



Rialtas na hÉireann
Government of Ireland



Sláintecare.

Right Care. Right Place. Right Time.



Path to Universal Healthcare: Sláintecare
& Programme for Government 2025+
Progress Report 2025

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Foreword – Minister for Health



Minister for Health Jennifer Carroll MacNeill TD

Ensuring better access to healthcare in Ireland and reducing the time that patients are waiting for care is a priority of mine.

Our focus over the past year has been on improving access, affordability and capacity while continuing the shift towards care delivered closer to home. Public confidence in health services remains strong, with 82% of people reporting their health as 'good' or 'very good', and life expectancy at '82.9 years. Crucially, progress continues to be made on affordability, with 43% of people accessing services without charge, reflecting the core Sláintecare principle of care based on need, not ability to pay.

This *Sláintecare Progress Report 2025*, marks a pivotal moment in Ireland's journey towards universal healthcare. As the first to be published under the *Path to Universal Healthcare*, it sets a clear direction for the next phase of reform across our health and social care services, supported by the largest investment in healthcare under Budget 2025 of over €25.75 billion.

Reducing pressure across hospitals remains a central priority. In 2025, daily average 8.00am trolley figures fell by 10% nationally, equating to 30 fewer patients waiting each day for an inpatient bed. At the same time, the separation of scheduled and unscheduled care is now firmly underway, with new elective treatment facilities protecting planned care and releasing acute hospital capacity. Nine surgical hubs are in development nationally, two of which are already operational, with further hubs opening on a phased basis in 2026.

Workforce reform is critical to sustaining these improvements. By the end of 2025, 3,286 consultants had signed up to the Public-Only Consultant Contract (POCC). This is enabling hospitals to deliver services more consistently across six and seven days, improving patient flow and reducing Emergency Department overcrowding. I remain committed to advancing seven-day services as part of this reform.

One of the most significant changes under Sláintecare is the expansion of care in the community. Through the Enhanced Community Care (ECC) Programme, Community Healthcare Networks (CHNs) delivered care to 1.34 million patients nationwide, supported by high levels of GP participation in chronic disease management. As a result, the majority of people with chronic diseases are now supported closer to home, routinely in primary care.

Targeted investment in new roles and skills continue to strengthen these models of care, including the expansion of Advanced Practice roles and improved access to diagnostics through extended scopes of practice across professions.

Important progress has also been made in priority areas including women's health and reproductive care, expanded access to state-funded assisted human reproduction (AHR) treatment, the introduction of free Hormone Replacement Therapy, and the

launch of Ireland's first National Framework for Endometriosis, setting a clearer pathway of care for women and girls.

Digital innovation is increasingly supporting patients to manage their own care. The HSE Health App, launched in February 2025, is already providing thousands of people with easier access to their appointments, referrals and vaccination records, with further advancements planned.

While this progress is real, I acknowledge that significant challenges remain. Demand continues to grow, pressures on staff persist, and too many people still experience delays in accessing care. These challenges underline the importance of maintaining momentum and delivering reform at pace.

This Government remains fully committed to the Sláintecare vision of a universal, accessible, affordable, and high-quality health and social care for all. I look forward to publishing the Sláintecare Action Plan 2026, which will set out the next phase of reforms to build on this progress and to further embed care based on patient need across Ireland.



2025 Highlights

1.0

2025 Key Highlights

Building on the milestones achieved in 2024, significant levels of reform continued to be delivered in 2025, including:

Improve Access

Urgent & Emergency Care: Over 1.6m ED attendances in 2025, a 4% increase on 2024. 2025 saw an improvement in the daily average 8am trolley figures, with a 10% reduction compared to the previous year, equating to, on average, 30 fewer patients waiting on trolleys for an inpatient bed per day.

Enhanced Community Care (ECC): In 2025, ECC teams continued to deliver significant community based multidisciplinary care to patients closer to home, with over 1.34 million patients seen by Community Healthcare Networks (CHNs). Over 142,000 patient contacts delivered by ICPOP Community Specialist Teams (CSTs), a 7% increase on 2024. Over 474,000 patient contacts delivered by Community Specialist Teams for Chronic Disease (ICPCD), a 33% increase on 2024 activity.

Community Diagnostics: In 2025 over 248,000 scans of various modalities were completed. Two GP studies published in 2022 and 2025 demonstrate this expanded GP access to diagnostic imaging reduces referral to Emergency Departments and to outpatient departments, with greater levels of care delivered in general practice due to timely access to imaging and reducing the need for GPs to refer patients to hospitals to access these services.

Primary Care: In 2025, an initiative commenced to address long waiting times for primary care therapies. This initiative will continue throughout 2026, with the goal of reducing the waiting times to less than 10 months for primary care occupational therapy, physiotherapy and speech & language therapy, removing over 60,000 people from these waiting lists. The

actions of this initiative saw the waitlist across the therapies delivered at CHN level decrease for the first time month-on-month in Q4 2025.

Beds: As of 31 December 2025, there were 12,196 acute inpatient beds, and 2,688 day-case beds, which includes an additional 246 acute hospital inpatient beds opened in 2025.

Public Only Consultant Contract (POCC): As of 31 December 2025, there were 3,286 consultants signed up to the POCC (1,098 new entrants and 2,188 change of contracts). This means more than 2 out of 3 consultants (68%) are now working on the POCC.

Eligibility: The Future Eligibility Policy Unit has undertaken a long-term strategic review of the eligibility framework, Phase 1 of which includes a review of the existing eligibility arrangements for health services to see how they align with current population needs. This phase of the strategic review is near completion.

From June 2025, couples with one existing child in their relationship, and who meet all other current access criteria, can now access publicly-funded Assisted Human Reproduction (AHR) treatment including one full cycle of in-vitro fertilisation (IVF) or intra-cytoplasmic sperm injection (ICSI).

Improve Service Quality

Healthy Ireland Survey 2025: In 2025, 82% of people in Ireland report being in “good” or “very good” health. Improvements in general health perceptions have been noted in older adults, with 69% of older adults reporting good or very good health, as compared to 60% in 2015.

Reduction in STI notifications: Health Protection Surveillance Centre (HPSC) surveillance

indicates there has been an 11% decrease in the STI notification rate in 2024 compared with 2023, however the STI notification rate remains 31% higher than pre-COVID-19 pandemic year 2019. Reductions of 11% in 2024 were driven primarily by decreases in chlamydia (-16%) and gonorrhoea (-12%). The downward trend continued in Q1 2025 for both chlamydia and gonorrhoea notifications with a 10% and 7% decrease respectively when compared to Q1 2024.

Patient Engagement: The second National Maternity Experience Survey was implemented and reported on in 2025, with the results published on 10 December 2025. The HSE and individual maternity service providers have responded to the results by developing quality improvement initiatives. In total, 84% of participants said that they had a good or very good overall experience.

Mental Health: *The 2025-2027 Sharing the Vision Implementation Plan* was launched by the Minister for Mental Health on 09 April, 2025.

Women’s Health: The Hormone Replacement Therapy (HRT) arrangement came into effect on 1 June 2025. Where a woman has been prescribed a HRT product by her healthcare

provider for the purpose of alleviating the symptoms associated with all stages of menopause, the cost of the HRT medications, and the dispensing fees are met by the State.

Disability Services: In 2025, 4,249,992¹ home support hours were delivered to disabled people. 1,870,938² personal assistance hours delivered to disabled people in 2025.

Build Capacity

Healthcare Workforce: As of December 2025, total health sector employment was at 151,661 Whole Time Equivalent (WTEs), an increase of +31,848 WTEs since 2020, representing a 26.6% increase. This includes WTE increases of 10,549 Nurses and Midwives; 5,756 Health and Social Care Professionals; and 4,341 doctors and dentists.

Consultant Workforce: The number of consultants employed by the health service has increased from 3,250 WTE in 2020 to 4,858 WTE at the end of December 2025, an almost 50% increase. Continuous rollout of the POCC will help achieve the long-term Sláintecare goal of ensuring public hospitals are used exclusively for the treatment of public patients.



19
maternity
services



3,354
survey
participants



42%
response
rate

Areas of good experience

Most survey participants reported that:

- ✓ They were treated with respect and dignity during their pregnancy
- ✓ They had confidence and trust in the healthcare professionals caring for them during labour and birth
- ✓ Their decisions about their maternity care were respected by healthcare staff.

Areas for improvement

People using maternity services need:

- ✓ Better communication between the maternity service and their general practitioner (GP)
- ✓ Opportunities to ask questions about their labour and birth to healthcare professionals
- ✓ A healthcare professional to talk to about worries and fears after the birth.

1 HS hours have been adjusted to reflect non-returns from some local areas. As such, this figure is an estimate. It is also important to note that the figure encompasses hours delivered in the context of intensive support/supported living packages.

2 PA hours have been adjusted to reflect non-returns from some local areas. As such, this figure is an estimate.

Workforce Reform: Budget 2025 allocated €5.5 million to expand Advanced Practice roles in nursing and midwifery, adding 70 additional posts, and for the first time this funding also enabled 30 Candidate Advanced Practice posts in Health and Social Care Professions.

- Physiotherapists who have completed training and entered the relevant register with the Physiotherapists Registration Board can now refer patients for diagnostic investigations such as X-rays. This new practice is in line with the Programme for Government commitment to deliver faster access to care by allowing more health professionals to make direct referrals to specialist services or tests.

Strategic Workforce Planning: In December 2025, the Minister for Health published *Ireland's Future Health and Social Care Workforce* paper. This paper forms part of the Department's long-term health and social care workforce planning projections and the work underway to plan for future workforce needs of the health and social care sectors.

Surgical Hubs: A total of 9 HSE surgical hubs are at various stages of development nationally. Two surgical hubs are now fully operational. The Reeves Day Surgery Centre, Tallaght University Hospital, opened in late 2020. The HSE Surgical Hub South Dublin opened at Mount Carmel in February 2025.

Planning Future Capacity: The following ESRI reports were published in 2025:

- National and regional projections for acute hospital services
- National and regional projections for GP services
- National and regional projections for older persons services

Enabling Reform

HSE Health App: The HSE Health app was publicly launched in February 2025, offering patients a trusted, secure place to view information. Initial features included secure access to certain health information, COVID-19

and flu vaccination records, digital medications lists, medical cards, European Health Insurance Cards (EHICs), and maternity appointments. Further releases were launched in May and September 2025, adding iPMS hospital appointments across all regions, Maternity Care, Quit Smoking Cessation, Breastcheck Screening appointments, and Allergies. HSE Health App functionality will develop from 2026 onwards with three planned releases annually. 125,000 registrations on the HSE Health App took place in 2025.

Creating a Culture of Innovation: In 2025, 16 projects which were funded under Rounds 2 & 3 of the fund completed their "proof of concept" phase. 8 new projects were approved for funding under SIIF Round 4. The HSE commissioned the HSE Framework for Health Innovation to embed innovation as a core function of the health service - enabling successful innovation projects to be mainstreamed and scaled.

Acute Virtual Wards (AVW): These are now live in three HSE Health Regions: University Hospital Limerick, St Vincent's University Hospital in Dublin and Midland Regional Hospital Tullamore. The AVWs 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.

Productivity and Savings: a new theatre utilisation tool has been implemented in 22 sites with significant potential for improvement in productivity. The pilot rollout led to 1,775 additional surgeries in 6 months.

Health Regions: The structure of Integrated Healthcare Areas (IHAs), which are the sub-regional geographies responsible for providing integrated acute and community care for their populations, was agreed. Implementation of the model, informed by significant change readiness activities, began in anticipation of full rollout in 2026.



Introduction & Overview

2.0

Introduction & Overview

In 2017, the Oireachtas Committee on the Future of Healthcare in Ireland published the Sláintecare report which set out a new vision for the future of healthcare in Ireland – a universal health and social care service where everyone has equitable access to services based on need, and not ability to pay— where patients can expect *the Right Care, at the Right Place, at the Right Time*.

Sláintecare is the most significant reform programme in Ireland's health sector and one of the most significant reform programmes ever implemented by the State. Reform is taking place against the backdrop of the greatest investment ever in healthcare in Ireland, the largest health and social care workforce, and the challenge of an increasing and ageing population.

The Path to Universal Healthcare: Sláintecare Programme for Government 2025+ (Sláintecare 2025+), published in May 2025, was designed specifically to respond to these demographic challenges and builds on the progress made in implementing successive Programmes for Government and Sláintecare Implementation Strategies and Action Plans introduced between 2018 and 2025. It is an ambitious and multifaceted programme designed to move Ireland towards a universal healthcare service. The overriding goal of Sláintecare 2025+ is to improve health and social care services in Ireland, to optimise patient outcomes, and to be responsive to their needs. Sláintecare 2025+ set out 23 individual Sláintecare Projects and the milestones to be achieved on the path to achieving universal healthcare.

Sláintecare aligns with and is supported by a series of national policies and strategies such as Ireland's National Cancer Strategy, National Maternity Strategy, National Trauma Strategy, and National Ambulance Service Strategic Plan which are delivering significant and permanent improvements, and reforms which are focused on ensuring that healthcare services are timely, responsive, and patient-centred. As new national policies and strategies are developed, they will be aligned with the overall vision of Sláintecare and informed by the Sláintecare principles and reform priorities.



Strategic Priorities

3.0

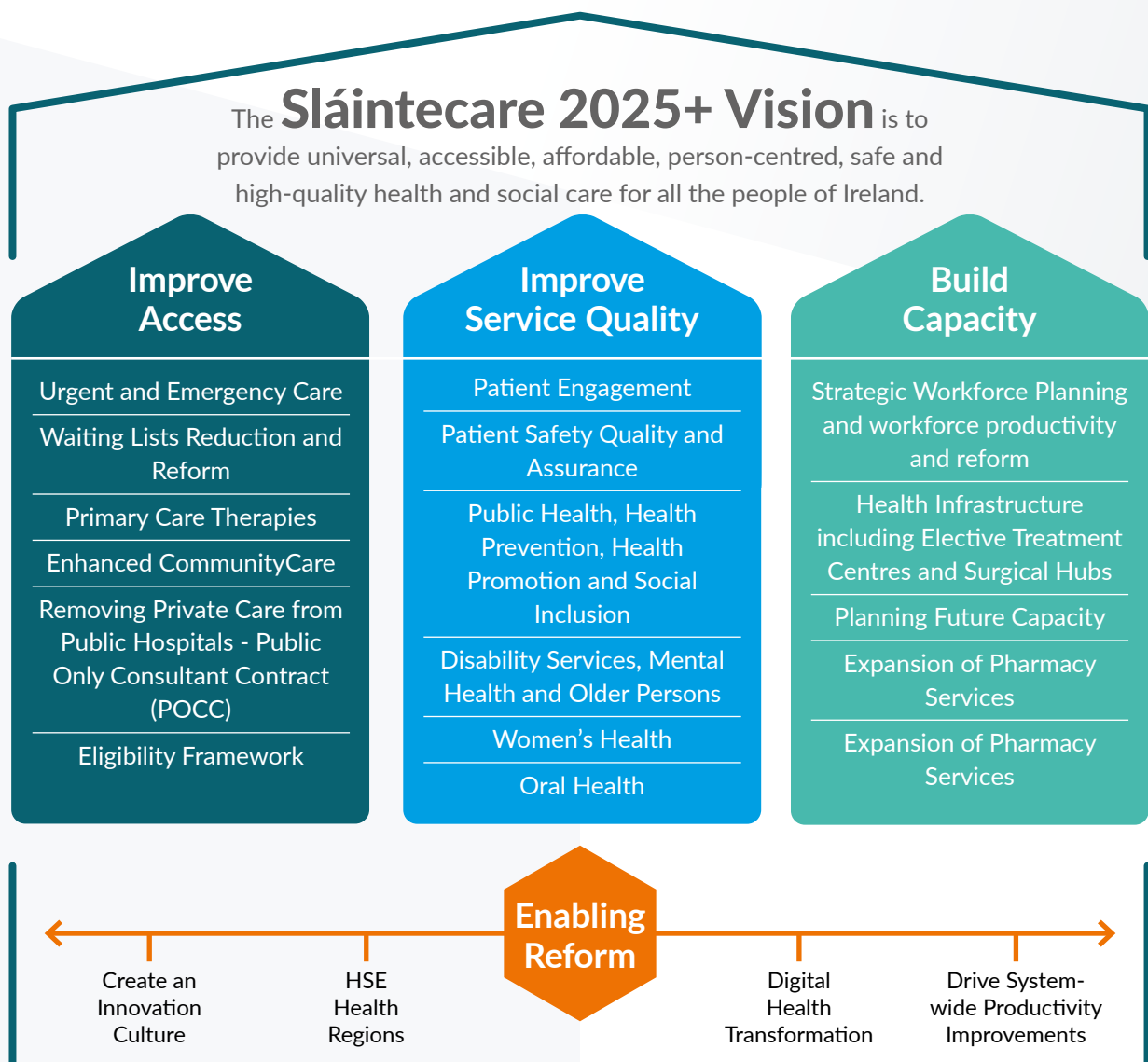
Strategic Priorities

Sláintecare 2025+ sets out 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 the 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.

3.1 Improving Access



Urgent & Emergency Care

2025 UEC Performance Highlights



Emergency Department (ED) Attendance Growth

1.6 million ED attendances in 2025 vs 1.5 million in 2024 > **4.1% increase** in attendances across 29 ED hospitals.



National Trolley Performance

10% reduction in daily average 8am trolley figures, equal to > **30 fewer patients** per day waiting for an inpatient bed.



Regional Improvements – Daily Average 8am Trolley Figures

- Dublin Midlands:** reduced -24%
- Dublin North East:** reduced -23%
- Dublin South East:** reduced -11%
- Mid West:** reduced -10%
- South West:** reduced -9%
- West North West:** increased +10%

In 2025, there were measurable and significant improvements in Urgent and Emergency Care performance across the country. There were over 1.6m ED attendances in 2025, a 4% increase on 2024. The vast majority of patients who need a bed, get one, and do not spend an extended period of time waiting on a trolley. This is happening while our health service is also experiencing a significant increase in demand for elective care.

Nationally, 2025 saw an improvement in the daily average 8am trolley figures, with a 10% reduction compared to the previous year, equating to, on average, 30 fewer patients waiting on trolleys for an inpatient bed per day. Five of the six Regional Health Areas recorded improvements in their daily average 8am trolley figures: Dublin Midlands reduced by 24%, Dublin North East reduced by 23%, Dublin South East reduced by 11%, the Mid West reduced by 10% and the South West reduced by 9%. The West

North West Region recorded a 10% increase in the daily average 8am trolley figures.

In 2025, a number of hospitals continued to consistently achieve good operational grip (governance, structures and processes that are in place to support the management of day-to-day operations), thereby avoiding congestion and maintaining patient flow. These included Connolly Hospital, the Midlands Regional Hospital in Tullamore and UH Waterford. Other sites showed notable improvements such as Tipperary University Hospital and Cork University Hospital.

Fewer patients experienced long waits in EDs in 2025, with the number of ED patients waiting more than 24 hours falling by 16% compared to 2024. Changes to rosters were implemented to increase the presence of senior decision makers and associated staff on-site in EDs, 7/7 including Bank/Public Holidays. We have invested in Acute Virtual Wards in St. Vincent's University Hospital and University Hospital

who are waiting longer than the 10- and 12- week Sláintecare targets. This equates to approximately 82,000 fewer people breaching these targets.

Notwithstanding the focus on improving waiting times, changes in waiting list volumes continue to be important indicators of scheduled care performance. As such, scheduled care performance in 2025 was challenging with increases in waiting list volumes continuing through most of the year. As of the end of December 2025, there were 753,763 patients on the active hospital waiting list.

To the end of December 2025 there were c. 1.93 million patients added to hospital waiting lists, which is an increase of 6.3% on 2024, whereas c. 1.85 million patients were removed from these waiting lists, which represented a c. 2% increase on 2024 activity levels. This increased demand was a contributing factor in terms of the challenges experienced in scheduled care in 2025.

The HSE has attributed the increases in waiting list additions to both demographic (e.g. population growth, aging population) and non-demographic challenges (e.g. increased awareness of services, new service developments, chronic disease and pent-up demand post COVID).

As a result of these demand challenges, the anticipated progress towards the four WLAP waiting time reduction targets was not achieved by the end of 2025. However, there was some evidence of improved performance against

these targets in the latter months of the year. In addition, while there were challenges with scheduled care performance at a regional level last year, there were some indicators of improvements, which could potentially be leveraged and progressed further in 2026. For example:

- HSE South West achieved reductions in the number of patients waiting over 12 months on both the OPD and IPDC waiting lists.
- HSE South West also achieved reductions in the weighted average wait time for those waiting on both the OPD and IPDC lists.
- HSE Dublin & Midlands reduced the weighted average wait time for those patients waiting on IPDC and GI Scopes waiting lists.
- HSE Dublin & Midlands was the only Region to improve the proportion of patients waiting within the 12-week Sláintecare target for its GI Scopes waiting list relative to its performance in 2024.

The improvements in waiting times under the Action Plan approach have been achieved against the backdrop of increased demand for scheduled care services. Addressing this increased demand, while also working to sustainably reduce waiting times, will require the health service to deliver more core activity through improved productivity and efficiencies, through ongoing reform and new enabling supports, and through targeted additional capacity.



Primary Care Therapy - Access & Waiting List Management

The 'Programmatic Approach to address Primary Care Therapy Waiting Lists' was established in July 2024 to ensure a consistent approach is taken, at a national level, to waiting list management in primary care, to improve access and patient experience, regardless of location. The 'Programmatic Approach to address Primary Care Therapy Waiting Lists' continues with focus on both short-term and long-term solutions to address increased waiting lists for

primary care therapies. Primary care therapies include services such as occupational therapy, physiotherapy and speech & language therapy.

As part of the programme, three workstreams have been established including activity & productivity analysis, measures to address long-waiters and the development of a waiting list management protocol.

Primary Care Therapy Progress 2025:

Workstream 1- Enhanced Productivity Analysis

In 2025, utilising the productivity analysis reports developed in 2024, a detailed examination was conducted alongside the development of action plans to determine and maximise the productivity of teams in the community, to reduce therapy waiting lists.

Analysis and feedback from this workstream have informed the approach subsequently taken to address long-waiters, under workstream 2. In 2025, further engagement has taken place to explore improved granularity of data availability within primary care settings.

Workstream 2- Addressing Long-Waiters

In 2025, proposals and associated interventions were developed to address those waiting over 10 months to access primary care therapy services with a view to driving the waiting times down.

In September 2025, the Minister endorsed an initiative to address waiting lists for three primary care therapy services to include: occupational therapy, physiotherapy and speech & language therapy.

The initiative commenced in Q4 2025 and will continue throughout 2026, with the goal of reducing waiting times to less than 10 months, and removing over 60,000 people from these waiting lists, across these three therapies.

Workstream 3 - Primary Care Therapies Waiting List Management Protocol

In 2025, development of a primary care therapies waiting list management protocol progressed with ongoing engagement with

the research team appointed under the joint Department of Health and HRB Evidence for Policy Programme. The research team conducted systematic and scoping reviews of best practice in primary care to inform the development of the waiting list management protocol. In 2026 the research team will commence direct engagement with a number of Community Healthcare Networks on a process mapping exercise to establish the 'as is' for current waiting list management practices.

