustainably reduce waiting lists and reform access to care, ultimately moving towards the Sláintecare waiting time targets of 12 weeks for an in-patient and day case (IPDC) hospital procedure and 10 weeks for an outpatient (OPD) appointment. To emphasise the renewed focus on improving waiting times, this year the Plan has been renamed the *Waiting Time Action Plan (WTAP) 2026*.

In keeping with Programme for Government commitments, the WTAP 2026 focuses on delivering more timely access to high-quality scheduled care in our acute hospitals. Reducing waiting times for care will help improve both patient outcomes and patient experiences of our health service.

The Department of Health, the HSE and the National Treatment Purchase Fund (NTPF) developed the WTAP 2026 with a particular focus on reducing waiting times for hospital care. The WTAP 2026 was published on 30 January 2026

and sets out six overarching and interconnected targets:

- 50% of patients to be waiting less than the Sláintecare wait time targets of 10 weeks for OPD appointments and 12 weeks for IPDC procedures; and 65% of patients to be waiting less than the Sláintecare wait time target of 12 weeks for GI Scopes.
- Reducing the weighted average wait time to < 5.5 months for OPD and IPDC and to < 3.5 months for GI Scopes.
- 90% of patients to be waiting less than 12 months for first access to OPD services.
- To achieve an OPD new to return ratio of 1:2.0, for clinically appropriate specialties.
- To have 85% of routine elective appointments/procedures chronologically scheduled.
- 83% of inpatients to have their principal elective procedure conducted on day of admission.

In working to meet these targets, the WTAP 2026 sets out a combination of 36 actions under the three themes of “Reforming Planned Care”, “Enabling Planned Care” and “Capacity Optimisation”. This includes actions relating to:

- Service reforms and innovation (e.g. centralised referrals, HSE Access Accelerator initiatives).
- Increased productivity and improved performance (e.g. the OPD toolkit, Chronological scheduling, and the theatre utilisation programme).
- Investment in infrastructure and staffing (e.g. opening five new surgical hubs).
- Embracing digital solutions (e.g. the HSE app and e-referrals).
- Targeted additional capacity via the NTPF.

The WTAP 2026 sets out the national level priorities and actions and serves as a critical support and enabler for each Health Region in developing their Regional Operational Plans for scheduled care. This includes the setting out of how nationally agreed priorities and targets can be delivered at local and regional level, and how performance variation can be reduced intra- and inter-regionally.

The implementation of the WTAP 2026 will be overseen by the Waiting List Task Force, the membership of which is comprised of senior

representatives of the Department of Health, HSE (both national and regional) and the NTPF.

Effective oversight and monitoring of implementation, through this governance structure, will help to reduce waiting times and bring us closer to having a public healthcare service in which everyone has timely access to high-quality scheduled care, where and when they need it.

## Primary Care Therapies – Access and Waiting List Management

There is an urgent need to ensure a consistent approach at a national level to waiting list management in primary care to improve timely access and consistency of patient experience for all patients regardless of location. In line with the Programme for Government commitments to build capacity in primary care therapy services, a programmatic approach to Primary Care Therapy Waiting List Management has been developed jointly between the Department of Health, and the HSE. The aim of this programmatic approach is to put in place considerable standardised infrastructure to support systematic responses to Primary Care Waiting Lists and to facilitate a greater understanding of the scale of demand, the drivers of demand and to allow for improved planning, interventions, investment considerations, enhanced productivity, and to support the most efficient use of capacity. By 2027, this programme of work aims to achieve significant reductions in waiting lists and waiting times for primary care therapy services and ensure adequate resourcing to maintain those reductions alongside implementation of a consistent national approach to waiting list management through the implementation of a national waiting list management protocol.

This programmatic approach involves three workstreams:

Workstream 1 aims to deliver improved analysis of Primary Care therapy activity and productivity in order to maximise capacity within existing resources.

In 2025, utilising the reports developed under this workstream, a detailed examination was conducted to inform the development of proposals under Workstream 2. In 2026, there will be continued engagement on improving availability of data to support capacity planning for primary care

services alongside a review of productivity related reforms implemented to support Workstream 2 including eHealth and digital supports that can drive increased productivity and accessibility.

Acknowledging that there is a need for shorter-term measures to address the current scale of waiting lists, Workstream 2 focuses on the development of measures, at a national level, to address those waiting more than a year to access primary care therapy services.

In 2025, under Workstream 2, a proposal to address long-waiting times for three primary care therapies was developed. Building on successful local initiatives, an initiative has commenced to address Physiotherapy, Occupational Therapy, and Speech & Language Therapy waiting times. This initiative aims to reduce the waiting times for these three therapies to less than ten months improving timely access to primary care services for adults, children and their families. The measure would remove 60,000 adults and children from the waiting lists across the three therapies. Implementation began in Q4 2025 and will continue throughout 2026 on a phased basis with all Integrated Healthcare Areas being supported to reduce waiting times for Physiotherapy, Occupational Therapy and Speech & Language Therapy.

The focus of Workstream 3 is developing a Primary Care Therapy Waiting List Management Protocol to ensure a consistent and transparent approach to referral, waiting list management and discharge of patients is applied across the primary care therapies in all Community Healthcare Networks (CHNs) thus improving overall experience for patients and their families.

Workstream 3 is being supported through the joint HRB/Department of Health Evidence for Policy programme. In 2024, a research team was appointed to lead this work to develop a comprehensive, evidence-based Primary Care Therapy Waiting List Management Protocol. In 2025, analysis of best practice was undertaken to inform the development of the protocol with outputs including systematic and scoping reviews of interventions to manage waiting lists among therapy services in primary care. Process-mapping of current service provision and waiting list strategies will commence in Q2 2026 which will be followed by the development of the protocol and selection of preferred waiting list management interventions. Through service-level engagement,

the Primary Care Waiting List Management Protocol will be developed through 2026 and implemented in 2027. This implementation will include training on the Protocol for all staff responsible for the delivery of primary care therapy services and waiting list management.

From 2027, it is envisaged that the implementation of the Primary Care Waiting List Management Protocol will be subject to ongoing monitoring across all Health Regions to support standardisation and promote improvements in waiting list management practices nationally.

## Enhanced Community Care Programme

The Enhanced Community Care (ECC) Programme is a transformative initiative under Sláintecare, shifting healthcare delivery from hospitals to community settings, ensuring patients receive tailored treatment closer to home. By strengthening primary care, general practice, and integrated community services, the programme is preventing unnecessary hospital referrals and admissions while enhancing patient outcomes.

The delivery of the ECC programme is enabling primary care and community specialist multi-disciplinary teams to work together in a more coordinated and consistent way, in defined geographic areas, based on the assessed needs of the local population.

The ECC Programme demonstrates a shift towards improved health through prevention, early detection and management, resulting in improved lifestyle, improved clinical results and routine care provided in the community setting. Patients who attend their GPs are being electronically referred to their local Community Healthcare Network (CHN) or Community Specialist Team (CST) to access services at the appropriate level of complexity. This is leading to reduced unnecessary attendances to acute hospitals for these patients, with the majority remaining under the care of General Practice and accessing CHN provided services as required. Patients of the highest complexity are referred to the CSTs to access multidisciplinary, consultant-led care in the community. Further to this, with 97% of GPs signed up to the Chronic Disease Management (CDM) Programme, and 92% of patients with chronic disease now fully managed routinely in primary care, there is continuing emphasis on maintaining care of people in the

community insofar as possible, promoting self-management and appropriate hospital avoidance. The ECC Programme is making the shift of care from a current hospital-centric model to a community-based model in line with the vision of Sláintecare.

In 2026, aligned to the Programme for Government commitment to continue the expansion of ECC teams, and to continue to support CHNs, ECC Community Specialist Teams and CHN services will increase activity levels and maximise the productivity of staff already recruited.

The ECC Programme will target delivery of 1,426,000 patients seen through the CHNs in 2026, alongside over 150,000 patient contacts by Community Specialist Teams for Older Persons (ICPOP) and over 462,000 patient contacts by Community Specialist Teams for Chronic Disease (ICPCD), an increase of 38% on 2025's target. In 2026, the ECC Programme, in conjunction with the HSE's Technology and Transformation Team, will continue rollout, and support to ECC teams in their utilisation of the telehealth solution, Attend Anywhere, aiming to fully embed the approach within these teams, and further enhance the availability of digital resources, facilitating further improvements to team productivity.

Building on this, the ECC Programme will implement the Virtual Care in the Community (VCIC) model in one ICPOP team per Health Region. This initiative will connect GPs, nursing homes, mobile diagnostic teams and wider CHN primary care and community services including Community Paramedics through a defined Virtual Access Pathway with ICPOP, supporting hospital avoidance and early discharge measures.

This work continues to build upon the existing digital landscape of remote health monitoring and telehealth across ECC, including Attend Anywhere remote consultations, HealthLink e-referrals, Heart Virtual Clinics and HSE AreaFinder.

The focus for 2026 onwards is the ongoing embedding of community-based care and the "shift left" through the ECC Model. The full implementation of the 30 CSTs for ICPOP and 30 CSTs for ICPCD is dependent on both funding allocations, and the availability of suitably qualified staff for recruitment to the programme.

The government's commitment to supporting General Practice in the Programme for Government will be bolstered by the continuation of the GP Access to Community Diagnostics (GPACD) Scheme.

In 2026, this scheme, open to the full adult population, and providing a direct referral pathway for GPs to community-based radiology scans and chronic disease tests for their patients, will target delivery of up to 240,000 community radiology scans. Aligned to this scheme, the new Mobile X-Ray initiative, which delivers these scans to patients at home, eliminating the requirement to attend healthcare facilities to access this diagnostic scan for those unable to travel, will target delivery of over 16,400 X-Rays patients in their own homes in 2026, a 64% increase on the number of X-Rays delivered in 2025.

## Removing Private Care from Public Hospitals – Public Only Consultant Contract

The primary objective of the Public Only Consultant Contract (POCC) is to enable the move towards universal healthcare, with public hospitals used exclusively for the treatment of public patients. Another core objective of implementing this contract is to enhance senior decision maker presence on-site, out of hours and at weekends and ensure that these senior decision makers are present and delivering patient care when demand is highest.

The Public Only Consultant Contract is in place since March 2023, with 3,286 consultants signing the contract by end of December 2025. This is made up of 1,098 new entrants and 2,188 consultants who have changed contracts. This means that as of end of December 2025, 68% of consultants were now on the Public Only Consultant Contract.

- Under the terms of the POCC, consultants can be rostered to work an extended working day Monday to Friday until 10pm and on Saturdays 8am-6pm. Work is ongoing with the HSE to ensure we are maximising the use of the hours in the contract to enhance patient care and increase access to services in the evening and at weekends. The extended transition period for consultants who switched in 2023 (~1,250 consultants) has concluded, therefore, all but the 68 switchers who are currently within their

6-month transition period have now ceased private practice in public hospitals.

The number of consultants employed by the health service has increased from 3,250 Whole-time Equivalent (WTE) in 2020 to 4,858 at the end of December 2025, a 49% increase. Continuous rollout of the contract will help achieve the long-term Sláintecare goal of ensuring public hospitals are used exclusively for the treatment of public patients.

In 2026, the following actions will be taken:

- Achieve 100% compliance of consultant roster uploads to the Doctors Integrated Management e-system (DIME)
- Ensure that all POCC consultants cease private practice in public hospitals in line with the transitional arrangements in their contracts.
- Monitor the impacts of introducing the POCC on delivery of services and improving access to patients.

From 2027 onwards:

- Continue to encourage existing consultants to change over to the POCC.
- Continue to monitor the impact of the POCC on delivery of services and improving access to patients.

## Eligibility and Affordability

The Programme for Government 2025 sets out ambitious targets to further improve access to and affordability of healthcare services.

### Current Eligibility Arrangements

The 1970 Health Act and subsequent legislation provides the core foundation for the existing eligibility arrangements. The Act provides for two categories of eligibility for all people ordinarily resident in the State:

- Full eligibility (medical cardholders).
- Limited eligibility (all others).

## Expanding Eligibility

There has been a significant focus on improving access to and affordability of healthcare services to deliver expanded eligibility in recent years. Key achievements in expanding eligibility include:

- Expansion of GP card coverage
- Free contraception for women aged 17 – 35
- Abolition of in-patient charges

Additionally, there has been considerable enhancement in community services access through, for example, the Enhanced Community Care Programme (ECC) which supports patients with chronic diseases through the Integrated Care Programme for the Prevention and Management of Chronic Disease.

## Strategic Review of Eligibility

The Department of Health is currently implementing a significant programme of work relating to eligibility measures to increase access and affordability of healthcare services. The primary goal is to complete a comprehensive review and appraisal of the arrangements that underpin the existing eligibility framework. This will enable the development of evidence-based policy options for a future eligibility framework to support a progressive move towards universal healthcare.

Initial scoping work was completed in 2025. This will inform continued work in reviewing the framework and developing policy proposals and options to further progress universal healthcare. The policy proposals and options identified will be based on robust evidence and will focus on improving health outcomes for patients.

As part of this review, the Department of Health has funded the European Observatory on Health Systems and Policies to conduct an international evidence review on healthcare charges. This review will lead to the development of a range of evidence-based policy options.

In 2026, the following will be delivered:

- Finalise report on Phase 1 of the Strategic Review of Eligibility
- Review of the legislative framework underpinning current eligibility policy with a view to futureproofing.
- Identify priorities for standardisation of current eligibility framework, and initial groundwork on potential changes, if any, required.
- Identify policy and legislative implications of potential extension of eligibility within publicly funded health services.



# 4 Improve Service Quality

## 4. Improve Service Quality



Building trust and confidence in the health service is central to delivering high quality, safe and effective care. Under Sláintecare, quality improvement is grounded in listening to the experiences of people who use services, systematically incorporating those insights into service design, and strengthening patient safety and quality assurance arrangements across all care settings. A consistent focus on quality supports better clinical outcomes, improved patient experience, and greater confidence in the health system.

### Patient Engagement

Patient engagement is designed to facilitate and strengthen the role of those using services as coproducers of health, and healthcare policy and practice. This engagement should ultimately support patients' improved access to and experience of the health system, as well as inform improvements to service quality. *Better Together*; the Health Services Patient Engagement Roadmap is the roadmap for patient engagement in the HSE and provides guidance and tools for healthcare staff to create a strong culture of meaningful Patient Engagement.

The National Care Experience Programme (NCEP) ensures that we learn from people's experiences through regular patient surveys and improves the quality of health and social care services in Ireland ([www.yourexperience.ie](http://www.yourexperience.ie)). The NCEP consists of seven surveys:

- The National Inpatient Experience Survey.
- The National Maternity Experience Survey.
- The National Nursing Home Experience Survey.
- The National Maternity Bereavement Experience Survey.
- The National End of Life Experience Survey.
- The National Mental Health Experience Survey.
- The National Cancer Care Experience Survey.

Five of the surveys have been conducted only once, and the National Inpatient Experience Survey has been conducted six times, most recently in 2024. The National Mental Health Experience Survey and the Cancer Care Experience Survey are currently in development. The NCEP is a joint initiative of the HSE, the Health Inspection and Quality Authority (HIQA), the Mental Health Commission (MHC) and the Department of Health, and as it expands into new care settings, we will continue to build on embedding insights from patients as evidence for person centred policy and service delivery.

The National Clinical Effectiveness Committee (NCEC) continues to ensure that the voice of patients and service users are represented in the drafting and publication of NCEC National Clinical Guidelines on various healthcare topics. Each Guideline Development Group must include two patient representatives who are directly involved in deciding the recommendations of each guideline.

Health Literacy will help to empower people by raising awareness of the health services available to them. This will be facilitated by health literacy measures which enhance the ability to find, read, understand, and use healthcare information and to help people make the right health decisions. We will support a consistent health literacy focus being taken to the development of health and social care policies and strategies.

In 2026, we will continue to make patient engagement a fundamental cornerstone of healthcare, ensuring that patients' voices are heard and respected in the design, delivery, and evaluation of healthcare services.

In 2026, the following will be delivered:

- Undertake National Patient Experience Surveys, including:
  - The seventh National Inpatient Experience Survey will be carried out and quality improvement initiatives will be developed.
  - Based on the results of the second National Maternity Experience Survey (published on 10 December 2025), the Health Service Executive (HSE) and individual maternity service providers have responded to the results by developing quality improvement initiatives which will continue to be implemented.
  - Develop two further surveys - the National Mental Health Experience Survey and the National Cancer Care Experience Survey will be progressed further in 2026.
- Rollout additional functionality for the HSE Health App: Rollout additional features on the HSE Health App that will enable people to access their health information and manage their interactions with health services. The app will also support patients through a range of care pathways with the right information at the right time.
- Continue to support Health Literacy by:
  - Holding quarterly health literacy webinars in the Department of Health to raise awareness of national and local initiatives with a health literacy aspect to their work.
  - Examining options to highlight digital health literacy, organisational health literacy and training in health literacy skills for healthcare workers.

## Patient Safety, Quality and Assurance

Patient Safety and Quality initiatives are enablers for safe, high-quality care and can contribute to good care experiences for patients and families across all care settings. There is a range of Patient Safety Initiatives and policies that support this and key objectives in 2026.

Patient safety is integral to the functioning of all health services globally and in Ireland remains a central focus to ensure the delivery of high-quality, safe health care. The National Patient Safety Office (NPSO) in the Department of Health leads the direction of patient safety policy and legislation nationally. In collaboration with key partners, the NPSO are both building and driving the patient safety journey in Ireland. The NPSO's vision for patient safety is that all patients using health and social care services will consistently receive the safest care.

Patient safety risks are heightened at times of structural change and as the complexity of care delivery increases. As we progress healthcare reform, we must look to ensure the risks are assessed, continually monitored and evaluated to provide for the continuation of the delivery of safe and high-quality health services. The structural reform of the HSE under the Sláintecare programme provides a unique opportunity to fully embed a culture of patient safety through every level of the organisation.

Ensuring robust patient safety governance and structures at both regional and national levels will strengthen the ability of our health service to deliver safer care, and to prevent and reduce avoidable harm where possible. Continued implementation of the Patient Safety (Open Disclosure and Notifiable Incidents), Act 2023 is driving a culture of transparency, openness and patient involvement.

The Sláintecare Patient Safety Assurance Project (SPSAP) working group, comprising of the NPSO and the National Quality and Patient Safety (NQPS) teams, works to provide assurances and appropriate oversight of patient safety nationally. A collaborative approach, involving a wide range of national and international partners including patients and advocates, clinicians, regulators and global experts, underpins the delivery of continuous learning and improvement.

In 2026, the following will be delivered:

- The review of the HSE Incident Management Framework (IMF). The target for the publication of three IMF is Quarter 2 2026.
- The development, testing and piloting of a national learning analytics capability training system.
- The development of a new five-year strategic programme for new clinical audits.
- A revised HSE Patient Safety Strategy.

## Public Health, Prevention, Health Promotion & Social Inclusion

Public health, prevention, health promotion and social inclusion are central to Sláintecare’s ambition to improve population health outcomes, reduce health inequalities and ensure the sustainability of the health and social care system. In 2026, delivery will focus on strengthening public health capacity, embedding prevention, advancing place-based and settings-based initiatives and improving access and outcomes for groups experiencing disadvantage.

### Public Health Reform: HSE Public Health Strategy 2025–2030

Public health reform is focused on building a strengthened model for public health service delivery in Ireland through building population health leadership, governance, preparedness and delivery in line with Sláintecare principles.

The *HSE Public Health Strategy 2025 – 2030*, published in December 2025, aligns strongly with the principles of Sláintecare, and sets out an ambitious vision to achieve the best possible health and wellbeing for everyone in Ireland, across six priority areas. It sets out a clear direction for improving health outcomes, addressing inequalities, and strengthening Ireland’s public health system over the five-year implementation period.

In 2026, the following will be delivered:

- Develop a three-year public health strategic action plan overseen by a HSE Steering Group.
- Operationalise implementation teams for each of the six public health priority programmes.

- Develop a strategic workforce plan, public health competency framework, and communications protocol, aimed at aligning efforts and building capacity.

## Responding to Future Health Threats

Preparedness for and response to emerging and evolving health threats, including emerging diseases and antimicrobial resistance, is essential to protecting population health and system resilience.

In 2026, the following will be delivered:

- The Health Threats Advisory Group, established in 2025 and chaired by the Chief Medical Officer (CMO), will continually monitor and advise on an ‘all-hazards’, ‘One Health’ basis.
- Strengthen surveillance capacity of the Health Protection Surveillance Centre, including through improved data analytics.
- Finalise HSE Operational Pandemic Plan and HSE Health Region Operational Plans.
- Establish a national Evidence Synthesis Hub as a one-stop capability for rapid evidence synthesis for major health threats, including pandemics.
- Prepare for the European Centre for Disease Control (ECDC) Public Health Emergency Preparedness Assessment (PHEPA) of Ireland, which will take place in June 2026.
- Develop a National Health Threats Preparedness Plan to ensure clear lines of responsibility, governance, and management for future health threats. This Plan will reflect the outcomes of the PHEPA assessment.

## Healthy Ireland: Health Promotion

*Healthy Ireland* provides the national framework for health promotion and prevention, supporting healthier behaviours and addressing the social determinants of health through cross-sectoral action. Healthy Ireland is focused on enabling everyone living in Ireland to enjoy better physical and mental health and to live longer, healthier lives.

## Healthy Ireland Review

A successor to the Healthy Ireland Framework is being developed to reflect emerging evidence and align with Sláintecare.

In 2026, the following will be delivered:

- Finalise and launch the successor Healthy Ireland Framework (Q4 2026).
- Continue delivery of updated policy strands including physical activity, obesity and sexual health.

## Smoking Cessation

Smoking continues to be the single biggest preventable cause of premature death and disease in Ireland. Over half of the health gap across society is due to smoking. 1 in 6 adults currently smoke.

The HSE provides life-saving stop smoking care via the QUIT Service. This includes free stop smoking medicines and behavioural support. Investment in the QUIT Programme has been greatly increased in recent years, and it is projected to support record numbers of people in 2026.

More broadly, the Tobacco Free Ireland policy is currently being reviewed and updated. It will consider all available options to provide a pathway to eliminate the harm caused by tobacco use by preventing initiation and increasing cessation, and to prevent children and young people from using nicotine products.

In 2026, the following will be delivered:

- Publication of the successor to the Tobacco Free Ireland policy.
- 22,820 smokers to receive face to face or telephone intensive cessation support from a cessation counsellor.

## Obesity Programme



## National Clinical Programme for Obesity

Obesity prevention and management requires coordinated action across prevention, food environments and clinical care. In Ireland, overweight and obesity pose an increasing

challenge, with one in five children and almost 60% of the adult population living with overweight or obesity. The successor to *A Healthy Weight for Ireland*, the *Obesity Policy and Action Plan (OPAP)*, the ten-year policy for addressing obesity in Ireland up to end of 2025, is being finalised.

In 2026, the following will be delivered:

- Complete evidence review, to inform new OPAP, will be led by the Institute of Public Health (IPH).
- Develop a new Obesity Policy and Action Plan.
- Publish a new Whole-of-Government Breastfeeding Strategy.
- Submit folic acid recommendations to reduce Neural Tube Defects.

## Healthy Communities

The Sláintecare Healthy Communities Programme adopts a place-based approach to address health inequalities in areas of high deprivation.

In 2026, the following will be delivered:

- Publish an evaluation and action plan.
- Connect 5,500 people to supports through social prescribing.
- Develop an online self-help tool for substance use.

## Healthy Cities and Counties

The Healthy Cities and Counties Programme supports local authorities to embed health and wellbeing in policy and planning.

In 2026, the following will be delivered:

- Renew World Health Organisation (WHO) accreditation for Cities, Counties and the National Network.
- Host a WHO pan-European Mayors' Summit on Climate and Health in Cork, in October 2026.

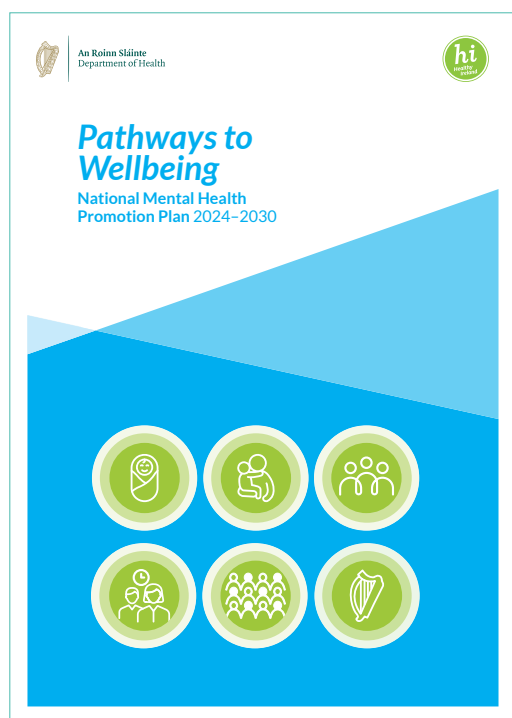
## Healthy Prisons

Healthy Prisons work aims to reduce health inequalities experienced by people in custody and staff. Healthy Ireland has been collaborating with the Irish Prison Service and the Department of Justice to develop a Healthy Prisons Framework.

In 2026, the following will be delivered:

- Recruit a Healthy Prisons Coordinator to progress the Healthy Prison’s Framework, which will be informed by the forthcoming Report on Health and Wellbeing for Prisoners.
- Publish IPH mapping of prison health promotion activity.
- Undertake a staff health and wellbeing needs assessment

### Mental Health Promotion



Mental health promotion supports wellbeing across the life course and underpins social inclusion and community resilience. *Pathways to Wellbeing*, published in 2024, is Ireland’s first national cross-government Mental Health Promotion Plan.

In 2026, the following will be delivered:

- Publish the *Pathways to Wellbeing Implementation Plan 2026-2027*.
- Establish governance and monitoring structures.
- Deliver a community-based mental health promotion initiative.
- Publish a model to improve mental health outcomes in Sláintecare Healthy Communities.

### Physical Activity Promotion

Physical activity promotion is advanced through a cross-sectoral approach under Healthy Ireland. The National Physical Activity Framework 2024 – 2040 aims to increase opportunities for people to be active in ways that fit into everyday lives and which suit individual needs. It set out a vision for Ireland to have the most physically active population in Europe by 2040, across all age groups.

In 2026, the following will be delivered:

- Publish commissioning guidance for physical activity referral programmes.
- Deliver a national physical activity behaviour-change programme via the HSE Health App.

### Healthy Ireland Fund

The Healthy Ireland Fund supports national and local partnership action to improve health and wellbeing.

In 2026, the following will be delivered:

- Continue funding cross-sectoral and community-based health promotion initiatives.

### Arts and Health

Arts and Health promotes wellbeing through creative engagement in communities and care settings.

In 2026, the following will be delivered:

- Expand arts-based health and wellbeing programmes in partnership with Creative Ireland and the Arts Council.

## Men's Health



Men's Health policy focuses on addressing gender-based disparities and engagement with services. The *National Men's Health Action Plan* addresses the health needs of men and seeks to promote gender equality and improve men's engagement with their health and wellbeing.

In 2026, the following will be delivered:

- Agreed priorities for implementation of the Men's Health Action Plan.
- Support for Men's Health Week with Men's Health Forum, and further progress implementation of On Feirm Ground.
- Progress a Cross-Government Policy Statement on Men's Health.

## Women's Health – Healthy Ireland Supports

Healthy Ireland supports delivery of key women's health priorities through the Department of Health's Women's Health Task Force, leading on the Free Contraception Scheme and on period dignity initiatives.

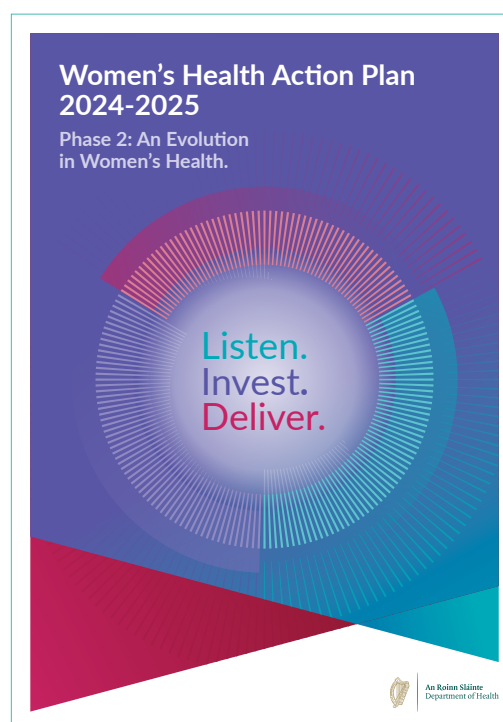
## Free Contraception Scheme

The Free Contraception Scheme (FCS) supports equitable access to contraception and reproductive health services.

In 2026, the following will be delivered:

- Publish legislation enabling pharmacists to prescribe contraception under the Scheme.
- Deliver clinical protocols, communications and implementation.
- Publish qualitative research regarding marginalised groups' access to the FCS.

## Period Poverty



Period dignity action addresses inequalities in access to essential menstrual products.

In 2026, the following will be delivered:

- Expand period dignity supports through community and local authority partnerships.

## Healthy Ireland Research, Monitoring and Evaluation



Robust data and evaluation underpin evidence-informed policy and accountability. Healthy Ireland Surveys are designed to provide an evidence-base to underpin the Healthy Ireland Framework and other Department of Health policies. The surveys also support the wider government Health and Wellbeing Framework, led by the Departments of An Taoiseach and Public Expenditure, Infrastructure, Public Service Reform and Digitalisation.

### Healthy Ireland Surveys and Research

- Complete and publish the *Healthy Ireland Survey 2026*.
- Commence development of the 2027 Survey.
- Support progression of the *Health Behaviour in School-Aged Children Study (HBSC)*, an international study, co-ordinated by the WHO.

### National Sexual Health Strategy and HIV Action Plan

The *National Sexual Health Strategy 2025 – 2035 (NSHS)*, published in June 2025, provides a whole-system approach to sexual health promotion, prevention and care.

In 2026, the following will be delivered:

- Continue implementation of the *National Sexual Health Strategy and Action Plan*.
- Conduct stakeholder engagement and publish an HIV Action Plan.
- Progress development of the Sexual Health Model of Care.

### Disease Prevention

Keeping people healthy and out of hospital for as long as possible is an important part of Sláintecare. Disease prevention focuses on immunisation and early intervention to reduce avoidable illness and hospitalisation.

In 2026, the following will be delivered:

- Implement an RSV infant immunisation pathfinder which will offer immunization to babies born during the RSV season and those aged 6 months and younger.
- Deliver HPV catch-up vaccination programmes to 2nd to 6th year secondary students during the 2026/2027 academic year.
- Progress consideration of additional vaccines informed by HTA.
- Continue implementation of Ireland’s One Health AMR Action Plan.

### Rare Diseases



The *National Rare Disease Strategy 2025–2030*, published in August 2025, aims to improve diagnosis, treatment and support for people living with rare diseases, aiming to improve quality of life, promote equitable access to healthcare, and foster innovation in rare disease research and treatment. The Strategy aims to create a more inclusive healthcare service that meets the complex needs of people living with rare diseases.

In 2026, the following actions will be delivered:

- Publish a Rare Disease Strategy implementation plan.
- Establish patient engagement structures.
- Progress affiliation with European Reference Networks.

## Social Inclusion

Social inclusion actions target barriers to care for populations experiencing disadvantage.

In 2026, the following actions will be delivered:

- Launch four new Healthy Community areas.
- Publish the National Drugs Strategy 2026–2029.
- Establish Regional Drug Forums in each HSE Health Region.
- Roll out a tiered training programme for homeless services staff.

## Disability Services

### *Action Plan for Disability Services 2024–2026*

The *Disability Capacity Review to 2032 – A Review of Social Care Demand and Capacity Requirements to 2032* (published in 2021) identified the demand for specialist community-based disability services arising from demographic change, and considerable levels of unmet needs. Work remains ongoing to reform these specialist social care disability services from traditional models of provision towards more community-based and person-centred models of support.

The *Action Plan for Disability Services 2024–2026* focuses on increasing service capacity and making disability services available closer to home, in the community. It sets out a three-year programme designed to tackle the deficits highlighted in the Capacity Review, while taking a strategic approach to reforms to achieve greater impact.

The following service capacity increase targets are expected to be achieved in 2026:

- 103,822 additional home support hours. This is expected to include hours delivered in the context of intensive home support packages.
- 48,943 additional personal assistance hours.
- 1,400-day service places for school leavers and 50 places for adults with specialist disability service needs who are not school leavers.
- Delivery of 6,000 clinical assessments under the Assessment of Need Targeted Waitlist Initiative.
- Reduce Children's Disability Network Teams (CDNT) waiting lists by 25% prioritising longest waits, with a goal of no child waiting more than 12 months.
- 152 new Priority 1 residential places.
- 58 transitions from congregated settings.
- 45 transitions of people aged under 65 inappropriately placed in nursing homes.
- Development of community neuro-rehabilitation teams in line with the Neuro-Rehabilitation Implementation Framework and enhance capacity for its implementation nationally.
- To build on HSE Disability leadership, a dedicated National Director for Disability within the HSE Centre, alongside six new Regional Disability Lead roles across the Health Regions are being recruited in 2026. These roles will significantly enhance and strengthens the HSE Disability leadership and planning capability needed to deliver the promised step change in disability services.

### *Progressing Disability Services (PDS) Roadmap for Service Improvement 2023–2026 Implementation*

The *Roadmap for Service Improvement 2023–2026, Disability Services for Children and Young People* (launched by the HSE in October 2023) focuses on the ongoing development of Children's Disability Network Teams (CDNT). A further Service Improvement Plan will be developed by the HSE to continue to improve services for children with complex needs and their families.

### Autism Innovation Strategy

The national strategy on autism, the *Autism Innovation Strategy*, was published in August 2024.

The Autism Innovation Strategy provides a framework for cross-government action on autism over an 18-month period. It is designed to complement and enhance wider action on disability by focusing on areas where autistic people face unique challenges and barriers. Existing and planned action to better support people with disabilities, including autistic people, is included in the *National Disability Strategy*, the *Action Plan for Disability Services 2024-2026* and the *Roadmap for Service Improvement 2023-2026: Disability Services for Children and Young People*.

The Autism Innovation Strategy identifies 83 actions that can make a meaningful difference to the lives of autistic people over the 18-month timeframe of the Strategy, and which can provide a solid foundation for improved mainstream accommodation of autism going forward.

The vision for the Autism Innovation Strategy is to provide the building blocks for a more autism-inclusive society – a society where autistic people are understood and have equity of opportunity to participate and engage in cultural, social and economic life and lead meaningful and fulfilled lives as valued members of the community.

Under the HSE Service Improvement Programme for the autistic community, two working groups were established and tasked with leading out on an agreed set of priorities that will have the greatest impact in terms of shaping how services can be delivered to autistic people.

For more details and to see specific actions, see the [Autism Innovation Strategy](#).

### *National Human Rights Strategy for Disabled People 2025-2030*

The *National Human Rights Strategy for Disabled People 2025-2030*, published in September 2025, adopts a whole-of-government approach to advancing the implementation of the United Nations Convention on the Rights of Persons with Disabilities. Individual government Departments and State Agencies are responsible for planning and delivering the commitments that come under their remit across five key Pillars:

|                  |  |
|------------------|--|
| <b>Pillar 1:</b> | Inclusive Learning and Education                       |
| <b>Pillar 2:</b> | Employment   |
| <b>Pillar 3:</b> | Independent Living and Active Participation in Society |
| <b>Pillar 4:</b> | Wellbeing and Health                                   |
| <b>Pillar 5:</b> | Transport and Mobility                                 |

The strategy notes that where an established government policy or strategy addresses a key policy area affecting the lives of disabled people, its reporting structures will be meaningfully aligned to the overarching framework of the National Human Rights Strategy for Disabled People 2025-2030. Department of Children, Disability and Equality (DCDE) relevant strategies include the *Action Plan for Disability Services 2024-2026* and *Roadmap for Service Improvement 2023-2026* under Commitments 10.2 and 18.4.

For more details and to see specific actions, see [The National Human Rights Strategy for Disabled People 2025-2030](#).

The Strategy will be implemented through three two-year Programme Plans of Action:

- First Programme Plan of Action 2025-2026
- Second Programme Plan of Action 2027-2028
- Third Programme Plan of Action 2029-2030

The [First Programme Plan of Action 2025-2026](#), published in December 2025, sets out the key priority actions under each commitment to be delivered, by whom, the timeframe for delivery, and relevant success indicators necessary to advance the commitments contained within the Strategy up to the end of 2026.

## Mental Health

The mental health focus for delivery of strategic objectives under Sláintecare 2025+ centres around delivery of *Sharing the Vision: A Mental Health Policy for Everyone*, and Ireland's suicide and self-harm reduction strategy, *Connecting for Life*. These core policies will be delivered within the context of the new Mental Health Act. Mental health crisis interventions and services for children and young people will be prioritised. The focus

will be on access, integration of services, and transparent patient pathways.

Sharing the Vision (StV, 2020-2030) is Ireland's ambitious, multifaceted national mental health policy designed to enhance the provision of mental health services and supports across a broad continuum from mental health promotion to specialist mental health delivery. The independently chaired National Implementation and Monitoring Committee (NIMC) is collectively responsible for driving and overseeing the long-term implementation of StV.

The purpose of the NIMC is to drive reconfiguration, monitor progress against outcomes and deliver on the commitments set out in the Policy and its Implementation Plan. The NIMC works with partners to evaluate performance, check overall progress and gather information on examples of good practice as informed by national and international research.

A key commitment of the Implementation plan 2025-2027 for StV is the development of an outcomes framework to measure performance and impact of mental health policy which will provide a structured means of measuring the impact of policy implementation. The NIMC will continue to oversee the implementation of all 100 recommendations under the StV policy, with regular policy implementation reports produced and published on the Department of Health website.

On suicide and self-harm reduction, a new strategy will be published in 2026 and new implementation structures stood up by the Department of Health. The Department will also have responsibility for specific actions under the Strategy. The high-level goal of the Strategy will be a reduction in suicide rates and self-harm. The delivery of the strategy will continue to enhance suicide and self-harm support services for people and ultimately reduce deaths by suicide.

The new Mental Health Act will modernise the process of involuntary admission and detention, ensuring such admissions only happen as a last resort. Under the Act the regulatory role of the Mental Health Commission will expand to include all community services providing additional safeguards for anyone accessing mental health treatment, including children and young people. In terms of impact on service users, the new Mental Health Act will update the legal framework for

involuntary admission and detention to make it more person-centric and bring it closer in alignment with Ireland's human rights obligations.

HSE Youth Mental Health care, including the specialist Child and Adolescent Mental Health Service (CAMHS), offers improved, accessible, mental health services for children, young people, and their families/carers. The key focus of the Child and Youth Mental Health (CYMH) Office will be the continued implementation of the CYMH Action Plan. This will facilitate improved, centralised data collection and analysis to inform service development and to ensure all children and families have equitable and timely access to high-quality mental health services. Other priorities under the plan include improved links to primary care and disability services, as well as external agencies across education, childcare, and youth justice.

The Traveller Mental Health Specialist Group under *Sharing the Vision: A Mental Health Policy for Everyone* is in the process of co-developing a Traveller Mental Health Action Plan by end-2026, in partnership with Traveller organisations and people with lived experience expertise.

In 2026, the following will be delivered:

- Enactment of the new Mental Health Bill.
- Implementation of key elements of the *StV Implementation Plan 2025-2027*, including
  - Publication of Ireland's new suicide and self-harm reduction strategy (the successor to Connecting for Life) and implementation commenced under a new implementation plan.
- Further service enhancement and rollout across adult and child mental health services and specialist services under the National Clinical Programmes, in line with National Service Plan 2026 measures.
- Development of an outcomes measurement framework to measure performance and impact of mental health policy.

These programmes and initiatives will be further progressed in 2026-2027.

## Older Persons

Ireland has one of the most rapidly ageing demographic profiles in the EU. This requires a coherent programme of reform and service improvement to ensure we can meet the needs of an expanding older population. In addition to improvements in the nursing home sector, the Programme for Government commits to initiatives aimed at supporting people to live at home and in their own communities. This includes the development of a statutory home support scheme, expansion of the enhanced community care programme, additional home support hours, enhanced dementia supports, housing adaptation grants, day centres, meals on wheels, care and repair scheme and supports for family carers.

The *National Positive Ageing Strategy* provides a blueprint for promoting older people's engagement in economic, social, cultural and community life and for fostering inter-generational solidarity. Under Sláintecare, significant progress has been made in achieving these objectives through a range of initiatives, including the Enhanced Community Care Programme, the on-going development of a statutory home support scheme, the Healthy Age Friendly Homes Programme, and the diversification of housing options for older people. In 2019 Ireland was the first country to be awarded Age Friendly status by the World Health Organisation, thanks to our implementation of a full national approach towards being Age Friendly, by making sure that each local authority has a local Age Friendly strategy, an Older People's Council, an Age Friendly Alliance and other necessary resources at local and national level to support older people. Healthy ageing and physical activity are promoted through national funded programmes such as 'Go for Life' co-facilitated by Local Sports Partnerships and the HSE.

The Irish Longitudinal Study on Ageing (TILDA) provides a comprehensive and accurate picture of the characteristics, needs and contributions of older persons in Ireland. TILDA data will be used to inform healthy ageing initiatives and support improvements in policy and practice.

Notwithstanding the good progress made in recent years in responding to the emerging needs of the older population and in supporting positive ageing across the life-course, the government recognises that Ireland's ageing population presents challenges and opportunities to which a strategic and coherent policy response is required.

It is within this context that the government established an independent Commission on Care for Older People in March 2024. The Commission is charged with examining the health and social care services and supports provided to older people across the continuum of care and with making recommendations for their strategic development. Subsequently a cross-departmental group will be established under the auspices of the Commission to consider whether the supports for positive ageing across the life-course are fit-for-purpose and to develop a costed implementation plan for options to optimise these supports.

A changing healthcare landscape necessitates a reformed model of service delivery with standardised, streamlined processes that will create efficiencies in line with best practice and ensure that services are person centred, responsive and equitably allocated.

In 2026, the following steps will be taken:

- Following approval and publication of the *Health (Amendment) (Home Support Providers) Bill 2025*, at the end of 2025, the Bill has been scheduled for presentation to the Oireachtas, with a view to enactment in early 2026. When enacted, it will introduce, for the first time, the registration and regulation by HIQA and the Chief Inspector of Social Services of all home support providers in Ireland. The new system of regulation for home support will ensure that the public can be confident that the services provided are of a high standard and will bring Ireland in line with best international practice. Work is ongoing to reform home support services and the Department is engaging with the HSE regarding a new operating model for home support services with clearly defined pathways, governance and standardised processes. Capacity modelling and strategic workforce planning will continue to be used to proactively address challenges associated with the increasing demand for services.
- Work is ongoing to progress national implementation of a single evidence-based assessment 'International Resident Assessment Instrument' (interRAI) and integrated care across older person services. Use of interRAI data outputs will be a critical enabler of the statutory home support scheme and will provide equitable access to quality delivered services for home support applicants (18+ years).

- The Department of Health, in collaboration with the HSE and the voluntary sector, will deliver a core basket of services to family carers across the country under the Carer's Guarantee, a government commitment since 2020. The annual recurring funding of €3.3m will help provide equity of access to supports for carers including education and training, community carer supports, intensive and emergency supports, a freephone careline, psychosocial supports and emergency respite. The Department of Health will also work with the HSE to improve access to respite for older people.
- The Department of Health will monitor delivery of Budget 2025 and 2026 dementia measures to meet the commitments on dementia in the Programme for Government, in order to improve access to dementia diagnosis, post-diagnostic support and care so that people with dementia can live well in their own homes and communities for as long as possible.
- Work continues to ensure the financial sustainability of older persons' residential care. Work is ongoing to monitor the operation of the Nursing Home Support Scheme, to monitor sectoral compliance, to evaluate ownership structures in the sector, to deliver reform; to oversee performance and policy in relation to community beds and to strategically plan and support the capital requirements of future nursing home beds.
- Finalise design and operational aspects of the operating model for home support services by the end of the year, in order to ensure readiness to comply with new regulatory requirements.
- Provide at least 24.3 million home support hours, to approximately 60,000 clients, including complex home support, by the end of the year.
- Conduct an exercise to map Meals on Wheels and day centre provision against population, by year end, including development of a strategic approach to address identified gaps in provision.
- Additional supports for carers with improved access to training and respite services.
- Expansion of dementia supports to meet the Programme for Government commitments on dementia, including five new dementia day care centres, dementia day care at home for 90+ new clients and two additional dementia advisers. Completion of recruitment of consultants for Memory Assessment and Support Services, and progression of delivery of the Irish Dementia Registry in accordance with the project plan.
- Expansion of public residential care capacity by delivering 352 beds (additional and replacement).
- Deliver a report evaluating the various ownership structures in the long-term residential care sector for older persons in Europe and Ireland.
- Fully operationalise and officially launch the Housing with Support demonstrator project in Inchicore, Dublin.

In 2026, the following will be delivered:

- Presentation of the Health (Amendment) (Licensing of Professional Home Support Providers) Bill to the Oireachtas with a view to enactment of the primary legislation by Quarter 2 2026, establishing the licensing and registration system for all providers of home support in Ireland.
- Progress the national rollout of interRAI through ensuring that at least 327 healthcare professionals have been trained in interRAI assessment in each region by the end of Quarter 3. These assessors will deliver the on the HSE Service Plan target that 60% of all new home support applications will be carried out using interRAI. The HSE will also utilise interRAI outputs to develop a draft care banding and resource allocation framework, in consultation with the Department.
- Design and deliver a new €10m capital fund to support nursing homes with HIQA premises compliance.

## Women's Health

The *Women's Health Action Plan: Phase 3 (2026/2027)*, which is under development, will build on previous Women's Health Action Plans (2024 – 2025; and 2022 – 2023) and will represent the next phase of the government's commitment to improving health outcomes and experiences for women and girls in Ireland. There is a long-term Programme for Government goal to promote women's health in Ireland and the government remain committed to improving the health experiences and outcomes of all women and girls in Ireland. Under the forthcoming Women's Health Action Plan 2026/2027 there will be a

continued focus on delivering key women’s health projects that women, clinicians, and stakeholders have prioritised.

The plan will continue to enable care in the community by embedding and upscaling recently developed women’s health initiatives including Postnatal hubs, the Free Contraception Scheme, Specialist Menopause Clinics and Ambulatory Gynaecology Clinics. It will focus on promoting social inclusion, connectedness and equity and we will invest in research, innovation and awareness for women specific health conditions.

The cyclical nature of our Women’s Health Action Plans enables our collective efforts towards building equal access to health services for every citizen. The Women’s Health Taskforce will continue to monitor progress of the action plan.

### Postnatal Hubs

Women were clear in responses to the National Maternity Experience Survey 2020 that postnatal care was an area requiring development. In response, postnatal care is being transformed through a network of new Postnatal Hubs which are supporting women and infants closer to home and in their communities.

Postnatal Hub services include a spectrum of health and wellbeing services, including core midwifery care, physiotherapy, lactation and infant feeding support, parent education, bereavement support and birth reflection services.