General Practice in Ireland: An Analysis of Supply & Demand

The report into *General Practice in Ireland: An Analysis of Supply & Demand* to improve the evidence base for the Strategic Review of General Practice, was published in June 2025. The Paper was produced by the Irish Government Economic and Evaluation Service (IGEES) at the Department of Health. The research found that in 2022 the workforce of GPs and General Practice Nurses and Midwives (GPNM) provided a reasonable level of coverage nationally in response to demand and there was good uptake of public contracts. GPs carried out 19 million consultations annually, 29 per whole-time-equivalent per day. GP Nurses and Midwives carried out nine million consultations annually – 16 per whole-time-equivalent per day. However, some geographic areas had clear capacity constraints, often in areas of growing or ageing populations. The report concluded that any capacity challenges identified could be addressed by 2030 through the increase in GP numbers, as is planned via increased training places and the International Medical Graduates Programme.



Enhanced Community Care

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.

Since its launch in 2020, the ECC Programme has expanded significantly, establishing 96 Community Health Networks, 53 combined Integrated Care Programme for Older Persons (ICPOP) and Integrated Care Programme for

the Prevention and Management of Chronic Disease (ICPCD) Community Specialist Teams and deploying over 2,800 additional healthcare staff to support multidisciplinary care models. Community Specialist Teams for Older People (ICPOP) and Chronic Disease (ICPCD) provide targeted interventions for frail patients and those with long-term conditions, reducing hospital dependence and enabling home-based care.

The ECC 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. The programme also enhances GP access to community diagnostics, mobile diagnostic services, and telehealth solutions, improving accessibility and efficiency.

In 2025, over 48,000 people were supported by Alone, a voluntary partner, in delivering facilitating co-ordinated support, visitation support, befriending, age-friendly housing technology and community supports. Through these initiatives, the ECC ensures that more people receive proactive, high-quality care in their own communities, reducing pressure on acute hospitals while improving long-term health outcomes.

Community Healthcare Networks

96 Community Healthcare Networks (CHNs) have now been established, providing the foundation and organisational structure through which integrated care is being enhanced to deliver locally at the appropriate level of complexity, with GPs, Health and Social Care Professionals (HSCPs), Nursing Leadership and staff, empowered at a local level to drive integrated care delivery and supporting egress in the community. CHNs on average serve a population of 50,000, working to improve integrated team working in primary care services, targeting service delivery on the basis of assessed local population needs and focusing on the productivity of healthcare service providers. Patients who attend their GPs are being electronically referred via HealthLink to their local CHN to access services. In 2025, CHNs saw over 1.34 million patients nationwide.

The transformational aspect of CHN development relates to the shift from uni-disciplinary working towards a multi-disciplinary team-based approach linking general practice, CHNs, Community Specialist Teams (CSTs), ambulance and acute services in more integrated service delivery based on population need.

The commencement of the Primary Care Therapy Waitlist Initiative (PCTWL) saw the waitlist across the therapies delivered at CHN level decrease for the first time month-on-month in Q4 2025.

Community Specialist Teams

The work of the Integrated Care Programme for Older People (ICPOP) and that for Chronic Disease (ICPCD) has led to improved outcomes particularly for older people who are frail, and those with chronic disease. The ICPOP and ICPCD models of care provide specialist multidisciplinary teams in the community setting, aligned to CHNs. CSTs service a population on average of 150,000, with each aligned to, and providing services to three CHNs.

The teams are co-located in hubs situated in or adjacent to Primary Care Centres, reflecting a shift in focus away from the acute hospital towards primary care, general practice and a community-based service model. This is being delivered by the ECC Capital Programme investing between €290m - €340m capital costs, with an additional circa €25m ongoing revenue for leasing costs.

Integrated Care Programme for Older People (ICPOP)

In 2025, ICPOP Community Specialist Teams (CSTs) delivered over 142,000 patient contacts (7% increase on 2024), and achieved the following outcomes:

- 84% were discharged home.
- 4% were admitted to acute hospitals.
- 3% were admitted to long term care.
- 13% of people (target is 10%) were reviewed on same day / next day of referral, reflecting timely review by the team of more urgent cases, and

- 67% of people (target 55%) assessed by the CSTs have a Clinical Frailty Score (CFS) of 5-9, representing more severe frailty, demonstrating that progress is being made in prioritising complex and more frail patients and therefore supporting community-based intervention and avoiding admission to the acute setting.

This demonstrates that ICPOP teams are seeing complex and more frail patients urgently and that most of such cases are discharged home, rather than having to attend an acute hospital.

The Virtual Care in the Community (VCIC) initiative which has commenced across 6 ICPOP CSTs is a new way of supporting older people to stay well and supported at home. It builds on existing ICPOP teams, developed through the ECC Programme, introducing virtual consultations and secure messaging to enhance communication and connectivity between GPs, nursing homes, mobile diagnostic teams and wider CHN primary care and community services. Through a defined Virtual Access Pathway, the eight Virtual Functions have been developed through ECC to reduce hospital admissions and support earlier discharges.

Chronic Disease Management (CDM) and Integrated Care Programme for the Prevention and Management of Chronic Disease (ICPCD)

With 97% of GPs signed up to the CDM programme and over 710,000 patient reviews completed by GPs in 2025, 92% of patients with chronic disease are now fully managed routinely in primary care and are not attending acute hospitals for the ongoing management of their chronic condition. The CDM Programme is made up of three strands, namely:

- CDM Treatment Programme.
- CDM Prevention Programme (PP).
- Opportunistic Case Finding (OCF) Programme.

GPs are referring patients that cannot be managed within general practice to the Community Specialist Teams for Chronic Disease (ICDPCD), successfully demonstrating the end-to-end pathway in the delivery of care in the community. Increased GP direct access to

chronic disease diagnostics (Echocardiography, Spirometry and the NT-proBNP blood test) has also been implemented as part of the programme.

In 2025, Community Specialist Teams for Chronic Disease (ICPCD) provided:

- Over 474,000 patient contacts (a 33% increase on 2024)
- Over 18,000 new patients seen by Cardiology, Diabetes and Respiratory IC Consultants & their acute based teams. Of which:
 - Over 8,500 were Direct Hub referrals from General Practice demonstrating the Urgent and Emergency Care priority of hospital avoidance.
 - Almost 10,000 were new patients seen from OPD Waiting Lists.

ICPCD continues to impact scheduled care waiting times in the acute hospital system, as demonstrated in Diabetes care, where 18 sites have reduced waiting lists for this specialty by approximately 20% between 2023-2025 in Endocrinology/Diabetes. The number of patients waiting longer than 12 months for an outpatient department appointment at these sites has also reduced by over 70%. Furthermore, where CSTs are delivering a full Respiratory service, and a 10% reduction in emergency hospitalisations for COPD has been demonstrated.

GP Access to Community Diagnostics

GP Access to Community Diagnostics (GPACD) is an integral component of the ECC programme, with GPs referring adult patients for an identified range of radiology diagnostic tests consisting of X-ray, Dual-Energy X-ray Absorptiometry (DEXA), Computed Tomography (CT), and Magnetic Resonance Imaging (MRI) imaging studies, regardless of the patient's financial circumstances.

In 2025 over 248,000 scans of various modalities were completed. Two GP studies published in 2022 and 2025 demonstrate this expanded GP access to diagnostic imaging reduces referral to Emergency Departments and to outpatient departments, with greater levels of care delivered in general practice due to timely

access to imaging, and reducing the need for GPs to refer patients to hospitals to access these services.

Mobile Medical Service

Aligned to the GPACD scheme the mobile X-Ray service provides services to those residing in nursing homes, community disability units and in their own homes for whom attendance for an X-Ray outside their home would prove challenging. In 2025, almost 10,000 mobile X-rays were provided, with 96% of patients treated at home, without onward transfer to hospital.

Community Intervention Teams (CITs)

The Community Intervention Team (CIT) service prevents unnecessary hospital admission or attendance, facilitates early discharge of patients for whom CIT care is appropriate. Providing access to nursing and home care support, usually from 8am to 9pm, seven days per week. Services include administration of home IV antibiotics, acute anticoagulation care, acute wound care and dressings, enhanced nurse monitoring following fractures, falls or surgery, care of a patient with a central venous catheter and urinary related care among others.

There are 23 Community Intervention Teams (CITs) operating nationwide. Throughout 2025, CIT activity continued to trend upwards with the almost 122,000 referrals accepted by the teams representing a 9% increase on 2024, and 11% ahead of target.

Digital innovation and eHealth

Digital enablement brings together digital and clinical expertise to transform services and further improve operational productivity and patient experience in engaging with health care services. It minimises the barriers faced by patients in accessing healthcare, offering care closer to home.

Telehealth: The rollout of Attend Anywhere across ECC services has delivered significant impact, enabling the embedding of virtual pathways to support patient consultations and increased collaboration as part of multidisciplinary case management. The use of Attend Anywhere has increased operational productivity by enabling clinicians to triage suitable patients into virtual pathways and reduce Did Not Attend (DNA) rates. A significant milestone was achieved in 2025 with the first 1,000 Attend Anywhere virtual consultations

Community Connect: Our year in review

2025 has been a landmark year for Community Connect a digital system for managing patient information (referrals, appointments, documentation, in all community services

This work marks a major step toward modern, connected community care - reducing paperwork improving access to information, and freeing staff to focus on what matters most patient care.

A collaborative approach

The programme has placed staff voices at its centre. Over 1,000 community service staff

across all health regions took part in regional engagement sessions designing the solution proposal. More than 800 members joined the Community Connect Change Network - a growing community of staff continuing to shape and guide this transformation.

What's next?

The National Single Point of Access for Paediatric Community Referrals is due to launch in June 2026. Community Connects first region, HSE Mid West, will officially go live in Q3 2026.



For more details, email communityconnect@hse.ie

completed, including across CHN, ICPOP and ICPCD teams. Patient & Carer feedback to date through an embedded survey has shown over 90% approval in terms of patient experience, level of care received and patient satisfaction.

SMILE 2: This project (Supporting Multimorbidity Self-Care through Integration, Learning and eHealth) is a virtual case management service for people with multimorbidity and high need, covering a total of eight conditions with 600 patients in HSE Dublin and Southeast. Data indicates that patients who accessed SMILE 2 had:

- 41% reduction in ED visits.
- 44% reduction in hospital admissions.
- 87% reduction in urgent GP visits.

The Heart Virtual Clinic (HVC) model has been established and is funded for GPs, allowing for virtual advisory consultations between a consultant and GP. This service provides flexible access to specialist cardiology advice, reducing ED attendance and hospital OPD referrals, facilitating the continuity of shared care. There are currently 10 Chronic Disease CSTs delivering HVCs, with 790 direct referrals received throughout 2025, resulting in 906 patient contacts.

eReferrals: There were over 173,000 eReferrals from General Practice to CHNs and CSTs through HealthLink, evidencing the ECC Programme's commitment to integrated, digital-driven healthcare.

HSE Area Finder: The HSE Area Finder digital tool enables users to identify Community Healthcare Networks and access contact information for healthcare services, including Community Healthcare Networks, Public Health Nursing, Children Disability Network Teams (CDNT), Community Specialist Teams for Older People and Community Specialist Teams for Chronic Disease. In 2025, Area Finder had been accessed over 600,000 times. A link to the HSE Area Finder can be found [here](#).

ECC Team Activity Metrics - data visualisation

- This process employs a standard methodology and process for data return, collection, collation, analysis, and reporting of metrics and uses a data visualisation tool (Workbench) for analysis and reporting data. This visualisation solution allows for the viewing and analysis of ECC Programme data at team, Integrated Healthcare Area and Regional levels, respectively. This provides real-time analysis, identifies emerging trends, and enables effective performance management, allowing for a view of high-performing teams, their targets and a comparative view for other teams in that Health Region.

Recent updates to Workbench include Telehealth activity at CHN, ICPOP and ICPCD CST level denoting the number and type (1:1 or Group intervention) of consultations as well as the feedback from patients and carers on their experience in accessing their care remotely.

Communications

The HSE Integrated Care Conference 2025 brought together almost 2000 staff, service users, partners, and health community representatives to celebrate achievements and showcase initiatives in healthcare. Key features included keynote addresses, dynamic panel discussions and a record 300 poster presentations which highlighted the ongoing commitment to empowering people through integrated care. The ECC Programme also hosted 12 webinars in 2025 including ECC Shared Learning, GP Lead, ICPCD and ICPOP Webinars with over 3000 attendees combined.

GP Leads: Driving change in community healthcare

The Community Healthcare Network (CHN) GP lead supports the development and maintenance of relationships between GPs.

GP practices and primary care professionals, ensuring the delivery of high quality, person-centred care to the local population. Within the 96 CHNS, this key strategic role provides leadership to transform care delivery in accordance with the principles of Sláintecare by bringing services closer to home, reducing acute hospital attendance and admission, focusing on the population needs of the CHN and improving the patient experience through collaboration and learning.

The first in-person event hosted in the new Irish College of GPs offices in Dublin

coincided with the recent HSE Integrated Care Conference. This forum was facilitated by Dr David Hanion, National Clinical Advisor and Group Lead, and Alice McGinley, Head of Service. It provided a vibrant platform for collaboration and shared learning with sessions covering CHN developments, embedding new ways of Integrated working, digital advances and future plans. Dr Shane McKeogh, GP provided valuable insight from the Chronic Disease Hubs.

The attendance of the Chief Clinical Officer, Dr Colm Henry reinforced the importance of GP leads in shaping primary care delivery while also ensuring coordinated high-quality services.



Further details are available on the Enhanced Community Care (ECC) Hub, cnh.hseland.ie



Removing Private Care from Public Hospitals

The introduction of the Public Only Consultant Contract (POCC) on 8 March 2023 was the first step in the removal of private care within public hospitals. Under the terms of the new contract, new entrants will not be able to engage in private practice within the public system and all serving consultants who moved to the new contract in 2023 will have ceased private practice by the end of 2025. Consultants who switched from 2024 onwards have 6 months to wind down their private practice in public hospitals.

The POCC will improve the provision of services by increasing the number of hours consultants are available in our public hospitals each week. The contract explicitly provides for an extension of consultant core working hours to 10pm Monday to Friday, as well as Saturdays 8am-6pm. This will double the hours when consultant-delivered services will

be available across many areas of the health service, including EDs, leading to a significant improvement in the delivery of care. The Government is also committed to growing consultant numbers substantially in the coming years in accordance with established health policy.

POCC Progress 2025

As of 31 December 2025, there were 3,286 consultants signed up to the POCC. This was made up of 1,098 new entrants and 2,188 change of contracts. This means more than 2 out of 3 consultants (68%) are now working on a POCC.

With increased funding, the number of consultants has increased by 257 WTEs since the beginning of 2025. The combination of growth in consultant numbers and the introduction of the POCC is enabling our



hospitals to deliver key services such as outpatient appointments over 6 days a week.

Baseline for on-site consultant rostering

In April 2025, the Minister for Health updated the Government on measures to reduce Emergency Department overcrowding by delivering urgent care services over seven days and ensuring that all staff, including consultants, are rostered over seven days and in the evenings.

Effective Q3 2025, all sites and regions are now required to upload the workplans of all consultants to the Doctors Integrated Management e-System (DIME) to assess the

level of work carried out by consultants in the evenings and weekends. These are assessed and where it is identified that the consultant cover was not sufficient, sites are asked to re-do rosters to ensure adequate cover. This approach has resulted in improved transparency of local rostering arrangements and sets a much clearer expectation of the need for on-site rostering over any historic on call arrangements. As transition periods for private practice involving consultants switching to POCC concluded in December 2025, workplans are being reviewed by each region to reflect the increased availability of consultants.

Eligibility

A Strategic Review of the existing Eligibility Framework commenced in 2024 as a basis for development of evidence-based policy options for a future eligibility framework where people access care when and where they need it, informed by an agreed strategic vision for achieving universal healthcare.

The Future Eligibility Policy Unit is undertaking a long-term strategic review of the eligibility framework, Phase I of which, includes a review of the existing eligibility arrangements for health services to see how they align with current population needs. This phase of the Strategic review is near completion.

The outputs of this review work will feed into Phase II of the broader multi-annual strategic review programme. This phase is extensive in scope and incorporates many other strands, including but not limited to; analysis of the implementation of universal access to healthcare in other countries, extensive stakeholder engagement and public consultation, and a comprehensive analysis of the available evidence of Universal Health Coverage (UHC) best practice.

Each of these work streams will contribute to the development of evidence-based policy options for a future eligibility framework to support a progressive move towards universal health coverage in Ireland.

Eligibility Progress 2025:

- Completed a comprehensive report on outputs of the review of the existing eligibility framework to primary and community care services. The report outlines emerging themes for consideration in the development of policy proposals and options for a future eligibility framework.
- Completed the outputs of the units benchmarking of international evidence-based practice in relation to eligibility for Primary Care services and Universal Health Coverage.
- Completed the outputs of the units' research and engagement with the Patient Partnership Representatives on Out-of-Pocket Expenditure for patients accessing healthcare in Ireland.
- Completed an analysis and report on FEPU officials' consultation and engagement with policy units across the department during Phase 1 of the review, to identify which public health services should be prioritised for universal access.

Other notable developments from 2025:

- FEPU officials, in conjunction with the Institute of Public Health (IPH), have conducted a series of focus groups with members of the public as part of our multi-phase programme of public consultation. Analysis and report on the outputs of these focus groups is currently being progressed.
- The European Health Observatory (EHO) are conducting analysis on user charges and implications for Ireland, as part of the multi-phase demand led side financing project. A report on this work is being finalised and will be followed by a Policy Dialogue seminar, held in conjunction with the EHO in April 2026.

Expansion of eligibility of access criteria for state-funded Assisted Human Reproduction (AHR) treatments

In June 2025, the Minister for Health announced updated access criteria for state-funded assisted human reproduction treatment which allows couples with one existing child in their relationship, and who meet all other current access criteria, can now access publicly funded AHR treatment including one full cycle of in-vitro fertilisation (IVF) or intra-cytoplasmic sperm injection (ICSI).

3.2 Improve Service Quality



Patient Engagement

National Care Experience Progress 2025

The National Care Experience Programme (NCEP) ensures that we learn from people's experiences through regular patient surveys and improve the quality of health and social care services in Ireland (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.

The second National Maternity Experience Survey was implemented and reported on in 2025, with the results published on 10 December 2025. The HSE and individual maternity service providers have responded to the results by developing quality improvement initiatives. In total, 84% of participants said that they had a good or very good overall experience.

Preparatory work commenced in 2025 for the National Inpatient Experience Survey 2026, with the methodology for the survey approved.

There was further development work completed for the National Mental Health Experience Survey and the National Cancer Care Experience Survey, with the survey questionnaires being agreed for both.

Case Study: Our Lady of Lourdes Hospital Drogheda

Implemented Quality Improvement Plan from 2020 National Maternity Experience Survey

Improved Environment for labouring women

The feedback received from our service users from the 2020 National Maternity Survey was instrumental in the improvements to the Delivery Suite environment and facilities in Our Lady of Lourdes Hospital in 2022-2023. This involved the reconfiguration of Birthing Rooms to include ensuite bathroom facilities and the addition of a birthing pool in a "Home from Home environment" with support from the National Women and Infants Health Programme (NWIHP).

This, in combination with the two existing birthing pools in the Midwifery-Led Unit, allowed service users on all care pathways to avail of water immersion for pain relief.

Re-introduction of Water Births

The re-introduction of water births, with our first water birth on the 1 April 2023 was a key moment in offering women on the Supported Care Pathway choice for birth. This was a collaborative effort from midwives, consultant obstetricians, paediatricians, anaesthetists, practice development, infection control, clinical engineers, maintenance departments and the voices of our service users. Utilising the Cross-Border Cooperation and Working Together (CAWT) agreement, we collaborated closely with our midwifery colleagues in Northern Ireland, learning from their clinical experience in water births. To date as of November 2025 there have been 205 water births within the maternity unit.

National Maternity Experience Survey 2025

Respondents



Overall Experience

2025



Values in charts may exceed 100% due to rounding.

Health Literacy

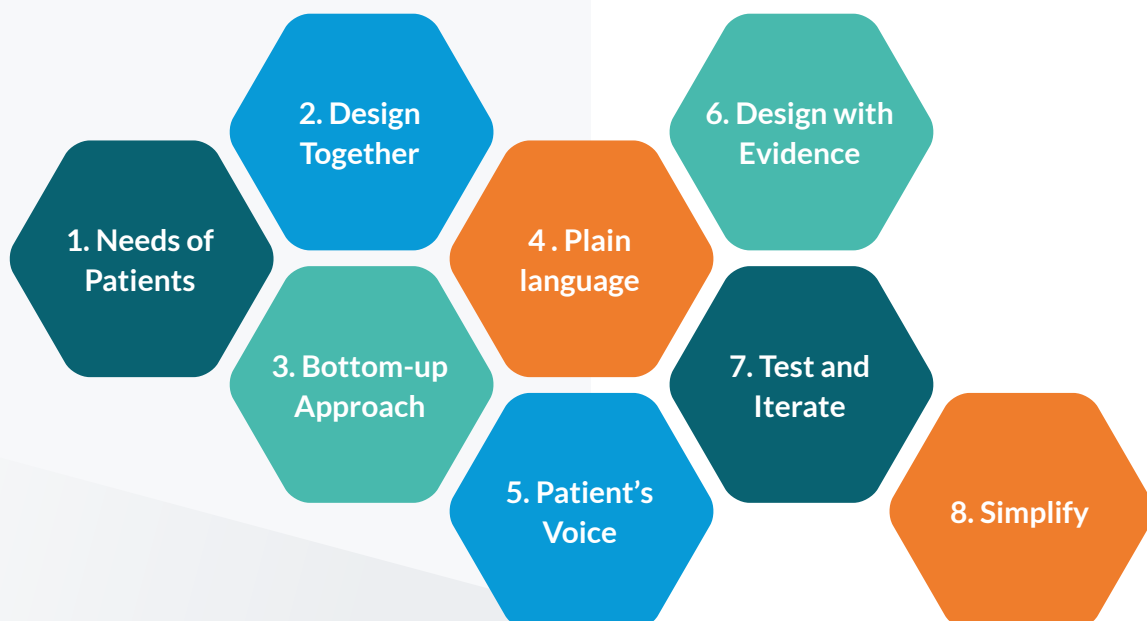
The Health Literacy Liaison Group held a workshop to identify Health Literacy Design Principles for inclusion in a Health Literacy Policy Toolkit. A Policy Toolkit has been developed to provide internal guidance for policy units to support using a health literacy lens when drafting policies and strategies and is awaiting finalisation.

Health Literacy Design Principles

Four health literacy webinars were held for department staff in conjunction with policy units in 2025 on the following topics:

- Health Literacy and Cardiovascular health with speakers from the Irish Heart Foundation

- Health Literacy and Social Inclusion with speakers from the HSE South East, Waterford Area Partnership, Tipperary, Waterford, Kildare and Wicklow Education and Training Boards and the Dublin City Community Co-op
- Health Literacy as Patient Safety, in conjunction with the National Patient Safety Office (NPSO) to mark World Patient Safety Day 2025
- The role of Health Literacy in promoting the Safer use of Medication with speakers from the HSE National Medication Safety Programme ("SaferMeds")





Patient Safety Assurance & Quality

Patient Safety and Quality initiatives are critical enablers for delivering safe, high-quality care and can contribute to good care experiences for patients and families across all care settings. There are a range of patient safety initiatives and policies that support this and key achievements in the period 2025.

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 and strengthen the ability of our health service to deliver safer care, and to prevent and reduce avoidable harm where possible.

The NPSO, working alongside our patient safety colleagues in the HSE, will build a systematic approach to patient safety which will promote the delivery of safe and high-quality health care to minimise avoidable harm, improve system efficiency and improve patient experience.

2025 Patient Safety and Assurance Progress:

The SPSAP met in July 2025. The members reviewed and updated the existing workstreams and agreed there would be an expansion of the membership to include key Quality and Patient Safety (QPS) stakeholders in the HSE, necessitating a redrafting of the Terms of Reference. The Sláintecare Patient Safety Assurance Project (SPSAP) expanded its working group membership to include patient safety leads from the HSE National Quality and Patient Safety function. The group met, areas of focus included performance and oversight and shared patient safety priorities.

Adult Safeguarding

Safeguarding adults who may be at risk of abuse is a very important objective for all health and social care services. A framework of standards, policies and procedures for safeguarding adults in the health and social care sector is already in place. Further measures are now being developed to strengthen this framework.

The *National Policy Framework for Adult Safeguarding in the Health and Social Care Sector*, Ireland's first adult safeguarding policy, was published on 9 December 2025. The policy framework will extend across all public, private, and voluntary health and social care services and includes a range of both legislative and non-legislative measures that will significantly expand and strengthen existing supports and protections for adults at risk of harm across the sector.



Public Health, Prevention, Health Promotion, & Social Inclusion

The Healthy Ireland Programme focuses on health promotion and ‘prevention’ measures designed to support healthy living and reduce the four major behavioural risk factors for chronic disease, namely tobacco and excessive alcohol use, inactivity and obesity.

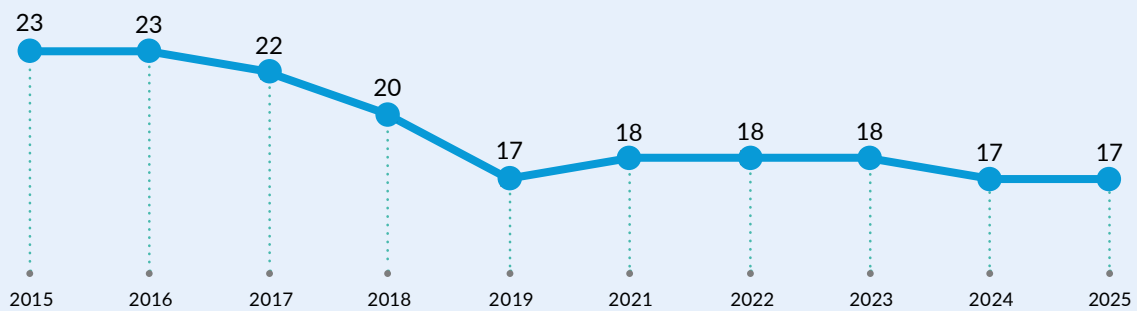
The Healthy Ireland Framework and subsequent *Healthy Ireland Strategic Action Plan, 2021-2025*, set out the roadmap to supporting good health and wellbeing, improved access

to services, healthy environments, improved resilience and ensuring that everyone can enjoy physical and mental health and wellbeing to their full potential. The process of reviewing the Framework has concluded, and a public consultation in Q1 2026 will inform the drafting of its successor.

It is intended that a successor Framework will be launched in Q4 2026. Significant progress was made in 2025.

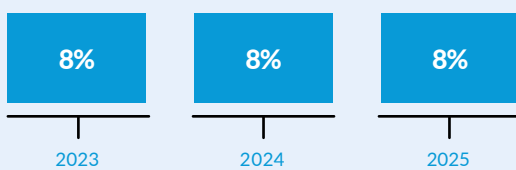
Smoking

Prevalence of smoking by year, 2015-2025 (%)

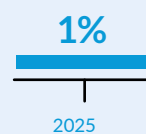


E-cigarette usage

Prevalence of e-cigarette usage by year (%)

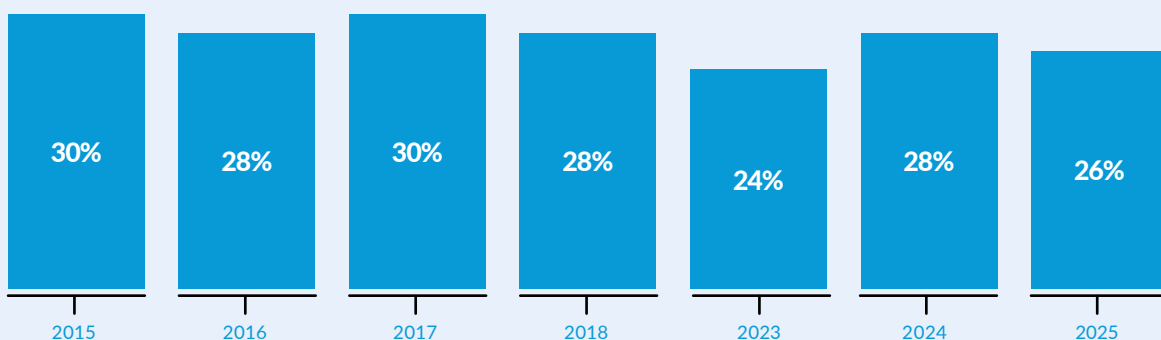


Prevalence of nicotine pouch usage (%)



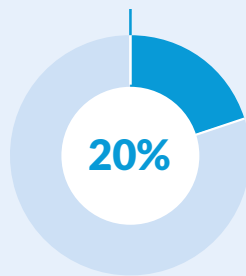
Alcohol use

Incidence of binge drinking in the past 12 months by year (%)



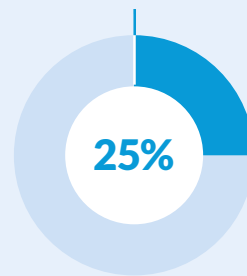
Alcohol use (continued)

Hazardous or harmful drinking



At risk of hazardous or harmful drinking (AUDIT ≥8)

Non-alcoholic drinks*

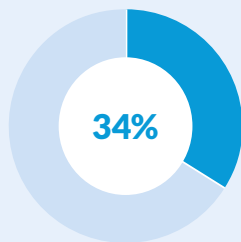


Drink non-alcoholic drinks

*Non-alcoholic or zero alcohol beer, wine, cider or spirits containing less than 0.5% alcohol by volume.

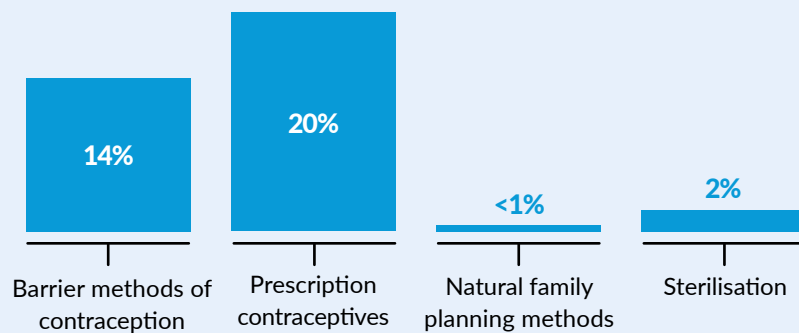
Contraception

Contraception use
(among adults aged 18 or older)



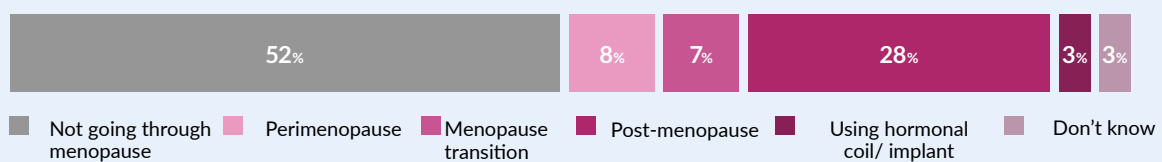
Use a form of contraception or method of family planning

Usage of different forms of contraception
(among adults aged 18 or older)

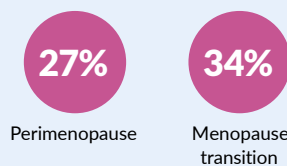


Menopause

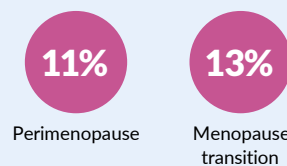
Proportion of women experiencing menopause



Experience symptoms constantly



Report severe symptoms that significantly impact their life



See page 38 for definitions used

Case Study: Tobacco use is the leading cause of preventable death in Ireland with 4,500 smokers dying each year from tobacco related diseases.

Ireland's first [National Stop Smoking Clinical Guideline](#) recommends intensive behavioural support for smoking cessation as well as use of stop smoking medications. In 2022, Sláintecare funding was provided by the DoH to establish dedicated stop smoking services in 20 Sláintecare Healthy Community areas across Ireland, including the provision of free nicotine replacement therapy (NRT) to those using the service. This offer of free NRT was extended to all stop smoking service clients from July 2022. The cost of treating the average smoker is approximately €260 per person for a 12-week course of medicine. The success of the initiative and increased volume of engagement prompted the DoH to increase the fund from the initial €726k in 2022 to €2.9 million in 2025.

The addition of 20 new stop smoking posts increased capacity across the country, with clinics now located in areas of highest health need. Comparing data from 2022 and 2025, there was a 69% increase in people accessing the stop smoking service for behavioural support (12,509 v 21,125). There was also an increase in the use of combination NRT by clients in their quit attempts (66% v 78%).

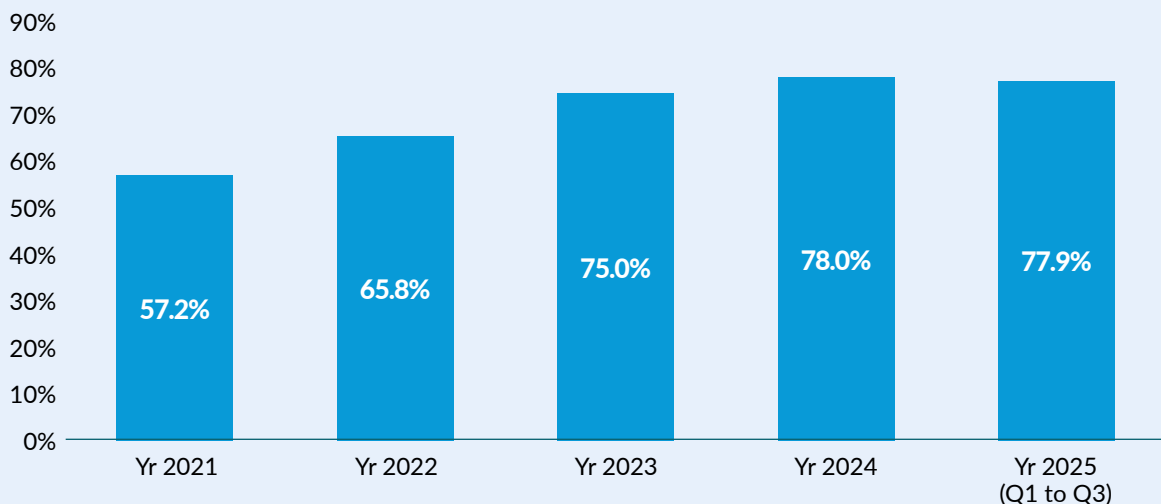
"The introduction of Sláintecare funding and the provision of free Nicotine Replacement Therapy to all who engage with HSE Quit Smoking services has had a transformative impact. By removing the financial barriers to NRT, more smokers are now accessing the intensive behavioural and pharmacological support. This improved access, combined with dedicated HSE stop-smoking services, has boosted engagement and increased quit smoking success rates."

Pat Conway - Tobacco Lead, Galway

"I was delighted with the support. It was local and accessible, and I could go there in between my shifts which I found fantastic, and it was free. I gave up the cigarettes and then a week later, my husband gave them up. We're much fitter and happier as a family. We spend more time together rather than myself and Anthony being out at the back door smoking. We've definitely more money- especially in these times you need it."

Marelle Lawlor-Kelly who attended the [Athy Sláintecare Stop Smoking Service](#)

% Quitters using Stop Smoking Medicines in their quit attempt



Source: QuitManager, HSE TFI Programme. March 2026

Additions to the National Immunisation Programme in 2025

In 2025, there were 2 significant additions specific to the National Immunisation Programme for Children, namely the varicella vaccine and the Respiratory Syncytial Virus immunisation for eligible infants.

The Varicella (chickenpox) vaccine is available for babies turning 12 months of age on or after 1 October 2025 (offered to babies born on or after 1 October 2024). The vaccine has been included in the Primary Childhood Immunisation Programme (PCIP) which is administered by GPs. This vaccination gives babies important protection against chicken pox and helps protect the wider community. Varicella is a two-dose vaccine. The first dose is administered by GPs to infants, and the second dose is administered when the child is in junior infants at school.

Following on from the successful Respiratory Syncytial Virus (RSV) Immunisation pathfinder programme in 2024/2025, an expanded RSV Immunisation programme was in place throughout Winter 2025/2026. This immunisation offered protection ahead of the seasonal upsurge in infection with RSV. The risk of severe RSV infection is highest in the youngest infants, especially those born during the RSV season.

The HSE Health Protection Surveillance Centre (HPSC) has recently published detail on the programme's effect on RSV morbidity among infants during the 2024-25 season.

During the 2024/2025 winter season, in eligible infants, Ireland saw:

- 83% immunisation coverage.
- 68% reduction in laboratory-confirmed RSV cases compared with the previous season.
- An estimated 1055 RSV notified cases, 459 ED presentations, 437 hospitalisations, and 76 ICU admissions were averted in the 2024/2025 birth cohort.
- Nearly 75% of disease was prevented due to this programme, leading to reduced pressures in paediatric hospitals in that winter season.

The RSV Immunisation programme offered immunisation to:

- Babies born between 1 September 2025 and 28 February 2026;
- Babies who were six months old or younger on 1 September;
- Premature babies (born before 30 weeks gestation or less than 1.25kg at birth) and other higher risk infants (due to underlying medical conditions) born during the RSV season.

The RSV Infant Immunisation Programme is operated by the HSE, with immunisations administered from 1 September 2025 in maternity hospitals to newborn babies. The catch-up aspect of the RSV infant immunisation programme was offered to babies in HSE community healthcare settings.

A Health Technology Assessment (HTA) on RSV immunisation for infants and adults is currently being undertaken by the Health Information and Quality Authority (HIQA). The outcome of the HTA will inform the development of any longer-term programme and future decision making on the matter of RSV immunisation in Ireland.

Public Health Strategy

The HSE launched its new [Public Health Strategy 2025 - 2030](#) in December 2025, setting out an ambitious vision for the health and wellbeing for everyone in Ireland. It will provide a clear roadmap to improve health outcomes, reduce inequalities, and strengthen Ireland's public health system over the next five years. An action plan steering group is being established and will produce a strategic action plan with time bound deliverables to drive implementation of the strategies objectives.

National Rare Disease Strategy

The National Rare Disease Strategy 2025-2030 was published and launched in August 2025. The strategy outlines a comprehensive framework designed to enhance 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.



Also emphasised, is the importance of developing and enabling earlier diagnosis, integrated care, data and registries, research and innovation, and access to orphan medicines. By addressing these areas, the Strategy aims to create a more inclusive healthcare service that meets the complex needs of people living with rare diseases. Resources have been provided to support greater care coordination for patients improving the patient experience by supporting them in navigating the health service. Implementation of the National Rare Disease Strategy 2025-2030 will continue across 2026 and beyond.

Key developments:

- An implementation plan is in development ahead of planned publication in 2026, regular updates will be shared with the rare disease's community.
- A Rare Diseases Education Programme has been developed by the Health Service Executive's National Rare Disease Office (NRDO) and is available to all healthcare professionals. This is helping improve awareness and knowledge of rare disease among healthcare professionals.
- Work on the expansion of the national newborn bloodspot screening programme continues, screening for both Severe Combined Immunodeficiency (SCID) and Spinal Muscular Atrophy (SMA) commenced

in April 2026, bringing the total number of conditions screened for as part of the heel prick test to 11.

Healthy Prisons

Poor levels of physical, social, and mental health are more common in prisons than in the general population, reflecting the health and societal inequalities experienced by prisoners in the wider community. To address this, the Healthy Prisons Project aims to promote the health and wellbeing of the prison population while recognising that a whole of systems approach is required to bring about long-term sustainable change. This includes focusing on the organisational culture within prisons as well as identifying the needs of prisoners and staff in relation to wellbeing.

2025 Healthy Prisons Progress:

In 2025, a Service Level Agreement was signed with the Irish Prison Service to fund National Coordinator for Healthy Prisons:

- The mapping of current health promotion activity in prisons was completed by the All-Island Institute of Public Health and focus groups were conducted in all 13 prison sites with prisoners to inform the report. This report is currently being finalised.
- In relation to staff health and wellbeing a subgroup was established from within the Healthy Prisons Working Group to progress this agenda.

Men's Health

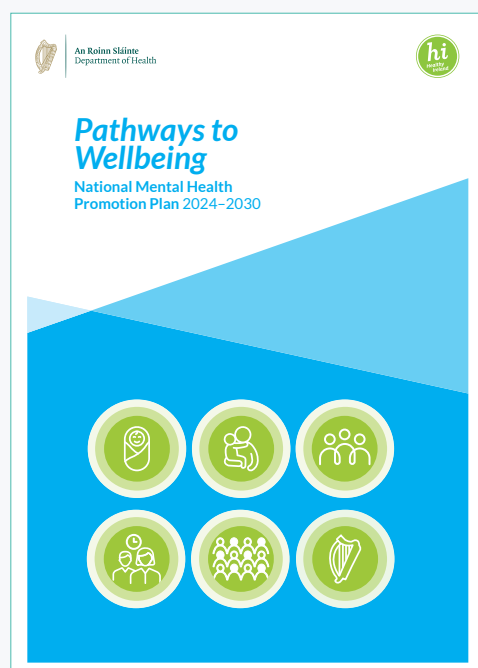
There remains a strong rationale for a continued policy focus on men's health. While there have been improvements to men's health overall, there continues to be significant differences in health outcomes not just between men and women, but between different population groups of men. The health needs of men, in particular marginalised and disadvantaged men, require a gender specific approach to reduce overall health inequalities. The *National Men's Health Action Plan* seeks to address many of these issues including the development of an approach to promote gender equality and

improve the engagement of men with their health and wellbeing.

2025 Men's Health Progress:

- Men's Health Week was held from 9-15 June with positive levels of engagement.
- National Men's Health Lead in HSE was appointed in late September.
- National Men's Health Action Plan Implementation Group set up.
- Continued implementation of phase 2 of On Feirm Ground with DAFM underway.
- Process underway to map current cross-Government involvement to date in Men's Health and identify areas where further interventions in men's health are required.
- Ongoing support was provided to the Department of Agriculture, Food and the Marine (DAFM) in allocation of funding to promote safety, health and wellbeing among farmers.
- Ongoing support was provided to the Irish Men's Sheds Association and the Sheds for Life Programme.

Mental Health Promotion



Good mental health is a key component of healthy lives and wellbeing for all. There is a need to approach the promotion of positive mental health at a population and community

level through a whole of government and whole of society approach.

The *National Mental Health Promotion Plan* aims to achieve a healthy Ireland where positive mental health and wellbeing is actively promoted, across the life course, and in the everyday settings including schools, homes, workplaces and communities.

2025 Mental Health Promotion Progress

- A dedicated policy lead was appointed in September 2025 to coordinate cross-sectoral engagement, delivery of the plan's agreed objectives and actions.
- Work on the development of a phased implementation plan began with partnership with other government departments and agencies. Phase 1 of implementation will outline the specific actions to be delivered in the short term (2026-2027).

Promoting Physical Activity for Health

2025 saw the publication of the new *National Physical Activity Framework 2024-2040*, aimed at increasing opportunities for people to be active in ways that fit into everyday lives and which suit individual needs, circumstances and interests.

This Framework seeks to achieve a vision for Ireland to have the most physically active population in Europe by 2040, across all age groups and sectors of society. Achieving this vision relies on:

- Removing the barriers which people face to being active and encouraging people to recognise how to overcome these barriers.
- Enhancing cross-sectoral collaboration at national, local and community level to encourage physical activity across all population cohorts.
- Encouraging a supportive environment where physical activity becomes the norm; and
- Promoting good practice and finding new models of participation which get more people active.

The achievement of the objectives of this Framework will be driven by a series of national physical activity action plans, the first of which

covers the period to 2029. This Action Plan builds on progress made under its predecessor, the *2016 National Physical Activity Plan*, through greater alignment with a range of broader national policies and strategies, along with 59 actions to continue to further enhance the governance and delivery of measures to promote physically active lifestyles.

Health - Climate Change Sectoral Adaptation Plan

2025 saw the publication of the second *Climate Change Sectoral Adaptation Plan* for the health sector. The Plan identifies the range of climate impacts which will be faced by the health sector going forward. It is a strategic document which charts a pathway towards health sector climate resilience.

The publication of Ireland's first *National Climate Change Risk Assessment* has provided the basis for a joined-up approach, across all sectors, to the identification of climate risks, assessment of climate impacts, and the planning, implementation, and evaluation of climate actions. This Assessment identified the most significant risks, which require additional action as a priority to increase the country's resilience, as:

- Extreme wind
- Coastal erosion and coastal flooding
- River, surface and groundwater flooding
- Extreme heat
- Key actions set out in the Health Sectoral Adaptation Plan to address these challenges include, but are not limited to;
- Establishment by the HSE of a National Adaptation Resilience and Core Group, which will work with the Department of Health Climate Change Oversight Group to implement the plan
- Development of a strategic plan to deliver identified capacity needs
- Development of a Climate Change Epidemiology Service to collate and provide data for action
- Identification and measurement of climate change impact on business continuity to improve resilience

Mainstreaming climate adaptation considerations across the health sector, and integrating health considerations across broader climate adaptation action, will rely on a collaborative approach in order to address cross-sectoral climate risks to health. This Sectoral Plan also provides the foundation for addressing resourcing barriers in order to adequately address the challenges presented by climate change over the period to 2030 and beyond.

National Sexual Health Strategy, 2025-2035 and National Sexual Health Action Plan, 2025-2028



The National Sexual Health Strategy, 2025-2035 (NSHS) takes a life course approach, acknowledging the importance of developing a healthy attitude to sexuality in young people and of building on that foundation for positive sexual health and wellbeing into adulthood and older age. The NSHS supports positive sexual health and information and the prevention of adverse sexual health outcomes.

The new NSHS, along with the *National Sexual Health Action Plan* (NSHAP), which is included in the same document and maps out the first 3 years of implementation in more detail, was published in June 2025.

2025 National Sexual Health Progress

- The NSHS and NSHAP were published in June 2025. An Implementation Group is in place and sub-Groups needed to progress specific areas of work are being finalised currently.