An independent evaluation of the pilot Phase 1 Postnatal Hubs was commissioned in 2025 to assess whether the Hubs are delivering meaningful improvements in postnatal care, and to provide an evidence base for standardisation of the model. The evaluation found compelling evidence that the Hubs are bridging a critical gap in postnatal care, with women reporting significantly higher levels of satisfaction in physical, mental and overall postpartum healthcare experience.

In addition to the five pilot Postnatal Hubs established following the first National Maternity Experience Survey, four further Phase 2 Postnatal Hubs were launched by the Minister for Health in February 2026, with services coordinated through the National Maternity Hospital, the Coombe, the Rotunda and Our Lady of Lourdes, Drogheda.

Through *National Maternity Strategy 2025* funding, four additional Phase 3 Postnatal Hubs are being

developed in 2026, which will bring the national network to 13. These Phase 3 Hubs are being developed in Waterford, Limerick, Cavan and Letterkenny.

### National Endometriosis Framework

The *National Framework for the Management of Endometriosis in Ireland*, launched in October 2025, establishes a defined clinical care pathway for women and girls living with endometriosis for the first time.

Two supra-regional specialist centres, in Tallaght University Hospital (TUH) and Cork University Maternity Hospital (CUMH), have been established for the management of complex cases.

Regional Specialist Centres for moderate cases have been established in the Rotunda Hospital, the Coombe Hospital, and University Hospital Limerick, with clinics under further development in University Hospital Galway and the National Maternity Hospital.

### Ambulatory Gynaecology clinics

To increase capacity and improve the organisation and delivery of acute gynaecology services, the National Women and Infants Health Programme (NWHIP) has developed a Model of Care and a network of one-stop “see and treat” ambulatory gynaecology clinics.

The intention is that women would receive assessment and treatment at each “one-stop” visit, speeding up the provision of care for the woman, while reducing the need for further hospital treatment.

It is estimated that 30-40% of general gynaecology referrals are suitable for management in the ambulatory setting, directly impacting on local and national gynaecology waiting lists. 18 clinics have been opened to date.

An additional clinic in Kerry is expected to open in 2026.

### National Clinical Programme for Venous Thromboembolism (VTE)

In 2026, the *HSE National Clinical Programme for Venous Thromboembolism (VTE)* plans to continue their work on VTE guideline development, with guidelines on VTE Long Term Treatment (Phase II National Clinical Guideline): Priority Clinical

Questions, VTE Risk Assessment and prevention in patients undergoing intervention for varicose veins, and Guidance for the prevention of VTE in trauma patients in development. Work on educational resources including the development and launch of a HSE Land e-learning module on VTE prevention and management and a blood clots in pregnancy educational resource video are planned. The VTE clinical programme will also support Regional Executive Officers in the implementation of the National Clinical Guideline on VTE (Eve Protocol), while also supporting the rollout of the postpartum Thrombocalc SMART-on Fast Healthcare Interoperability Resources (FHIR) application.

### **Gender-specific drug treatment services for women affected by addiction, homelessness and other forms of marginalisation.**

Women with problematic drug use can face added stigma and barriers in accessing drug and alcohol services. Their drug use can also be more complex due to factors such as poverty, gender-based violence and homelessness.

The following three initiatives were approved for funding, under the Women's Health Action Plan, for gender-specific drug treatment services for women affected by addiction, homelessness and other forms of marginalisation.

- Improving the Health Outcomes of Women with Insecure and/or Unsuitable Housing Conditions: Assertive outreach.
- The Cornmarket Project's GENSAT (Gender-Specific Addiction Treatment) service continues to develop as a key regional service responding to the specific addiction support needs of women across the South East, covering Carlow, Kilkenny, Waterford, Wexford, and South Tipperary.
- Built on the existing Wexford County Women's Service, GENSAT now provides a regional blended service, offering both in-person support and an innovative secure online portal designed to reach women who may be unable to access traditional services due to childcare, stigma, transport barriers, or safety concerns.
- The Women's Health Programme seeks to engage women from marginalised groups experiencing complex social challenges, aiming to develop and deliver individual care plans and advocate on their behalf.

In 2026, the following will be delivered

- Positive outcomes for service users in Q1, Q2 and Q3.
- All three projects will conclude by Q3 2026
- Final evaluation will be completed by Q4
- It is anticipated the evaluations will inform considerations on further investment and expansion on these projects going forward.

## **Oral Health**

The delivery of the National Oral Health Policy, *Smile agus Sláinte*, will fundamentally reform and modernise the provision of oral healthcare services in Ireland. Implementation of the Policy will substantially enhance access to modernised public oral healthcare services for children and for medical card holders over 16. The plan aims to move to a preventative, outcome-focused model for people of all ages to improve their 'personal best' oral health.

The National Oral Health Policy will support the provision of all levels of care, by appropriate healthcare professionals, and in the most suitable settings.

It will support patient choice and access across the life course. All citizens will have a 'dental home' where they build a life-long relationship with their chosen local dental practice for continuity of care from birth to old age.

The Policy has two key goals:

- To provide the supports to enable every individual to achieve their personal best oral health.
- To reduce oral health inequalities across the population, by enabling vulnerable groups to access oral healthcare and improve their oral health.

In response to ongoing challenges with accessing dental services nationally, the Minister has directed the Department of Health and HSE to develop a focused two-year action plan to deliver near-term improvements. The original implementation plan is being resequenced to reflect this new drive for improvements in current services. This plan is expected to be completed shortly and will be presented to the Minister for review ahead of publication.

The implementation of the plan will be overseen by a dedicated governance group, with progress monitored closely and aligned to wider Department priorities. It will respond to sustained service pressures, workforce constraints, and long waiting lists—particularly for children and for people with additional needs.

It will focus on a small number of clear priorities:

- Cutting waiting lists in the School Dental Programme and orthodontics.
- Strengthen and expand the Special Access Programme.
- Reviewing and improving the Dental Treatment Services Scheme.
- Support recruitment, education and training.
- Support innovation and new ways of delivering care.

Over the next two years, the aim is to stabilise services, reduce waiting times, and make access measurably better for patients—while laying the groundwork for longer-term reform.

This will be achieved by initiatives such as utilising the newly available capacity that the new surgical hubs will provide as they continue to come onstream to enable reductions in waiting times for GA (General Anaesthetic) access for patients – both children and adults.

Progressing legislative change is a priority. The Department of Health will develop relevant legislation to regulate oral health professionals which aligns with best international practice, workforce reforms and is aligned with the National Oral Health Policy.

The following will be advanced in 2026:

- Publication of an Oral Health Action Plan.
- Standing up of a governance group to oversee implementation.
- Engagement with the stakeholders that will have important roles in enabling much better access to dental services across the country.
- Completion by HSE of a pilot oral health needs assessment programme in a sample of residential facilities (disability and older persons) in Cork and Kerry and publication by HSE of a new National Oral Care in Residential Care Guideline.

- Progress the implementation of a workforce skills assessment, in collaboration with the Dental Council, across the oral healthcare sector in line with National Oral Health Policy goals to inform the development of workforce planning.
- Commence examination of the potential scope of practice incorporating direct access for dental hygienists with a view to expanding workforce capacity.
- Commence Development of a General Scheme of a Bill with proposals to replace the Dentists Act 1985 with a modern regulatory framework, building upon agreed priority interim amendments.

In 2026 and 2027:

- Publication of a plan covering the implementation of actions to stabilise services, reduce waiting times, and make access measurably better for patients—while laying the groundwork for longer-term reform.
- Active monitoring and reporting of progress in line with the Oral Health Action Plan.
- Prioritising measures that improve patient access to services.
- Bills to provide for interim legislative reform to the Dentists Act will be drafted and supported through the Oireachtas.
- Commencement of the development of regulatory policy for the oral health professions to inform drafting of a new Dentists Bill.
- Development of new legislation and legislative amendments to ensure that the work of the wider Unit can be progressed.



# 5

## Build Capacity

## 5. Build Capacity



Under the Programme for Government, investment in healthcare infrastructure and capacity is continuing. Delivering more accessible, available and affordable care will require a sustainable and skilled workforce, working to the top of their skillsets alongside the infrastructure and systems needed to support effective service delivery. Strategic workforce planning and workforce productivity and reform are key to supporting this. Planning for future capacity requirements ensures that longer term demographic and service pressures are addressed, supporting a health and social care system that is resilient, responsive and fit for the future.

### Strategic Workforce Planning

The strategic workforce planning programme is designed to build a sustainable health and social care workforce to meet future population need for health and social care services. It also means ensuring the right skills in the right place at the right time.

Following progress made in 2025, the Strategic Workforce Planning programme in 2026 includes:

- Long term strategic health and social care workforce planning, supported by evidence-based tools and planning to improve the availability of health professionals.
- Working with the HSE, Higher Education Sector and professional bodies to increase the future supply of health and social care workers.
- Medical workforce planning focused on increasing the number of doctors in training informed by workforce planning projections and monitoring implementation of the NCHD Taskforce recommendations.
- Resourcing strategies to address the gap between supply and demand.
- Building workforce analytics and intelligence reporting across HSE Health Regions.

### Workforce Planning for Health and Social Care

The Minister for Health published a paper on *Ireland's Future Health and Social Care Workforce* in December 2025. This paper sets out an evidence-based strategic direction for the health and social care workforce for the next 15 years. In 2026, building on the work within this paper, the Department of Health will continue to use evidence-based tools to support strategic workforce planning activities to ensure a sustainable future supply of health and social care workers. <https://www.gov.ie/en/department-of-health/press-releases/minister-for-health-publishes-paper-on-irelands-future-health-and-social-care-workforce/>

### Health and Social Care Workforce Modelling

The Department of Health workforce model has the capacity to produce a variety of projections, with the ability to look at separate professions under different healthcare policy and reform scenarios, and varying levels of domestic education places and foreign educated healthcare workers. The outputs from this model inform *"Ireland's Future Health and Social Care Workforce"* paper, demonstrate the scale of domestic student expansion required and support workforce planning activities.

In addition, the Strategic Workforce Planning and Intelligence team in the HSE have commissioned the Economic and Social Research Institute (ESRI) to develop workforce demand projections across Care Groups within Community Care Services. The project will extend the ESRI healthcare projection model Hippocrates to provide detailed projections for a selection of professions working in the Community to 2040. It is anticipated that the workforce demand projections will be available in 2026.

The findings from these projects will inform the approach to service design of health and social care services, and supply and demand requirements.

### HSE Resourcing Strategies

- The HSE Resourcing Strategy is anchored in the principle of planning with multiple stakeholders to ensure a sufficient domestic supply of health care staff, for the resourcing and delivery of publicly funded health services for the future. [HSE-Resourcing-Strategy.pdf](#)
- A core part of this programme is building of both capability and capacity across the health services. This requires a change to how HSE recruitment is conducted, creating maximum autonomy in the recruitment activity for the six Health Regions and modernising the recruitment experience.
- The first phase of a new Recruitment Operating Model has been introduced to provide for greater autonomy for the local services underpinned by national standards and governance.

The Recruitment Reform & Resourcing (RRR) Programme for 2026 will be delivered as follows:

#### Resourcing Strategy 2026-2029

- To build on the existing Resourcing Strategy, to co-design, with the Regions, a new Resourcing Strategy 2026-2029 designed to meet the current and future needs of the organisation.
- A Disability Workforce Strategy will be developed as a distinct and visible strand within the new Resourcing Strategy 2026-2029, detailing specific actions for Disability services while remaining fully aligned with national workforce reform.
- The first dedicated Pay and Numbers Strategy for Disability services, agreed as part of the

National Service Plan 2026, provides certainty to the disability sector and allows for continued workforce growth that is affordable and sustainable.

#### Building Capacity

- To increase training pipelines including broadening pathways to education across Nursing & Midwifery and Health and Social Care Professionals (HSCPs) in line with Report of the Expert Review Body (ERB) on Nursing and Midwifery and Cross Government Working Groups.
- To increase the pipeline for Patient Client Care and Support grades to support the delivery of Sláintecare in collaboration with the Regions and Education Bodies.
- To focus strategies to stabilise, retain and build our workforce.
- To target initiatives to maximise the retention of Irish graduates. With a targeted focus on attracting home Irish training healthcare graduates in Australia together with developing retention strategies that support the services in retaining and building the workforce.
- The HSE is developing a practice education infrastructure for disabilities to ensure that clinical placements can be increased in line with the planned increase in training places.

#### Harnessing the next generation

- To enhance the infrastructure developed in 2025 with second and third level students to support the broad spectrum of training and work opportunities in the health sector supported by technology using simulation and AI. with initial launch in April in the Southwest.
- To exploit the second level schools' infrastructure to harness student's interest through the Career Guidance Networks and Regulators.
- To launch the interactive platform for school goers 'School Hub'.

#### Recruitment modernisation

- To support the final implementation of the Recruitment Model inclusive of Medical Consultants – Q2.
- To continue to modernise the recruitment experience and maximise the digital infrastructure – Q4.

- To complete procurement process for a single Talent Acquisition System for the HSE - Q4.

#### **Recruitment Reporting and standardisation**

- To develop the technical infrastructure to facilitate the reporting of all recruitment activity in line with agreed National Quality Standards. Agree reporting criteria with Department of Health (DoH) – Q1.
- To use the existing systems and data sets, working with each Region to have initial reports available to Department on Q1 activity.
- To work with each Region to reduce manual intervention and broaden the suite of information available.

#### **Building workforce analytics and intelligence reporting**

- In 2025 and 2026 the HSE have significantly increased reporting through the introduction of Self-Service reports rolled out to each Health Region. This includes a suite of reports on Census (Staff Trending), Absence, Turnover, and both DoH WTE Limits and Disabilities WTE Limits through a dedicated HR hub.
- In addition, HSE have rolled out a second hub through colleagues in Planning and Performance who give access to a significant number of stakeholders also.

## **Workforce Reform**

Building capacity involves effective multi-disciplinary team working, ensuring a mix of generalist and specialist skills in delivery of the care required, expanding capability of health professionals through advancing skills and career progression, and ensuring appropriate skill mix within teams to include skills and training to match the roles and responsibilities required.

Examples of where teams are being expanded through skill mix include the introduction of therapy assistant roles in Disability services, the HSE assessment of the Physician Assistant role, and the delivery of training for health care assistants to work in theatre environments.

### **Advanced Practice in Health & Social Care Professions (HSCPs)**

Advanced Practice is an important tool for optimising the capacity of the existing health workforce, supporting the development of career

pathways in patient facing roles and supporting workforce retention.

€5.5 million was allocated in Budget 2025 to support continued growth of Advanced Practice in nursing and midwifery and enable this to be rolled out for the first time in HSCPs. Thirty candidate Advanced Practice in Health and Social Care Professional posts have been created in line with the regional strategy and areas of priority, including areas experiencing challenges in access to care. In 2026, the Department will continue to work with the HSE to ensure these posts support improvements in primary and community care, in line with new regional structures in the HSE.

### **Designation of Appropriately Trained Physiotherapists as Referrers for Medical Radiological Procedures**

In 2025, key steps were taken to introduce legislation to enable physiotherapists who have completed training and entered the relevant register with CORU to refer patients for diagnostic investigations such as X-rays. 199 physiotherapists completed training in University College Dublin.

In 2026 hospitals and services facilitating referrals have a key role to ensure that governance arrangements are in place to support this new practice which will deliver faster access to care by allowing more health professionals to make direct referrals to specialist services and tests.

## **Health Infrastructure including Elective Hospitals & Surgical Hubs**

### **National Elective Ambulatory Strategy**

The separation of scheduled elective (planned) and unscheduled (emergency) care, using dedicated ring-fenced facilities, staff and governance, is key to improving elective care services and therefore to reducing waiting times. This separation of care means that day-case services are less impacted by surges in demand from emergency care. Shorter waiting times for elective treatments also help prevent further deterioration of patient conditions, leading to better health outcomes and improved quality of life for both patients and their families.

New elective care facilities combined with new patient pathways and innovative models of care provide an opportunity – to improve our strategic approach to planning and investment in health infrastructure to meet our health capacity needs

into the future. This reform agenda is being delivered in two phases: through a national network of Surgical Hubs in the first instance to meet medium-term demand and capacity, and then a national network of Elective Treatment Centres, also known as Elective Hospitals, in Galway, Cork and Dublin.

### Surgical Hubs

A national network of surgical hubs are being delivered in Dublin (at 3 locations), Cork, Galway, Limerick, Waterford, Sligo and Letterkenny. These surgical hubs will deliver additional elective capacity for day case procedures and will have a positive impact on waiting lists. The hubs are modelled on the successful Reeves Day Surgery Centre at Tallaght University Hospital which has significantly reduced waiting times for day-case procedures. The Mount Carmel surgical hub (South Dublin) which opened in February 2025 delivered a total of 3,729 procedures in 2025 (24% above its target for the year), resulting in a 74% reduction of patients waiting more than 12 months on relevant waiting lists compared to December 2024. This hub also allowed for the introduction of innovative patient care pathways and freed up significant theatre capacity in St James's hospital.

Five further surgical hubs are expected to become operational over the course of 2026 in North Dublin, Cork, Galway, Limerick and Waterford. Two further hubs are also being developed in Sligo and Letterkenny to ensure coverage for the northwest; these are now in the planning stage.

When fully operational each hub is expected to deliver additional annual activity of between circa 4,000- and 8,000-day case procedures, 5,700 minor ops procedures and up to 18,500 OPD appointments.

### Elective Treatment Centres

New dedicated Elective Treatment Centres in Cork, Galway and Dublin, are being developed in line with the national strategy on elective ambulatory day-case care. This national network of Elective Treatment Centres will provide excellence in the provision of elective care services and significant additional service delivery capacity and facilities.

Plans for elective treatment centres in Cork (St. Stephen's Hospital) and Galway (Merlin Park) are now at detailed design phase. Surveys and site investigations have been conducted and the HSE

is also progressing Enabling Packages. Engagement with statutory planning authorities is underway to progress the necessary planning permission applications and to progress these centres to shovel-readiness.

The HSE expects to submit planning applications for Cork and Galway in 2026.

Sites at Connolly Hospital in Blanchardstown and Children's Health Ireland, Crumlin have been identified as preferred locations for potential development of the new Elective Treatment Centres in Dublin. Demand modelling to meet Phase 1 ambulatory scheduled care demand is underway and will be completed in 2026. This modelling includes an assessment of current capacity and how it can be best utilised to meet future needs. The impact of the surgical hubs in Dublin as well as other existing facilities and future requirements are being considered as part of this process. On conclusion of this demand modelling work, the Preliminary Business Case for Dublin will be finalised. A range of workstreams including clinical, operational, equipping, design and technical, digital, workforce, communication, change, procurement strategy and detailed business case have been mobilised to support development of the programme.

In 2026, the following will be delivered:

- Five new Surgical Hubs to commence operations: North Dublin, Cork, Galway, Limerick and Waterford.
- Stage 1 Design (feasibility stage) of the Surgical Hubs in Sligo and Letterkenny to be completed.
- Planning applications for Elective Treatment Centres in Cork and Galway to be prepared and submitted.
- Complete the planning for the Dublin Elective Treatment Centres informed by the work to date and leveraging the learnings from the design of Cork and Galway Elective Treatment Centres.

### Planning Future Capacity

Ireland's changing demographics – particularly its growing and ageing population – are key drivers of the increased demand on our health services. In order to effectively plan future service design requirements, the Department of Health undertakes important research to determine future capacity needs based on these changing

demographics within the wider context of Sláintecare reform.

### Capacity Review

During the course of 2025, a series of reports were published by the Economic and Social Research Institute (ESRI) under the Department of Health-ESRI 'Joint Research Programme in Healthcare Reform' as part of a review undertaken to consider future capacity requirements for the Irish health service. This 'Health Service Capacity Review' involved building out the Hippocrates Model that provides base year estimates and projections of healthcare demand and capacity for selected Irish health and social care services. National and regional capacity requirements to 2040 have been projected for acute hospitals, GP services and older people's services, identifying future demand and capacity needs (including both infrastructure and workforce) to inform long-term evidence-based strategic capacity planning under Sláintecare.

The Capacity Review will not be a one-off standalone piece of work; rather, the Hippocrates projection model will be developed over time to allow for the inclusion of future additional data and policy considerations as required. It is intended that policy makers now use the Capacity Review findings to design future service and infrastructure requirements.

### Infrastructure planning

Health Infrastructure Investment Policy is set out in the Strategic Healthcare Investment Framework (SHIF). Implementation of the SHIF supports the strategic assessment of health capital investment proposals to ensure health capital funding is being deployed to projects, which best align with health policies, strategies and population requirements.

The Common Appraisal Framework (CAF) will be published in 2026. The CAF sets out the health sector specific pathway for proposals to be in compliance with the Infrastructure Guidelines. It provides a streamlined, clear and proportionate approach to develop and appraise investment proposals. The application of CAF will ensure optimum value for money is achieved in capital investment and that capital projects are progressed efficiently and delivered as early as possible.

In 2026, health infrastructure delivery will advance as provided for in the annual HSE Capital Plan. The Primary Care Centre Programme and the

Community Care Older Persons Programme will continue to construct and upgrade facilities to deliver on the Sláintecare/Universal Healthcare commitment to provide care closer to the home.

In 2026 progress will continue on the Enhanced Community Care (ECC) programme, which include the accommodation requirements for Community Healthcare Networks, Integrated Care Programme for Older People (ICPOP) and Integrated Care Programme for the Prevention and Management of Chronic Disease (ICPCD) teams. ECC aims to deliver increased levels of healthcare with service delivery reoriented towards general practice, primary care and community-based services. The focus of ECC is on an end-to-end pathway that will prevent admissions to acute hospitals where it is safe and appropriate to do so.

In the area of Mental Health, a range of capital projects are underway to provide modern health accommodation and equipment to improve and expand service provision. The development of the Mental Health Capital Programme of works will continue to be progressed.

Essential investment will continue in Infrastructural Risk projects, the Equipment Replacement Programme, minor capital initiatives, maintaining the ambulance fleet and progressing the Climate Action and Sustainability capital programme.

As part of the Acute Hospital Inpatient Expansion Plan, acute and critical care capacity projects will continue to be completed in 2026, adding additional and replacement beds to the healthcare sector. The Acute Hospital Bed programme sets out a rolling pipeline across all hospitals in all Regions, with individual acute bed capacity projects at various stages in their lifecycle. Projects are either under construction, tender underway, at design and preplanning or the appraisal stage. This ensures seamless progression from planning to shovel ready and into delivery, securing timely capacity growth while maintaining rigorous oversight.

The HSE will continue to employ a hybrid approach that leverages both traditional construction methods, modern methods of construction, innovative modular designs, and standardisation to optimise delivery efficiency and integration with existing facilities and accelerate delivery.

## Expansion of Pharmacy Services

Sláintecare 2025+ set out a vision for the expansion of pharmacy services. In 2025, The Community Pharmacy Expansion Implementation Oversight Group, established by the Minister for Health, oversaw the delivery of regulatory enablers, such as the delivery of relevant legislation, clinical protocols and education and training to facilitate community pharmacies to establish the Common Conditions Service. This service enables pharmacists to prescribe treatments, for the first time, for 8 Common Conditions: Shingles, Conjunctivitis, Impetigo, Oral Thrush, Vaginal Thrush, Allergic Rhinitis, Uncomplicated Urinary Tract Infection, Cold Sores.

The public launch of the Common Conditions Service took place in January 2026. Over 1800 pharmacies have committed to delivering the service by 31 March 2026. This expansion will significantly empower both the pharmacy workforce and members of the public by increasing access to care in the community, increasing capacity across primary care and enabling pharmacists to utilise their significant training for the benefit of the wider healthcare service. It is a significant reform of our pharmacy services.