- A number of items supporting various Actions, principally information, education, DSGBV prevention and period dignity, plus additional capacity for PrEP drugs, were funded through Budget 2026.
- Staffing for the HIV PrEP programme was funded in Budget 2025 (7 WTE from July 2025). These additional staff have been in place in 4 public STI clinics, from October 2025, with additional capacity also provided within the drugs budget, in both 2025 and 2026, to increase PrEP delivery.
- Possible behavioural drivers of increased numbers of STI infections are being investigated through a research grant funded through the HRB's Evidence for Policy research call – the SHIFT project, managed in collaboration with the Department and HSE by the University of Galway.
- Optimising HIV Pre-Exposure Prophylaxis delivery is the subject of a research grant funded through the HRB's Evidence for Policy research call – the PrEptimise project, managed by TCD and St James's University Hospital in collaboration with the Department and HSE Sexual Health Programme.
- Increased access to discreet testing, without cost barriers, through our home STI testing service may be resulting in increased detection of early-stage infections; the HPSC advises that STI rates have been decreasing in 2024-25 to date, largely driven by reduced rates of chlamydia and gonorrhoea transmission in comparison with 2022-23.
- The Healthy Ireland Survey, 2025, included modules on contraception and menopause, and was published on 7 November, 2025. Fieldwork for the 2026 Survey commenced in Q4, 2025 and is ongoing.
- End of year figures for PrEP, the home STI testing service and the National Condom Distribution Service (NCDS) are as follows:

PrEP providers:

- There were 17 private & GP providers of PrEP in 2023 (3 private services; 14 GPs). The PrEP e-learning module was launched by the HSE in late December 2024 as part of a PrEP

competency framework for GPs. In 2025, there were 25 new GP approvals, bring the total number of GP providers to 39. The total number of private & GP providers is now 42.

PrEP patient figures in 2025:

- 9,469 individual PrEP users (new & return) were approved for free PrEP medication (this data is used as a proxy for PrEP clinic activity).
- 7,437 PrEP users had a prescription for free PrEP filled (new and return PrEP users).
- 2,196 PrEP users had a prescription for free PrEP filled for the first time (new PrEP users).

Numbers of home STI kits dispatched and returned, reactive results in 2025:

- Home test kit orders: 130,232.
- Home test kits returned: 97,986 (Return rate: 75.2%).
- Reactive results: 8,750 (Reactive rate: 8.9%).

Numbers of condoms/lube distributed through NCDS In 2025:

- 1,273,304 condoms were distributed.
- 694,699 lube were distributed.

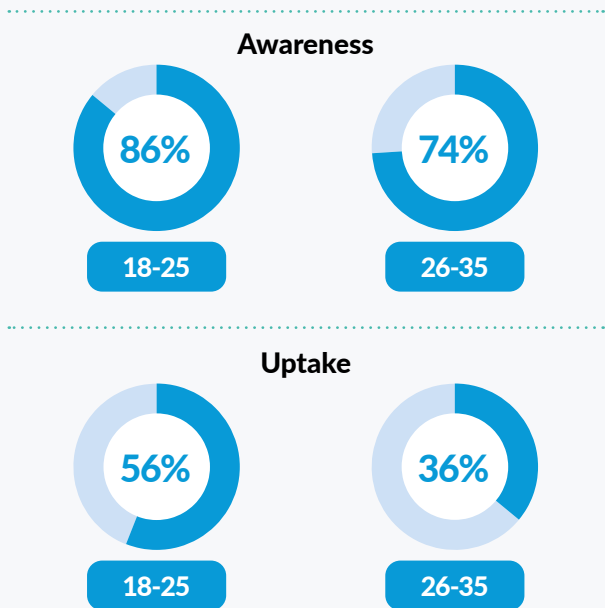
Free Contraception Scheme



The free contraception scheme was introduced in September 2022 and initially targeted women aged 17–25, ordinarily resident in Ireland. It has now been sequentially expanded to include women aged 17-35 inclusive. Free contraception is supported by approximately 2,450 GPs and just under 2,000 pharmacists nationwide and by a budget allocation of approximately €47 million in 2025, up from €9 million in 2022, €31.5 million in 2023 and similar to 2024. The Free Contraception Scheme was used by just under 220,000 women in 2025.

The scheme covers dispensing of prescription contraception by pharmacists, as well as consultations with GPs, primary care, student health and family planning centres. The scheme additionally covers fittings, checks, injections and/or removals of Long-Acting Reversible Contraception, when prescribed (LARCs; coils, implants, injections).

Awareness and uptake of the Free Contraception Scheme among women aged 18 to 35 (%)



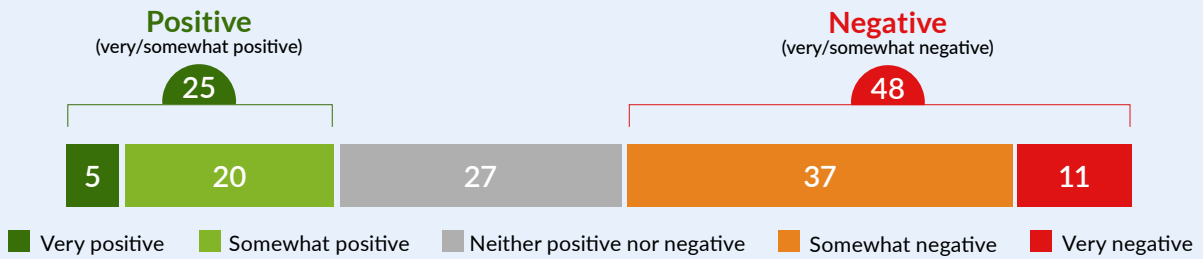
2025 Free Contraception Scheme Progress

- The National Women and Infants Health Programme (NWIHP) and the Women’s Health Service (which supports women working in the sex trade) have received funding annually from 2024 to provide contraception on an emergency basis, through maternity units, hospitals and SATUs, to women attending post-natal or ToP clinics, or SATUs, or the Women’s Health Service who may face various barriers in accessing the scheme through primary care.
- 2025 reporting indicates that approximately 3,000 LARCs have been fitted in SATUs, maternity and gynaecology units and hospitals in 2025.
- The scheme is working well, with more LARCs being fitted. NWIHP are training more HCPs to fit coils and implants and are also supporting additional staff training in terms of interventions with women who may be experiencing domestic, sexual or gender-based violence (DSGBV). The HSE National Social Inclusion Office are rolling out DSGBV training to more HSE staff.
- The Women’s Health Service is providing additional GP clinics to support women working in the sex industry, funded through an annual allocation under the FCS. WHS has increased attendance in 2025, following on from launch in 2024, the development of a new website and other promotional activities have increased awareness and access (see table below).
- Qualitative research is ongoing with the WHT/NWCI around marginalised women’s access to the FCS. The Report is currently near completion.

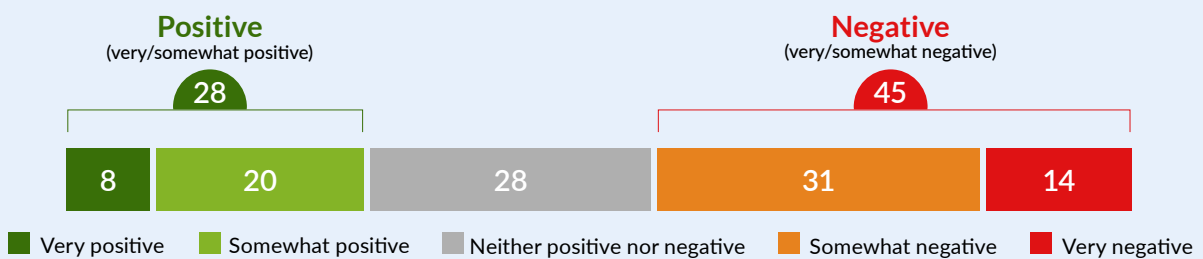
Attendance at WHS clinic 2024/2025

	2024	2025	2025 GP clinic attendances	2025 Sexual health clinic attendances
Attendances	515 (238 individuals)	777 (332 individuals)	265	512
New	141	212		

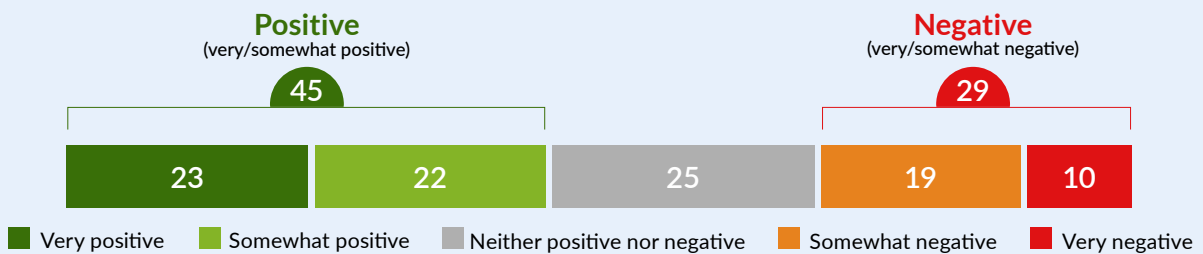
Attitude towards their experience with menopause so far among those currently in the perimenopause phase (%)



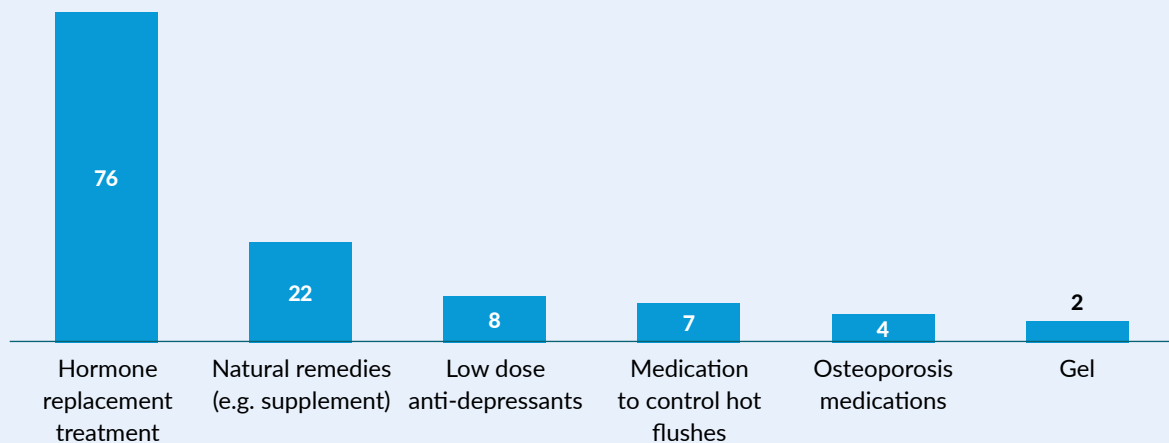
Attitude towards their experience with menopause so far among those currently in menopause transition phase (i.e. between 1 to 5 years without a period) (%)



Attitude towards their experience with menopause among those in the post-menopause phase (i.e. +5 years without a period) (%)*



Types of medication perimenopausal women said they took for their symptoms (%)



Source: Healthy Ireland Survey 2025

* Some figures won't add up to 100 due to rounding.

- The Healthy Ireland Survey 2025 included modules on women's health and menopause and was published on 7 November, 2025.

Period Poverty

The HSE programme, working through the National Social Inclusion Office and Community Health Organisations (CHOs) has a focus on reaching out to Travellers, Roma, and other marginalised communities. In 2025 period dignity support was provided to 9 CHOs, 25 local authorities, 10 NGOs, and to the Family Resource Centre National Forum, which supported 46 FRCs, with 14 of these being new participants with the expectation for more growth in 2026.

2025 Period Poverty Progress

- Healthy Ireland period dignity funding largely allocated, with 24 Local Authorities, 46 Family Resource Centres and 13 NGOs supported to date.
- Period poverty website added to HI web resources, linked to HSE NSIO period dignity website.¹ The HSE National Social Inclusion Office (NSIO) received a €300K allocation in the 2025 budget for period dignity. The NSIO further allocated once off funding of €35,750. These national projects aim to reduce stigma and introduce period dignity mitigation measures for women and girls at risk of period poverty.
- Women's Health Fund supporting roll out of pilot programme to supply period products to the emergency department in Sligo University Hospital. Funding was approved to roll out the Period Dignity Project across Sligo University Hospital.

Obesity Programme



National Clinical Programme for Obesity

In Ireland, overweight and obesity poses an increasing challenge, with one in five children and almost 60% of the adult population now living with overweight or obesity, according to the Healthy Ireland Survey 2024. Based on self-reported measurements, 42% reported a normal body weight, 35% reported living with overweight, 21% reported living with obesity, and 2% reported underweight measurements. These bodyweight figures are unchanged when compared to 2022 and are only slightly different to the 2019 results (measured in person that year) when 37% reported living with overweight and 22% reported living with obesity.

The policy for addressing obesity in Ireland is *A Healthy Weight for Ireland: the Obesity Policy and Action Plan* (OPAP), which was launched in September 2016 as part of the Healthy Ireland Framework. The OPAP covered a 10-year period up to 2025 and aims to reverse obesity trends, prevent health complications, and reduce the overall burden for individuals, families, the health system, and the wider society and economy.

2025 Obesity Programme Progress:

WHO Demonstration Platform

- In January 2025, Ireland hosted a WHO Demonstration platform focusing on obesity, with delegations visiting from Portugal, Slovenia and Spain to explore the learnings from Ireland's implementation in the model of care. This reflects recognition of Ireland's policy work and models of care and facilitated international exchange on prevention and treatment strategies.

The annual *Obesity Policy and Action Plan (2016-2025) Progress Report* was published.

- The Obesity Policy and Action Plan Progress Report documented the status of the 60 actions in the *Obesity Policy and Action Plan*

¹ HSE Period Dignity Project - HSE.ie

(2016-2025) up to that point. It serves as an official checkpoint on what's been actioned and what remains ongoing.

Work on the Development of a new Obesity Plan for 2026 onwards commenced in 2025:

- The current OPAP ran through to the end of 2025, and work on the drafting of a successor to OPAP is well underway.
- Several workshops and focus groups with stakeholders have been held to date, with a public consultation on draft strategic priorities held during August and September 2025.
- As a new policy has developed over the course of this year, research gaps and evidence-needs have been reviewed and will be taken into consideration in the next obesity policy to ensure all initiatives are evidence-based.
- The new strategy will aim to capture all aspects relating to supporting a healthier weight for everyone in Ireland, including, but not limited to, education, health promotion, obesity prevention, with a particular focus on enabling measures for a healthier food environment and continuing the implementation of the HSE Model of Care for the Management and Treatment of Overweight & Obesity.
- As part of this process of preparing the next OPAP, the Department will consider the learning from the existing OPAP, examine the data from the extensive consultation process conducted over the last twelve months and reflect on all emerging evidence to inform how the new Obesity Policy and Action plan will be designed.
- The upcoming strategy will build on the foundations laid by the current OPAP, while addressing new and emerging challenges.

Agree approach on development of new Breastfeeding Strategy in consultation with HSE:

- In 2025, the Department formed a breastfeeding steering group to research and develop a new whole of government breastfeeding policy. The government

intends to build on the work of the HSE Breastfeeding in a Healthy Ireland Action Plan through the development of this new policy and remains committed to increasing breastfeeding supports to all mothers and families in Ireland.

- The Department engaged with health, research, and academic colleagues, and across government to inform how the new strategy will be designed. The Department will undertake a consultation and stakeholder engagement process to inform the strategy design. A large stakeholder event was held in November 2025, to be followed by smaller focus groups planned for early 2026.
- The outcomes of this event and the focus group discussions will help inform the new national breastfeeding strategy.

Increase the intake of Folic Acid:

- As the incidence of Neural Tube Defects (NTDs) remain high in Ireland, the Department of Health published a report in 2019 to increase the intake of Folic Acid, which outlined four key recommendations: a surveillance mechanism to record incidence of NTDs, a promotion and awareness campaign, a strategy to improve uptake of folic acid supplementation and food fortification with folic acid.

To oversee progress of the Strategy, a Department led Steering Group was established in 2025 to oversee the development of the Folic Acid Report recommendations. To provide expert advice and guidance to the Steering Group and the Working Groups, a multidisciplinary Expert Advisory Panel was established. As part of the work of developing an overarching strategy to reduce Neural Tube Defects (NTDs), four Working Groups were established to examine policy options based on the report recommendations, with a view to a draft recommendation report being finalised in Q1 2026.

Healthy Ireland Surveys and Research



Healthy Ireland Surveys are designed to provide an evidence base to underpin the Healthy Ireland Framework and other key Department of Health policies. The surveys also support the wider government Well-Being Framework, led by the Departments of the Taoiseach and Public Expenditure, NDP Delivery and Reform.

2025 Healthy Ireland Surveys Progress

The Healthy Ireland Survey 2025, was published on 7 November 2025. The document is available, with the Questionnaire, on the Healthy Ireland website: <https://www.gov.ie/en/healthy-ireland/collections/healthy-ireland-survey-documents/>

- Key data from the HI Survey 2025 is now available on the CSO website, Anonymised Microdata Files (AMF) data and Researcher Microdata Files (RMF) data will be available to researchers in early 2026, though the Irish Social Science Data Archive (ISSDA) or through individual agreements with the Department as per previous years.

- The Questionnaire for the 2026 Healthy Ireland Survey was finalised and fieldwork commenced at the end of October.
- Approval for re-tendering and review of the Healthy Ireland Survey was granted at the end of 2025, to be progressed in 2026.
- The Trends Report from the Health Behaviours in School-Aged Children (HBSC) Study 2022 was published in Q2, 2025.
- HBSC has been successfully re-tendered; the University of Galway is preparing for the next wave of HBSC, which will commence in 2026.
- Collaboration to support the Government Well-being Framework and HSPA is ongoing.
- The HSE Sexual Health Programme, ESRI and IPSOS launched 3 research reports on sexual health, based on GUI data, and research from other sources including HBSC, in February 2025, supported by the Deputy Chief Medical Officer (DCMO).

Social Inclusion

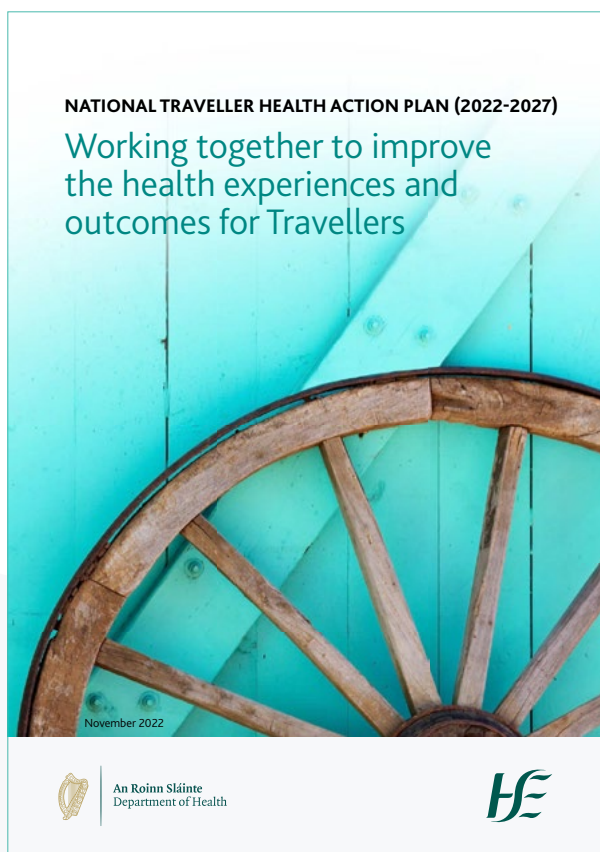
Socially excluded groups including people who are homeless, Traveller and Roma communities, international protection applicants, and people who use drugs/alcohol can often face barriers in accessing healthcare and services. The health status of this group is further compounded by the social determinants of health they face. The following targeted measures have been designed to support socially excluded groups:

- The Inclusion Health Framework.
- Social determinants of health for Travellers.
- Refugee and migrant health partnership.
- Health diversion scheme for people in possession of drugs for personal use.

2025 Social Inclusion Progress:

The Inclusion Health Framework

The consultation phase on the Inclusion Health Framework is completed and the next steps are being considered. Priority is being given to progressing new *Roma Health Action Plan (RHAP)* and to implementing existing *Traveller Health Action Plan (THAP)* and strategic plan to improve health of people who are homeless.



Social determinants of health for Travellers

The *National Traveller Health Action Plan*, which was published in 2022, continues to be implemented, with a further €1,000,000 provided in Budget 2025 and 2026 for a programme focused on the health of Traveller children, in conjunction with National Healthy Childhood Framework. In addition to this, a fund of €710,000 to address the social determinants of health for Travellers was released by the Department of Health as a funding call in 2024. Five Local Authority regions (Cork, Kildare, Waterford, Wicklow and Westmeath) have been approved for funding and projects will run

for two years with the programme due to be completed by 2027.

Refugee and migrant health partnership

The Refugee and Migrant Health Partnership (RMHP) is a collaboration between the University of Limerick's WHO Collaborating Centre for Participatory Health Research with Refugees and Migrants and the Department of Health. The goal of the RMHP is to involve refugees and migrants directly in the development of public health policy, through a number of actions and objectives.

The work of the RMHP aligns closely with Sláintecare as it prioritises the health of refugees and migrants in Ireland through their active participation and engagement in health policy decision making. It examines barriers to equitable healthcare within a public health framework, emphasising practical implementation in policy development, health service planning and ongoing research.

Health Diversion Scheme for people in possession of drugs for personal use

A draft Health Diversion Scheme has been devised by the Department of Health, Department of Justice and An Garda Síochána. This scheme is under consideration with a view to enabling members of An Garda Síochána make referrals to health services in the circumstances as set out in the scheme.

With regard to health service delivery, the HSE has advised that the recruitment of Support, Ask and Assist, Offer Assistance and Refer (SAOR) Practitioners to support the operationalisation of the Health Diversion Scheme is complete.

♀ Women's Health

In 2025 we continued to improve women's healthcare across the health and social care sectors. Building on Ireland's first ever *Women's Health Action Plan 2022-2023*, a new action plan for 2024-2025 was published and implementation continued throughout 2025, ensuring a continued focus and delivery of key women's health actions. Women's health

remains a priority in the programme for government. The Department continues to listen, invest and deliver for women and girls in Ireland.

In 2025 the following initiatives were delivered under the women's health programme:

National Clinical Programme for Venous Thromboembolism (NCP-VTE)

- In July 2025, the National Clinical Guideline on Venous Thromboembolism (NCG-VTE); Eve Protocol was launched by the HSE Chief Clinical Officer. The guideline aims to standardise VTE care across Irish hospitals, reduce preventable harm, and ultimately save lives. The new National Clinical Guideline, also known as “Eve’s Protocol,” is designed to improve the prevention, diagnosis, and treatment of venous thromboembolism (VTE), including deep vein thrombosis (DVT) and pulmonary embolism (PE). It reflects best international practice as defined by the International Society on Thrombosis and Haemostasis and the European Society of Cardiology.
- 11 VTE patient information supports have been designed, approved, launched, and uploaded onto on the NCP-VTE microsite in 2025.
- A VTE risk assessment app has been designed and rolled out in pilot sites in Dublin South and East.
- Three Advanced Nurse Practitioner nurse led services (3.0 WTEs) have been established, with staff onboarded in Saint James’s Hospital, Galway University Hospital and Beaumont.
- A pulmonary embolism (PE) recovery programme pathway has been designed and is in use in Beaumont and MMUH.
- One Chief II Pharmacist has been appointed.
- The rollout and integration of the postpartum Thrombocalc tool was launched in the Rotunda hospital June 2025.