The Department's priority in 2026 is to oversee the implementation of the service and to put in place systems to support its comprehensive review and evaluation. This will include engagement with community pharmacies to identify Data Champions who will collect and submit evaluation data. The Department will also engage with the public as part of the evaluation process to assess the impact of the service and to identify opportunities for future expansion.

Additionally, work will be commenced to put the enablers in place to facilitate pharmacists to prescribe (continuation of prescription) for short-acting reversible forms of contraception under the Free Contraceptive Scheme, for the first time. This will involve the

- Development of clinical protocols to support the service.
- Development and delivery of training for pharmacists.
- Design and optimisation of operational aspects of the service.

- Development of the regulatory framework such as the necessary primary and secondary legislation.
- Preparation of communications strategies to the public and other healthcare providers on this service.

2026 will also see the introduction of a national programme to support the safe disposal of unused medicines through community pharmacies. Improperly disposing of medicines impacts on crops, biodiversity and contaminates our water system. Enabling patients to return their unused medicines to their local community pharmacy also restricts access to unused medicines, thereby reducing the risk of suicide, self-harm and accidental poisoning in children.

### In 2026, the following will be delivered:

- Oversight of the national rollout of the **Common Conditions Service**, including establishment of systems to support structured evaluation and continuous improvement.
- Implementation of a national evaluation framework, including engagement with community pharmacies to designate **Data Champions** and inform future service expansion.
- Commencement of pharmacist prescribing for the **continuation of shortacting reversible contraception**, under the Free Contraception Scheme
- Commencement of pharmacist-led contraception continuation services by **Q4 2026**.
- Introduction of a **national medicines takeback and safe disposal programme** through community pharmacies, reducing environmental harm and risks associated with unused medicines, with national rollout by **Q4 2026**.



# 6

## Enabling Reform

## 6. Enabling Reform



Enabling Reform measures will strengthen the foundations required to deliver a more integrated, innovative, digitally enabled and productive health and social care system.

### Creating an Innovation Culture

#### Scale and mainstream Integration Innovation.

This programme focuses on harnessing and integrating the work of all key stakeholders in the health innovation ecosystem adopting a cross sectoral approach to health innovation which is being embedded within the HSE Health Regions. A key priority in 2026 is to mainstream and scale innovation. To support this approach the HSE commissioned the HSE Framework for Health Innovation, to further embed innovation as a core function of the health service - ensuring that great ideas can be harnessed, developed, and scaled so that patients, staff, and local communities across Ireland benefit from a constantly improving health and social care system.

We will also continue to build on the work of the Sláintecare Integration Innovation Fund (SIIF) in alignment with the HSE Framework for Health Innovation. The aim of SIIF is to test and evaluate innovative and integrated models of care and new ways of working, leveraging technology where possible, by funding projects that serve as a proof of concept, with a view to mainstreaming/scaling successful projects. Funding for the innovation programme is ringfenced annually in the health budget.

Strategic priorities for SIIF investment identified by the Department of Health and the HSE, will continue to be supported at senior clinical and non-clinical levels to ensure that selected projects are tested and evaluated during the lifecycle of the innovation proof-of-concept phase. Each project will undergo regular high-level assessments against the targets, outcomes and impacts agreed with

the Department of Health and HSE clinical and executive/operational management experts.

In 2026, the following will be delivered:

- Operationalise up to 10 SIIF Round 4 projects.
- Establish an agreed process to identify pipeline of projects and enable the allocation of SIIF funding in 2026 (HSE Framework for Health Innovation).
- Select projects for SIIF funding 2026 budget.
- In conjunction with the key stakeholder group, design, and develop the implementation plan for the Framework for Health Innovation in line with the nine key strategic areas outlined in the framework.
- Establish and implement governance structures at national or regional level, in alignment with the HSE Framework for Health Innovation.
- In conjunction with the key stakeholder implementation group, agree and implement a process for mainstreaming and scaling successful innovation projects.
- Commence the design/development of the National Innovation Repository. (HSE Framework for Health Innovation)

### HSE Health Regions

The HSE was reorganised into six Health Regions in 2024, and the structural changes necessary to complete the transition to the new structures, were completed in Q1 2026. Operational responsibility for services now sits with Regional Executive Officers (REOs) and their Executive Management Teams (EMTs).

The focus for 2026 will be on embedding these new structures and developing new processes and ways of working. Service delivery teams will make continuous improvements in response to new insights and user needs. The ongoing evaluation of the reform will continue to provide a live feedback loop to the Department of Health and the HSE. The Department and HSE will finalise preparations for implementation of a Population Based Resource Allocation Model for Estimates 2027.

In 2026, the following will be delivered:

- Change Management, Transition Planning & Implementation for Integrated Service Delivery (ISD) go-live will be completed.
- Structures for ISD will be in place (i.e. Integrated Healthcare Area (IHA) Service Leads & GMs appointed and in post).
- Phased learning plan for HSE Health Regions developed & implementation commenced.

## Digital Health Transformation

Digital Health is key to supporting the health service in planning for the population's health needs, building integrated care models, delivering universal healthcare and ensuring safety, quality and sustainability in delivering health services. It is an opportune time to harness digital health and foster innovation to support sustainable health and social care for all.

The digital health strategy *Digital for Care – A Digital Health Framework for Ireland 2024-2030*, was developed in close consultation with patients, healthcare professionals, staff, and a wide range of diverse stakeholders across the health and social care sector. The Framework sets out a vision that aims for better health outcomes enabled by seamless, safe, secure, and connected digital health services and which support health and wellbeing for both our patients and providers.

This vision is underpinned by six strategic guiding principles as illustrated previously to provide clear direction, alignment and guide investment towards Digital Health and Social Care goals for 2030 and beyond.

### These strategic principles are:

- Patient as an empowered partner: We will empower patients by giving them broader access to their health information through a Patient App/Portal whilst providing greater patient autonomy and choice over their care options.
- Digitally enabled workforce and workplace: We will enable a more collaborative, digitally skilled, and supported workforce, improving the efficiency and accessibility of our health and social services.
- Digitally enabled & connected care: We will deliver connected digital health and social care data and solutions to allow the workforce to access a comprehensive view of patients' health information enabling improved clinical decision-making and patient outcomes.
- Data driven service & capacity management: We will deliver a more informed and efficient health and social care service, improving patient flow, resource management, and population health enabling better patient outcomes.
- Digital health ecosystem & innovation: We will embed continuous improvement within the health and social services. This will be enabled by incubating innovative mindsets, developing standardised innovation pathways, improving communication channels, sharing of learnings, and uplifting research and quality improvement excellence.
- Digitally secure foundations & digital enablers: We will enable a higher quality of patient care and ways of working through embedding cybersecure, agile, connected, and innovative digital health underpinned by strong governance, culture and change, standards, interoperability, infrastructure, architecture and legislation within our health and social care services.

A programme of Digital Health projects aligned to this new Digital Health Framework is underway and central to the delivery of Sláintecare, to support hospital avoidance and discharge, deliver greater productivity and efficiencies and boost capacity while also reforming the delivery of health services in the longer terms. Some of the key programmes under Digital for Care, with plans for 2026 are listed below:

## HSE Health App

The HSE Health App was released in and received regular updates over 2025. Key features of the Health App currently include access to appointments at 35 hospitals and BreastCheck screening, access to GP general referrals, access to digital versions of health cards (such as Medical Card) and Covid-19 and flu vaccination records, and more. The Health App seamlessly combines various aspects of the healthcare service into one user friendly and secure application.

Three updates are planned for 2026 which will continue to add functionality. Updates will enable users gain access to more of their own health data, to see information on waiting times for scheduled tests and treatments, access to more hospital and community appointments, and more.

## National Shared Care Record

The National Shared Care Record (NSCR) will improve patient care by providing a mechanism to collate patient data together from various healthcare providers such as hospitals, community services and primary care, and present the resulting digital health records in a secure, structured and accessible way, for use by healthcare professionals treating patients. Patients will have access to a summary of this data (their digital health record) via the HSE Health App.

The NSCR will be developed throughout 2026 to provide access to patient data from multiple sources and locations, enabling healthcare professionals to have a more comprehensive view of patient data from existing systems. In 2026, access to the NSCR will be rolled out more extensively, making it available to more clinicians and healthcare professionals in all regions.

## New National Children's Hospital Electronic Health Record (EHR)

An Electronic Health Record (EHR) system and related applications will be deployed as part of the commissioning of the new hospitals, ensuring all children treated at Children's Health Ireland (CHI) facilities will have a full digital health record. Parents and guardians will be able to view their children's health record, view appointments, receive reminders, and access other digital services via a patient app. The EHR will improve the quality of and enable more timely, safe and efficient patient care; enable multi-disciplinary teams

through shared, real-time access to the patient record; reduce medical errors through access to clinical decision support tools; reduce avoidable readmissions and average length of stay; reduce time wasted by staff by streamlining the ordering of tests and notifying them of results; thus, reducing of cost of care delivery.

EHR systems have previously been deployed in several Irish hospitals, including our largest acute hospital at St. James Hospital in Dublin. The new National Children's Hospital Ireland will be the most extensive EHR system deployment yet in terms of both functionality and userbase. The system has been procured, on-site deployment is in progress, and go-live is scheduled to align with the opening of the hospital.

## National Electronic Health Record Programme

The National Electronic Health Record (NEHR) will ensure that a patient's healthcare data will be available to healthcare professionals as and when they need it, reducing errors, delays, endless questions to patients, and repeated tests, while improving outcomes for patients. It will also give service users greater access and control over their own personal data. The 'Digital for Care' strategy provides a roadmap for digitising the Irish Health system and delivering digital health records.

The preliminary business case for the national electronic health record system was approved by government in February 2026 and the HSE have commenced the process of shortlisting of suitably qualified vendors.

## Integrated Financial Management System (IFMS) and Staff Records (NiSRP)

IFMS and the wider Finance Reform Programme, were established to address the need for reform and to deliver a single finance and procurement system, across the public health service in Ireland. IFMS will provide better financial reporting and forecasting and will enable improved financial management, governance, compliance and transparency, and a better overall financial control environment.

The focus from 2026 will be on deployments to voluntary healthcare organisations and sites. Deployment into two voluntary acute hospitals (St James's Hospital, Tallaght Hospital) and two

disability organisations (St Michael's House and Western Care) is planned.

Deployment of the National HR and Payroll System (NiSRP), which integrates staff records and payroll systems across the health sector, is to take place in two remaining statutory sites, one voluntary hospital, and three Section 38 organisations: Primary Care Reimbursement Service, St Luke's Rathgar, South Infirmiry, Muiriosa Foundation, and St John of God Care Services.

### Hospital Medications Management

The Hospital Medicines Management System (HMMS) project will replace obsolete pharmacy software with a modern, national standardised pharmacy system for both Acute and Community sites. National ePrescribing is a national solution to accept, store, and transmit ePrescriptions and eDispensations. The National Medicinal Products Catalogue (NMPC) will be the single national catalogue of medicines, each with a unique identifier, for use across the Irish healthcare system.

The Go-live of HMMS across 12 sites nationally is expected in 2026. Procurement and contracting for ePrescribing is to be complete and the NMPC is to be integrated with HMMS.

### Community Connect

While digital is well developed in primary care with the majority of GPs and community pharmacies now using patient management systems, in 2026, we will start the process of modernising the broader community care setting through the deployment of the Community Connect system. This will facilitate the transition from paper to digital for patients being treated in the community healthcare setting, starting in the Midwest region.

### The Health Information Act 2026

The Health Information Act is a key enabler of the Digital Health Framework and supports our national implementation of the European Health Data Space (EHDS) Regulation.

The Act copperfastens the legal basis for the creation and delivery of Electronic Health Records, while its provisions in relation to 'duty to share' will improve the sharing of health information between health services providers for the purposes of care and treatment. These advancements will ensure patients and healthcare professionals will

have access to more complete electronic health records in the future and that Ireland can meet EU obligations in relation to cross border travel and access to healthcare in all member states.

## Driving System-wide Productivity Improvement

Sláintecare offers a roadmap for achieving reform and improving productivity across our health and social care service as we deliver greater amounts of care closer to home and promise more accessible health services at a lower cost. A number of initiatives are underway to understand the future of health needs that will also consider productivity and efficiency improvements required in delivery of health services. Investment in key enabling digital technologies is also underway to equip the HSE in the coming years with the capability and tools to yield increased levels of productivity and efficiency in delivering safe and high-quality health services for the patient.

### Productivity and Savings Taskforce

The Productivity and Savings Taskforce (The Taskforce) was established to drive savings and productivity improvements across the HSE. It is chaired by the Secretary General and CEO of the HSE. The Taskforce is a key reform initiative for the Health Service, which focuses on implementation of existing and new additional reforms with a particular emphasis on value for money and better services within our existing resources.

Like many countries, Ireland's Health Service is facing long term challenges in terms of a growing and ageing population leading to higher demand for services and higher costs. Much of the increase in activity is due to demographic changes, including an increase in the number and proportion of patients in older age groups.

It is not sustainable to meet all the forecast additional demand over the next number of years through additional funding; therefore, we are focused on delivering productivity improvements, to drive higher activity within existing resources.

Ireland's health service is embracing a future of financial discipline, productivity, and digital innovation. Through targeted investment, robust governance, and a relentless focus on outcomes and regional equity, we are building a sustainable, high-performing health service that delivers for patients and the public.

The overall aim of the Taskforce is to see and treat more patients within existing funding and workforce, to improve access to health services for the public, and to enable activity levels to grow faster than funding increases.

The Taskforce will continue its work in 2026, with a focus on identifying opportunities to improve productivity and deliver value for money across the health service under 4 themes:

- **Productivity Data and Cultural Change:** improving the visibility, use and behavioural embedding of productivity metrics across the system.
- **Service Level Utilisation and Scheduling:** driving better use of sessions, rosters and capacity through structured utilisation and scheduling improvements.
- **Workforce Productivity:** improving how clinical and nonclinical teams work, including rosters, extended hours, and return on major workforce reforms (e.g., POCC).
- **Value for Money and Savings:** delivering value for money and savings by driving procurement and nonpay cost efficiencies, expanding the use of AI and intelligent automation, and strengthening Activity Based Funding to reduce waste, lower input costs, and ensure resources are used to maximum effect.

For 2026, the Taskforce will prioritise high-impact measures with specific targets aligning with the [HSE National Service Plan 2026](#). The Taskforce will monitor progress on a small number of key projects and overall programme level based on agreed Key Performance Indicators (KPIs) that are focused on outputs and outcomes with public value.

These KPIs include:

### Theme 1: Productivity Data and Cultural Change

- Increase % output per WTE across (Outpatient Departments) OPD, primary care therapies, mental health, and diagnostics.
- Ensure KPIs are embedded in the performance management framework and actively used by HSE managers in decisionmaking.

### Theme 2: Service Level Utilisation and Scheduling

- Increase OPD utilisation rates and generate additional appointments through OPD Toolkit rollout.
- Improve appointment efficiency by increasing appointments per WTE, improving new return ratios, and reducing weighted average wait times.
- Increase theatre utilisation and Day of Surgery Admission (DOSA) rates, with extended hours.
- Improve diagnostic access and patient flow through timely, appropriate referrals, standardised clinical thresholds, and more efficient use of diagnostic capacity.

### Theme 3: Workforce Productivity

- Increase the % of consultants rostered for extended hours and increase weekend discharge rates to weekday levels.
- Reduce Average Length of Stay (ALOS).
- Reduce Agency spend by a minimum of 10% on the prior year, reduce the need for overtime, and implement an efficient eRostering system.
- Reduce % absenteeism rate towards the NSP target of 4%, supported by key absence management indicators.

#### Theme 4: Value for Money and Savings

- Increase non-pay spend under management of central HSE procurement.
- Increase the % of spend under frameworks and competitive tendering and reduce building and nonpay costs.
- Deliver staff hours saved through automation under IFMS, NISRP, and PCRS by Q4 2026.
- Expand AI/automation processes.
- Increase Patient Level Costing sites and generate insights from Activity Based Funding pilots to strengthen budget setting.
- Implement changes committed to under the Framework Agreement on the Supply and Pricing of Medicines (FASPM), including the number of items reviewed by the HSE Drugs Group, frequency of HSE Drugs Group meetings, and timely collection of rebate debts outstanding.

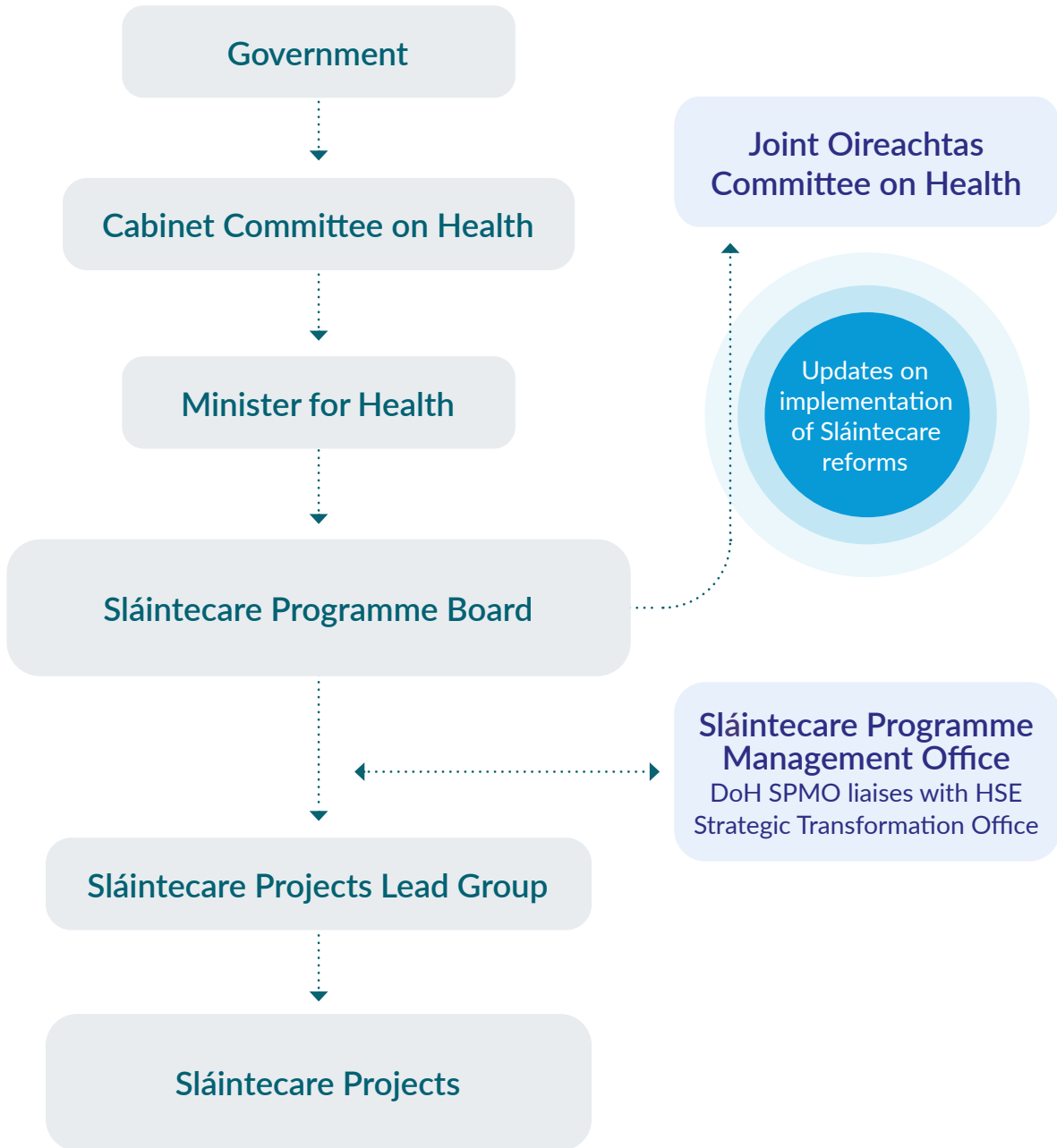
The Productivity and Savings Taskforce Action Plan 2026 will be published on the following webpage: [Productivity and Savings Taskforce](#)



# 7

## Governance & Accountability

# 7. Governance & Accountability



Effective governance and committed senior leadership are critical to achieving successful outcomes in implementation. This ensures there is a strategic prioritisation of actions across all areas of reform and builds a culture of trust and confidence thereby sustaining momentum throughout the lifetime of this strategic framework.

## Sláintecare Programme Board

Primary responsibility for the effective delivery of Sláintecare rests with the Sláintecare Programme Board. Established in 2021 to drive the principles of Sláintecare reform throughout the health and social care service, it is co-chaired by the Secretary-General of the Department of Health and CEO of the HSE. It also includes the joint leads of the reform projects from the Department's Management Board and the HSE's Senior Leadership Team as well as representatives from the Department of An Taoiseach and Department of Children, Disability & Equality.

The key roles of the Programme Board are to:

- Provide leadership, direction, oversight, support and guidance to the Sláintecare reform programme to ensure a coordinated, integrated, effective approach across the Department of Health and HSE.
- Ensure an integrated approach and planning framework is developed for all projects with appropriate timelines, deliverables and milestones and assignment of appropriate responsibility/expertise to lead the delivery of the project.
- Ensure effective communication and information sharing across all aspects of the programme throughout the Department, HSE and all key stakeholders.
- The Programme Board will meet quarterly, and its minutes will be published. In line with current practice, the co-chairs will also continue to engage with the Joint Committee on Health (JCH) on a regular basis on matters to report on the implementation of Sláintecare.
- Detailed updates on the implementation of Sláintecare, which has the support of and is overseen by the Department of an Taoiseach, will be provided through the Cabinet Committee

on Health, chaired by the Taoiseach, on a bi-monthly basis.

## Sláintecare Programme Management Office (SPMO)

The Programme Board will be supported in its work by the Sláintecare Programme Management Office (SPMO). The role of the SPMO is to:

- Ensure a programmatic approach and project management capacity across the Sláintecare projects and driving a results-focused approach to delivery of the Sláintecare reform programme.
- Working with Projects Leads, prepare the multi-annual strategic frameworks, annual Sláintecare Action Plans and to monitor and report on an ongoing basis on the delivery and progress of the agreed framework and Action Plans.
- Chair meetings of the Department of Health Project Leads and joint Department/HSE Project Leads in advance of Programme Board meetings.
- Support governance and oversight of Sláintecare through the provision of an effective secretariat to the Programme Board.
- Support Departmental preparations for attendance at Joint Oireachtas Health Committee meetings.

## Measuring Impact and Outcomes

The Health System Performance Assessment (HSPA) Framework provides high level outcome-based indicators for assessing the performance of the health system which can be linked to relevant health policies and strategies. The HSPA platform can be accessed through <https://hspa.gov.ie/>

Key performance indicators for Sláintecare projects/initiatives have been aligned as far as possible with existing indicators used in the system although this will not be possible in all cases. Other means that will be used to measure outputs, outcomes and impact will include the

metrics contained in the HSE's National Service Plan and the National Performance Report. The HSE National Service Plan (NSP) 2026 outlines a €29 billion budget for health services. The monthly National Performance Report (NPR) monitors progress against these indicators (KPIs) and priorities.

## **Risk Management**

Risk management is a key enabling support to the effective delivery of Sláintecare reform programmes and projects. The Sláintecare Programme Management Office (SPMO) has developed clear guidelines, based on best practice, including the Department's and HSE's Risk Management Frameworks, for the identification and management of risks for the Sláintecare Programmes and projects.

Each Sláintecare project lead will support the preparation and delivery of a project risk register and risk mitigation plan for their project that will be reviewed on a regular basis. The SPMO will prepare a programme-level risk register which will include the highest rated risks from project risk registers as well as any other high-level risks

that could impact on the delivery of the reform programme.