Case Study: Thrombocalc: improving safety through digitally enabled maternity care

Venous thromboembolism (VTE) remains the leading cause of preventable maternal death in Ireland. Effective prevention depends on accurate, repeated risk assessment, yet this is challenging in busy maternity settings, where risk is multifactorial and changes rapidly around the time of birth.

Thrombocalc is a clinician-led digital solution developed at the Rotunda Hospital to support consistent, evidence-based VTE risk assessment in pregnancy and the postpartum period. First introduced in 2014, it was designed by a multidisciplinary team in response to the absence of a practical, standardised tool that could be reliably applied at the point of care. Thrombocalc supports personalised risk assessment, generates clear thromboprophylaxis recommendations aligned with national guidance, and embeds safety prompts into routine clinical workflows.

The tool has supported the care of over 80,000 women, with high levels of uptake and sustained compliance. Building on this experience, Thrombocalc has now evolved into a SMART-on-FHIR application interoperable with the National Maternity Clinical Management System (MN-CMS), enabling automated data capture, structured documentation and audit, and scalability across maternity services. Following a successful proof of concept, the Thrombocalc team are now working towards CE marking and registration as a medical device.

Thrombocalc aligns closely with Sláintecare priorities, the *Women’s Health Action Plan*, the *National Maternity Strategy* and the HSE *Digital for Care 2030* strategy. It demonstrates how clinically grounded digital innovation can deliver measurable patient-safety gains while supporting nationally consistent, high-quality maternity care. Future rollout across the health service has the potential to impact on the health and safety of countless women in Ireland.

Postnatal Hubs

Postnatal hubs are giving women access to postnatal care in community settings, away from a hospital environment. This service offers a spectrum of health and wellbeing services, including a full check of mother and baby, birth reflections, infant feeding assessment and supports physiotherapy, discussion of choices for future pregnancy, and general health promotion. In addition, a midwife is available to provide telephone postnatal support to women.

Phase 1 sites are fully operational, and the model is currently being academically evaluated. This evaluation process concluded in late 2025. The locations for the Phase 2 Hubs have been agreed upon and will be attached to Our Lady of Lourdes Drogheda, The National Maternity Hospital, The Coombe Hospital and the Rotunda. Recruitment is currently progressing for these locations. The locations for the Phase 3 Hubs have also now been agreed and will be attached to University Hospital Waterford, University Maternity Hospital Limerick, Cavan General Hospital and Letterkenny University Hospital.

Hormone Replacement Therapy (HRT) Initiative

The Hormone Replacement Therapy (HRT) arrangement came into effect on 1 June 2025. Where a woman has been prescribed a HRT product by her healthcare provider for the purpose of alleviating the symptoms associated with all stages of menopause, the cost of the HRT medications, and the dispensing fees are met by the State.

Ireland's first National Endometriosis Framework

The Minister for Health launched the *National Framework for the Management of Endometriosis* in Ireland, on 18 October 2025 marking an important milestone in the evolution of women's healthcare in Ireland. The Framework establishes for the first time a defined clinical care pathway for women and girls living with endometriosis. The implementation of the Framework in Ireland is an important step in providing a clear pathway for the management and treatment of this condition. It puts women's experience of their symptoms at the centre. It will raise awareness in the clinical community, reduce time to diagnosis, and ensure timely and effective treatment.



Disability Services

Specialist disability supports and services are delivered to approximately 90,000 people through the HSE, as well as community and voluntary organisations funded by the HSE under sections 38 and 39 of the Health Act, along with a smaller number of private for-profit organisations. The people supported through these services are those with complex needs, or about one in five of those who reported having a disability 'to great extent' in the 2022 Census. These services are intended to complement mainstream health and social services,

The Sláintecare objective of increasing levels of health and social care provision in a community setting dovetails closely with the overall policy direction of disability services. For more than a decade, disability services have been undergoing

a reform process known as 'Transforming Lives' which seeks to move services away from the traditional and outmoded model of segregated provision and towards more community-based and inclusive supports and services, in line with a rights-based approach, underscored by Ireland's commitments under the United Nations Conventions on the Rights of Persons with Disabilities.

The [Action Plan for Disability Services 2024-2026](#), published in December 2023, sets out targets for the development of necessary capacity in specialist disability services in addition to driving reforms in how those services are planned and delivered. The Action Plan fulfils a Programme for Government commitment to implement the recommendations of the Disability Capacity

Review. It is intended to address these capacity deficits on a phased basis, and the Action Plan represents the first phase of this process.

National Human Rights Strategy for Disabled People 2025-2030



The *National Human Rights Strategy for Disabled People 2025-2030* was published on 3 September 2025, and 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:

Pillar 1:	Inclusive Learning and Education
Pillar 2:	Employment
Pillar 3:	Independent Living and Active Participation in Society
Pillar 4:	Wellbeing and Health
Pillar 5:	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*. The 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](#).

2025 Specialist Disability Services Progress

In 2025, the following progress was made in implementing the *Action Plan for Disability Services 2024-2026*:

- 246 Priority 1 Residential Places delivered to end of December 2025.
- 31 transitions from congregated settings have taken place to end of December 2025.
- 24 people under the age of 65, who were residing in nursing homes, were supported to move into more appropriate community settings.
- Funding provided to support the delivery of 95,000 additional personal assistance (PA) hours and 40,000 additional home support hours.
- 126 additional intensive home support packages put in place to end September 2025. *These figures have been adjusted to account for some non-returns of data.

Progressing Disability Services (PDS) Roadmap for Service Improvement 2023– 2026, Disability Services for Children and Young People:

- A total of 11,872 Assessments of Need (AON) reports were completed from Q3 2023 to end 2025, over 5,939 of which were completed in 2025. The number of completed reports continues to improve year-on-year, with a 42.7% increase in AON reports completed in 2025 (5,939) compared to 2024 (4,162), and an 85% increase on the number completed in 2023.
- The most recent HSE Children's Disability Network Team (CDNT) Workforce Report confirmed the addition of 176 WTE filled across all CDNTs from October 2024 to October 2025. The CDNT workforce has now grown to 2,042 Whole Time WTE, representing an overall growth since October 2023 of 447.8 WTE.

Case Study: New Community Neuro-Rehabilitation service launches in Dublin South Wicklow

The Community Neuro-Rehabilitation team for Dublin South Wicklow officially launched on 29 September, marking a significant step forward in delivering specialist neuro-rehabilitation in the region. This team forms part of the national Managed Clinical Rehabilitation Network (MCRN) being established under the National Neuro-Rehabilitation Strategy, which provides a tiered approach to neuro-rehabilitation:

- Level 1: National Rehabilitation Hospital
 - complex, tertiary care
- Level 2: Royal Hospital Donnybrook
 - local specialist inpatient service
- Level 3: Community Neuro-Rehabilitation team
 - community-based specialist neuro-rehabilitation

Operating from Bray Civic Centre, the team offers goal-focused, person-centred, time-limited interventions for individuals aged 18+ with a confirmed neurological diagnosis and neuro-rehabilitation needs that can be met by the team. Specialist neuro-rehabilitation is delivered in clinic-based settings, at home or via telehealth, depending on the person's needs and location.

The service aims to support recovery and improve quality of life through a holistic approach tailored to each individual. The Rehabilitation Prescription is the referral form for the service and once completed, it can be submitted to the Network Rehabilitation Coordinator at neurorehabilitation.referrals@hse.ie



For more information, visit www.nrh.ie

Case Study: New day services hub in Mallow is helping people with disabilities to live fuller lives

The new Bellevue day service in Mallow, Co Cork is supporting adults with intellectual disabilities to live the life of their choice to their fullest potential. The HSE South West-funded service provides individualised supports for each service user, and is a great example of the implementation of New Directions, the HSE approach to supporting adults with disabilities who use day services in Ireland.

New Directions proposes that day services should take the form of individualised outcome-focused supports to allow adults using those services to live a life of their choosing in accordance with their own wishes, needs and aspirations, and Bellevue certainly delivers on that.

St Joseph's Foundation, funded by HSE South West, opened the service in the middle of Mallow town earlier this year. It's a welcoming space for adults with intellectual disabilities where every individual's voice is promoted and heard.

"Since opening, Bellevue has quickly become a busy, dynamic service providing individualised supports for the service users attending."

Ten service users attend Bellevue, supported by a dedicated team of three staff. The service in Bellevue is centred around promoting independence, community access and skills building for a good and full life.

Helen Nunan, the local coordinator of day services for St Joseph's Foundation said the team at Bellevue strongly believe in creating opportunities for everyone to reach their potential:

"We're proud that three service users are in paid employment two days a week, two are gaining valuable work experiences, one volunteers in a local charity shop and another volunteers in a local nursing home."

"Four service users are in their second year attending University College Corks ID Plus project in Cork city, a two-year course that will lead to a certificate in social citizenship - a fantastic opportunity for learning and personal growth," she continues. "One of our service users is also completing courses in the local Q centre, furthering their skills and confidence."

The HSE programme Active Healthy Me is also underway in Bellevue weekly, exploring healthy lifestyle choices to help individuals reach their own health goals. There is also a strong emphasis on having fun and enjoying what life has to offer in the local community, building connections and hobbies for life - activities include attending chair yoga at Mallow Community Health Project, boxing in a local centre, zumba, swimming, basketball, knitting, and meeting up with friends.

"Every day at Bellevue is about progress, participation, and positivity." Helen explains. We're proud of what our service users have already achieved and were excited for everything still to come."

Mental Health

The mental health focus for delivery of strategic objectives under Sláintecare centres on delivery of *Sharing the Vision* (StV), our national mental health policy, and *Connecting for Life* (CfL), our national strategy to reduce self-harm and suicide. These policies are being delivered within the context of forthcoming new mental health legislation, which will further reform and improve services under a new Mental Health Act. Mental health policy and services for children and young people continue to be prioritised, with a focus on access, integration of services, and transparent patient pathways.

Sharing the Vision (StV): Ireland's national mental health policy, *Sharing the Vision: A Mental Health Policy for Everyone (2020-2030)*, aims to enhance the provision of mental health services and supports across a broad continuum from mental health promotion to specialist mental health delivery during the period 2020-2030. The independently chaired National Implementation and Monitoring Committee (NIMC) is collectively responsible for driving and overseeing the implementation of *Sharing the Vision*.

Connecting for Life (CfL): *Connecting for Life: Ireland's National Strategy to Reduce Suicide 2015-2024* was Ireland's national suicide prevention strategy, and in 2025 significant work was undertaken by the Department and HSE to develop a successor strategy. Suicide reduction policy in Ireland aims to reduce suicide and self-harm rates in general and in priority groups, while focussing on the primary and secondary prevention of suicidal behaviour and seeking to address a broad range of risk and protective factors.

Youth Mental Health: The HSE National Office for Child and Youth Mental Health is a significant development which has improved leadership, operational oversight and management of all service delivery and improvement across youth mental health. In 2025 the Office published a new *Youth Mental Health Action Plan*, a three-year roadmap to ensure all children and families

have equitable and timely access to high-quality mental health services. This plan identifies 16 priority improvement themes which incorporate all recommendations from recent reports and audits as well as existing improvement initiatives, and the HSE are now driving implementation supported by the Department.

Mental Health Bill: An overhaul of mental health legislation is being progressed to bring a more person-centred approach to acute mental health care and treatment, a revised involuntary admission process, and the expansion of regulation to community mental health services. In 2025, the Minister for Mental Health secured Cabinet approval of government amendments to the Bill and progressed the Bill to Committee Stage in the Seanad. Once enacted in early 2026, commencement dates and implementation frameworks, particularly around CAMHS regulation and authorised officers, will be finalised.



Case Study: HSE South East community eating disorder services officially opened



Pictured left to right are Dr Art Malone, Consultant Psychiatrist, Adult Eating Disorder team, HSE Dublin South and Wicklow, Dr Michelle Clifford, Consultant Child and Adolescent Psychiatrist, HSE, Linda Moore, Head of Service, Mental Health, HSE Dublin South and Wicklow Healthcare Area, Minister for Mental Health, Mary Butler.

“Young people and families have warmly welcomed our move to Riverside House - this new clinical base will strengthen our capacity to provide early evidence-based support and care for children and adolescents experiencing eating disorders,”

noted Dr Michelle Clifford, Consultant Child and Adolescent Psychiatrist, HSE Child and Adolescent Eating Disorder Team and National Clinical Lead for Eating Disorders, speaking as Riverside House Community Eating Disorder Services, a new hub for specialist community mental health services for children, adolescents and people with eating disorders in the Dublin South and Wicklow health area was officially opened by Mary Butler, Government Chief Whip and Minister for Mental Health.

A joint HSE and St John of God Community Mental Health purpose-built clinical facility, the community service consolidates and expands on existing multi-disciplinary services and provides a co-location for two specialist outpatient teams for children, adolescents and adults.

Speaking at the launch, Minister Butler described the resource as a:

“flagship for our developing national network of eating disorders services. Riverside brings together community teams, the new intensive day programme, and specialist beds at St Vincents Hospital. I believe the new day programme represents huge progress for our eating disorder services, as it offers a viable and effective alternative to inpatient care. This investment reflects my strong commitment to early intervention and expanding access to specialist community services, ensuring people get the right care, in the right place, at the right time.”

A lifespan approach (CAMHS to Adult Services) is also being made available. By having child, adolescent, and adult services together, this ensures that Riverside House will manage the critical transition from CAMHS to adult services. This integrated approach helps prevent patients from disengaging from treatment during a traditionally vulnerable period, ensuring continuity of care and improving long-term outcomes.

Concluding, Aisling Heffernan, IHA Manager, Dublin South and Wicklow, noted how

“Riverside House is more than a new building. It’s a vital new resource that will transform treatment for people with eating disorders in our health area. It demonstrates our commitment to providing high-quality, person-centred health care that is aligned with national clinical strategy. I am confident that this new service will lead to significant improved outcomes for our service users and their families.”

2025 Mental Health Progress:

Sharing the Vision implementation

- The [2025-2027 Sharing the Vision Implementation Plan](#) was launched by the Minister for Mental Health on 09 April, 2025.
- The national digital mental health strategy was substantially drafted, based on stakeholder feedback. Additional resources have been allocated as part of the mental health budget for 2026 to facilitate its delivery.

Connecting for Life implementation

- Preventing suicide in public places: a best practice toolkit was published by the HSE National Office for Suicide Prevention (NOSP). The resource draws particular attention to deaths by suicide that occur in public places, for public bodies, agencies or stakeholders responsible for these public places in Ireland. Suicide prevention is most effective when approached collaboratively and systematically, with strong consideration of evidence, careful implementation, and ongoing monitoring of outcomes. This toolkit provides clear and sequential steps that can support collaborative working to prevent deaths by suicide in public places.
- The *National Self-Harm Registry Ireland Annual Report 2024*, was published, providing comprehensive data on self-harm presentations to hospitals nationwide and highlighting key trends that inform policy and service development. 2024 data indicated that the overall rate of hospital-presenting self-harm was 181 per 100,000, a 5% decrease compared to 2023 and 19% lower than the peak recorded in 2010.
- The evaluation of *Connecting for Life, 2015-2025* was published in December, a mixed-methods evaluation to inform the future direction, development and resourcing of suicide prevention policies and activities – and in particular to support the development of Ireland’s next strategy to reduce suicide.
- The final [National Cross Sectoral Steering and Implementation Group](#) for *Connecting for Life, 2015-2025* (chaired by the Department of Health) took place in December

- Extensive work including a public consultation was undertaken in 2025 by the Department to develop a new suicide and self-harm reduction strategy, in collaboration with the HSE, relevant Departments, agencies, NGO partners, people with lived experience and experts.

Adult mental health services expanding

- Building on the Model of Care for Crisis Resolution Services, there are currently six operational Crisis Resolution Teams and two Solace Cafés (crisis cafés). In December 2025, two further Solace Cafés opened in Limerick and Waterford. As part of the mental health budget for 2026, three new crisis resolution services, including Solace Cafés, have been funded in Donegal, Kerry and the Midlands (Tullamore/Westmeath).
- A shared care implementation plan has been finalised. As part of its delivery, work is underway to enhance access to physical healthcare for people with mental health difficulties. The life expectancy for people with severe mental health difficulties is between 15 and 20 years shorter compared with the general population largely due to physical health issues. A proposal has been developed for the extension of the preventative programme for chronic diseases, subject to engagement with HSE National Services and Schemes and relevant stakeholders.
- A new initiative to support the mental health and wellbeing of men in Ireland was launched in September 2025. Through an investment of €2m, this initiative will provide access to a range of talk therapies, counselling and mental health supports. Over 15,000 free counselling sessions will be offered annually.
- Recruitment of over 40 new posts was undertaken within the National Forensic Mental Health Service (NFMHS) in preparation for the opening of the remaining beds at the Central Mental Hospital in 2026.

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

Case Study: Strengthening the Service— Launch of the revised edition of HSE CAMHS Operational Guidelines

CAMHS Operational Guideline 2025

3rd Edition



CAMHS provides specialist multidisciplinary assessment and treatment for children and young people up to 18 years of age experiencing moderate to severe mental health difficulties, including conditions such as depression, anxiety, eating disorders, psychosis and ADHD. Services are delivered by specialist teams, with a focus on providing timely, recovery focused care for young people and their families.

The Child and Youth Mental Health Office (CYMHO), established in 2023, provides

strengthened national leadership and governance for child and youth mental health services. With a National Clinical Lead and an Assistant National Director in place, CYMHO leads the Child and Youth Mental Health Service Improvement Programme, guided by a threeyear Action Plan focused on service reform and improvement.

A key milestone within this programme was the publication of the revised HSE Child and Adolescent Mental Health Service (CAMHS) Operational Guideline (COG) in November 2025. The guideline provides a national framework to standardise operational practice across CAMHS and support consistency in service delivery. Its development was informed by extensive consultation with HSE staff, service users, families and community and statutory partners, including feedback from a public consultation undertaken in 2024.

The revised guideline strengthens governance and compliance within new regional structures, aligns with the HSE Consent Policy and forthcoming Mental Health Act provisions for 16 - 17 year olds, and enhances clarity around service transitions and emergency presentations. Published as a live online document, it enables ongoing updates as new systems and regulatory requirements are introduced and represents an important step in the continued reform of child and youth mental health services.

Action Plan by end-2026, in partnership with Traveller organisations and people with lived experience expertise. The Group has met three times to date in 2026 with a view to delivering a mid-term report to inform the annual Estimates process, and completing its work by year end.

Child and Youth Mental Health

Integrated Child and Youth Mental Health Model of Care

A national Integrated Model of Care for Child and Youth Mental Health (CYMH) Services is under development and is currently undergoing review and stakeholder consultation. It outlines service components with a clear focus

on integrated pathways of care across the continuum of need.

Final publication expected in Q2 2026, and funding has been allocated to commence initial elements in 2026, including additional posts for CAMHS Emergency Liaison Services and CAMHS out of hours/on call.

CAMHS Revised Operational Guidelines 2025

The CAMHS Operational Guidelines provide a framework for delivering consistent and high-quality mental health services to children and adolescents across Ireland. Updated guidelines incorporating national audit recommendations were published by the HSE in late 2025, with the new guidelines operational from 1 December 2025.

Design and development of a Single Point of Access (SPoA) Model

- A national SPoA model is being designed to simplify access and coordinate entry into child and youth mental health services. Demonstration sites in three regions are

informing the model's design, with a final model expected in early 2026, with digital integration via Community Connect software.

Design, development and roll out of an Electronic Healthcare Record (EHR) for CAMHS (CAMHS)

- Community Connect is a national digital transformation programme delivering a single integrated solution for Community Services. The programme forms a core component of *Digital for Care 2030* and directly supports the Sláintecare goal of integrated care and the future National EHR.

Launch of the navigator tool

- Navigator, a dynamic web-based signposting tool for young people aged 16-34 years, which was commissioned by the Department and the HSE to facilitate help-seeking behaviour and enhance access to support, was launched in June 2025. In 2025, over 34,000 people used the tool.

New HSE Balancing Stress programme to enhance mental wellbeing

To support people across Ireland in managing everyday stress, HSE Mental Health and Wellbeing in partnership with HSE Psychology have developed a free, easy-to-access online programme:

Balancing Stress. The programme offers six self-directed online video sessions (each around 35 minutes) and was officially launched on 2 May by Jennifer Murnane O'Connor TD, Minister of State for Public Health, Wellbeing, and the National Drugs Strategy.

Delivered by Dr Niamh Clarke, HSE Principal Psychologist, this programme features expert interviews with Professor Alan Carr, School of Psychology, UCD and guided stress management exercises across all sessions. Participants can watch the programme at their own pace, in their own time, using a phone, tablet or laptop.

The new programme complements existing HSE mental health and wellbeing supports and reflects the HSE's commitment to accessible, preventative mental health services at a population level.

Key features of the programme:

- Understanding stress
- Managing worry
- Managing anxiety
- Managing low mood and depression
- Understanding relationships and stress
- Balancing stress into the future

Each session includes:

- Practical strategies based on CBT and Positive Psychology.
- Guided relaxation and breathing exercises.
- Expert interviews with Dr Niamh Clarke and Professor Alan Carr.

Specialist Mental Health Services: National Clinical Programmes

- Recruitment into Ireland's community-based specialist mental health services continued apace in 2025, with new teams being recruited across Eating Disorders (2 new teams), Dual Diagnosis (2 new teams), and Early Intervention in Psychosis (2 new teams). Most significantly, an additional 4 Adult ADHD teams commenced recruitment, to bring this programme to national coverage in 2026. Over 90 new staff were funded, and the further expansion of teams to new areas of the country is improving access to specialist assessment and treatment.
- Delivery of national training initiatives, to further enhance competence and skills of staff working across specialist services continued in 2025, including Adult ADHD, Early Intervention in Psychosis and Mental Health Intellectual Disability.
- National conferences and professional development events delivered across multiple programmes, supporting clinician knowledge-sharing and multidisciplinary learning.
- Ongoing peer supervision and mentoring initiatives supporting consistent and high-quality practice.

- Publication of the Liaison Psychiatry Model of Care (May 2025), reinforcing integration across acute and community settings and complementing specialist programme implementation.

Largest ever capital investment in mental health for 2025

In April, the Minister for Mental Health announced a significant €31 million capital investment for mental health in 2025. This is the largest ever one-year allocation for mental health infrastructure and forms part of the government's broader commitment to delivering modern, fit-for-purpose mental health facilities. It will also ensure the development of facilities so that patients can access high-quality services in communities across Ireland. Highlights include:

- New facilities to be progressed at Roscommon University Hospital; Mater Misericordia University Hospital; Naas General Hospital; St. James's Hospital; University Hospital Waterford; and Mercy University Hospital, Cork.
- Specialist Eating Disorders Hub opened at Mount Carmel Hospital, Dublin in October.
- Multi-annual mental health capital plan currently in preparation.



Older Persons

Ireland has one of the most rapidly ageing demographic profiles in the EU. In order to make older person services more responsive to their needs as well as improve service quality and safety, a number of important measures have been undertaken in recent years and progress in 2025 is set out below.

Sláintecare strategic reform programmes such as the Enhanced Community Care Programme (ECC), the Integrated Care Programme for Older Persons (ICPOP) and the modernisation of care pathways more generally also impact on service improvement for older persons. The following enhancements to reform services included increased provision of home support services; enhanced provision of community-based care,

including for people with dementia; continued provision of safe, high-quality, affordable long term residential care through the Nursing Home Support Scheme, and continued implementation of the Nursing Homes Expert Panel's recommendations. The PfG has supported significant increases in the budget to support home care.

Standardising care needs assessment is a priority for the Department and the HSE for a uniform approach and equitable allocation of resources. The interRAI <https://interrai.org/> is an evidence based digitally supported assessment system which facilitates access to, and exchange of information which is a key enabler of integrated care and the development of the statutory

Ageing Well Together: Supporting older adults to live well at home

Health Promotion and Improvement in HSE Dublin South and Wicklow leads the Ageing Well Together initiative. This collaborative project is designed to support older people in living independently and well in their communities through enhanced integration of services.

Rooted in the Sláintecare ethos of Living Well at Home, the project brings together over 140 Stakeholders across Dublin South and Wicklow - from local authorities, sports and community partnerships and charities to GPs, Traveller organisations and HSE services including Public Health, Public Health Nursing, Integrated Care of Older Persons (ICPOP), Social Inclusion, hospital services and many more.

Through extensive engagement and co-design with service users, the project has identified key needs, challenges and gaps in local services. The aim is a more integrated, person-centred approach to care. The proposed longer-term outcome of this project is to reduce reliance on hospital and community services, ease waiting lists, and improve quality of life for older adults.

home support scheme. InterRAI provides a comprehensive assessment that is a necessary pre-requisite for needs identification and the provision of individualised community services and supports that enable older people to achieve their optimum potential in living healthy, happy and independent lives in their community.

National and international policy initiatives to support ageing-in-place have focussed on the importance of home care services. The HSE have committed to the national rollout of interRAI as part of a reformed model of home support service delivery. It is a key enabler of the statutory home support scheme which is currently in development and includes a regulatory framework for providers of home support services. Analysis of aggregated interRAI data will shape service and policy decisions and facilitate national and international comparisons.

2025 Older Persons Progress:

InterRAI implementation is variable across the HSE but all Regions have missed targets for the number of interRAI assessments completed. This ranges from HSE Mid West with 0 assessments completed by the end of August, up to HSE West and North West, which had achieved

nearly 75% of its target in the same period. Performance improvement plans received from REO's outline challenges mainly related to release of staff for education.

As set out in the HSE NSP, the national target for interRAI assessments for people seeking a home support service was 18,100 assessments in 2025. The total of completed interRAI assessments for 2025 was 4,656 (- 74.3% target variance). This is a marginal improvement of 186 assessments on the 2024 total (4470). Performance is being closely monitored and has been escalated through the Department and the HSE's performance oversight structures.

Progress has been made by the HSE National interRAI Office in relation to the development of care bands from analysis of interRAI outputs (primarily the Personal Support Algorithm). This will inform a decision-making framework and a priority matrix for the allocation of home support hours.

A data-sharing agreement between the HSE and DoH is being finalised. This will provide access to an interRAI data dashboard and multiple metrics to inform service development and policy decisions.

Regulatory Framework for Home Support Providers

This initiative involves the introduction of primary legislation for the registration and regulation of home support providers

The Health (Amendment) (Home Support Providers) Bill 2025 was approved by Cabinet and published at the end of last year. The Bill 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. Draft regulations set out minimum requirements that providers must meet to obtain registration. HIQA Quality Standards have been developed and are expected to be published in 2026. The Bill is currently progressing through the Houses of the Oireachtas with enactment anticipated in Q2 2026.

Dementia services

2025 saw further increases in dementia-specific services to cater for the growing numbers of people with dementia. In line with the dementia commitments in the 2025 Programme for Government, three new one-day dementia day care services were opened, each supporting eight new clients weekly; five new dementia advisers were recruited, each supporting 160 new clients annually, additional dementia day care at home was provided to 60+ new clients weekly; and activity clubs for young onset dementia patients were expanded to new locations. The recruitment of six consultants to Memory Assessment and Support Services was progressed, with two posts in place in December, in Galway and Kerry. Development of the Irish Dementia Registry commenced in mid-2025, which will support dementia care quality, service planning and delivery, policy and research.

Case Study: Community Healthcare collaboration sees Listowel celebrated as a dementia inclusive town

The Community Healthcare team in HSE South West have been supporting local services, businesses and organisations to work collaboratively over the last three years, and help to increase awareness and improve support for those living with dementia in Listowel, Co Kerry.

Dementia Inclusive Listowel, an initiative launched in late 2022, recently celebrated Listowel becoming one of Ireland's first dementia inclusive towns. This milestone will feature in a national advertising promotion with the HE's Dementia: Understand Together campaign. The group have hosted dementia-training workshops for more than 100 people and organisations, and held two information evenings with more than 250 people attending.

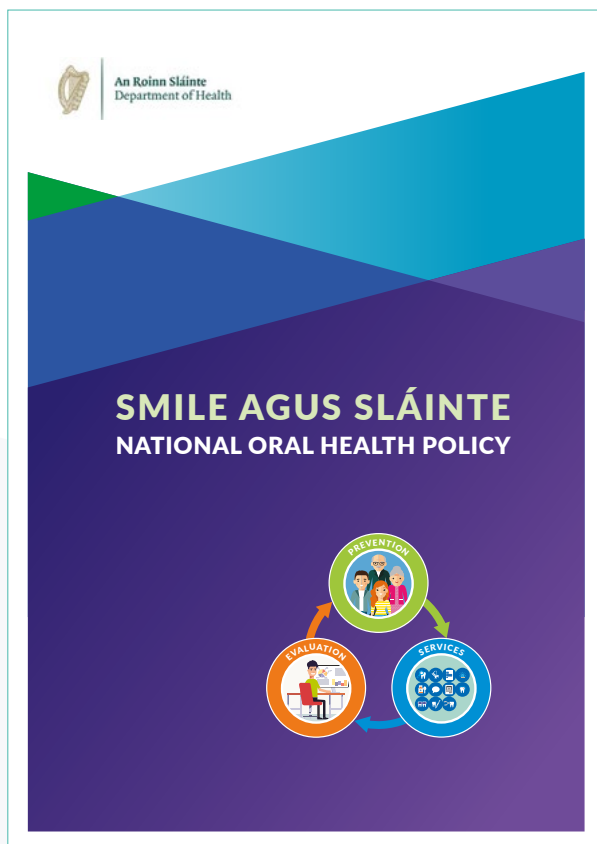
This is a long-term project, with a commitment from the community to keep the conversation, education and understanding going.

Dolores McElligott, Team Leader, Community Worker, who features in the new videos, says,

“Dementia is not just a health issue, it’s a social issue and requires a community response. Most people with a diagnosis of dementia are living in their communities; it’s vital that they can continue to access businesses, services and amenities that understand their needs, and be able to remain active and engaged.”

i To see more information about this initiative, please click [here](#).

Oral Health



The delivery of *Smile agus Sláinte*, the National Oral Health Policy, aims to transform oral healthcare services 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 setting. 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 addresses the models of service alongside supporting legislative reform and strategic workforce planning.

Prevention is always the best course of action

Oral health is a key part of overall wellbeing, but it's often overlooked until problems arise. In a recent episode of the HSE Talking Health and Wellbeing podcast, Dr Anne O'Neill, Oral Health Lead shares clear and practical advice on how we can all protect our teeth and gums throughout life.

Dr O'Neill explains why regular dental visits are so important - not just for spotting problems early, but also for getting advice tailored to your individual needs. The episode covers brushing techniques, the correct use of fluoride toothpaste and why you should spit rather than rinse after brushing. The podcast also looks at the importance of flossing and highlights how oral health is linked to general health, from heart conditions to diabetes.

Dr O'Neill also provides practical tips for parents when it comes to their children's dental routines and talks about building in regular daily times to build those small oral health habits at a young age.

The discussion also focuses on changes to dental practices, specifically about how dental amalgam is no longer being used in fillings due to a new EU directive, which is ending the routine use of these silver fillings on account of environmental concerns around mercury. These fillings won't be removed unless there's a clinical need, but this change supports the importance of prevention.

To reduce your risk of dental problems, eat a balanced diet, limit sugary snacks and drinks, and brush twice daily with fluoride toothpaste.



Oral Health Progress in 2025:

DoH-HSE joint action to publish a Phase 1 National Implementation Plan:

The implementation plan for the first phase is at an advanced stage with expected completion in 2026 in advance of being sent to the Minister for consideration.

DoH-led actions on legislative reform and strategic workforce planning:

Progress has been made this year to enable the operationalisation of the oral healthcare workforce census framework. This has involved engagement with the Dental Council with regards to progressing the development of the IT registration system.

A scoping exercise examining the viability and necessity for a mid-level professional grade in oral healthcare has been completed. The recommendations and research report were drafted and presented to the oversight group in Q2 2025. The report underwent an extensive iterative process to ensure all feedback was considered. By the end of 2025 the research

report and recommendations were finalised. The next step will be to present the report to the Minister in early 2026 for consideration/publication.

The Health Research Board published the evidence review on the effect of artificial community water fluoridation on dental health in May 2025.

Following stakeholder engagement, a Principle and Policy paper in relation to amending the Dentists Act 1985 to introduce a statutory basis for mandatory CPD for dentists was finalised. The Minister sought Government approval of this policy and permission to draft the General Scheme of a bill to give effect to the policy, and this was received on 9 December.

A series of thematic engagements between the Department and the Dental Council to discuss legislative matters in more depth, have concluded. These are important inputs to the overall regulatory reform programme that the Department is developing, with the objective of introducing a new modern regulatory framework for all relevant aspects of dentistry.

HSE-led actions of reform of models of service:

Scoping work within National Oral Health Office (NOHO) on the clinical elements of the oral healthcare packages for children has commenced.

A Guideline to underpin this development has been published on HSE Land, with development of HSE Land education tools commenced.

3.3 Build Capacity



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 services. This involves ensuring that there are enough qualified healthcare workers to meet the future needs of the health service. It also means ensuring the right skills, in the right place, at the right time.

Strategic Workforce Planning Progress 2025

Significant progress has been made working with the Department of Further and Higher Education, Research, Innovation and Science (DFHERIS) and the Higher Education Sector to increase student training places for the health and social care sector.

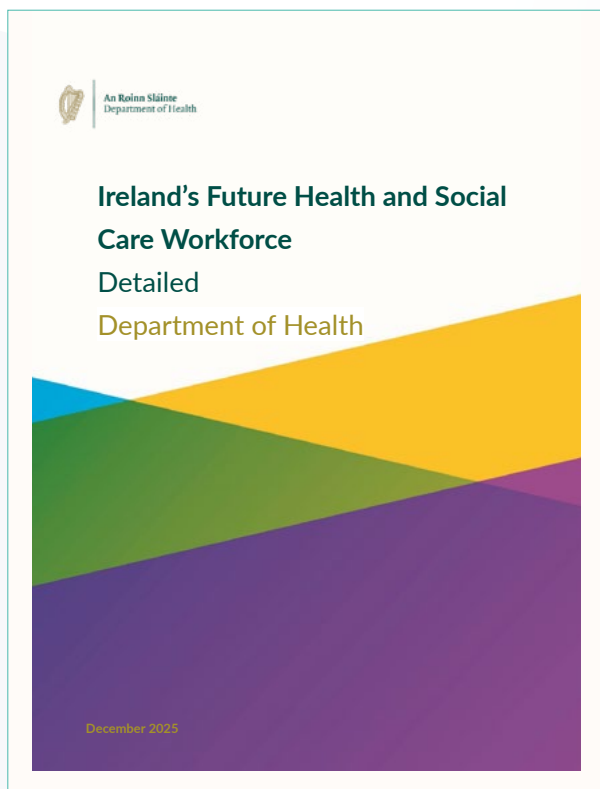
- Significant investment is being provided to expand healthcare education provision from 2025–2026 as a key part of addressing future supply of healthcare professionals and ensuring Ireland can meet growing healthcare needs. This will support the delivery of more than 1,100 additional healthcare training places annually over the next three years across medicine, nursing, therapy professions, pharmacy, dentistry.
- In June 2025, the Government announced major expansion in Health and Social Care Profession (HSCP) Training Places, with 461 new places to be delivered in nine priority disciplines by 2028. The expansion will see up to 310 additional student places created in 2025, up to 133 additional places in 2026, and the remainder in subsequent years, in disciplines critical to disability, health, and education services.
- In total over 480 additional medicine, nursing and midwifery and allied health profession student places have been provided in

Northern Ireland across the academic years 2023, 2024 and 2025.

- Additional student places that commenced in September 2025² include:
 - 20 additional places in medicine
 - Maynooth University’s new School of Nursing welcomed its first intake of 30 students in September 2025, with enrolments expected to grow to approximately 100 students annually.
 - Up to 310 additional HSCP student places in disciplines critical to disability, health, and education services in Sept 2025 and a further 151 additional places in subsequent years (as per government announcement in June 2025). In addition, a tertiary programme in occupational therapy has also been created, with 20 students commencing in September 2025.
 - Approximately 80 additional Pharmacy student places in 2025 with further increases expected in 2026.
 - 21 additional Irish/EU Dentistry places in RCSI.
- Further work is underway with DFHERIS and the higher education sector to increase HSCP student places in disciplines critical to disability, health, and education services.

² 2025 figures are estimates pending Higher Education Authority enrolment data

Long Term Strategic Health and Social Care Workforce Planning



In December 2025, The Minister of Health published *Ireland's Future Health and Social Care Workforce* paper. This paper forms part of the Department's long-term health and social care workforce planning projections and the work underway to plan for future workforce needs of the health and social care sectors.

This paper sets out twenty actions under the following five interconnected pillars:

- **Plan:** Use evidence and long-term workforce projections to meet future workforce needs.
- **Build:** Build future workforce supply through the expansion of student places and matching the investment in workforce with the needs of the population.
- **Optimise Performance:** Reform, maximise capacity and optimise health service performance to support the development of innovative models of care as envisaged under Sláintecare. Having the right mix of healthcare professionals with the right skills, supported by the right technology is essential.
- **Recruit and Retain:** Consider tailored interventions to improve recruitment and retention. The same strategies may have different effects on different age groups, life stages, professions, locations and genders, and retention efforts need to be tailored accordingly.
- **Invest:** According to the WHO, targeted investment that delivers a sustainable workforce should be regarded as an investment for the future and not a cost.

The paper highlights that there is an urgent need to build future supply of healthcare workers and sets out an evidence-based strategic direction for the health and social care workforce for the next 15 years. The Department will continue to use evidence-based tools to support strategic workforce planning. In particular, the Department will utilise the recently developed planning projection model to support strategic workforce planning activities. This model is an evidence-based planning tool that has the capacity to produce a variety of workforce projections, under different scenarios with differing levels of healthcare policy and reform, and varying levels of inward migration of foreign educated healthcare workers. Over time, the scope and capacity of the health and social care workforce planning model will be further expanded by incorporating new datasets and research to underpin the Department's Health and Social Care long-term workforce planning and modelling.

Integrated Care

In 2023 the Department undertook a Technical Support Instrument Project funded by the European Union and delivered by the OECD. The project is titled "Towards person-centered integrated care: Aligning the health service workforce in Ireland with the needs of the person and population" and was delivered in collaboration with the HSE.

The project aims were to support Ireland's overall reform process, focusing on developing a multidisciplinary workforce model for integrated care. The project was completed on 7 December 2025, after successfully delivering all outputs. A training video on "Introduction to Integrated

Care in Ireland” was piloted during the project, to be further developed and made available to all healthcare staff.

All published outputs can be found here: [Towards person-centered integrated care in Ireland | OECD](#).

Medical Workforce Planning

Postgraduate Medical Training Places

Medical workforce planning supports investment in education and training of doctors for a sustainable health and social care workforce and supports implementation of NCHD Taskforce recommendations and retention of doctors.

Significant increases in specialist postgraduate medical training places have been achieved over a six-year period from 2019/20 to 2024/25, including:

27% increase across Basic Specialist Training (BST)

32% increase across Higher Specialist Training (HST)

29% increase in the total number of doctors enrolled in training programmes.

- The total number of doctors enrolled in postgraduate medical training in Ireland for the 2024/2025 training year was 5,681, including interns. This was an increase of 4.5% compared to 2023/2024.
- Increases in Senior House Officer Posts to accommodate expedited GP training expansion, and increases in specialist postgraduate training posts, were delivered in 2025.
- Provisional figures for the 2025/2026 training year indicate the total number of doctors enrolled in postgraduate medical training in Ireland for the 2025/2026 training year is approximately 6,080, representing a 7% increase in places compared to 2024/2025.
- Engagement between the Department and the HSE is ongoing to progress this work,

informed by long term medical workforce planning projections.

NCHD Taskforce

- The National Taskforce on the NCHD (non-consultant hospital doctor) Workforce was established in 2022. The purpose of the Taskforce was to put in place sustainable workforce planning strategies and policies to address and improve NCHDs' experience, to support retention of NCHDs in Ireland.
- The final report of the NCHD Taskforce, published in February 2024, includes recommendations for immediate implementation, as well as medium to longer term recommendations to be implemented on a phased basis from 2024 to 2026.
- The HSE established an implementation framework to support the delivery of the NCHD Taskforce recommendations and has prioritised immediate actions to deliver tangible improvements for NCHDs on clinical sites.
- Immediate implementation of recommendations in 2024 and 2025 includes projects to improve NCHD Learning Environments and Working and Wellbeing standards on clinical sites; enhanced NCHD Induction standards and supports; the HSE Occupational Health Support Hub for NCHDs; increased Flexible Training and Working Opportunities for NCHDs and increases in NCHD postgraduate training posts.
- The roll out of the piloted Clinical Educator programme and regional postgraduate education and training offices, recommended by the NCHD Taskforce, has progressed towards the final phase of implementation. This provides a network of Clinical Leads across the regions with responsibility for overseeing onsite training and education for all NCHDs. This contributes to improved patient safety and retention of doctors by strengthening the education and professional development of NCHDs as well as supporting the delivery of the NCHD Taskforce recommendations.

- Engagement between the HSE and the Department is ongoing to monitor progress on implementation of NCHD Taskforce recommendations, including the longer-term recommendations such as an evolving educational infrastructure, embracing technology to meet changing demands, and training a greater number of doctors.

Resourcing Strategies to Address the Gap between Supply and Demand

The HSE has taken a strategic, holistic yet action orientated approach to the development of a sustainable Healthcare workforce to meet the demands of a growing and aging population.

The strategy focuses on building supply and the profile of healthcare as a career of real purpose and opportunities but also the HSE as a future employer of choice to support the HSE Health Regions in meeting current and future needs. Examples for 2025 are:

- Increase the international reach for eligible candidates through the expansion of the

HSE Career Hub, a candidate engagement platform which now hosts 65,000 active members.

- The launch of 'Project Home', an engagement initiative with the Irish trained healthcare diaspora with an initial focus on Australia and the UK
- Launched a suite of retention initiatives including the Retention Tool Kit
- Significant progress in engaging with second level students through 750 Secondary Schools through the Career Guidance Network, coupled with the launch of the TY Work Placement supports to inspire the next generation of healthcare workers

A core part of this programme is the building of both capability and capacity across the health services. This requires a change to how recruitment is conducted, creating maximum autonomy in the recruitment activity for the 6 HSE Health Regions and modernising the recruitment experience.



Workforce Reform

Workforce reform is a priority to support the development of new models of healthcare, as envisaged under Sláintecare. This includes measures to ensure workforce capacity is growing to meet service demands and that the right skills are in the right place at the right time. Planning for a health and social care workforce in Ireland is not only a matter of determining the right numbers required but also requires a vision on the right match between skills available in the workforce and patients' needs.

Health system optimisation ensures that the care delivered aligns with improved health outcomes for the population it serves, while also improving the experience of those who receive the care and those who provide that care. Delivering accessible and affordable care will require the workforce operating to the top of their skillsets with a sustainable flow of resources to build and sustain it at the required levels into the future.

Work is progressing with initiatives that are designed to build workforce capacity and capability in order to deliver improved experience and efficiency for both services users and providers.

Policy on Advanced Practice in Health and Social Care Professions

The purpose of this policy is to develop a workforce reform solution to provide efficient and effective access to specific types of care across all health care settings.

Budget 2025 provided funding to enable 30 Candidate Advanced Practitioner HSCP posts to be rolled out for the first time.

Workforce Reform Progress 2025

Advanced Practice in Health and Social Care Professions:

The purpose of Advanced Practice in Health and Social Care Professions (HSCPs) is to provide efficient and effective access to specific types of care across all health care settings.

- Budget 2025 allocated €5.5 million to expand Advanced Practice roles in nursing and midwifery, adding 70 additional posts and for the first time, this funding also enabled 30 Candidate Advanced Practice posts in Health and Social Care Professions.
- 30 Candidate Advanced Practice in HSCP posts have been created in line with the regional strategy and areas of priority, including areas experiencing challenges in access to care.

Designation of Appropriately Trained Physiotherapists as Referrers for Medical Radiological Procedures

In 2025 key steps were taken to allow physiotherapists working in relevant roles across the health service to refer patients for diagnostic investigations such as X-rays.

- 197 physiotherapists completed training in University College Dublin.
- The Physiotherapist Registration Board at CORU opened the Physiotherapists Referral for Radiological Diagnostic Procedures division of the Register of Physiotherapists. Physiotherapists with appropriate training are now eligible to register on the division.
- Hospitals and services facilitating referrals have a key role to ensure that governance arrangements are in place to support this new practice which supports the delivery of effective and efficient patient care and will result in fewer steps in the care of patients who require diagnostics.



Health Infrastructure including Elective Treatment Centres & Surgical Hubs

National Elective Ambulatory Strategy

The government is increasing elective-only day-case capacity through the Elective Ambulatory Care Programme. This is being delivered in two phases: a national network of Surgical Hubs in the first instance to meet medium-term demand and capacity, and then by a national network of Elective Treatment Centres in Cork, Dublin and Galway.

New elective treatment facilities will support separation of scheduled (elective) and non-scheduled (emergency) care, leading to improved care for patients. Increasing elective care capacity will release existing capacity in other hospitals to deal with non-elective, acute and other inpatient activity.

2025 Surgical Hubs Progress

A total of 9 HSE surgical hubs are at various stages of development nationally.

Two surgical hubs are now operational:

- Reeves Day Surgery Centre, Tallaght University Hospital, opened in late 2020
- HSE Surgical Hub South Dublin opened at Mount Carmel in February 2025.

The construction of the surgical hubs in Dublin North, Galway, Cork, Limerick and Waterford is well advanced, and each of these hubs are due to open on a phased basis in 2026.

On 28 July 2025, the Minister announced a further development of Elective Care Capacity in the West-Northwest region at Sligo and Letterkenny. In Sligo, a new stand-alone, two-theatre surgical hub will be delivered. In Donegal, a new two-theatre surgical hub will be constructed alongside the existing hospital building as part of a wider planned development for Letterkenny University Hospital. The HSE is now proceeding with the planning of these developments at both sites, engaging

with relevant local authorities, with the aim to progress both in parallel and ensuring a coordinated and efficient rollout of this capacity in response to service need.

Elective Treatment Centres

Alongside the delivery of the Surgical Hubs, planning continued for new national Elective Treatment Centres (referred to as Elective Hospitals) in Cork, Galway and Dublin to meet longer-term demand. Detailed design for these centres is underway and was advanced during the course of 2025, taking into account the developments of the surgical hubs and wider existing and planned infrastructure.