The Sláintecare Programme Board will review the Sláintecare Programme Risk Register and risk mitigation plans as part of the regular progress reviews and will address any key matters requiring their support.

## **Dependencies/Interdependencies**

The Sláintecare Programme Management Office will work with Project Leads to ensure that key project dependencies are identified to ensure that key milestones can be met and that they remain on track for delivery. Interdependencies between projects and initiatives will also be identified and managed by the SPMO to maximise the delivery of commitments under the Framework.

## **Change Control**

Changes to projects and programmes may happen for a variety of unforeseen circumstances, such as changes to timescales or policy priorities. The Sláintecare Programme Management Office will oversee this process, evaluating change requests and making recommendations to the Programme Board to approve or reject the request.



# 8

## Communications & Engagement

## 8. Communications & Engagement

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The Sláintecare Action Plan 2026 builds on the extensive progress of Sláintecare reform to date. The plan focuses on three priority areas, and is underpinned by critical enabling reform programmes, to bring us on a journey towards universal healthcare. In monitoring the implementation of this plan, we will publish:

- Sláintecare progress reports annually.
- Sláintecare Programme Board minutes on our website.

From 2026 onwards, work will focus on sustaining and maintaining the momentum created, building on the good work done in the previous years and ensuring a consistent and continuous focus on engagement and empowerment.

Reforming the health and social care systems requires constructive engagement between the workforce, representative bodies and other stakeholders across the system, on an ongoing basis. This ongoing partnership involves engagement and dialogue with patients, people who use our services and the broader public. The success of Sláintecare will be determined by patient outcomes and experiences and the overall health of the population.

The Sláintecare Programme Management Office will deliver a proactive communication plan with citizen-engagement as its core principle to guide how health reform is communicated, with patients, with partners and a wide range of stakeholders over the lifetime of the framework.

This communications plan will raise awareness of Sláintecare, its objectives and benefits among service users, the general public and health workforce. This plan will be developed with the citizen front and centre. The Sláintecare communications plan will include the following initiatives:

- Publish project update press releases on the Sláintecare website
- A Sláintecare e-newsletter to update on Sláintecare progress
- Updates for staff through HSE communication channels
- A Sláintecare webinar will provide an opportunity to showcase innovations, best practices and networking opportunities.
- An annual Sláintecare progress report will be published.
- The Sláintecare Programme Board minutes will be published on our website.



# 9

## Appendices

# 9. Appendices

## Appendix 1: Sláintecare project deliverables 2026

| Strategic Priority 1: Access.   |  |  |   |  |  |
|---|--|--|---|--|--|
| Programme.  | Description  | Q1   | Q2  | Q3   | Q4   |
| <b>Urgent and Emergency Care (UEC) Operational Plan.</b>                      | <p>Improving timely access to care is a key Sláintecare priority. Patients who need hospital care should be able to access quality, safe care when they need it.</p> <p>The UEC Operational Plan 2025 (which runs to end Q1 2026) builds on the work undertaken to set out and deliver the 2024 UEC Operational Plan and associated improvements in patient care.</p> <p>The 2025 plan will be replaced by a successor UEC plan which will cover the period Q2 2026 - Q1 2027.</p> <p>Governance and Oversight of the of delivery of UEC 2026/27 Operational Plan.</p> | <p>Monitoring and Measurement of Performance Indicators:</p> <p>Emergency Department (ED) Trolleys: The Average Monthly Trolley Count at 8am not to exceed 320.</p> <p>Delayed Transfers of Care (DTC): Total number of Delayed Transfers of Care (DTC) not to exceed 350.</p> <p>Patients over 75 24 hr Patient Experience Time (PET): 75 years and over &lt; 24hrs 99.</p> <p>All attendees Patient Experience Time (PET): All attendees &lt; 24hrs 97%.</p> | <p>Completion of After-Action Review of UEC plan 2025/26.</p> <p>Monitoring and Measurement of Performance Indicators:</p> <p>Emergency Department (ED) Trolleys: The Average Monthly Trolley Count at 8am not to exceed*.</p> <p>Delayed Transfers of Care (DTC): Total number of Delayed Transfers of Care (DTC) not to exceed*.</p> <p>Patients over 75 24 hr Patient Experience Time (PET): 75 years and over &lt; 24hrs*.</p> <p>All attendees Patient Experience Time (PET): All attendees &lt; 24hrs;</p> <p>*Q2 targets forthcoming, pending publication of UEC Plan 2026 - 2027.</p> | <p>Monitoring and Measurement of Performance Indicators.</p> <p>Emergency Department (ED) Trolleys: The Average Monthly Trolley Count at 8am not to exceed*.</p> <p>Delayed Transfers of Care (DTC): Total number of Delayed Transfers of Care (DTC) not to exceed*.</p> <p>Patients over 75 24 hr Patient Experience Time (PET): 75 years and over &lt; 24hrs*.</p> <p>All attendees Patient Experience Time (PET): All attendees &lt; 24hrs*.</p> <p>*Q3 targets forthcoming, pending publication of UEC Plan 2026 - 2027.</p> | <p>Monitoring and Measurement of Performance Indicators.</p> <p>Emergency Department (ED) Trolleys: The Average Monthly Trolley Count at 8am not to exceed*.</p> <p>Delayed Transfers of Care (DTC): Total number of Delayed Transfers of Care (DTC) not to exceed*.</p> <p>Patients over 75 24 hr Patient Experience Time (PET): 75 years and over &lt; 24hrs*.</p> <p>All attendees Patient Experience Time (PET): All attendees &lt; 24hrs*.</p> <p>*Q4 targets forthcoming, pending publication of UEC Plan 2026 - 2027.</p> |
| <b>Urgent and Emergency Care (UEC) Operational Plan: Acute Virtual wards.</b> | Scale existing AVWs up to a capacity of 40 beds per site.  |  |   |  | Scale existing AVWs up to a capacity of 40 beds per site.  |

| Strategic Priority 1: Access. |   |   |   |  |   |
|-------------------------------|---|---|---|--|---|
| Programme.                    | Description   | Q1  | Q2  | Q3   | Q4  |
| <b>Trauma Programme.</b>      | <p>Trauma Service and Capacity Development of the Major Trauma Centre at the Mater Misericordiae University Hospital by:</p> <p>Operationalising the ED Extension (Trauma Bays and CT Scanner).</p> <p>Completing Phase 1 B Capital Projects (Trauma Theatres and Diagnostic Suite).</p> <p>Progressing Phase 1C Helipad.</p> | <p>Agree pathway/approach for Phase 1 B staffing/ operationalisation.</p> <p>Complete procurement process in relation to Phase 1C at the MMUH.</p>  | <p>Phase 1C: Main Contractor Tender and appointment.</p> <p>Agree resourcing plan with Region for operationalisation of CT scanner.</p> | <p>Incremental operationalisation of Trauma Resuscitation Bays as nursing staff are recruited and onboarded.</p> <p>Phase 1B: Project Construction.</p> <p>Phase Complete with Handover.</p> <p>Commence operational commissioning following Handover.</p> <p>Phase 1C: Indicative programme start for construction works.</p> <p>Agree plan with Region for Phase 1 B resourcing and phased operationalisation.</p> | <p>Operationalisation and optimisation (in line with resources) of the planned capital projects as part of Phase 1A at the MMUH.</p> <p>Phase 1B: Complete operational commissioning.</p> |
| <b>Trauma Programme.</b>      | <p>Trauma Service and Capacity Development of the Major Trauma Centre at Cork University Hospital by:</p> <p>Operationalising the Emergency Department extension (two Trauma Resuscitation Bays and CT scanner).</p> <p>Completing construction of Helipad walkway.</p>   | <p>Complete build of the Emergency Department Trauma extension with two Trauma Resuscitation Bays and CT scanner.</p> <p>Commence operational commissioning of Trauma Bays and CT Scanner following handover.</p> | <p>Complete construction of Helipad walkway.</p>  | <p>Commence phased operationalisation of Emergency Department Trauma extension with two Trauma Resuscitation Bays and CT scanner, with 10 WTE funded under NSP 2025.</p> <p>Open and begin operationalisation of Helipad walkway.</p>  | <p>Full operationalisation of Emergency Department Trauma extension in line with resources.</p> <p>Full operationalisation of Helipad walkway.</p>  |

| Strategic Priority 1: Access. |   |  |   |  |   |
|-------------------------------|---|--|---|--|---|
| Programme.                    | Description   | Q1   | Q2  | Q3   | Q4  |
| <b>Trauma Programme.</b>      | <p>Progress development of the Trauma Unit with Specialist Services (TUSS) at University Hospital Galway by:</p> <ul style="list-style-type: none"> <li>Expanding Trauma Specialist Orthoplastics Services.</li> <li>-Expanding Trauma Specialist Spinal Services .</li> </ul> <p>Developing Planned Trauma Care at Merlin Park Hospital.</p> | <p>Agree plan with REO to progress required capital works for Merlin Park Theatre.</p>   | <p>Complete the recruitment and onboarding of WTE provided under NSP 2025 to facilitate the expansion of a delivery of specialist Orthoplastics and spinal services relevant to the care of major trauma patients at the TUSS in UHG.</p> <p>Establish Trauma Team at the TUSS.</p> <p>Agree a set of specific KPIs and activity metrics for PTC in Galway.</p> | <p>Expansion of Trauma Specialist Plastic and Spinal Services (dependent of successful recruitment and onboarding of staff in Q1/Q2).</p> <p>Establish 1800-TRAUMA inter-hospital referral service at UHG, liaising with the MMUH where appropriate (dependent on 1800-Trauma at Mater being fully operational).</p> | <p>Phase 1 TUSS services operationalised in line with resources.</p> <p>Specialist Plastic and Spinal Services and related pathways operationalised.</p> <p>(dependent on successful recruitment and onboarding of specialist staff in Q2).</p> <p>Increase the delivery of PTC in accordance with available resources/facilities (dependent on securing funding for capital works at Merlin Park).</p> |
| <b>Trauma Programme.</b>      | <p>Enhancement of Trauma Units in the Regions by:</p> <ul style="list-style-type: none"> <li>Enhancing Trauma Reception and Care at OLOL Drogheda.</li> <li>Enhancing Trauma Reception and Care at University Hospital Waterford.</li> </ul>  | <p>Complete the recruitment and onboarding of WTE provided under NSP 2025 to facilitate the delivery of improved trauma reception services and interventions at OLOL Drogheda and UHW, as part of Phase 1.</p> | <p>Establish Trauma Teams at the OLOL and UHW.</p>  | <p>Operationalise national protocols and standards at OLOL and UHW as Trauma Units designate.</p>  | <p>Agree resourcing plan with regions for next phase developments at OLOLH and UHW TUs.</p>   |

| Strategic Priority 1: Access.    |   |  |   |   |   |
|----------------------------------|---|--|---|---|---|
| Programme.                       | Description   | Q1   | Q2  | Q3  | Q4  |
| <b>Waiting Time Action Plan.</b> | Implementing a multi-annual approach to sustainably reduce waiting times and reform access to scheduled care, through a range of actions under the themes of delivering capacity, reforming scheduled care, and enabling scheduled care reform. | <p>The Department of Health, the HSE and the NTPF developed the 2026 Waiting Time Action Plan (WTAP), and it was published on 30 January 2026. The 2026 WTAP sets out targets focused on reducing scheduled care waiting times in acute hospitals.</p> <p>The HSE's implementation of the WTAP 2026 has commenced, under the governance of the joint Department of Health and HSE Waiting List Task Force.</p> <p>Oversee the HSE's development and publication of the end of year report for the 2025 Waiting List Action Plan.</p> | <p>Under the governance of the Waiting List Task Force, monitor and oversee the progression of the 2026 WTAP targets and actions by the HSE and the NTPF:</p> <p>50% of patients to be waiting less than the Sláintecare wait time targets of 10 weeks for OPD appointments and 12 weeks for IPDC procedures; and 65% of patients to be waiting less than the Sláintecare wait time target of 12 weeks for GI Scopes.</p> <p>Reducing the weighted average wait time to &lt; 5.5 months for OPD and IPDC and to &lt; 3.5 months for GI Scopes.</p> <p>90% of patients to be waiting less than 12 months for first access to OPD services.</p> <p>To achieve an OPD new to return ratio of 1:2.0, for clinically appropriate specialties.</p> <p>To have 85% of routine elective appointments/procedures chronologically scheduled.</p> <p>83% of inpatients to have their principal elective procedure conducted on day of admission.</p> | <p>Under the governance of the Waiting List Task Force, monitor and oversee the progression of the 2026 WTAP targets and actions by the HSE and the NTPF:</p> <p>50% of patients to be waiting less than the Sláintecare wait time targets of 10 weeks for OPD appointments and 12 weeks for IPDC procedures; and 65% of patients to be waiting less than the Sláintecare wait time target of 12 weeks for GI Scopes.</p> <p>Reducing the weighted average wait time to &lt; 5.5 months for OPD and IPDC and to &lt; 3.5 months for GI Scopes.</p> <p>90% of patients to be waiting less than 12 months for first access to OPD services.</p> <p>To achieve an OPD new to return ratio of 1:2.0, for clinically appropriate specialties.</p> <p>To have 85% of routine elective appointments/procedures chronologically scheduled.</p> <p>83% of inpatients to have their principal elective procedure conducted on day of admission.</p> | <p>Complete oversight of the implementation of all actions within the 2026 WTAP with the aim of delivering the following targets:</p> <p>50% of patients to be waiting less than the Sláintecare wait time targets of 10 weeks for OPD appointments and 12 weeks for IPDC procedures; and 65% of patients to be waiting less than the Sláintecare wait time target of 12 weeks for GI Scopes.</p> <p>Reducing the weighted average wait time to &lt; 5.5 months for OPD and IPDC and to &lt; 3.5 months for GI Scopes.</p> <p>90% of patients to be waiting less than 12 months for first access to OPD services.</p> <p>To achieve an OPD new to return ratio of 1:2.0, for clinically appropriate specialties.</p> <p>To have 85% of routine elective appointments/procedures chronologically scheduled.</p> <p>83% of inpatients to have their principal elective procedure conducted on day of admission.</p> |

| Strategic Priority 1: Access.                                   |   |   |  |   |   |
|---|---|---|--|---|---|
| Programme.  | Description   | Q1  | Q2   | Q3  | Q4  |
| <b>Primary Care Therapy Waiting List Long Waiter Reduction.</b> | The Department of Health and HSE have identified the need for a national strategy to understand demand drivers, improve care delivery, and optimise resources to boost productivity and expand capacity. This time-bound intervention is built on detailed modelling and analysis, aimed at short to medium term interventions, and is based on two 'proof-of-concept' initiatives undertaken in 2023/2024 that provide evidence of impact and good practice. This expansion is central to the ECC Programme's goal of reducing waiting lists. The ECC Programme is delivering a targeted approach using public overtime and private capacity to reduce waiting lists in three CHN therapies – Physiotherapy, Occupational Therapy, and Speech & Language Therapy— while enhancing productivity through process improvements. | <p>Continue implementation of Phase 1 of the Primary Care Therapy Waiting List (PCTWL) initiative, incorporating the establishment of additional capacity through public overtime and private providers across all IHAs by the end of Q1.</p> <p>Direct support will be provided to IHAs on a staggered basis throughout this phase, through the Business Support Services team, to aid the validation of waiting lists and subsequent treatment of patients.</p> <p>Support the removal of 6k patients from the waiting lists in this quarter. Regions to commence onboarding 200 WTE allocated to Primary Care Therapies as part of NSP 2026 process.</p> | <p>Implement Phase 2 of the initiative, continuing support for the IHAs operational as part of Phase 1 (those with the highest numbers of long waiters on waiting lists) and extended national reach to the remaining 8 IHA teams. These teams will be supported directly by the Business Support Services Team for this portion of the initiative, having already established their own overtime and private capacity in Phase 1.</p> <p>Support the removal of 12k patients from the waiting lists in this quarter. Regions to continue onboarding of 200 WTE across Primary Care Therapies.</p> | <p>Continue Phase 2 of the project, ensuring appropriate tracking of data in relation to the initiative with the objective of removing 60,000 long waiters from Primary Care Therapy Waiting Lists across all regions.</p> <p>As part of this initiative, recruitment will begin to backfill roles in Primary Care through the ECC Programme, to ensure that a "steady state" for waiting lists can be achieved following conclusion of the initiative.</p> <p>Support the removal of 21k patients from the waiting lists in this quarter. Regions to continue onboarding of 200 WTE across Primary Care Therapies.</p> | <p>Close out the initiative to remove long waiters; where gaps have been identified in the validation and treat approach, targeted support will be provided to ensure that initiative objectives are met and that all data is flowing to BIU.</p> <p>A review of lessons learned will take place to ensure the initiative is brought to an appropriate close. Continued recruitment to support the establishment of a "steady state" alongside extensive workforce planning to ensure long-term stabilisation and reduction of waiting lists.</p> <p>Support the removal of 21k patients from the waiting lists in this quarter. 200 WTE onboarded across Primary Care Therapies.</p> |

| Strategic Priority 1: Access.  |   |   |   |   |   |
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| Programme.   | Description   | Q1  | Q2  | Q3  | Q4  |
| <b>Enhanced Community Care (ECC) Programme.</b>                                | Continue the implementation of integrated care pathways across community-based settings, supporting teams to deliver services in the community to reduce numbers of patients attending acute hospitals. | <p><b>CHN</b><br/>355,000 patients seen by Community Healthcare Networks.</p> <p><b>ICPOP</b><br/>37,500 patient contacts through 26 Integrated Care Programme for Older Persons CSTs<br/>6,051 referrals accepted through 26 Integrated Care Programme for Older Person CSTs.</p> <p><b>ICPCD</b><br/>115,475 patient contacts through 27 Integrated Care Programme for Chronic Disease CSTs<br/>21,711 referrals accepted through 27 Integrated Care Programme for Chronic Disease CSTs.</p> <p><b>Diagnostics</b><br/>60,000 GP access to community diagnostics tests conducted<br/>4,113 mobile X-Rays conducted at home.</p> | <p><b>CHN</b><br/>710,000 patients seen by Community Healthcare Networks.</p> <p><b>ICPOP</b><br/>75,000 patient contacts through 26 Integrated Care Programme for Older Persons CSTs<br/>12,102 referrals accepted through 26 Integrated Care Programme for Older Person CSTs.</p> <p><b>ICPCD</b><br/>230,950 patient contacts through 27 Integrated Care Programme for Chronic Disease CSTs<br/>43,442 referrals accepted through 27 Integrated Care Programme for Chronic Disease CSTs.</p> <p><b>Diagnostics</b><br/>120,000 GP access to community diagnostics tests conducted<br/>8,226 mobile X-Rays conducted at home.</p> | <p><b>CHN</b><br/>1,065,000 patients seen by Community Healthcare Networks.</p> <p><b>ICPOP</b><br/>112,500 patient contacts through 26 Integrated Care Programme for Older Persons CSTs<br/>18,153 referrals accepted through 26 Integrated Care Programme for Older Person CSTs.</p> <p><b>ICPCD</b><br/>346,425 patient contacts through 27 Integrated Care Programme for Chronic Disease CSTs<br/>65,133 referrals accepted through 27 Integrated Care Programme for Chronic Disease CSTs.</p> <p><b>Diagnostics</b><br/>180,000 GP access to community diagnostics tests conducted<br/>12,339 mobile X-Rays conducted at home.</p> | <p><b>CHN</b><br/>1,420,000 patients seen by Community Healthcare Networks.</p> <p><b>ICPOP</b><br/>150,000 patient contacts through 26 Integrated Care Programme for Older Persons CSTs<br/>24,204 referrals accepted through 26 Integrated Care Programme for Older Person CSTs.</p> <p><b>ICPCD</b><br/>461,900 patient contacts through 27 Integrated Care Programme for Chronic Disease CSTs<br/>86,844 referrals accepted through 27 Integrated Care Programme for Chronic Disease CSTs.</p> <p><b>Diagnostics</b><br/>240,000 GP access to community diagnostics tests conducted<br/>16,452 mobile X-Rays conducted at home.</p> |
| <b>Enhanced Community Care (ECC) Programme: Virtual Care in the Community.</b> | Implement a virtual care model across 6 ICPOP teams.  | Continued Rollout of Virtual Care in the Community Model across the 6 Pilot teams. 3 of 8 virtual functions rolled out across the 6 x CSTs.   | Continued Rollout of Virtual Care in the Community Model across the 6 designated teams. 8 of 8 Virtual functions rolled out across 6 x CSTs.  | Supportive tech enabled across the 6 x CSTs.  | 15% increase in activity across the 6 x CSTs.   |

| Strategic Priority 1: Access.  |  |   |  |   |   |
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| Programme.   | Description  | Q1  | Q2   | Q3  | Q4  |
| <b>Enhanced Community Care (ECC) Programme:</b><br><b>Telehealth - Improving Access.</b> | The ECC Telehealth Programme is completing a national implementation of the Attend Anywhere platform across CHNs and CSTs - 156 teams total (96 CHNs & 60 CSTs). 28 teams using AA in 2025 with a further 128 to commence in 2026. Attend Anywhere facilitates virtual consultations for 1:1 and group appointments improving access and equity of care while maintaining safety and standard of care. | Commence the rollout of Attend Anywhere across 32 CHN, ICPOP, and ICPCD teams.  |  |   |   |
| <b>Removing Private Care in Public Hospitals.</b>  | Continue to monitor uptake of the POCC by existing contract holders.   | 25 Switchers nationally.  | 25 Switchers nationally.                           | 25 Switchers nationally.                      | 25 Switchers nationally with a total of 100 switchers for 2026 in line with downward trend in switchers from existing consultant contracts. |
| <b>Removing Private Care in Public Hospitals</b>   | Continue to monitor uptake of the POCC by new entrants.  | 70 new entrants signing up to a POCC.   | 60 new entrants signing up to a POCC.              | 60 new entrants signing up to a POCC.         | 60 new entrants with 250 net new entrants signing up to a POCC in 2026 in line with Sláintecare target of 6,000 consultants by 2030.        |
| <b>Strategic Review of the Eligibility Framework.</b>                                    | Progress phase 2 of strategic review (legal review of the eligibility framework and legislation).  | Completion of Legal Review.   | Identification and finalisation of priority areas. | Finalise proposals to address priority areas. | Secure approval to implement remedial actions identified.   |
| <b>Strategic Review of the Eligibility Framework.</b>                                    | Finalise proposals from phase 1 of the strategic review related to medical card administration.  |   |  |   | Proposals relating to medical card administration to be finalised.  |
| <b>Strategic Review of the Eligibility Framework.</b>                                    | Complete Phase 1 of the Strategic Review.  | Finalise Phase I report of the Strategic Review of Eligibility - outputs of report to be brought forward for consideration in Phase II. |  |   |   |

| Strategic Priority 1: Access.                         |   |   |  |  |  |
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| Programme.  | Description   | Q1  | Q2   | Q3   | Q4   |
| <b>Strategic Review of the Eligibility Framework.</b> | Policy Dialogue on financing for UHC in an Irish context. The European Health Observatory (EHO) have been engaged to conduct a comprehensive literature review and analysis on user charges and implications for Ireland, as part of the multi-phase demand led side financing project. | Finalise draft of EHO report on review of user charges: "Policy Options to Strengthen Health System Fiscal Sustainability". | Policy Dialogue session to be held in Department with EHO officials, academics and Department officials.   | Complete analysis of policy brief findings and policy dialogue.  | Outputs from this workstream to feed into Phase 2 report paper.  |
| <b>Strategic Review of the Eligibility Framework.</b> | Progress Phase 2 of the Strategic Review.<br><br>Phase II engagement plan to focus on policy implications of outputs of Phase I report and analysis.  |   | Commence work on identification of affected populations groups to be developed through analysis of available research into unmet need, combined with units own public engagement and analysis of data on waiting lists and affordability issues, to identify services and members of public most affected. | Identify policy and legislative implications of extended eligibility/entitlement to publicly funded health services. | Paper consolidating outputs of all workstreams of Phase II of Strategic Review and development of implementation plan for agreed policy proposals for implementation of UHC and expanded eligibility to health services based on agreement of outputs of Phase II. |

| Strategic Priority 2: Improve Service Quality.                              |  |   |   |  |  |
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| Programme.  | Description  | Q1  | Q2  | Q3   | Q4   |
| <b>Patient Engagement National Care Experience Programme (NCEP).</b>        | Deliver on the suite of surveys under the NCEP as per the NCEP Strategy 2025-2027.   |   | Commencement of the National Inpatient Experience Survey 2026.  |  | Publish the findings of the National Inpatient Experience Survey 2026.   |
| <b>Patient Engagement: Health Literacy.</b>                                 | Support for the inclusion of health literacy in policies and strategies.   | Hold Q1 webinar to raise health literacy awareness.   | Hold Q2 webinar to raise health literacy awareness.   | Hold Q3 webinar to raise health literacy awareness.  | Hold Q4 webinar to raise health literacy awareness.<br><br>Hold an event on digital health literacy.                   |
| <b>Patient Engagement: HSE Health Services Directory.</b>                   | Develop an online HSE health services directory to provide signposting to services. This will support the public to navigate the health service and access the care they need by making information about health, wellbeing and services available online, in the HSE app and by phone, email and chat with HSELive. | Delivery of a common condition's pharmacy service finder, an unplanned pregnancy support service finder, a bereavement supports and services finder and GP API integration. | Delivery of a Cervical screening service finder, Hospital consultants service finder and cancer care support services integration with the HSE app. | Expansion of information about hospitals and delivery of a Diabetic retina screening service finder. | Delivery of Cancer centres information and the Mid West 'Community connect' services information.                      |
| <b>Patient Engagement: Better Together Roadmap.</b>                         | Co Design Learning Resource for Partnership Working Group - Implementation of the Better Together Roadmap.   | A Hub to support partnership activity including the sharing of all Better Together Learning Pathways will be completed and operational.                                     |   | Complete the content for Learning Pathway level 2 and shared through the Partnership Hub.            | Host Conference which will be co-designed with patient and service users. Share outcomes and learning from conference. |
| <b>Patient and Public Engagement: Visual Identity and Naming Guideline.</b> | Update and publish HSE National Guideline: Visual Identity and Naming.   | Review current guideline.   | Update guideline.   | Publish guideline.   | Review usage.  |
| <b>Patient Safety Assurance.</b>  | Ensure the review of the HSE IMF and the HSE Patient Safety Strategy align with the goals of Sláintecare Patient safety Assurance.   | Draft review of the IMF presented to the IMF advisory group and IMF working group.  | Review of the IMF finalised and published by end Q2.  |  |  |

| Strategic Priority 2: Improve Service Quality.   |   |  |  |  |  |
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| Programme.   | Description   | Q1   | Q2   | Q3   | Q4   |
| <b>Patient Safety Assurance:</b><br><b>Safer Care using Learning Analytics for Training Healthcare Professionals.</b>  | The development, testing and piloting of a national learning analytics capability that will introduce a dynamic, adaptive training system where each healthcare professional can access targeted interventions based on their own data profile. The proof of concept will be used to mainstream or scale the project through the annual budget estimates process. |  |  |  | Monitor progress against project milestones.   |
| <b>Patient Safety Assurance:</b><br><b>The development of the strategic programme for new National Clinical Audits using a systematic approach involving key stakeholders.</b> | The aim of this 2-year project is to develop a systematic approach to the prioritisation of 17 clinical audit topics to inform a five-year strategic programme for new clinical audits, to include community-based settings and to support the phased implementation of the prioritised programme, beginning with one clinical audit in year two.                 | Monitor progress against project milestones.   | Monitor progress against project milestones. | Monitor progress against project milestones. | Prioritisation system instituted for 17 clinical audit topics, and this will be used to inform a five-year strategic programme of audit. |
| <b>Public health, Health Prevention, Health Promotion and Social Inclusion:</b><br><b>Obesity programme.</b>   | <p>"A Healthy Weight for Ireland" is Ireland's Obesity Policy and Action Plan (OPAP) which runs from 2016 to 2025.</p> <p>The OPAP acknowledges the complex nature of the rise in prevalence of overweight and obesity and the need for a whole of government and multi-stakeholder approach to addressing obesity.</p>   | An update of the evidence review for Policy initiatives to inform a new OPAP will be developed by IPH.       |  |  | A new Obesity Policy and action plan will be developed in 2026.  |
| <b>Public health, Health Prevention, Health Promotion and Social Inclusion:</b><br><b>Breastfeeding.</b>   | Research indicates that improving our breastfeeding rates will contribute to improvements in child and maternal health, and reductions in childhood obesity and chronic diseases.   | The Consultation Process for a new Whole of Government Breastfeeding Strategy for Ireland will be completed. |  |  | A new Breastfeeding Strategy for Ireland will be published.  |

| Strategic Priority 2: Improve Service Quality.   |   |  |   |   |  |
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| Programme.   | Description   | Q1   | Q2  | Q3  | Q4   |
| <b>Public health, Health Prevention, Health Promotion and Social Inclusion:</b><br><b>Folic Acid Programme.</b>                            | To develop strategies for Folic Acid Supplementation to support the goal under OPAP of promoting Healthy Eating.                    |  |   | A report with recommendations to increase folic acid intake to Reduce Neural Tube Defects (NTDs) will be submitted to the Minister of Health. |  |
| <b>Public health, Health Prevention, Health Promotion and Social Inclusion:</b>  | Implementation of the four new SHC areas - Blanchardstown, East Tallaght, Drogheda and Dundalk.                                     |  | Official launches of the four new areas.                                    | Final report on the Evaluation of the SHC Programme published.  | Regional discussion forums to review and implement the recommendations from the Evaluation Report. |
| <b>Public health, Health Prevention, Health Promotion and Social Inclusion:</b><br><b>Sláintecare Healthy Communities (SHC) Programme.</b> | Deliver social prescribing services that will connect 5,500 people to supports addressing social isolation, poverty and loneliness. | Launch social prescribing realist evaluation.  | Deliver learning platform and training for social prescribing link workers. | Conduct equality proofing study in partnership with National Women's Council aimed at improving access for marginalised women.                | Update HSE social prescribing framework to incorporate learning from research and practice.        |
| <b>Public health, Health Prevention, Health Promotion and Social Inclusion:</b><br><b>Sláintecare Healthy Communities (SHC) Programme.</b> | Develop an online self-help tool for substance use – Drugs, Alcohol and Sexual Health (DASH) (SIIF).                                | Contract academic partner to conduct evaluation of digital tool supporting reduction in drug and alcohol use.  | Commence testing of digital tool with target groups.                        | Conduct baseline data analysis on engagement with digital tool to inform ongoing improvements.  | Complete user journey and retention mapping for each substance.                                    |
| <b>Public health, Health Prevention, Health Promotion and Social Inclusion:</b><br><b>Sláintecare Healthy Communities (SHC) Programme.</b> | Deliver targeted health initiatives in 24 local areas to help narrow health inequalities.   | Reconfigure the SHC data collection system to align with new HSE reporting structures. SHC Steering Group to monitor the implementation of SHC nationally and across local implementation sites. |   |   |  |

| Strategic Priority 2: Improve Service Quality.   |   |   |   |   |  |
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| Programme.   | Description   | Q1  | Q2  | Q3  | Q4   |
| <b>Public health, Health Prevention, Health Promotion and Social Inclusion:</b>                                    | It is well documented that levels of poor physical, social, and mental health are consistently higher in prisons than in the general population reflecting the health and societal inequalities experienced by prisoners in the wider community. In response to this, Healthy Ireland is working with the Irish Prison Service and the Department of Justice to develop a Healthy Prisons Framework.  | Recruitment of Healthy Prisons Coordinator.   |   |   |  |
| <b>Public health, Health Prevention, Health Promotion and Social Inclusion:</b><br><b>Mental Health Promotion.</b> | Pathways to Wellbeing is Ireland's first cross-government mental health promotion plan, setting out a national approach to improving mental health and wellbeing at a population level. The plan aims to promote positive mental health for everyone while also addressing the needs of those most at risk of developing mental health difficulties through the delivery of: <ul style="list-style-type: none"> <li>• universal supports that strengthen mental health and wellbeing across the whole population, and</li> <li>• targeted supports to reduce inequalities and support people at risk of experiencing poor mental health.</li> </ul> | Publish Pathways to Wellbeing Implementation Plan (2026-2027).  | Establish implementation and monitoring structures for Pathways to Wellbeing Implementation Plan. | Pathways to Wellbeing Reference Group of members of general public established. | Publish report on the development of a model to improve mental health outcomes in Sláintecare Healthy Communities. |
| <b>Public health, Health Prevention, Health Promotion and Social Inclusion:</b><br><b>Mental Health Promotion.</b> | Deliver a community based mental health promotion initiative (Act Belong Commit) with target groups at risk of mental health difficulties in 3 IHAs (SIIF).   | Identify priority groups and establish implementation and research infrastructure nationally and in 3 IHAs. | Commence delivery of Act Belong Commit with priority groups.                                      | Conduct baseline data collection for evaluation of Act Belong Commit.           | Co-produce communication activities to promote positive mental health with priority groups.                        |

| Strategic Priority 2: Improve Service Quality.  |   |   |  |  |   |
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| Programme.  | Description   | Q1  | Q2   | Q3   | Q4  |
| Public health, Health Prevention, Health Promotion and Social Inclusion:<br>Men's Health.             | In response to the significant difference in health outcomes, not just between men and women, but between different population groups of men, a renewed focus on men's health is required. This will include developing gender specific approaches to address men's health. | Work with HSE to agree priorities for implementation of Men's health Action Plan 2024-2028 and continue to work with the Irish Men's Sheds Association. | Support Men's Health Week with Men's Health Forum; progress the implementation of On Feirm Ground.   | Progress development of Cross-Government Policy Statement on Men's Health.                                 |   |
| Public health, Health Prevention, Health Promotion and Social Inclusion:<br>Men's Health.             | Work in conjunction with HSE priority policy programmes to integrate and promote Men's Health.  | Review the existing Engage Men's Health Training Programme with key internal and external partners.   | Roll out and promote Men's Health Week to the public in conjunction with HSE Health and Wellbeing priority policy programmes and Health Promotion and Improvement. | Scope a plan to expand Engage Men's Health Training based on consultation with key partners and Q1 Review. | Develop a plan to promote farmer health and wellbeing in conjunction with the Department of Health and the Department of Agriculture and Marine and other partners. |
| Public health, Health Prevention, Health Promotion and Social Inclusion:<br>Healthy Ireland Research. | Healthy Ireland Survey.   |   | Fieldwork for Wave 12 completed work on Wave 13 Questionnaire underway.  | Report for W12 in development, fieldwork commenced for W13.  | Publication of the 2026 (W12) Healthy Ireland Survey.   |
| Public health, Health Prevention, Health Promotion and Social Inclusion:<br>Healthy Ireland Research. | Health Behaviour in School-Aged Children.   | Commencement of fieldwork for HBSC 2026 cycle (four years).   | Substantial completion of fieldwork for HBSC.  | Analysis of fieldwork.   |   |
| Public health, Health Prevention, Health Promotion and Social Inclusion:<br>Healthy Ireland Research. | Healthy Ireland Outcomes Framework, Second Report.  | Completion of data collation.   |  | Publish Healthy Ireland Outcomes Framework, Second Report.   |   |

| Strategic Priority 2: Improve Service Quality.   |   |  |  |  |  |
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| Programme.   | Description   | Q1   | Q2   | Q3   | Q4   |
| Public health, Health Prevention, Health Promotion and Social Inclusion:<br>National Sexual Health strategy. | HIV Action Plan.  | Commence stakeholder consultation.   |  |  | Conclusion and publication of the HIV Action Plan.   |
| Public health, Health Prevention, Health Promotion and Social Inclusion:<br>National Sexual Health strategy. | Inclusion of pharmacy prescribing in the Free Contraception Scheme.   | Draft legislation to enable the inclusion of pharmacist prescribing of contraception in eligibility for the free contraception scheme.             |  | Legislation enacted.   | Commencement of scheme delivery, inclusion of pharmacy prescribing in the FCS.   |
| Public health, Health Prevention, Health Promotion and Social Inclusion:<br>National Sexual Health strategy. | Develop a model of care and standards for Sexual Health Services.   |  |  |  | Completion of a model of care and standards for sexual health services.<br><br>Development of an implementation and resourcing plan.               |
| Public health, Health Prevention, Health Promotion and Social Inclusion:<br>National Sexual Health strategy. | Provision of a home STI testing service integrated with public sexual health services, distributing 120,000 free home-tests annually.                               | Ongoing delivery of home STI testing service, service improvements and monitoring. Target of over 30,000 orders per quarter with >75% return rate. | Ongoing delivery of home STI testing service, service improvements and monitoring. Target of over 30,000 orders per quarter with >75% return rate. | Ongoing delivery of home STI testing service, service improvements and monitoring. Target of over 30,000 orders per quarter with >75% return rate. | Ongoing delivery of home STI testing service, service improvements and monitoring. Target of over 30,000 orders per quarter with >75% return rate. |
| Public health, Health Prevention, Health Promotion and Social Inclusion:<br>National Sexual Health strategy. | Provision of a national HIV pre-exposure prophylaxis (PrEP) programme in line with national PrEP standards and guidelines and commence 2000 new PrEP users in 2026. | Ongoing delivery and monitoring of a national PrEP service.<br><br>Target of over 5,000 PrEP reimbursements and 500 new PrEP users per quarter.    | Ongoing delivery and monitoring of a national PrEP service.<br><br>Target of over 5,000 PrEP reimbursements and 500 new PrEP users per quarter.    | Ongoing delivery and monitoring of a national PrEP service.<br><br>Target of over 5,000 PrEP reimbursements and 500 new PrEP users per quarter.    | Ongoing delivery and monitoring of a national PrEP service.<br><br>Target of over 5,000 PrEP reimbursements and 500 new PrEP users per quarter.    |
| Public health, Health Prevention, Health Promotion and Social Inclusion:<br>Tobacco Cessation.               |   |  |  |  | Publication of the successor to the <i>Tobacco Free Ireland</i> policy.  |

| Strategic Priority 2: Improve Service Quality.  |  |    |  |   |  |
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| Programme.  | Description  | Q1 | Q2   | Q3  | Q4   |
| <b>Public health, Health Prevention, Health Promotion and Social Inclusion:</b><br><b>Tobacco Cessation.</b>  | Support 22,820 smokers to receive face to face or telephone intensive cessation support from a cessation counsellor.   |    |  |   | Support 22,820 smokers to receive face to face or telephone intensive cessation support from a cessation counsellor.                     |
| <b>Public health, Health Prevention, Health Promotion and Social Inclusion:</b><br><b>New Health Region structures to be established under new National Drugs Strategy.</b> | The new National Drugs Strategy will be published in 2026. In order to ensure alignment with Sláintecare and the HSE Health Region structure, new 'Regional Drug Forums' will be established to manage the operationalisation of the new NDS.  |    | Hold workshop to consult with key stakeholders on new structures.          | HSE to establish new Regional Drug Forums in each of the HSE Health Regions.                            |  |
| <b>Public health, Health Prevention, Health Promotion and Social Inclusion:</b><br><b>Assessment of drug treatment demand.</b>  | The Drugs Policy, Refugee and Inclusion Health Unit have been working with Pobal and the Health Research Board to conduct an analysis of drug treatment data in order to inform the planning and delivery of services into the future. Information gathered during this project will be used to create a data hub for HSE Service managers to inform the planning and delivery of drug treatment services. |    | Publication of report by Pobal.  | Publication of online data hub for HSE Service Managers.  |  |
| <b>Public health, Health Prevention, Health Promotion and Social Inclusion:</b><br><b>Social Inclusion.</b>   | Establishment and ongoing operation of a dedicated health and addiction facility for people experiencing homelessness, providing stabilisation, detoxification, BBV, intermediate care and recovery supports as part of an integrated care and harm reduction approach.  |    | Begin phased opening of remaining beds and associated wraparound supports. | Increase operational capacity 75 beds; implement monitoring framework for clinical and social outcomes. | Facility operational with integrated harm reduction and stabilisation services embedded within the local health and homelessness system. |

| Strategic Priority 2: Improve Service Quality.   |   |  |   |   |   |
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| Programme.   | Description   | Q1   | Q2  | Q3  | Q4  |
| <b>Public health, Health Prevention, Health Promotion and Social Inclusion:</b><br><b>Social Inclusion.</b>                | Development and rollout of a standardised, tiered training programme for staff in homeless services, incorporating blended training model, including a standardised Induction programme and a Train-the-Trainer model within the NGO sector and PEAs (Private Emergency Accommodation), to build capacity and strengthen the quality and consistency of service delivery. | Finalise and agree training priorities for 2026 with stakeholders; pilot Train-the-Trainer model in agreed number of NGOs. | Deliver pilot sessions; gather feedback from trainers and participants; refine model and materials.   | Scale up implementation across NGO partners nationally; integrate key learning modules.                     | Evaluate pilot outcomes; publish implementation report and plan for 2027 roll-out.              |
| <b>Public health, Health Prevention, Health Promotion and Social Inclusion:</b><br><b>Social Inclusion.</b>                | Support the ongoing operation of the medically supervised injecting facility.   |  | Completion of the external evaluation of the service at 18 months by Queens University Belfast and the Child Impact Assessment at 18 months by TCD. | Completed evaluation and child impact assessment reports.   |   |
| <b>Public health, Health Prevention, Health Promotion and Social Inclusion:</b><br><b>National Physical Activity Plan.</b> | Progress implementation of HSE Physical Activity Pathways in Healthcare Model.  | Publish guidance for health service managers on commissioning of local physical activity referral programmes.              | Launch of Get Active (Physical Activity Behaviour Change Support) service via HSE App.  |   | 1,000 participants engaged with Get Active programme.   |
| <b>Public health, Health Prevention, Health Promotion and Social Inclusion:</b><br><b>Healthy Eating</b>                   | Provide training and resources to support promotion of Healthy Food Made Easy (HFME) eating in health services, schools and communities.  | Publish resources to support delivery of standardised weaning workshops by Dietitians/PHNs.                                | 6 pilot trainings of Wellbeing through Schools Policy Development delivered.  | Hold a webinar to increase awareness of activity to promote healthier food environments in health services. | Complete review of HFME programme.  |
| <b>Public health, Health Prevention, Health Promotion and Social Inclusion:</b><br><b>Immunisation Programme</b>           | RSV infant immunisation pathfinder programme  |  |   |   | RSV infant immunisation pathfinder programme to be put in place from Sept 2026 to February 2027 |

| Strategic Priority 2: Improve Service Quality.  |   |                                    |    |    |  |
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| Programme.  | Description   | Q1                                 | Q2 | Q3 | Q4   |
| <b>Public health, Health Prevention, Health Promotion and Social Inclusion:</b><br><b>National Sexual Health strategy.</b>            | HIV Action Plan   | Commence stakeholder consultation. |    |    | Conclusion and publication of the HIV Action Plan.   |
| <b>Disability Services:</b><br><b>Progressing Disability Services (PDS) Roadmap for Service Improvement 2023-2026 Implementation.</b> | The Assessment of Need Targeted Waitlist Initiative is part of a number of actions to improve the delivery of Assessments of Need. The Initiative focuses on those families waiting the longest for an Assessments of Need, with funding allocation for the procurement of clinical assessments from private providers. |                                    |    |    | Deliver 6,000 clinical assessments in 2026 under the Assessment of Need Targeted Waitlist Initiative.  |
| <b>Disability Services:</b><br><b>Progressing Disability Services (PDS) Roadmap for Service Improvement 2023-2026 Implementation.</b> | Improving access to Children's Disability Network Teams (CDNTs).  |                                    |    |    | Children's Disability Network Teams will reduce waiting lists by 25%, prioritising longest waits, with no child waiting more than 12 months for CDNT services. |

| Strategic Priority 2: Improve Service Quality.   |  |    |  |    |   |
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| Programme.   | Description  | Q1 | Q2   | Q3 | Q4  |
| <p><b>Disability Services:</b><br/><b>Action Plan for Disability Services 2024-2026.</b></p> | <p>The Action Plan for Disability Service 2024-2026 is a plan for increasing capacity in and access to disability services.</p> <p>The plan outlines actions for the period 2024-2026 under three key areas – providing better access to services, maximising impact of service delivery and improved planning and management through better information and systems.</p> <p>The plan arises out of a Government commitment to implement the recommendations of the Disability Capacity Review to 2032 and was informed by an extensive public consultation.</p> |    | <p>2025 Action Plan Implementation Report Completed and Published.</p> |    | <p>Provision of an additional 103,822 additional home support hours (including hours delivered in the context of intensive home support packages) and 48,943 additional personal assistance hours.</p> <p>1,400 day service places for school leavers and 50 places for adults with specialist disability service needs who are not school leavers.</p> <p>Deliver 152 new priority 1 residential placements.</p> |
| <p><b>Disability Services:</b><br/><b>Action Plan for Disability Services 2024-2026.</b></p> | <p>The Action Plan for Disability Service 2024-2026 is a plan for increasing capacity in and access to disability services.</p> <p>The plan outlines actions for the period 2024-2026 under three key areas – providing better access to services, maximising impact of service delivery and improved planning and management through better information and systems.</p> <p>The plan arises out of a Government commitment to implement the recommendations of the Disability Capacity Review to 2032 and was informed by an extensive public consultation.</p> |    |  |    | <p>Transition 58 individuals from congregated settings to residential placements in the community.</p> <p>Transition 45 adults with disabilities under 65 from nursing homes into residential arrangements in the community.</p>  |

| Strategic Priority 2: Improve Service Quality.  |  |    |  |   |  |
|---|--|----|--|---|--|
| Programme.  | Description  | Q1 | Q2   | Q3  | Q4   |
| <b>Disability Services:<br/>Action Plan for<br/>Disability Services<br/>2024-2026.</b>                  | <p>The Action Plan for Disability Service 2024-2026 is a plan for increasing capacity in and access to disability services.</p> <p>The plan outlines actions for the period 2024-2026 under three key areas – providing better access to services, maximising impact of service delivery and improved planning and management through better information and systems.</p> <p>The plan arises out of a Government commitment to implement the recommendations of the Disability Capacity Review to 2032 and was informed by an extensive public consultation.</p> |    | One additional Community Neurorehabilitation Team will be in place in Q2 using previous funding. |   | New development funding for 2026 is allocated for new posts within Community Neurorehabilitation Teams. These posts will progress through the HSE recruitment process, with an expectation that they will be in place by Q4. |
| <b>Disability Services:<br/>HSE Disability<br/>leadership.</b>  |  |    |  |   | Recruit a dedicated National Director for Disability within the HSE Centre, alongside six new Regional Disability Lead roles across the Health Regions.  |
| <b>Disability Services:<br/>Disability Workforce<br/>Strategy.</b>                                      | A Disability Workforce Strategy will be developed as a distinct and visible strand within the new Resourcing Strategy 2026-2029.   |    |  |   | Deliver a Disability Workforce Strategy, as part of the Resourcing Strategy 2026-2029.   |
| <b>Mental Health<br/>Services:<br/>Enactment and<br/>commencement of<br/>new Mental Health<br/>Act.</b> | Enactment of Bill.   |    | Enactment of Mental Health Act at beginning of Q2.   |   |  |
| <b>Mental Health<br/>Services:<br/>Enactment and<br/>commencement of<br/>new Mental Health<br/>Act</b>  | Commencement of work to ready system for new legislation across secondary legislation, capacity building, and education and awareness raising.   |    | Implementation plan drafted.   | Implementation Oversight Group established. | Secondary legislation commenced/being implemented.   |