Sites for Elective Treatment Centres have previously been identified as follows:

- Cork – St Stephens, Glanmire
- Galway – Merlin Park
- Dublin – sites at Connolly Hospital in Blanchardstown and Children’s Health Ireland, Crumlin

In relation to Cork and Galway, surveys and site investigations were conducted during 2025. HSE also progressed Enabling Packages and

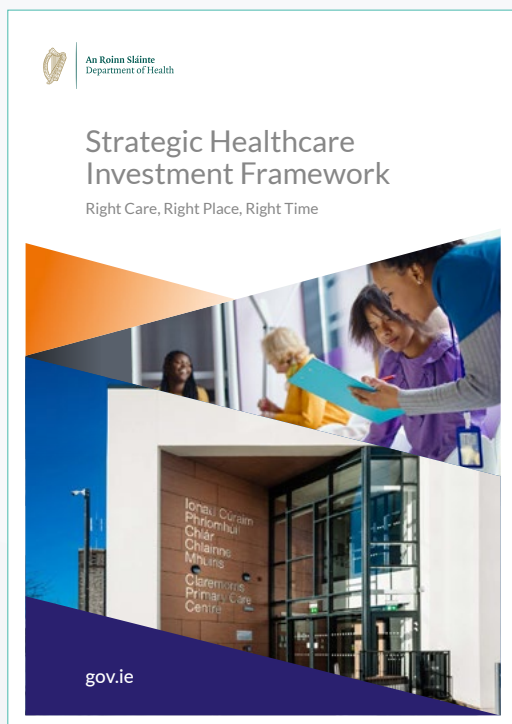
engagement with statutory planning authorities to progress the necessary planning permission applications and to progress these centres to shovel-readiness. The HSE expects to submit planning applications for Cork and Galway during 2026.

In relation to Dublin, demand modelling progressed during 2025, to be completed in 2026. This includes an assessment of current capacity and its optimised utilisation to inform future capacity needs. The impact of surgical hubs in Dublin as well as other existing facilities and future requirements are being assessed as part of this process. On conclusion of this demand modelling work, a Preliminary Business Case for Dublin can be finalised for Gate 1 of the Infrastructure Guidelines.

In parallel, development of clinical guidance, an operational model, a workforce model, a digital implementation plan and an equipping strategy continues. This will improve revenue cost certainty and will also be reflected in the final business cases for Elective Treatment Centre facilities.



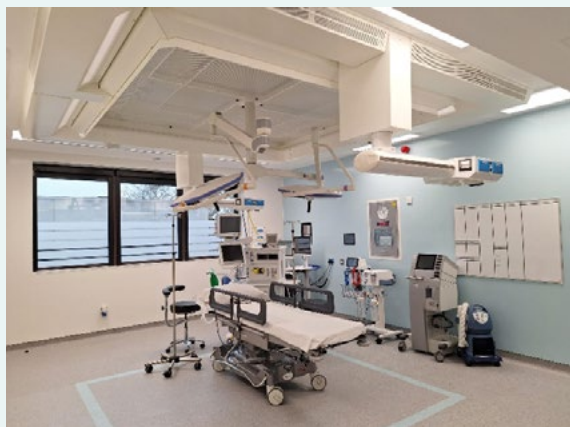
Planning Future Capacity



Ireland's changing demographics and ageing population are key drivers of the increased demand on our health services. To effectively plan for future service design requirements, in 2025 the Department undertook important research to analyse capacity requirements for determining future needs based on these changing demographics within the wider context of the Sláintecare reforms.

As part of efforts to improve the planning process for future capacity, the Economic and Social Research Institute (ESRI), HSE and the Department of Health collaborated to jointly develop an updated health service capacity review. This work includes building out the Hippocrates Projection Model that provides base year estimates and future projections of healthcare demand and capacity for selected Irish health and social care services.

Case Study: South Dublin Surgical Hub



The Mount Carmel Surgical Hub opened in South Dublin in February 2025, under the governance of St. James' Hospital. With this South Dublin Surgical Hub (SDSH) there was a phased introduction of day case services across a number of specialties over the course of 2025, including pain management, orthopaedics, plastics, urology, general surgery and dermatology. In addition, theatre utilisation in the SDSH also expanded as 2025 progressed to have three theatres open and operational five days a week from November 2025.

Impact of the Hub

The SDSH delivered a total of 3,729 patient activities, exceeding its target of 3,000 procedures for 2025 by c. 24%. Through this activity, the SDSH had a discernible impact on waiting lists and waiting times for certain specialties on the St James's Hospital day-case waiting list. For example, by the end of December 2025 there had been a c. 74% reduction in the number of cases waiting more than 12 months on relevant waiting lists compared to December 2024 (i.e. 355 cases v. 92).

In addition to providing increased capacity, the SDSH also implemented reforms in its operating model through innovative ways of working and continuous improvements of patient pathways.

For example, optimising patient scheduling, data-led analysis to align pathways with demand, monitoring DNA rates, embedding daily staff huddles have all led to streamlined patient flow. New pathways have reduced the need for overnight admission, enabled Advanced Nurse Practitioners and Clinical Nurse Specialists to deliver services and the introduction of new treatments further streamlined patient throughput.

The advent of the SDSH has also resulted in a range of benefits for the main hospital site at St. James's. For example, rescheduling less complex cases to the SDSH, where possible, freed up theatre capacity in St James's, which could be utilised for additional cardiothoracic, urgent upper GI and emergency surgeries, as well as new initiatives (e.g. ambulatory pathways).

Plans for 2026

The SDSH will continue to expand services and embed innovative ways of working during 2026, through adding additional surgeons, introducing new patient pathways (e.g. for gynaecology, orthopaedics), and upskilling of staff to facilitate the opening of a fourth theatre.

Building on progress achieved since opening last year, in 2026 it is expected that the SDSH will significantly increase its activity, with plans to deliver 7,800 patient activities. Further progress is targeted for this year with the aim to have 90% of patients on the waiting lists for relevant specialties (that are suitable for treatment in the hub), waiting less than 3 months by the end of 2026.

In addition, five further surgical hubs are expected to become operational over the course of 2026 in North Dublin, Cork, Galway, Limerick and Waterford.

This work is complemented by the Department’s Health Infrastructure Investment Policy, as expressed by the Strategic Healthcare Investment Framework (SHIF), which was published in August 2024. The SHIF will support the ongoing implementation of infrastructure policy through 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.

Planning Future Capacity Progress 2025: Health Service Capacity Review



As part of the joint research programme in healthcare reform, the ESRI developed national projections for 3 key areas of the health care system: acute hospitals, GP services and older persons services. The following reports were published in 2025:

- National and regional projections for acute hospital services.
- National and regional projections for GP services.
- National and regional projections for older persons services.

These reports set out the significant increase in capacity required across the health service to 2040 to address the needs of Ireland’s growing and ageing population. These projections will play a vital role in future policy planning.

Health Infrastructure Investment Policy

In November 2025 the Department supported the development and publication of the NDP *Health Sectoral Investment Plan 2026-2030* which sets out infrastructure investment priorities. The Strategic Healthcare Investment Framework (SHIF), as the primary vehicle for investment policy, provides a high-level strategic framework which supports capital investment decision making in health. In 2025 the Capital Units within the Department worked with and supported the HSE to progress towards full implementation of SHIF. This included engaging with and supporting the HSE’s work with Health Planners to ensure new proposals and legacy proposals at appraisal stage were SHIF aligned. Also in 2025, the Common Appraisal Framework (CAF) was progressed to being ready for publication in early 2026. The CAF will ensure the right proposals, for the right service need, at the right location(s), and at the right scale are supported by, business cases which are right first time. CAF was piloted in 2025 and received positive feedback from the involved stakeholders.

Acute Inpatient Bed Capacity Expansion Plan

The *Acute Hospital Inpatient Bed Capacity Expansion Plan*, which includes critical care beds, addresses current and projected demand by strategically aligning investment with deliverability and regional health needs. In 2025, acute and critical care capacity projects continued to be progressed, adding additional and replacement beds to the healthcare sector. Expanding inpatient bed capacity is a national priority, firmly anchored in the Programme for Government 2025 and is guided by the principles set out in the Department of Health’s Strategic Healthcare Investment Framework (SHIF).

Capital and Investment

In 2025, the HSE continued its innovative and progressive approach to delivering capital infrastructure in the development of new facilities and modernisation of existing buildings. Healthcare programmes continued to feature as an important part of delivering healthcare infrastructure including, the Primary Care Centre

Programme and the HIQA Community Nursing Unit (CNU) compliance programme, which continued to construct and upgrade facilities to deliver on the Sláintecare/Universal Healthcare commitment to provide care closer to the home.

Progress also continued on the Enhanced Community Care (ECC) programme which includes the accommodation requirements for Community Health 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 were progressed in 2025 to provide modern health accommodation and equipment for the improvement and expansion of service provision. The development of the Mental Health Capital Programme of works continued to be progressed.

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



Expansion of Pharmacy Services

Expansion of pharmacy services, under Sláintecare, will increase access to care in the community, increase capacity across primary care and will further enable our pharmacists to utilise their significant training for the benefit of the wider healthcare service. Pharmacist prescribing, a further Sláintecare reform, will leverage pharmacists' expertise to alleviate pressures in the health service, including on General Practice, and provide timely care for common conditions. The following progress was made in 2025:

Pharmacy Services Progress 2025:



Pharmacy Common Conditions of Service (CCS)

Following on from the publication of the Report of the Expert Taskforce to Support the Expansion of the Role of Pharmacy in 2024, legislation to enable a Common Conditions Service (CCS) was introduced in October 2025. This work was delivered through the Community

Pharmacy Expansion Implementation Oversight Group (IOG).

The work of the IOG involved the development of substantial clinical protocols for each condition, a package of secondary legislation and rules, the design development and delivery of a new training and education programme for pharmacists and a range of operational matters to support the safe and effective implementation of the service. All enablers were in place by December 2025.

New Pharmacy programmes (MPharm) at University of Galway and Atlantic Technological University

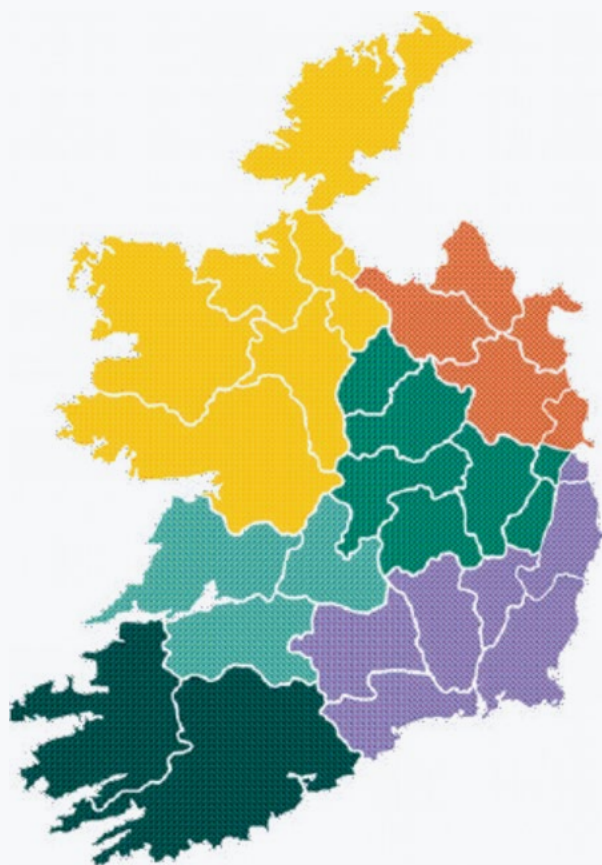
From September 2025, two new Pharmacy programmes (MPharm) were offered at University of Galway and Atlantic Technological University, Sligo. These new Masters programmes mark a significant milestone for healthcare education and are funded as part of government investment in the expansion of higher education healthcare programmes. These programmes are the first Master of Pharmacy programmes in the west of Ireland.

3.4 Enabling Reform



HSE Health Regions

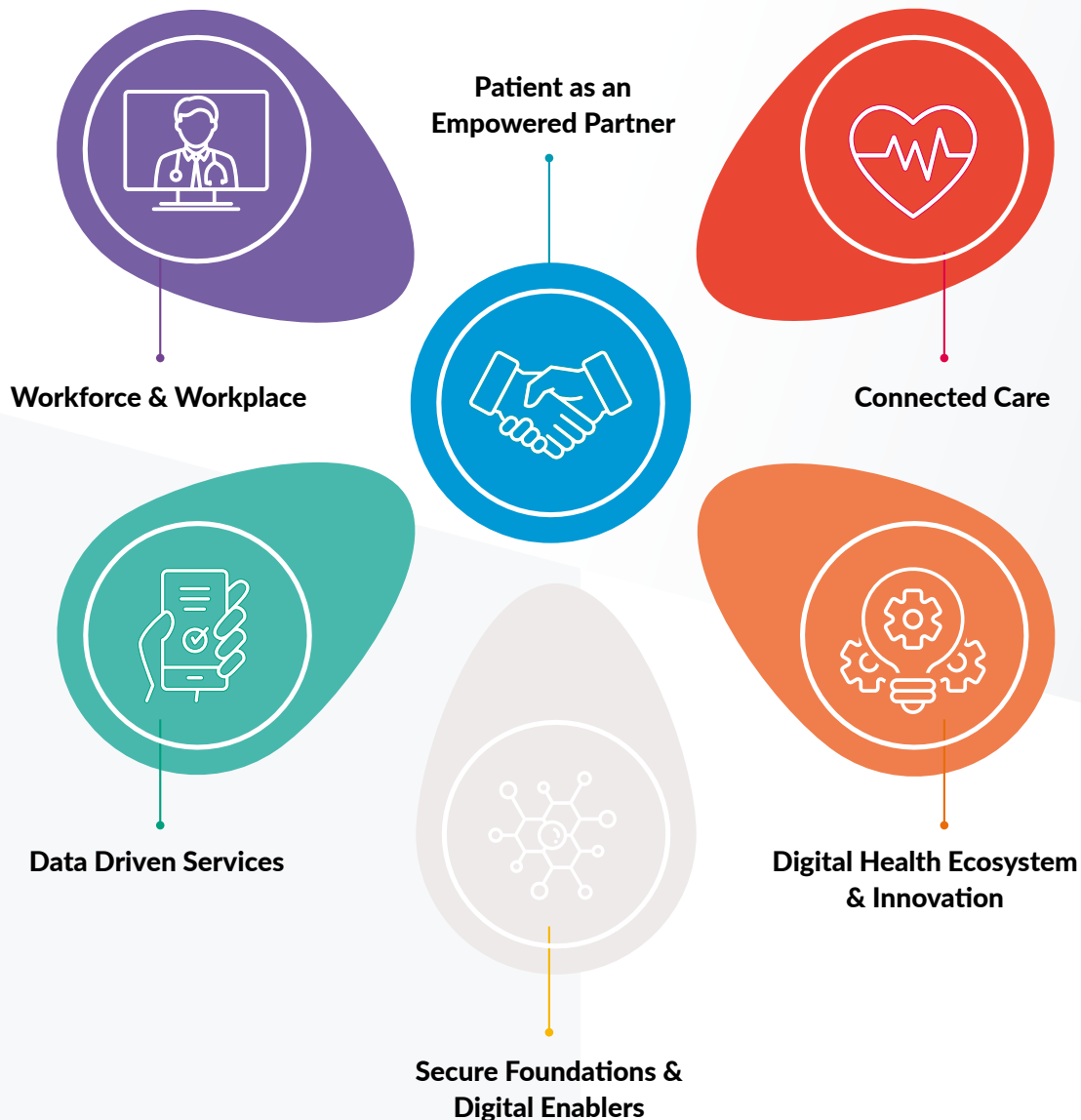
The Health Regions reform involves the reorganisation of the HSE into six operational regions with responsibility for the planning and coordinated delivery of health and social care for their respective populations. This is a foundational recommendation of the Sláintecare Report. These new regional structures have now been established and operational responsibility for services now sits with REOs and their Executive Management Teams.



Health Regions Progress 2025

- The structure of Integrated Healthcare Areas (IHAs), which are the sub-regional geographies responsible for providing integrated acute and community care for their populations, was agreed. Implementation of the model, informed by significant change readiness activities, began in anticipation of full rollout in 2026.
- The HSE aligned its Regional Health Forums to the geographies of the Health Regions in advance of an upcoming legislative amendment. The Forums continue to facilitate representations and feedback from nominees of local authorities on the range and operation of health and social care in their areas.
- The Population Based Resource Allocation (PBRA) Expert Group met regularly in 2025 to develop and agree the methodology applicable to PBRA. Work progressed on the development of a social deprivation index, with proposals brought to the Expert Group in September. Regional funding allocations for 2026 will be accompanied by a detailed shadow PBRA budget for each region based on population demographics (size, age, sex). This will be monitored against the actual regional budget/spend in preparation for implementation of PBRA from Estimates 2027.
- The HSE developed and agreed functional operating models, along with a whole-system “ways of working” framework, which together outline core processes and define how the HSE Centre and the Health Regions will work together.
- The independent evaluation of the reform continued, and initial findings were used to inform implementation and future planning.
- Throughout the year, and in support of the reform roll-out, there was extensive engagement with patients and service users, staff across multiple clinical disciplines and operational roles, voluntary organisations, staff representative bodies, and other stakeholders. In recognition of this work, the HSE Organisational Change Unit received the “Improving Patient / Service User Experience” award at the HSE Excellence Awards in December 2025.

Digital Health Transformation



A modern, patient-centred, and sustainable health and social care system for patients and workforce

The Digital Health Programme is a critical enabler of the Sláintecare Reform Programmes.

Digital for Care: A Digital Health Framework for Ireland 2024-2030, published in May 2024, sets out a vision for better health outcomes enabled by seamless, safe, secure, and connected digital health services which supports health and wellbeing for both our patients and providers.

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



*Digital for Care - A Digital Health Framework for Ireland
2024-2030*

Digital Health Transformation Progress 2025

HSE Health App:

The app was publicly launched in February 2025, offering patients a trusted, secure place to view information. Initial features included secure access to certain health information, COVID-19 and flu vaccination records, lists of medications reimbursed by the state with the ability for patients to add other medications, digital versions of medical cards, EHIC cards, and maternity appointments. Further releases were launched in May and September 2025, adding reminders for hospital outpatients appointments, Breastcheck Screening appointments, and information for patients receiving maternity care, help with Smoking Cessation (Quit Smoking campaign). Further regular releases of the App to extend functionality, improve utility and usability and provide patients with access to more of their own health data, are planned for 2026.

National Shared Care Record:

The National Shared Care Record will enable the health system to gather patient data from primary, community and acute settings and present it as one unified digital health record. Both patients and healthcare professionals will access this data via the Patient App and a Secure

Clinical Portal, ensuring that everyone involved in a patient's care has access to the same information. The utility of the shared care record will be determined by what data is available from existing systems. In many cases those systems will need to be updated or replaced to ensure consistency of data. The contract for the National Shared Care Record was signed in May 2025. The technology platform was designed, built and configured through 2025 with an initial release in Waterford and Wexford in Q4 2025. There will be further regular releases in 2026 and beyond, to expand the utility of the shared care record and provide access for more healthcare professions. Together with the recently launched HSE Health App, the National Shared Care Record will result in breaking down silos of information across the health service, unlocking fragmented data into a powerful tool for safer transitions of care for patients as they move across the private, public and voluntary healthcare system in Ireland. They will enable better coordinated, patient-centred care, while laying the foundation for a modern, connected and more efficient health service as we plan for the introduction of the National Electronic Health Record.

National Children's Hospital Ireland Electronic Health Record (CHI EHR):

The National Children's Hospital Ireland (NCHI) will open as a modern, digitally enabled facility aimed at providing the best care and service for children and their families in Ireland. The EHR programme is a core component of the NCHI and is aligned with the overall build and commissioning of the new hospital. The system has been procured and onsite deployment commenced in 2025. Commissioning of the EHR will take place as part of the commissioning of the overall hospital programme in 2026.

Maternity and Newborn Clinical management System (MN-CMS):

University Maternity Hospital Limerick went live with the MN-CMS EHR in July 2025. This was followed by the Coombe Hospital in October 2025. This completes roll-out to all stand-alone maternity hospitals. MN-CMS now provides coverage of 70% of all maternity, newborn, and gynaecology records in the country.

Hospital Medications Management System (HMMS):

The project modernises our hospital pharmacy services and successfully completed eight go-lives through January of 2025: Rotunda Hospital (March), St. Vincent's Hospital (April), CHI Crumlin Hospital and Phoenix Community Pharmacy (July), Connolly Hospital (September), South Infirmary Victoria Hospital (October), Tallaght Hospital (November) and Beaumont (January). Eleven additional sites are due to go live in 2026.

Integrated Financial Management System (IFMS):

The project was advanced in April 2025 with the go-live of Implementation Group 2 (Mid- West and West & North-West Regions). On 01 July, the final HSE statutory Implementation Group went live, on schedule, covering four Regions: Dublin North-East, Dublin Midlands, Dublin South-East, and South-West. All statutory sites are now live with IFMS and this completes the implementation of IFMS to all directly managed HSE services. As a result of IFMS implementation in 2025, more than 80% of all health expenditure is now transacted on IFMS. After completing deployments to all statutory sites in 2025 (representing 80% of spend across the public health service) in 2026 attention turns to the deployment of IFMS across voluntary sites. IFMS will improve financial control, transparency, and efficiency and allow for procurement savings and efficiencies across the health system.

National Integrated Staff Records and Payroll (NiSRP):

NiSRP a flagship digital transformation initiative under the *Digital for Care* Strategy is being implemented across HSE and Section 38 organisations. Its core objective is to implement a unified, national Staff Records and Payroll system. The programme aims to modernise how the health service manages workforce data, enabling better access for staff and managers through self-service portals and improving the quality of workforce information for planning and oversight. In April 2025, the final Region went live with NiSRP in HSE Dublin and North-

East Region. In 2026 NiSRP will be deployed into two remaining statutory sites, one voluntary hospital, and three section 38 organisations.

MedLIS:

MedLIS is an important national programme that forms part of a wider investment to digitise the health system. The objective of MedLIS is to establish a single national laboratory information system based on the principle of a single laboratory record for each individual patient for tests carried out in any acute hospital laboratory. MedLIS was first launched in Beaumont Hospital in 2024. Three site go-lives are planned for 2026 across the DNE Region, with Cavan (including Monaghan), followed by Our Lady of Lourdes Drogheda and Connolly Hospital in 2026. These deployments will deliver paperless laboratory operations, faster clinician notifications, reduced test duplication, and lower administrative burden.

AI for Care:

AI for Care is a joint initiative between the Department and the HSE. It represents a cohesive national AI Strategy for Health and is a commitment under the Programme for Government that is now complete. *AI for Care* was officially launched in March 2026. The Strategy will be followed by a dedicated HSE Implementation Framework to support delivery across the service. HIQA has also been tasked with developing complementary Guidance for the Safe and Responsible Use of AI in Health and Social Care, and a public consultation is planned for Q1 2026. Our aim is to ensure *AI for Care* and this guidance is aligned with the EU AI Act, under which the HSE has been designated a competent authority. In parallel, the HSE established an AI and Automation Centre of Excellence in 2025 to drive practical adoption and build capability across the system. Together this work sets out a coordinated, systemwide plan for the safe and effective use of AI in clinical care, service operations, public health, research and innovation. This will ensure that AI adoption is both strategically aligned and practically deliverable at national and regional levels.