| Strategic Priority 2: Improve Service Quality.   |  |  |   |   |   |
|--|--|--|---|---|---|
| Programme.   | Description  | Q1   | Q2  | Q3  | Q4  |
| <b>Mental Health:<br/>Implement the National Clinical Programmes for Mental Health</b> | NCPs MH monitoring progress of recruitment in line with model of care; and improvement in data captured on the NCPs.   |  |   |   | 190 NCP staff in 2025/26 all in place.  |
| <b>Mental Health:<br/>Capital Developments</b>   | Publication of Mental Health Services 10-year capital plan.  |  | New Mental Health Capital Planning Group established.   |   | Continued implementation of plan and projects coming to fruition.   |
| <b>Mental Health:<br/>Implementation of Sharing the Vision.</b>                        | Development of an outcomes measurement framework to measure performance and impact of mental health policy.  |  |   |   | Outcomes measurement framework in place across mental health services.  |
| <b>Mental Health:<br/>Implementation of Sharing the Vision.</b>                        | Implementation and monitoring of Sharing the Vision: A Mental Health Policy for Everyone.  |  |   |   | Development of Sharing the Vision Implementation Plan 2028-2030.  |
| <b>Mental Health:<br/>Implementation of Sharing the Vision.</b>                        | Development and publication of regular Implementation Progress Reports for Sharing the Vision: A Mental Health Policy for Everyone.  | Q1 Implementation Status Reports collected, and StV Implementation Progress Report developed and signed off by NIMC for publication. | Q2 2026 Implementation Status Reports collected, and StV Implementation Progress Report developed and signed off by NIMC for publication. | Q3 2026 Implementation Status Reports collected, and StV Implementation Progress Report developed and signed off by NIMC for publication. | Q4 2026 Implementation Status Reports collected, and StV Implementation Progress Report developed and signed off by NIMC for publication. |
| <b>Mental Health:<br/>Development of new suicide and self-harm reduction strategy.</b> | Develop and publish new suicide and self-harm reduction strategy.  | Implementation plan developed and implementation structures established. Outcomes framework developed.                               | Implementation Status Reports collected from implementation leads with report published.  | Implementation Status Reports collected from implementation leads with report published.  | Ongoing implementation of strategy with monitoring reports published.   |
| <b>Mental Health:<br/>National Digital Mental Health Strategy.</b>                     | Publish and commence implementation of the first national digital mental health strategy.  | Launch Strategy at National Digital Mental Health Conference.  | Finalise first implementation workplan.   |   | Commence reporting on priority actions.   |
| <b>Mental Health:<br/>Crisis Response Pathway.</b>                                     | Design of overarching for the adult population, taking into account integration points with community mental health teams and wider services, including those provided by community and voluntary sector partners. |  | Mapping of relevant service components that form part of the crisis response pathway.   |   | Visual presentation of the end-to-end crisis response pathway for adults.   |

| Strategic Priority 2: Improve Service Quality.                                      |  |   |  |  |  |
|---|--|---|--|--|--|
| Programme.  | Description  | Q1  | Q2   | Q3   | Q4   |
| <b>Mental Health:<br/>Adult Community<br/>Mental Health<br/>Teams.</b>              | Development of nationally consistent operating guidelines for general adult community mental health teams.   | Draft operating guideline document, in preparation of stakeholder engagement.   | Conduct stakeholder engagement on draft guideline document.                                    | Finalise operating guidelines for general adult community mental health teams.                   | Publish operating guidelines for general adult community mental health teams.                  |
| <b>Mental Health.</b>   | Optimise uptake of existing pathways to physical healthcare / screening for people with mental health difficulties. Identify and address gaps in service provision.  | Conduct mapping of existing pathways and baseline data.   | Design signposting resource, based on validated information.                                   | Finalise signposting resource, setting out existing pathways to physical healthcare / screening. |  |
| <b>Mental Health.</b>   | The CYMHOW goal is to (re) design and deliver services which are safe, effective, easy-to-access and which offer appropriate support at all levels of need. To achieve this goal, this plan identifies 16 priority improvement themes.   | Monitoring and reporting of implementation progress against the 2025 - 2027 CYMHO Action Plan including key deliverables and mitigation of programme risks. | Monitoring and reporting of implementation progress against the 2025 - 2027 CYMHO Action Plan. | Monitoring and reporting of implementation against the 2025-2027 CYMHO Action plan.              | Monitoring and reporting of implementation progress against the 2025 - 2027 CYMHO Action Plan. |
| <b>Mental Health:<br/>CAMHS Operating<br/>Guidelines.</b>                           | Publish and commence implementation of the CAMHS Operating Guidelines (COG) 3rd Edition.   | Commence implementation of COG, training and supports provided to regional areas.   |  |  | Report on 2026 implementation in Q1 2027.  |
| <b>Mental Health:<br/>Single Point of<br/>Access (SPOA)<br/>Design Framework.</b>   | Design and development of a Single Point of Access (SPOA) Design Framework.  | Finalise Single Point of Access Design Framework.   | Support early implementation across 3 Demonstration Sites.                                     | Monitoring and reporting of implementation against the 2025-2027 CYMHO Action plan.              | Monitoring and reporting of implementation progress against the 2025 - 2027 CYMHO Action Plan. |
| <b>Mental Health:<br/>Integrated Crisis<br/>Response Pathway<br/>and Framework.</b> | Design and development of an Integrated Crisis Response Pathway and Framework incorporating 24/7 end-to-end services and supports for children and young people (CYP) with crisis response and care needs. It aims to clearly define the clinical pathways for how services need to integrate and work together to support the child or young person presenting in Crisis. |   | Complete Integrated Crisis Response Pathway Framework.   |  |  |

| Strategic Priority 2: Improve Service Quality.                          |   |  |  |   |   |
|---|---|--|--|---|---|
| Programme.  | Description   | Q1   | Q2   | Q3  | Q4  |
| <b>Mental Health:<br/>Clinical Management System for CAMHS.</b>         | Design and development of a Clinical Management System for CAMHS.   | Complete stand-up all Regional Steering Committee with mandated programme ownership and launch mobilisation approach (Jan 2026). Build & test the work defined as part of the Foundations Stage. | Deliver Training; Go Live Strategies –transition from training to go live Super Users. | SPOA across all 6 Regions; Go Live Support; Prepare for new capabilities as part of regional deployment. Team 1 adoption commences in Mid-West. | Adoption across Regions in a phased approach commencing July 2026 through to June 2027. |
| <b>Mental Health:<br/>Children's Hospital Acute Mental Health Unit.</b> | Design and development of new Children's Hospital Acute Mental Health Unit x 10 beds.   |  |  |   | CHI - Mental Health unit to commence operation of 10 beds.                              |
| <b>Mental Health.</b>   | Leading on the design and implementation plan for the new suicide and self-harm reduction strategy.   | Develop 3-year implementation plan.  |  |   |   |
| <b>Mental Health.</b>   | Establish lived experience structures to support implementation of new suicide and self-harm reduction strategy.  | Lived experience reference group established.  |  |   |   |
| <b>Mental Health.</b>   | Enhance suicide bereavement services available in line with new suicide and self-harm reduction strategy.   |  |  |   | Develop model for suicide bereavement services.   |
| <b>Mental Health.</b>   | Develop resources to support reduction of stigma associated with suicide and self-harm.   | NIMC specialist group to be set up.  | Key stakeholders to be consulted on formation of the plan.                             |   | Action Plan and associated implementation plan published.                               |
| <b>Mental Health.</b>   | The current MHER (Mental Health Engagement and Recovery) strategy expires at end of 2026. A review process will take place to update the strategy in line of new regional structures and evolution of the specific MHER programmes. | Commence review process for current strategy.  | Update evidence and best practice around specific MHER programmes.                     |   | Final stakeholder consultation and publication of new Strategy.                         |

| Strategic Priority 2: Improve Service Quality. |  |  |    |  |   |
|--|--|--|----|--|---|
| Programme.                                     | Description  | Q1   | Q2 | Q3   | Q4  |
| <b>Mental Health.</b>                          | Implement the National Clinical Programmes for Mental Health through the phased establishment and enhancement of specialist mental health teams across regions, in line with the models of care. | Advance planning for the establishment and enhancement of specialist mental health teams funded under the 2026 allocation. |    | Continue preparatory work with the Health Regions to progress the recruitment process for specialist mental health teams funded under the 2026 allocation. | Complete the 2026 planning phase for the establishment of specialist mental health teams aligned with the National Clinical Programmes for Mental Health. |
| <b>Older Persons.</b>                          | Design and deliver a new €10m capital fund (Nursing Home Residential Premises Upgrade Scheme) to support nursing homes with HIQA premises compliance.  | Scheme set up, communicated and launched and stakeholder engagement complete.  |    |  | Scheme closed and end of scheme report published.   |
| <b>Older Persons.</b>                          | Provide dementia day care at home to circa 90 additional clients weekly.   |  |    |  | 90 new clients receiving Day Care at Home (DCAH).   |
| <b>Older Persons.</b>                          | Open five new dementia day care services in partnership with the ASI, supporting circa 46 people weekly.   |  |    |  | 5 new services open.  |
| <b>Older Persons.</b>                          | Recruit two new dementia advisers, each supporting approx. 160 new clients annually.   |  |    |  | 2 additional advisers recruited.  |
| <b>Older Persons.</b>                          | Develop an Irish Dementia Registry.  | Aims, objectives and scope agreed.   |    | Legal framework agreed.  | Dataset and quality metrics agreed.   |

| Strategic Priority 2: Improve Service Quality.   |   |   |    |                               |  |
|--|---|---|----|-------------------------------|--|
| Programme.   | Description   | Q1  | Q2 | Q3                            | Q4   |
| <b>Older Persons.</b>  | Implementation of an IT based comprehensive standardised care needs assessment system - interRAI. The HSE has prioritised interRAI implementation for Home Support.   |   |    |                               | <p>Continue to progress implementation of interRAI for Home Support. REOs to progress interRAI training for Health Care Professionals to undertake Home Support Care needs assessment to meet Regulations across the Health Regions.</p> <p>Once complete for Home Support, commence planning for interRAI implementation beyond Home Support e.g. ICPOP, Long Term Care.</p> <p>Continue to progress interRAI software development, analytics and reporting development and training and education development.</p> |
| <b>Women's Health:<br/>Gender-specific drug treatment services for women affected by addiction, homelessness and other forms of marginalisation.</b> | Women with problematic drug use can face added stigma and barriers in accessing drug and alcohol services. Their drug use can also be more complex due to factors such as poverty, gender-based violence and homelessness.                                      |   |    | Conclusion of three projects. | Final evaluation and publishing of results.  |
| <b>Women's Health:<br/>Postnatal Hubs.</b>   | In response to the results of National Maternity Experience Survey 2020 that postnatal care was an area requiring development, a network of new Postnatal Hubs which are supporting women and infants closer to home and in their communities have been opened. | Four new Postnatal Hubs launched in the National Maternity Hospital, the Coombe, the Rotunda and Our Lady of Lourdes, Drogheda. |    |                               | Phase 3 Postnatal Hubs are being developed in Waterford, Limerick, Cavan and Letterkenny in 2026.  |
| <b>Women's Health:<br/>One-stop "see and treat" ambulatory gynaecology clinics.</b>  | Broaden network of gynaecological clinics nationwide. 18 clinics have been opened to date.  |   |    |                               | Ambulatory Gynaecology clinic in Kerry to be opened.   |

| Strategic Priority 2: Improve Service Quality.   |   |   |   |   |  |
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| Programme.   | Description   | Q1  | Q2  | Q3  | Q4   |
| <b>Women's Health:<br/>National Clinical Programme for Venous Thromboembolism (VTE).</b> | VTE Guideline Development: VTE Long Term Treatment (Phase II National Clinical Guideline): Priority Clinical Questions; VTE Guideline Development: VTE Risk Assessment and prevention in patients undergoing intervention for varicose veins; VTE Guideline Development: Guidance for the prevention of VTE in trauma patients; Support Regional Executive Officers in the Implementation NCG-VTE; Eve Protocol; Develop a Blood Clots in pregnancy educational resource video. | Draft VTE Long Term Treatment (Phase II National Clinical Guideline): Priority Clinical Questions, Draft VTE Risk Assessment and prevention in patients undergoing intervention for varicose veins; Service Improvement Lead VTE (pending onboarding) to engage with Regions to support implementation of NCG-VTE; Eve Protocol. HA-VTE KPI's analysed and communicated to Regional Executive Officers. | Secure clinical approval at CAG/ Clinical Forum level.        | Uploading on National Central Repository and NCP-VTE resource page. |  |
| <b>Women's Health:<br/>National Clinical Programme for VTE.</b>                          | MEG App (VTE Risk Assessment).  | Continued phased rollout of national VTE Risk Assessment App.   | Continued phased rollout of national VTE Risk Assessment App. |   |  |
| <b>Women's Health:<br/>National Clinical Programme for VTE.</b>                          | Standardise ANP led VTE services.   | National ANP Lead to develop audits/ KPI guidance to support Regions in the standardisation of VTE services.  |   |   |  |
| <b>Oral health.</b>  | Conducting a workforce census, the results of which will provide an informed view to support workforce planning across the oral healthcare sector.  |   |   |   | Progress the implementation of workforce skills assessment to inform workforce planning by ensuring the necessary IT infrastructure and legislative basis are in place. This will involve collaboration with the Dental Council with regard to the setting up of an IT registration system to collect the data necessary for the workforce census. |

| Strategic Priority 2: Improve Service Quality. |   |  |  |                             |  |
|--|---|--|--|-----------------------------|--|
| Programme.                                     | Description   | Q1   | Q2   | Q3                          | Q4   |
| Oral health.                                   | Consider introduction of a mid-level professional grade for the oral healthcare sector following a research exercise examining the viability and necessity of a mid-level oral healthcare professional grade. |  | The mid-level professional grade report is due be presented to the Minister in Q1. |                             | Commence examination of the potential scope of practice incorporating direct access for dental hygienists with a view to expanding workforce capacity. |
| Oral Health.                                   | Finalise Heads of Bill and drafting a Bill for interim legislative reform to the Dentists Act, supporting the Bill through the Oireachtas.  | Heads of Bill drafted and RIA and SME Test undertaken. | Heads of Bill submitted for Pre-legislative Scrutiny.                              | Drafting of Bill completed. | Initiation of Bill (First Stage).  |
| Oral Health.                                   | Develop regulatory policy for the oral health professions and reform of the Dental Council to inform drafting of a new Dentists Bill.   |  |  |                             | Policy development commenced.  |
| Oral Health.                                   | Develop new legislation and legislative amendments to ensure that the work of the wider Unit can be progressed. This may include collaborating on legislation beyond the Dentists Act 1985.                   |  |  |                             | Collaboration with other OHU workstreams to develop policy papers complete.  |

| Strategic Priority 3: Build Capacity.  |  |   |   |  |  |
|--|--|---|---|--|--|
| Programme.   | Description  | Q1  | Q2  | Q3   | Q4   |
| <b>Strategic Workforce Planning:</b><br><b>Increase Health and Social Care Student Supply.</b>                                   | Work in collaboration with DFHERIS, Higher Education sector and HSE to increase undergraduate supply in health-related disciplines informed by long term-term health and social care workforce planning projections. |   |   | Increase number of student training places in health-related disciplines informed by long-term health and social care workforce planning projections.  |  |
| <b>Strategic Workforce Planning:</b><br><b>Long Term Strategic Health and Social Care.</b>                                       | Expand the scope and capacity of the health and social care workforce planning model by incorporating new datasets and research.   |   |   |  | Expand the scope and capacity of the health and social care workforce planning model by incorporating new datasets and research. |
| <b>Strategic Workforce Planning:</b><br><b>Increase number of Medical Postgraduate Specialist Training Places.</b>               | Increase specialist postgraduate training places and supply of medical professionals in the health service, in collaboration with HSE NDTP and Forum of Postgraduate Training Bodies.                                |   |   | Increase in number of postgraduate specialist training places in July 2026<br><br>informed by long-term medical workforce planning projections.  |  |
| <b>Strategic Workforce Planning:</b><br><b>Implementation of the Recommendations of the National Taskforce on NCHD Workforce</b> | Monitor and report on progress on implementation of NCHD Taskforce recommendations.  |   |   |  | Monitor and report on progress on implementation of NCHD Taskforce recommendations.  |
| <b>Strategic Workforce Planning:</b><br><b>Develop Health Service resourcing strategies.</b>                                     | Develop Health Service resourcing strategies to address the gap between supply and demand.   | Launch of initiative to attract Irish graduates' home | Launch of platform to engage with second level students.<br><br>Launch of regional health summits including simulation. | Provide clinical placements to support the increased number of student training places in health-related disciplines informed by long-term health and social care workforce planning projections.<br><br>First draft of HSE Resourcing Strategy. | Achieve targets as outlined in PNS –<br><br>The target workforce growth is 3,300 (TO 136,000 WTES).                              |

| Strategic Priority 3: Build Capacity.  |   |   |  |   |  |
|--|---|---|--|---|--|
| Programme.   | Description   | Q1  | Q2   | Q3  | Q4   |
| <b>Strategic Workforce Planning:</b><br><b>Defining workforce demand projections.</b>  | Develop workforce demand projections for defined staff grades across care groups in the community via a programme of research with the ESRI.  |   | A report outlining workforce demand projections for a selection of professions/grades in primary care services in the community will be published by the ESRI. | A report outlining workforce demand projections for a selection of professions/grades in in older persons services in the community will be published by the ESRI.  | A report outlining workforce demand projections for a selection of professions/grades in mental health services in the community will be published by the ESRI.                          |
| <b>Workforce Reform:</b><br><b>Designation of Appropriately Trained Physiotherapists as Referrers for Medical Radiological Procedures.</b> | Designation of appropriately trained physiotherapists as referrer for medical radiological procedures, such as x-ray, supporting the delivery of effective and efficient patient care and resulting in less health professionals being involved in the patient pathway. |   |  | Complete and publish report of the Physiotherapist Referral for Radiological Procedures Expert Working Group and paper that guides physiotherapist referral for medical radiological procedures in Ireland. |  |
| <b>Workforce Reform:</b><br><b>Advanced Practice in Health and Social Care Professions.</b>  | Advanced Practice is an important tool for optimising the capacity of the existing health workforce, supporting the development of career pathways in patient facing roles and supporting workforce retention.  |   | Continue stakeholder engagement forums to inform next steps of policy development in collaboration with the HSE.   |   |  |
| <b>Health Infrastructure:</b><br><b>Surgical Hubs.</b>   | Development of new Surgical Hubs to deliver ambulatory care services as part of Phase 1 of the Elective Care Programme.   |   | Commence operations in North Dublin Surgical Hub.<br><br>Complete construction of Cork & Galway Surgical Hubs.   | Commence operations in Cork & Galway Surgical Hubs.<br><br>Complete construction of Limerick & Waterford Surgical Hubs.   | Commence operations in Limerick and Waterford Surgical Hubs.<br><br>Complete the Stage 1 Design (feasibility stage) of the Surgical Hubs in Sligo and Letterkenny.                       |
| <b>Health Infrastructure:</b><br><b>Elective Treatment Centre - Galway, Cork &amp; Dublin.</b>   | Design of new ETCs in Cork, Galway & Dublin which will provide Day Case surgery capacity to meet demographic (population) demand for elective day case surgery for low acuity, high-volume procedures.  | Commence Stage 2 Detailed Design for Cork & Galway. | Commence the preparation and planning of associated enabling works at Cork and Galway Elective Treatment Centre locations.                                     | Prepare and submit planning applications for Elective Treatment Centres in Cork and Galway.   | Complete the planning for the Dublin Elective Treatment Centres informed by the work to date and leveraging the learnings from the design of Cork and Galway Elective Treatment Centres. |

| Strategic Priority 3: Build Capacity.                             |  |   |  |  |   |
|---|--|---|--|--|---|
| Programme.  | Description  | Q1  | Q2   | Q3   | Q4  |
| <b>Strategic Health Infrastructure Planning:</b>                  | Provide an enhanced and strategic approach to Healthcare Infrastructure Planning and Investment through the development and oversight of multi-year infrastructure strategic plans, in line with SHIF. | Finalise, in conjunction with Services, ToR for Mental Health Capital Implementation Programme.<br><br>Commence review of existing Primary Care programme alongside Service areas.<br><br>Continue engagement on Community Care Capital Implementation programme. | Publication of CAF.<br><br>Establishment of Mental Health Capital Implementation Group and Primary Care Capital Implementation Steering Group. | Review initial findings arising from Climate and Sustainability Pathfinder 1 programme.<br><br>Progress Green Budgeting process. | Proactively engage with relevant units on the publication of Mental Health Capital Programme.<br><br>Conclude review of existing Primary Care Capital Implementation programme.             |
| <b>Health Infrastructure: Acute Bed Construction.</b>             | Increasing Acute Bed capacity in line with plans.  |   | 24 new or replacement acute hospital beds constructed.   | 13 new or replacement acute hospital beds constructed.   | 106 new or replacement acute hospital beds constructed.   |
| <b>Health Infrastructure: Community Beds Construction.</b>        | Increasing Community Bed capacity in line with plans.  | 112 new or replacement Community hospital beds constructed.   | 43 new or replacement Community hospital beds constructed.   | 58 new or replacement Community hospital beds constructed.   | 202 new or replacement Community hospital beds constructed.   |
| <b>Expansion of Pharmacy Services: Common Conditions Service.</b> | This project aims to expand the services delivered by pharmacists and through pharmacies, for the benefit of patients, the public, and the wider healthcare service.                                   | Launch the Common Conditions Service (CCS).<br><br>Commence scoping work on further phases of the expansion of role of pharmacists.   | Finalise evaluation of Prescription Extension (Phase I - expansion of pharmacist role) and commence actioning of recommendations.              | Commence implementation of the key enablers to facilitate contraception prescribing by pharmacists within community pharmacy.    | Commence an evaluation of the CCS.<br><br>Commence scoping exercise for further expansion of pharmacy services (as per the Community Pharmacy Agreement and the Pharmacy Taskforce Report). |
| <b>Expansion of Pharmacy Services: Common Conditions Service.</b> | Ensure successful implementation of the CCS and commence evaluation.   | Launch of HSE Pharmacy finder.  | Identify 150 Data champions and commence data collection.  | Complete first round of data collection.   |   |

| Strategic Priority 3: Build Capacity.  |   |   |   |  |   |
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| Programme.   | Description   | Q1  | Q2  | Q3   | Q4  |
| <b>Expansion of Pharmacy Services:</b><br><br><b>Implement the continued supply of short-acting reversible contraception by community pharmacists.</b> | <p>The continued supply of short-acting reversible contraception by community pharmacists will allow community pharmacists to conduct a clinical consultation with a patient and, where appropriate, continue a prescription for short acting reversible contraception in line with nationally developed protocols and associated regulatory and operational requirements.</p>  | <p>Complete clinical protocols and sign-off by clinical sub-group.</p>                                | <p>Put in place the key enablers for commencement of the service.</p> | <p>Commence the service across community pharmacy, with associated public communications.</p>  |   |
| <b>Expansion of Pharmacy Services:</b><br><br><b>Collection and disposal of unused medicines.</b>  | <p>Ireland is currently out of line with many developed health systems with no national programme to support the safe disposal of unused medicines. Improperly disposing of medicines impacts on crops, biodiversity and contaminates our water system. Enabling patients to return their unused medicines to their local community pharmacy restricts access to unused medicines, thereby reducing the risk of suicide, self-harm and accidental poisoning in children. The HSE will provide for collection and disposal of unused medicines from Community Pharmacies, through a nationally procured service.</p> | <p>Develop the service specifications and agree implementation plan with the contracted provider.</p> |   | <p>Public launch of the Disposal of Unused Medicines Properly (DUMP) service nationally with associated communications campaign.</p> | <p>Service up and running across all community pharmacies, and programme for evaluation agreed and commenced.</p> |

| Enabling reforms:   |  |  |  |   |    |
|---|--|--|--|---|----|
| Programme   | Description  | Q1   | Q2   | Q3  | Q4 |
| <b>Creating an Innovative Culture:<br/>Scale and mainstream Integration Innovation.</b> | The aim of the Sláintecare Integration Innovation Fund (SIIF) is to test and evaluate innovative and integrated models of care & new ways of working, leveraging technology where possible, by funding projects that serve as a 'proof of concept' with a view to mainstreaming/scaling if successful. |  | Co design, develop a comprehensive implementation plan for the Framework for Health Innovation working collaboratively with designated key stakeholder groups. |   |    |
| <b>Creating an Innovative Culture:<br/>Scale and mainstream Integration Innovation.</b> | The aim of the Sláintecare Integration Innovation Fund (SIIF) is to test and evaluate innovative and integrated models of care & new ways of working, leveraging technology where possible, by funding projects that serve as a 'proof of concept' with a view to mainstreaming/scaling if successful. |  | Map existing grantor/grantee pathway to innovation funding. (HSE Framework for Health Innovation).   |   |    |
| <b>Creating an Innovative Culture:<br/>Scale and mainstream Integration Innovation.</b> | The aim of the Sláintecare Integration Innovation Fund (SIIF) is to test and evaluate innovative and integrated models of care & new ways of working, leveraging technology where possible, by funding projects that serve as a 'proof of concept' with a view to mainstreaming/scaling if successful. | Commence monitoring of implementation of Round 4 projects. |  |   |    |
| <b>Creating an Innovative Culture:<br/>Scale and mainstream Integration Innovation.</b> | The aim of the Sláintecare Integration Innovation Fund (SIIF) is to test and evaluate innovative and integrated models of care & new ways of working, leveraging technology where possible, by funding projects that serve as a 'proof of concept' with a view to mainstreaming/scaling if successful. |  |  | Establish and operationalise Innovation governance structures at Local/Regional and National Level. |    |

| Enabling reforms:   |  |    |   |   |  |
|---|--|----|---|---|--|
| Programme   | Description  | Q1 | Q2  | Q3  | Q4   |
| <b>Creating an Innovative Culture:<br/>Scale and mainstream Integration Innovation.</b> | The aim of the Sláintecare Integration Innovation Fund (SIIF) is to test and evaluate innovative and integrated models of care & new ways of working, leveraging technology where possible, by funding projects that serve as a 'proof of concept' with a view to mainstreaming/scaling if successful. |    | Establish an agreed process to identify pipeline of projects and enable the allocation of innovation funding in 2026 (HSE Framework for Health Innovation). | Implement process to identify and select projects for SIIF funding budget 2026 (HSE Framework for Health Innovation). |  |
| <b>Creating an Innovative Culture:<br/>Scale and mainstream Integration Innovation.</b> | The aim of the Sláintecare Integration Innovation Fund (SIIF) is to test and evaluate innovative and integrated models of care & new ways of working, leveraging technology where possible, by funding projects that serve as a 'proof of concept' with a view to mainstreaming/scaling if successful. |    |   |   | Initiate the design and development of the National Innovation Repository (HSE Framework for Health Innovation).                                   |
| <b>Creating an Innovative Culture:<br/>Scale and mainstream Integration Innovation.</b> | The aim of the Sláintecare Integration Innovation Fund (SIIF) is to test and evaluate innovative and integrated models of care & new ways of working, leveraging technology where possible, by funding projects that serve as a 'proof of concept' with a view to mainstreaming/scaling if successful. |    |   |   | Agree, develop, design, formalise and implement a national process for mainstreaming and scaling successful innovation initiatives that add value. |

| Enabling reforms:   |   |   |    |    |   |
|---|---|---|----|----|---|
| Programme   | Description   | Q1  | Q2 | Q3 | Q4  |
| <b>HSE Health Regions.</b>  | Rollout of new Integrated Service Delivery (ISD) model.   | Change Management, Transition Planning & Implementation for ISD go-live completed –to go-live within 5 of 6 regions on 03/03/26 (Mid-West transitioning later). |    |    |   |
|   |   | Structures for ISD will be in place (i.e. IHA Service Leads & GMs appointed and in post).   |    |    |   |
|   | Support and upskill staff within Health Regions.  | Phased learning plan for Health Regions developed & implementation commenced.   |    |    |   |
|   | Implementation of Population Based Resource Allocation.   |   |    |    | Finalise the detailed shadow Population Based Resource Allocation (PBRA) budget for each region based on population demographics (size, age, sex) for Budget 2026.<br><br>Finalise preparations for implementation of PBRA from Estimates 2027. |
| <b>Digital Health transformation:<br/>Health Information Act.</b> | The Health Information Act 2026 copperfastens the legal basis for the creation and delivery of Electronic Health Records, amongst other measures, will help ensure timely and secure access to the health information that is needed to deliver improved care and treatment.<br><br>It will also provide for further use of health information in a range of important ways including health service management, policy and planning. | Bill passed all Seanad Stages.  |    |    | Secondary legislation (Statutory Instrument) enacted to give full effect to mandatory EHDS provisions.  |

| Enabling reforms:   |  |   |   |  |  |
|---|--|---|---|--|--|
| Programme   | Description  | Q1  | Q2  | Q3   | Q4   |
| <b>Digital Health transformation:</b><br><b>One Health Record.</b>  | National EHR.  |   | EHR vendor shortlisting completed.                    |  | Conclusion of Competitive Dialogue Period.<br><br>EHR Readiness Assessment completed in region 1.                                    |
|   | CHI EHR.   |   |   |  | Go-live of the Electronic Health Record in line with opening of the new children's hospital with its integrated third-party systems. |
|   | Community Care Record.   |   |   | Go Live of Single Point of Access for all 6 regions.<br><br>Go Live of the First Service across the Mid West Region. | Go-live of remaining IHA in Mid-West Region 4.   |
|   | Maternity & Newborn EHR (the Maternity and Newborn Clinical Management System (MN-CMS)).   |   |   |  | Go-live of MN-CMS in Our Lady of Lourdes, Drogheda; Cavan; Mullingar and Portlaoise.   |
| <b>Digital Health transformation:</b><br><b>HSE Health App.</b>   | A single health service mobile app that will enable patients to manage their digital health identity, personal health information, care coordination, and access to health services. | Release of additional Health App functionality. |   | Release of additional Health App functionality.  | Release of additional Health App functionality.  |
| <b>Digital Health transformation:</b><br><b>Integrated Financial Management System and Staff Records.</b> | IFMS is a project within the Finance Reform Programme to introduce a modern integrated financial management and procurement system for the health sector.                            |   |   | IFMS deployment in St James's Hospital, Tallaght Hospital, St Michael's House, Western Care.                         |  |
|   | NiSRP integrates national Staff Records and Payroll systems across the health sector.  |   | Implementation of NiSRP into PCRS, St Luke's Rathgar. |  | Implementation of NiSRP South Infirmary Victoria, St. John of God Community Services, Muiriosa Foundation.                           |

| Enabling reforms:   |  |    |                                   |                                   |   |
|---|--|----|-----------------------------------|-----------------------------------|---|
| Programme   | Description  | Q1 | Q2                                | Q3                                | Q4  |
| <b>Digital Health transformation:</b><br><b>HSE Shared Care Record.</b> | <p>A shared care record enables healthcare providers in different settings (such as, primary and community care and hospitals) to view patient records for direct patient care. It brings together information from various systems into a single place for care professionals to use to support the delivery of care. It enables visibility of patient health information, but not an ability to create or update the information.</p> <p>Major Releases across the year will help to build the patient summary including Healthlink, GP, and National system data.</p> |    | Shared Care Record Major Release. | Shared Care Record Major Release. | Shared Care Record Major Release 4.             |
|   | <p>A shared care record enables healthcare providers in different settings (such as, primary and community care and hospitals) to view patient records for direct patient care. It brings together information from various systems into a single place for care professionals to use to support the delivery of care. It enables visibility of patient health information, but not an ability to create or update the information.</p>  |    |                                   |                                   | GP medications available in Shared Care Record. |

| Enabling reforms:  |  |  |   |    |   |
|--|--|--|---|----|---|
| Programme  | Description  | Q1                                       | Q2  | Q3 | Q4  |
|  | A shared care record enables healthcare providers in different settings (such as, primary and community care and hospitals) to view patient records for direct patient care. It brings together information from various systems into a single place for care professionals to use to support the delivery of care. It enables visibility of patient health information, but not an ability to create or update the information. |  |   |    | Onboard users for Targeted National Services/ Programmes.                                   |
| <b>Digital Health transformation:<br/>Medication Management</b>                                  | The Hospital Medicines Management System (HMMS) project will replace obsolete pharmacy software with a modern, national standardised pharmacy system for both Acute and Community sites (dependent on Phase 3 successful procurement).   | HMMS go-lives: Addiction Svcs, Beaumont. | HMMS go-lives: Tullamore, Portlaoise, Mayo. |    | HMMS go-lives: CHI, Cork, St Francis Hospice, Portiuncula, Milford, Mullingar, Letterkenny. |
|  | National ePrescribing is a national solution to accept, store and transmit ePrescriptions and eDispensations.  |  |   |    | Complete ePrescribing procurement and contracting.  |
|  | National Medicinal Products Catalogue (NMPC) will be the single national catalogue of medicines, each with a unique identifier, for use across the Irish healthcare system.  |  |   |    | National Medicinal Product Catalogue (NMPC) complete; integrated with HMMS.                 |
| <b>Driving system wide Productivity improvements:<br/>Productivity Data and Cultural Change.</b> | Agree common small set of productivity KPIs.<br><br>Measure relative productivity between regions and sites by the Taskforce based on the KPIs.<br><br>Publish the relevant KPIs.  |  |   |    | Agreed set of KPIs, targeting productivity increases of ≥5% per year.                       |

| Enabling reforms:   |  |  |    |    |   |
|---|--|--|----|----|---|
| Programme   | Description  | Q1   | Q2 | Q3 | Q4  |
| Driving system wide Productivity improvements:<br>Service Level Utilisation and Scheduling. | Increase new OPD appointments and reduce wait times by implementing OPD toolkit nationally.  |  |    |    | ≥85% utilisation rate.<br>Additional 103,000 Appointments (NSP target). |
| Driving system wide Productivity improvements:<br>Workforce Productivity.                   | Increase capacity for patients by maximising extended working (POCC and 5/7), aligning workforce allocation and skill mix to patient demand.<br><br>Fully implement nationally agreed Safe Staffing Framework Phase 1 & 2 in all hospitals.<br><br>Implement the TrendCare system for Safe Staffing.<br><br>Implement digital rostering systems. |  |    |    | 17% weekend discharges (NSP target).                                    |
| Driving system wide Productivity improvements:<br>Value for Money and Savings.              | Reduce administration costs and enabling staff to focus on strategic priorities by reducing duplication in data entry, redundant workflows or eliminating repetitive or low-value tasks through the responsible and safe use of AI and intelligent automation.   |  |    |    | 500k additional staff hours released/saved (NSP target).                |
| Sláintecare Communications and Engagement.  |  | Prepare and publish Sláintecare Progress Report 2025.                      |    |    | Produce Sláintecare e-newsletter to update on Sláintecare progress.     |
| Sláintecare Communications and Engagement.  |  | Prepare and publish Sláintecare 2026 Action Plan.                          |    |    | Produce and hold regular Sláintecare webinars.                          |
| Sláintecare Communications and Engagement.  |  | Produce Sláintecare Communications Plan for submission to Programme Board. |    |    |   |

## Appendix 2: Glossary of Acronyms

|                |  |
|----------------|--|
| <b>ABF</b>     | Activity Based Funding   |
| <b>AI</b>      | Artificial Intelligence  |
| <b>A&amp;I</b> | Access and Integration   |
| <b>ALoS</b>    | Average Length of Stay   |
| <b>AMR</b>     | Antimicrobial Resistance   |
| <b>AVW</b>     | Acute Virtual Ward   |
| <b>CAF</b>     | Common Appraisal Framework   |
| <b>CAMHS</b>   | The Child and Adolescent Mental Health Service                               |
| <b>CCS</b>     | Common Conditions Service  |
| <b>CDM</b>     | Chronic Disease Management   |
| <b>CDNTs</b>   | Children's Disability Network Teams  |
| <b>CHI</b>     | Children's Hospital Ireland  |
| <b>CHNs</b>    | Community Healthcare Networks  |
| <b>CST</b>     | Community Specialist Teams   |
| <b>CUMH</b>    | Cork University Maternity Hospital   |
| <b>CYMH</b>    | Children and Youth Mental Health   |
| <b>CYP</b>     | Children and Young People  |
| <b>DAFM</b>    | Department of Agriculture, Food and the Marine                               |
| <b>DASH</b>    | Drugs, Alcohol and Sexual Health   |
| <b>DCAH</b>    | Day Care at Home   |
| <b>DCDE</b>    | Department of Children, Disability and Equality                              |
| <b>DFHERIS</b> | Department of Further and Higher Education, Research, Innovation and Science |
| <b>DIME</b>    | Doctors Integrated Management E-System                                       |
| <b>DoH</b>     | Department of Health   |
| <b>DOSA</b>    | Day of Surgery Admission   |
| <b>DTOC</b>    | Delayed Transfers of Care  |
| <b>ECC</b>     | Enhanced Community Care  |
| <b>ECDC</b>    | European Centre for Disease Control  |
| <b>ED</b>      | Emergency Department   |
| <b>EHDS</b>    | European Health Data Space   |
| <b>EHO</b>     | European Health Observatory  |
| <b>EHR</b>     | Electronic Health Record   |
| <b>EMT</b>     | Executive Management Team  |
| <b>ESRI</b>    | The Economic and Social Research Institute                                   |
| <b>FCS</b>     | Free Contraception Scheme  |
| <b>FGM</b>     | Female genital mutilation  |
| <b>FHIR</b>    | Fast Healthcare Interoperability Resources                                   |

|                 |   |
|-----------------|---|
| <b>FRC</b>      | Family Resource Centre  |
| <b>GENSAT</b>   | Gender-Specific Addiction Treatment   |
| <b>GP</b>       | General Practice  |
| <b>GPACD</b>    | GP Access to Community Diagnostics  |
| <b>HBSC</b>     | Health Behaviour in School-Aged Children                                    |
| <b>HFME</b>     | Healthy Food Made Easy  |
| <b>HI</b>       | Healthy Ireland   |
| <b>HIF</b>      | Healthy Ireland Fund  |
| <b>HIQA</b>     | The Health Information and Quality Authority                                |
| <b>HMMS</b>     | Hospital Medicines Management System  |
| <b>HRB</b>      | Health Research Board   |
| <b>HSCPs</b>    | Health and Social Care Professionals  |
| <b>HSE</b>      | Health Service Executive  |
| <b>HTA</b>      | Health Technology Assessment  |
| <b>HTAC</b>     | Health Threats Advisory Group   |
| <b>HSCP</b>     | Health & Social Care Professions  |
| <b>HSPA</b>     | The Health System Performance Assessment                                    |
| <b>ICPCD</b>    | Community Specialist Teams for Chronic Disease                              |
| <b>ICPOP</b>    | Community Specialist Teams for Older Persons                                |
| <b>IFMS</b>     | Integrated Financial Management System                                      |
| <b>IHA</b>      | Integrated Healthcare Area  |
| <b>IMF</b>      | Incident Management Framework   |
| <b>iNAP2</b>    | One Health National Action Plan on Antimicrobial Resistance (AMR) 2021-2025 |
| <b>InterRAI</b> | International Resident Assessment Instrument                                |
| <b>IPDC</b>     | Inpatient and Day Case  |
| <b>IPH</b>      | Institute of Public Health  |
| <b>ISD</b>      | Integrated Service Delivery   |
| <b>JCH</b>      | Joint Committee on Health   |
| <b>KPIs</b>     | Key Performance Indicators  |
| <b>NCEC</b>     | National Clinical Effectiveness Committee                                   |
| <b>NCEP</b>     | National Care Experience Programme  |
| <b>NCHDs</b>    | Non-Consultant Hospital Doctors   |
| <b>NDP</b>      | National Development Plan   |
| <b>NEHR</b>     | National Electronic Health Record   |
| <b>NGO</b>      | Non-Governmental Organisation   |
| <b>NIMC</b>     | National Implementation and Monitoring Committee                            |
| <b>NiSRP</b>    | National HR and Payroll system  |
| <b>NMPC</b>     | National Medicinal Products Catalogue                                       |
| <b>NPSO</b>     | The National Patient Safety Office  |

|              |  |
|--------------|--|
| <b>NSCR</b>  | National Shared Care Record                      |
| <b>NSHAP</b> | National Sexual Health Action Plan               |
| <b>NSHS</b>  | National Sexual Health Strategy                  |
| <b>NSP</b>   | National Service Plan                            |
| <b>NTD</b>   | Neural Tube Defect                               |
| <b>NTPF</b>  | National Treatment Purchase Fund                 |
| <b>NWHIP</b> | National Women and Infants Health Programme      |
| <b>OLOLD</b> | Our Lady of Lourdes Hospital Drogheda            |
| <b>OPAP</b>  | The Obesity Policy and Action Plan               |
| <b>OPD</b>   | Outpatients Department                           |
| <b>PBRA</b>  | Population Based Resource Allocation             |
| <b>PCTWL</b> | Primary Care Therapy Waiting List                |
| <b>PDS</b>   | Progressing Disability Services                  |
| <b>PEA</b>   | Private Emergency Accommodation                  |
| <b>PEPA</b>  | Planning, Enablement, Performance, and Assurance |
| <b>PET</b>   | Patient Experience Time                          |
| <b>PHEPA</b> | Public Health Emergency Preparedness Assessment  |
| <b>PNS</b>   | Pay and Numbers Strategy                         |
| <b>PrEP</b>  | Pre-exposure Prophylaxis                         |
| <b>POCC</b>  | The Public Only Consultant Contract              |
| <b>REO</b>   | Regional Executive Officer                       |
| <b>RSV</b>   | Respiratory Syncytial Virus                      |
| <b>SATUs</b> | Sexual Assault Treatment Units                   |
| <b>SHIF</b>  | Strategic Healthcare Investment Framework        |
| <b>SIIF</b>  | Sláintecare Integration Innovation Fund          |
| <b>SPMO</b>  | Sláintecare Programme Management Office          |
| <b>SPSAP</b> | Sláintecare Patient Safety Assurance Project     |
| <b>STI</b>   | Sexually Transmitted Infection                   |
| <b>StV</b>   | Sharing the Vision                               |
| <b>TCD</b>   | Trinity College Dublin                           |
| <b>TILDA</b> | The Irish Longitudinal Study on Ageing           |
| <b>ToP</b>   | Termination of Pregnancy                         |
| <b>TUH</b>   | Tallaght University Hospital                     |
| <b>TUSS</b>  | Trauma Unit with Specialist Services             |
| <b>UEC</b>   | Unscheduled Emergency Care                       |
| <b>VTE</b>   | Venous Thromboembolism                           |
| <b>WHO</b>   | World Health Organisation                        |
| <b>WTAP</b>  | Waiting Time Action Plan                         |
| <b>WTE</b>   | Whole-time Equivalent                            |

## Appendix 3: Strategies and Policy Documents Referenced in SCAP26

| <b>Legislation</b>                               | <b>Publication Date</b> |
|--|-------------------------|
| 1970 Health Act                                  | 1970                    |
| Health (Amendment) (Home Support Providers) Bill | 2025                    |
| Health Information Act                           | 2026                    |
| Mental Health Act                                | 2026                    |

| <b>Strategy / Policy Document</b>   | <b>Publication Date</b>   |
|---|---------------------------|
| <i>A Healthy Weight for Ireland – Obesity Policy and Action Plan (OPAP)</i>                         | 2016–2025                 |
| <i>Action Plan for Disability Services</i>  | 2024–2026                 |
| <i>Autism Innovation Strategy</i>   | August 2024               |
| <i>Better Together – Health Services Patient Engagement Roadmap</i>                                 | 2023                      |
| <i>CAMHS Operational Guideline (COG), 3rd Edition</i>   | November 2025             |
| <i>Carer’s Guarantee</i>  | 2020                      |
| <i>Child and Youth Mental Health (CYMH) Action Plan</i>   | 2024–2027                 |
| <i>Common Appraisal Framework (CAF)</i>   | 2026 (to be published)    |
| <i>Connecting for Life – Suicide Prevention Strategy</i>  | 2015–2024                 |
| <i>Digital for Care – Strategic Digital Health and Social Care Framework</i>                        | 2024–2030                 |
| <i>Disability Capacity Review to 2032</i>   | 2021                      |
| <i>Framework for Health Innovation (HSE)</i>  | 2025                      |
| <i>Healthy Ireland Framework</i>  | 2013 (successor due 2026) |
| <i>Healthy Ireland Survey</i>   | Ongoing (latest 2025)     |
| <i>HSE Antimicrobial Resistance and Infection Control (AMRIC) Action Plan</i>                       | 2026–2030                 |
| <i>HSE National Service Plan</i>  | 2026                      |
| <i>HSE Public Health Strategy</i>   | 2025–2030                 |
| <i>Ireland’s Future Health and Social Care Workforce</i>  | December 2025             |
| <i>National Care Experience Programme (NCEP)</i>  | 2025–2027                 |
| <i>National Drugs Strategy</i>  | 2026–2029                 |
| <i>National Endometriosis Framework</i>   | October 2025              |
| <i>National Human Rights Strategy for Disabled People 2025–2030. First Programme Plan of Action</i> | 2025–2026                 |
| <i>National maternity Experience Survey</i>   | 2020                      |
| <i>National Maternity Strategy</i>  | 2016–2026                 |
| <i>National Men’s Health Action Plan</i>  | 2024–2028                 |
| <i>National Oral Health Policy – Smile agus Sláinte</i>   | 2019                      |
| <i>National Physical Activity Framework</i>   | 2024–2040                 |

| <b>Strategy / Policy Document</b>  | <b>Publication Date</b>    |
|--|----------------------------|
| <i>National Rare Disease Strategy</i>  | 2025–2030                  |
| <i>National Sexual Health Strategy</i>   | 2025–2035                  |
| <i>National Women’s Health Action Plan</i>   | 2024–2025                  |
| <i>National Women’s Health Action Plan – Phase 3</i>                                 | 2026–2027 (in development) |
| <i>Obesity Policy and Action Plan (OPAP)</i>   | 2016–2025                  |
| <i>Pathways to Universal Healthcare – Sláintecare &amp; Programme for Government</i> | 2025+                      |
| <i>Pathways to Wellbeing – National Mental Health Promotion Plan</i>                 | 2024–2030                  |
| <i>Progressing Disability Services (PDS) Roadmap</i>                                 | 2023–2026                  |
| <i>Sharing the Vision - A Mental Health Policy for Everyone</i>                      | 2020–2030                  |
| <i>Sharing the Vision – Implementation Plan</i>                                      | 2025–2027                  |
| <i>Sláintecare Implementation Strategy</i>   | 2018                       |
| <i>Sláintecare Implementation Strategy &amp; Action Plan</i>                         | 2021–2023                  |
| <i>Strategic Healthcare Investment Framework (SHIF)</i>                              | 2022                       |
| <i>Strategic Review of Eligibility Framework</i>                                     | 2025 (Phase 1)             |
| <i>UEC Plan</i>  | 2026–2027                  |
| <i>Waiting Time Action Plan (WTAP)</i>   | 2026                       |







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