Virtual Wards (VW):

Virtual Wards represent a critical component in delivering a modern, patient centred care service in Ireland. The HSE are delivering both Acute Virtual Wards (AVWs) and Community Virtual Wards (CVWs). The AVWs 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. Four new virtual wards sites were opened in 2025 at Drogheda, Tullamore, Mercy Hospital Cork, Kilkenny. Further telehealth and virtual care 'seedling' projects, 'The Community and Acute Respiratory Excellence (CARE) Project' and the 'Na hOileáin Sláintiúil (Healthy Islands) Project', were supported through the Sláintecare Integration Innovation Fund also. Many patients avoided admission to hospital through the work of the CVWs with particular benefits to COPD patients in the Donegal region where a CVW was established for the region in Letterkenny.

Cyber Resilience Programme:

The overall threat landscape for health services internationally is increasing year on year, with several high-level attacks in health systems in

other countries 2024 and 2025. These attacks on health systems have significant operational and financial impacts which often translate into delays in providing care and treatment to patients. The cyber posture of the public health system in Ireland improved again in 2025, through continued investment in this area and targeted interventions to build cyber resilience. Ireland is also actively engaging with EU cyber initiatives, including the NIS2 Directive and the European Commission's action plan on hospital cybersecurity.

Digital Foundations and Enablers:

In 2025 we continued to improve digital foundations/enablers through upgrades and expansion of core ICT infrastructure, networks, servers, cloud services, licensing and ICT service operations, compliance with regulations and implementation of data and digital standards. ICT Capital was invested in delivering the many of the key enablers required to deliver *Digital for Care*.

Enterprise Wireless:

Work continues to expand the footprint of WiFi capability for staff and patients as widely as possible, so that as many hospitals

Health Information Bill

The Health Information Bill, published in July 2024, is designed to ensure that Ireland has a fit-for-purpose national health information system that enhances patient care and treatment as well as supporting better planning and delivery of health services into the future.

The Bill has a priority focus on electronic health records and will provide a clear legal basis for the establishment of electronic health records for everyone in Ireland giving patients easier access to their own health information. It is therefore a strategic enabler for the Department's *Digital for Care - A Digital Health Framework for Ireland 2024-2030*, and the HSE's *Digital Health Strategic Implementation Roadmap*.

The Health Information Bill will also facilitate appropriate sharing of patient information across healthcare sectors. The Bill is the first in a suite of legislative measures to give full effect to the European Health Data Space (EHDS) Regulation.

The Health Information Bill 2024 was signed into law by President Connolly on 30 April 2026, following its completion of all stages in the Houses of the Oireachtas.

AI and automation: integrating artificial intelligence into healthcare across Ireland

The integration of AI and intelligent automation into healthcare promises to enhance the quality of care, streamline operations, and provide more personalised and efficient patient experiences.

The healthcare system is evolving, and innovative technology is playing a key role in supporting this. Empowering healthcare workers with advanced technological solutions can help to enhance clinical decision-making, streamline administrative processes, and improve patient care.

Several AI initiatives are underway across the HSE including:

- AI-assisted radiography interpretation
- Predictive modelling
- Ambient scribing
- AI-based translation
- Process automation

Integrating AI in healthcare has a range of benefits including:

- Improved diagnostic accuracy
- Personalised treatment plans
- More efficient resource allocation
- Analysis of vast amounts of data quickly and accurately
- Providing healthcare professionals with valuable insights that can lead to better patient outcomes

- Algorithms that can identify patterns in patient data which may indicate the early onset of diseases, allowing for timely intervention and treatment

In the coming months, the HSE will launch its first Artificial Intelligence (AI) Strategy for Healthcare in Ireland, AI for Care. Jointly commissioned by the Department of Health and the HSE, the strategy will set out the healthcare system's aspiration for AI in healthcare and opportunity areas for AI deployment in Ireland's Health Service to 2030. An accompanying AI implementation framework will outline how AI for Care will be implemented. It will provide a toolkit for implementing AI projects across the HSE to guide the safe, ethical and effective deployment of AI technologies and to ensure regulatory adherence.

Ireland is one of the first six EU Member States to reach the critical milestone of designating competent authorities (of which the HSE is one) which will be responsible for the enforcement of the EU Artificial Intelligence (AI) Act. Looking ahead, a National AI Office will be established to act as the central coordinating authority for the EU AI Act in Ireland.

These initiatives aim to ensure that AI adoption is aligned with clinical priorities, supported by robust governance, and embedded within a culture of safety and transparency.

and healthcare facilities as possible have this capability in place by the end of the year. In 2025, just over €6million was invested in delivering Enterprise Wireless to HSE sites. By year's end, 151 sites had WLAN presence, including 4 additional acute sites.

ePrescribing:

In May 2025 the HSE published an Invitation to Participate in Dialogue (ITPD) tender for the delivery of a National Electronic Prescribing

(NEP) service and the work to shortlist suitable vendors is complete. Procurement will conclude in 2026, enabling the commencement of the delivery of a fully integrated service for the secure transmission and storage of electronic prescriptions and dispensations. The new, fully integrated, e-prescription service will enable the secure and efficient transmission and storage of electronic prescriptions and dispensations for patients. Electronic prescribing is a critical piece of digital health infrastructure providing

essential information for digital health records and the data from this service (prescription and dispensing data) will be available through the HSE Health App and the National Shared Care Record in the future.

Community Connect:

As part of the integrated EHR programme, a project to implement foundational capability across all community services is proceeding. This is an essential precursor to the rollout of a

national electronic health record across public funded hospitals and community care settings as it will facilitate an important first step in the migration from paper to electronic data. The Community Connect Discovery Phase was completed in 2025. This programme will also consolidate a number of smaller community projects into a single integrated community programme. This programme will proceed at pace and will later merge with the National EHR programme.

Case Study: Transforming maternity care: How the HSE Health App is supporting staff and patients

In busy clinics, every minute counts. For Helen Murphy, Director of Midwifery at Portiuncula University Hospital, the introduction of the HSE Health App will transform how expectant mothers are supported through pregnancy:

“I’m encouraging staff and the public to use the app more,” she says. “It’s much easier to have the information in one place and know the content is evidence-based and up to date.”

“Time is of the essence,” Helen continues. “I want women to leave their consultations feeling fully informed about the options available to them, and the app enables them to review and reflect on these choices at their own pace.”

The HSE Health App consolidates guidance into one user-friendly location. Whether an expectant mother asks about a common condition during pregnancy or needs reassurance about medication safety, midwives can refer to the app with confidence.

The app also brings practical benefits beyond clinical use. For clinics, there is less of a need to store printing paper and information leaflets and there is the cost saving that comes with that.

According to Helen, patients are noticing the difference. “Everything you need is on your phone,” she explains. And we are reducing the amount of information expectant mothers have to physically carry.”

As a keen user and advocate of the app, Helen emphasises the importance of medical staff using the app to become well-versed with the content, enabling them to promote it effectively to patients: “We need to be familiar with what’s on the app. That way, when someone asks a question, we can answer it quickly or even better, show them how to find the answer themselves in the app.”

Hospital appointments for maternity services have been available in the app since its launch in February. Since then, thousands more hospital and community appointments have been added, and app downloads have grown to over 190,000

With an increased number of appointments and users of the app, HSE staff are encouraged to use the HSE Health App as a means to guide patients, knowing the information is aligned with current best practices and guidelines.



The HSE Health App is available for download on Google Play for android or the App Store for iOS.



Creating a Culture of Innovation

We are continuing to foster a culture of innovation to support the delivery of health service reform, through the Sláintecare Integration Innovation Fund (SIIF). The SIIF is a ring-fenced multi-annual fund supporting projects with a focus on delivering the Right Care, in the Right Place, at the Right Time. The aim of the Sláintecare Integration Innovation Fund 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 if successful. Pobal administers SIIF on behalf of the Department.

Creating a Culture of Innovation Progress 2025:

In 2025, 16 projects which were funded under Rounds 2 and 3 of the fund completed their "proof of concept" phase. 8 new projects were approved for funding under SIIF Round 4 and they will be operationalised in 2026. The projects are aligned to the Programme for Government or Ministerial priorities and to Sláintecare Reform priorities, as set out in Path to Universal Healthcare: Sláintecare and Programme for Government 2025+. Specifically, the approved projects fit within one of the following categories:

- Improving Service Quality in Mental Health and Social Inclusion services -reduction in suicide and self-harm, and drug and alcohol use (recovery and harm reduction)

- Improve Service Quality - Patient Safety Quality: 1. Safer Care using Learning Analytics for Training Healthcare Professionals and 2. National Clinical Audits using a systematic prioritisation approach involving key stakeholders.
- Promoting mental health and wellbeing of priority population groups in Irish communities.
- Improve Access – Waiting Time Reduction for Diagnostics, enabled by Digital Technology (Path to Universal Healthcare: Sláintecare and Programme for Government 2025+)

The majority of projects are leveraging technology

The Department works closely with HSE Sláintecare Transformation and Innovation Office (STIO) to deliver this programme. During 2025, the HSE commissioned the HSE Framework for Health Innovation. It is being developed in collaboration with key stakeholders and subject matter experts from across the Health Services and the wider health industry, academia, etc. It is envisaged that the Framework will help embed innovation as a core function of the health service - ensuring that successful innovation projects 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. The Framework will be finalised in 2026 and implementation will commence.



Driving System-wide Productivity

Following the establishment of the Productivity and Savings Taskforce, in January 2024, to drive a programme of work designed to achieve savings and efficiencies across the HSE in order to optimise the use of health funding by delivering safe health services to as many people as possible, strong progress continued

to be made in 2025 in identifying savings and opportunities to improve productivity across the Health Sector through procurement and other cost saving measures, implementing, monitoring, and reporting on agreed savings reductions each month.

Case Study: Acute Integrated Community Navigation Hub in Galway University Hospital (GUH)

This project is being delivered by GUH and participating GPs across the HSE North and North-West Region.

This virtual service aims to provide patients (16 years+) referred by their GP, with access to alternative urgent care pathways, or scheduled specialty appointments in GUH or community services, avoiding Emergency Department (ED) attendance, where appropriate

The Hub receives GP referrals via HealthLink, operating Monday to Friday from 8:30am to 6:30pm. Referrals are triaged by the Clinical Nurse Manager/ and discussion where necessary with the Clinical Lead and directed to the most appropriate clinical care pathway. Outcomes are communicated back to the GP, and patients are signposted to the most appropriate service available. Where clinically appropriate, referral to ED remains an option.

15 new clinical care pathways were developed with protected slots for navigation hub referrals, including pathways for Cardiology and Acute Oncology. Existing pathways for the Acute Medical Assessment Unit (AMAU) and Acute Surgical Assessment Unit (ASAU) are also being optimised.

Since February 2024, **839 referrals** have been received with **668 patients successfully redirected from ED** to the appropriate clinical care pathway in acute or community services, contributing to a **3.4% reduction in unscheduled ED attendances** at GUH (January - June 2025 data).

The service has continued to progress following the proof-of-concept phase and covers **59 GP practices with 250 GPs**.

Some of the feedback captured from both patients and GPs participating on the pathway:

[Patient] *"I went to my GP on a Friday morning with severe pain. Within 2 hours of coming home, I had a phone call from the navigation hub with an appointment for the specialist to see me the following Tuesday."*

[Patient] *"It is an invaluable service".*

[GP] *"The acute navigational hub in GUH is by far one of the best services I have used ... It saves a huge amount of GP time daily, freeing me up for more clinical work."*

A National Productivity Unit (NPU), established in the HSE in 2024 and reporting directly to the HSE CEO, supports the drive to deliver productivity and savings initiatives and actions of the Taskforce.

The [Productivity and Savings Action Plan for 2025](#), published in April 2025, set out the programme of targets designed to improve productivity in the delivery of healthcare, minimise the level of financial risk the health service is facing and identify the areas where savings would be made in 2025.

The Taskforce, which is chaired by the Secretary General of the Department of Health and the

CEO of the HSE, held monthly in 2025, to drive the following progress in 2025.

Progress in 2025:

- **Productivity data:** There has been significant progress developing the Productivity Dashboard ensuring that comparative productivity is measured across all sites and regions using objective data, that productivity data is made available in transparent way that is accessible to managers and that it is used in decision making. It is a key enabler of other productivity initiatives, as it facilitates comparisons between sites and specialisms,

and the monitoring of improvements over time.

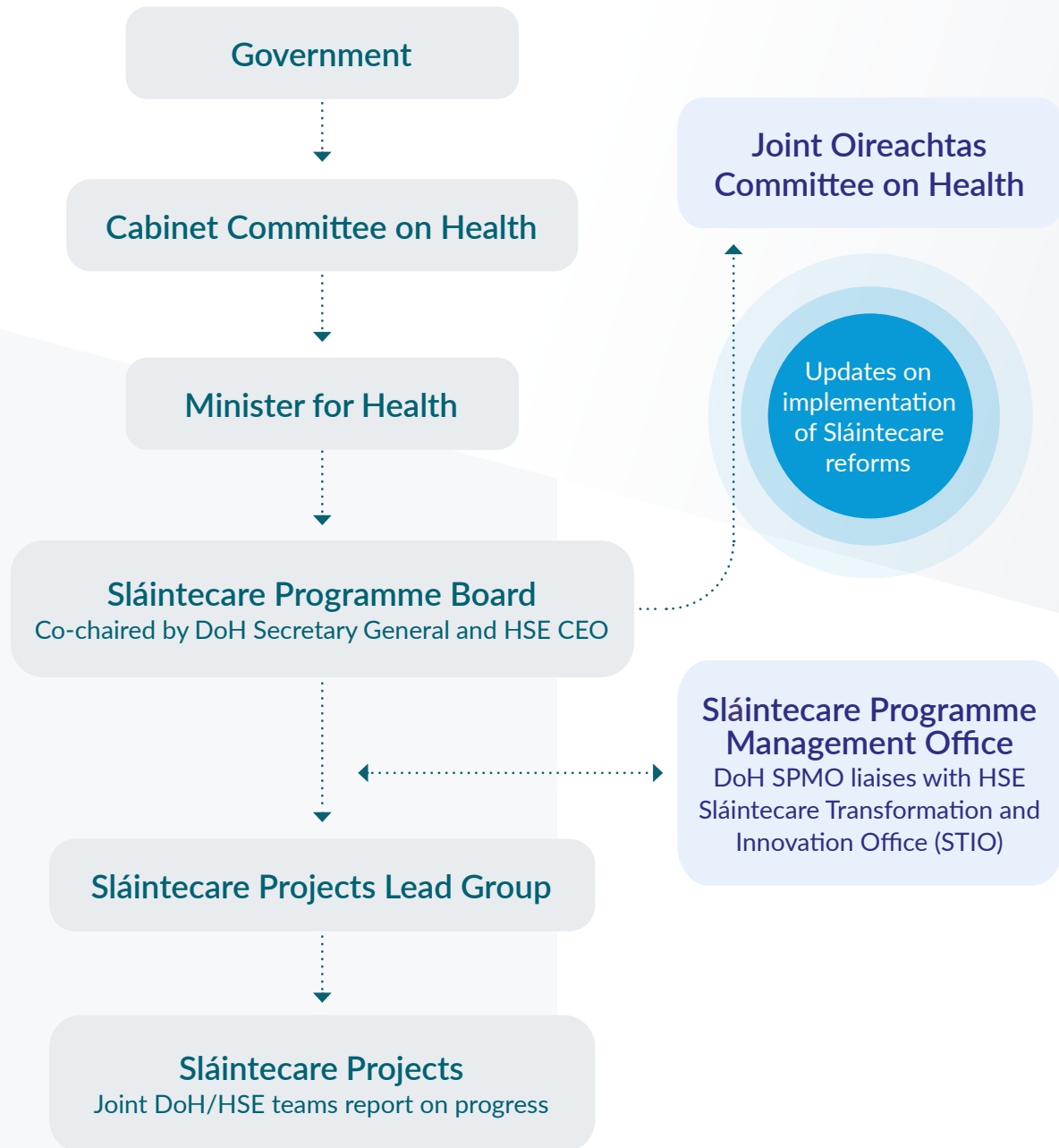
- **Outpatient Productivity:** OPD Toolkit is being rolled out to maximise capacity and deliver additional appointments. Toolkit has been rolled out in several sites in 2025 with impressive results – the first four sites will see an estimated increase of 10,000 new patients on an annual basis. Target for 2026 is to rollout toolkit nationwide and deliver a substantial increase in appointments and decrease in waiting times for OPD.
- **Public Only Consultant Contract (POCC) maximisation:** Consultant workforce has grown by almost 50% since 2020 to 4,858 WTE, with 3,286 consultants or 68% on POCC by December 2025. Combination of POCC and consultant growth is enabling hospitals to deliver key services at evenings and weekends. Increased weekend discharge rates have streamlined patient movement through hospitals and reduced unnecessary delays. For weekend discharges we have set a target of 17% of total discharges. Some sites have already exceeded this benchmark with others close to reaching it. Target for 2026 for hospital managers is to ensure that this best practice is rolled out nationwide, to meet or exceed the 17% target.
- **Extended working:** Agreement with trade unions on a Framework for extending working hours paves the way for broader implementation of 7-day services. Having healthcare professionals on site at evenings/weekends is essential to reduce trolleys, shorten hospital stays, and accelerate access to care. Routine weekend services including diagnostics will enable faster discharges and improve overall patient experience. Extending services beyond acute hospitals is essential; community supports must be available to facilitate safe discharges and relieve pressure on Emergency Departments.
- **Theatre Utilisation:** New theatre utilisation tool has been implemented in 22 sites with significant potential for improvement in productivity. Pilot rollout led to 1,775 additional surgeries in 6 months. Rollout to be advanced nationally, with the aim of reducing large variations identified across sites and specialisms. Predicted 7,156 additional patients annually from full rollout.
- **Digital Health:** The HSE Health App, launched in 2025, is empowering over 80,000 users with access to appointments, medical cards, and soon, a full national Electronic Health Record. This digital shift is central to improving patient experience and operational efficiency. The roll out of National digital platforms—such as the National Integrated Medical Imaging System (NIMIS) and the National Laboratory Information System (MedLIS)—are reducing duplication, improving diagnostic accuracy, and enabling secure, rapid information sharing across all public hospitals. Intelligent automation and AI are being scaled across administrative and clinical workflows, freeing staff for patient care and delivering cost savings, with a Centre of Excellence established to drive these innovations.



Governance & Accountability

4.0

4.0 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, 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 the 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 and Equality.

The key roles of the Programme Board are to:

- Provide leadership, direction, oversight, support and guidance to the Sláintecare reform programme ensuring 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 allocated, 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 met five times throughout 2025, and its minutes were published on the Department website. The co-chairs of the Board continued 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, were provided through the Cabinet Committee on Health, chaired by the Taoiseach, on a regular basis. Throughout 2025, there were six meetings held with the Projects Leads and Joint Project Leads groups.

Glossary of Abbreviations

AHR	Assisted Human Reproduction
AI	Artificial Intelligence
AVW	Acute Virtual Ward
CAF	Common Appraisal Framework
CAMHs	The Child and Adolescent Mental Health Service
CAWT	Cross-Border Cooperation and Working Together
CCS	Common Conditions Service
CDM	Chronic Disease Management
CDNT	Children's Disability Network Teams
CfL	Connecting for Life
CFS	Clinical Frailty Score
CHOs	Community Health Organisations
CHNs	Community Healthcare Networks
CITs	Community Intervention Team
CNU	Community Nursing Unit
CST	Community Specialist Teams
CT	Computed Tomography
CVW	Community Virtual Wards
CYMH	Child and Youth Mental Health
DAFM	Department of Agriculture, Food and the Marine
DCDE	Department of Children, Disability, and Equality
DEXA	Dual-Energy X-Ray Absorptiometry
DCMO	Deputy Chief Medical Officer
DFHERIS	Department of Further and Higher Education, Research, Innovation and Science
DoH	Department of Health
DNA	Did Not Attend
DVT	Deep Vein Thrombosis
ECC	Enhanced Community Care
ED	Emergency Department
EHIC	European Health Insurance Cards
EHO	European Health Observatory
EHR	Electronic Health Record
ESRI	The Economic and Social Research Institute

FEPU	Future Eligibility Policy Unit
GPACD	GP Access to Community Diagnostics
GPNM	General Practice Nurses and Midwives
HIQA	The Health Information and Quality Authority
HMMS	Hospital Medications Management System
HPSC	Health Protection Surveillance Centre
HRB	Health Research Board
HRT	Hormone Replacement Therapy
HSCP	Health and Social Care Profession
HSE	Health Service Executive
HSPA	The Health System Performance Assessment
HTA	Health Technology Assessment
HVC	Heart Virtual Clinic
ICPCD	Community Specialist Teams for Chronic Disease
ICPOP	Community Specialist Teams for Older Persons
ICSI	Intra-Cytoplasmic Sperm Injection
IFMS	Integrated Financial Management System
IGEES	Irish Government Economic Evaluation Service
IHA	Integrated Healthcare Area
InterRAI	International Resident Assessment Instrument
IOG	Implementation Oversight Group
IPDC	Inpatient and Day Case
IPH	Institute of Public Health
ITPD	Invitation to Participate in Dialogue
IVF	In-Vitro Fertilisation
MN-CMS	Maternity and Newborn Clinical Management System
MCRN	Managed Clinical Rehabilitation Network
NCEP	National Care Experience Programme
NCHDs	Non-Consultant Hospital Doctor
NCP - VTE	National Clinical Programme for Venous Thromboembolism
NCG - VTE	National Clinical Guideline on Venous Thromboembolism
NCHI	National Children's Hospital Ireland
NFMHS	National Forensic Mental Health Service
NGOs	Non-governmental Organisations
NIMC	National Implementation and Monitoring Committee
NiSRP	National Integrated Staff Records and Payroll

NOHO	National Oral Health Office
NOSP	National Office for Suicide Prevention
NPSO	The National Patient Safety Office
NRT	Nicotine Replacement Therapy
NSHAP	National Sexual Health Action Plan
NSHS	National Sexual Health Strategy, 2025 - 2035
NTDs	Neural Tube Defects
NWIHP	National Women and Infants Health Programme
OPAP	The Obesity Policy and Action Plan
OPD	Outpatient Department
PBRA	Population Based Resource Allocation
PCIP	Primary Childhood Immunisation Programme
PDS	Progressing Disability Services
PE	Pulmonary Embolism
POCC	The Public Only Consultant Contract
RHAP	Roma Health Action Plan
RMHP	Refugee and Migrant Health Partnership
RSV	Respiratory Syncytial Virus
SAOR	Support, Ask and Assist, Offer Assistance and Refer
SDSH	South Dublin Surgical Hub
SHIF	Strategic Healthcare Investment Framework
SIIF	Sláintecare Integration Innovation Programme
SMILE 2⁺	Supporting Multimorbidity Self-Care through Integration, Learning and eHealth
SPMO	Sláintecare Programme Management Office
SPoA	Single Point of Access
SPSAP	Sláintecare Patient Safety Assurance Project
StV	Sharing the Vision
THAP	Traveller Health Action Plan
UEC	Urgent and Emergency Care
UHC	Universal Health Coverage
VCIC	Virtual Care in the Community
VW	Virtual Wards
WHO	World Health Organization
WLAP	Waiting List Action Plan
WTE	Whole-time Equivalent



Rialtas na hÉireann
Government of Ireland