



HSE National Adult Palliative Care Policy Implementation Plan

2025 - 2026

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CEO Foreword

Providing care for those at the most vulnerable points in their lives is one of the greatest responsibilities we carry within our health and social care services. The Adult Palliative Care Policy Implementation Plan 2025–2026 reflects our deep commitment to that responsibility - a commitment rooted in compassion, equity, and the unwavering belief that every person living with a life-limiting illness who needs it shall receive the right palliative care at the right time and in the right place for them.

This implementation plan is a demonstration of how policy, strategy and frontline service delivery can come together in practice. It builds on the robust foundations laid by the voluntary and statutory sectors over recent decades and is guided by a clear vision: that palliative care, in all its forms, should be universally accessible, person-centred, and seamlessly integrated into the fabric of our healthcare system.

Commencing with a focus on 65 policy activities, this is an ambitious and determined start to a longer journey. Through clear direction, shared responsibility across our Health Regions, and meaningful engagement with our patients, workforce, the public, we are taking the critical first steps in realising the four strategic objectives of our national policy — providing the right care, in the right place, at the right time, delivered by the right people.

I want to acknowledge the considerable effort by Feargal Twomey, Maurice Dillon and their teams to develop this plan in a collaborative and considered way. I extend my sincere thanks to all our partners across the voluntary and statutory sectors, to our healthcare professionals, and to the patients and families whose voices continue to guide us.

As we begin implementation, we do so with determination, humility, and a shared sense of purpose. The success of this Plan will not be measured solely by targets met, but by the lives made more comfortable, the dignity preserved, and the families supported.



Bernard Gloster

CEO of the HSE

Introduction

“Palliative care is an approach to care that improves the quality of life of patients (adults and children) and their families who are facing problems associated with life-threatening illness. It prevents and relieves suffering through the early identification, correct assessment and treatment of pain and other problems, whether physical, psychosocial or spiritual”

(World Health Organisation, 2020)

Palliative care aims to help people live as actively as possible until they die and includes bereavement care for families and loved ones. Palliative care in Ireland originated in the voluntary sector through the support of local communities. This community support is a characteristic of Irish palliative care services and is highly valued by the HSE. Over the past twenty years, the HSE in conjunction with the voluntary sector and local communities have used a partnership approach to the development and delivery of palliative care services across the country. This approach has ensured the integrated provision of palliative care to people of all ages and their families whether in an acute hospital, hospice or in the community.

The National Adult Palliative Care Policy creates a vision and a roadmap for the provision of universal palliative care in Ireland. This means ensuring that everyone with a progressive life-limiting illness receives the palliative care they and their families' need, irrespective of their age, the illness they have or where they live. Both specialist palliative care, provided by healthcare teams who work fulltime in

palliative care, and general palliative care, which can be provided by any healthcare professional caring for a person with a life-limiting illness, are essential to the provision of universally accessible palliative care. Developing both general and specialist palliative care services in tandem is crucial in order to meet the ever-increasing need for palliative care provision in Ireland, and to ensure that the vision of universal palliative care is realised.

The 2024 National Adult Palliative Care Policy provides a structure to achieve the vision for universal palliative care through four strategic objectives, 25 recommendations and 104 activities.

The HSE is the lead for 91 activities and the remaining 13 activities are owned or coordinated by the Department of Health. A collaborative approach with voluntary organisations and communities will be a key success factor in implementation of the plan. The HSE National Adult Palliative Care Policy Implementation Group will be responsible for driving the delivery of the HSE activities.

The HSE have reviewed the 91 HSE owned activities, and in consultation with key stakeholders, developed detailed activity plans for each of these. Most notably, the key deliverables and associated timelines for each activity were defined.

In line with the Policy Implementation Roadmap, an iterative approach has been adopted to the implementation of policy activities; breaking the rollout into implementation cycles. This first implementation cycle covers policy activities with an implementation timeframe up to the end of 2026, and deliverables up to the same time period; a total of 65 HSE-led activities with 115 deliverables.

The remaining 26 HSE-led activities will form part of future implementation plans.

The four strategic objectives outlined in the policy are in line with Sláintecare and are the key pillars of the new policy:

- **Right Care** – Development of safe, effective and person-centred palliative care services
- **Right Time & Place** – Ensure palliative care is available and accessible to all when required
- **Right People** – Development of a skilled workforce to provide palliative care
- **Good Governance & Well Led** – Strengthen leadership and accountability and quality improvement capacity.

Monitoring progress towards achieving these strategic objectives will be a vital part in ensuring implementation is on track for success. While steps have been taken to initiate this, this will be a collaborative process with the Department of Health (DoH) Adult Palliative Care Policy Implementation Oversight Committee.

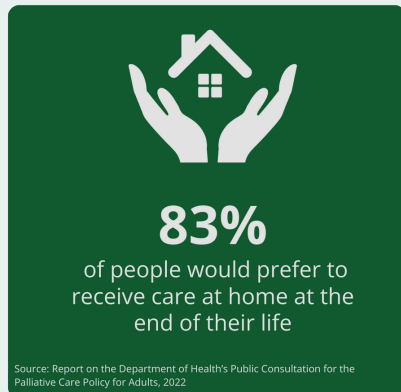
The HSE has adhered to the guidance outlined in the Implementation Roadmap of the new policy in establishing the necessary structures for supporting the development and delivery of this Implementation Plan. The membership of the reflects:

- the partnership approach with the voluntary sector that has long served palliative care in Ireland well,
- the recent transition to a Health Regions structure within the HSE, which will ensure local ownership and leadership responsibility for tailoring new developments to meet the needs of the population,
- and the inclusion of Public and Patient involvement (PPI) to ensure the voice of service users and carers remains central to the development and implementation of this Implementation Plan.

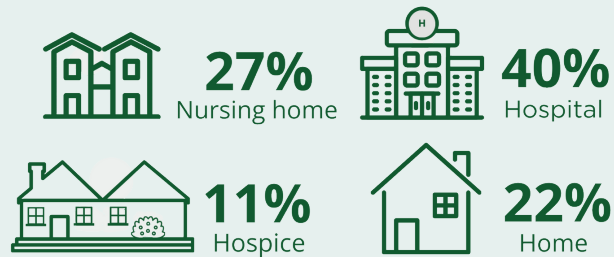
Snapshot of Palliative Care in Ireland

Palliative Care in Numbers

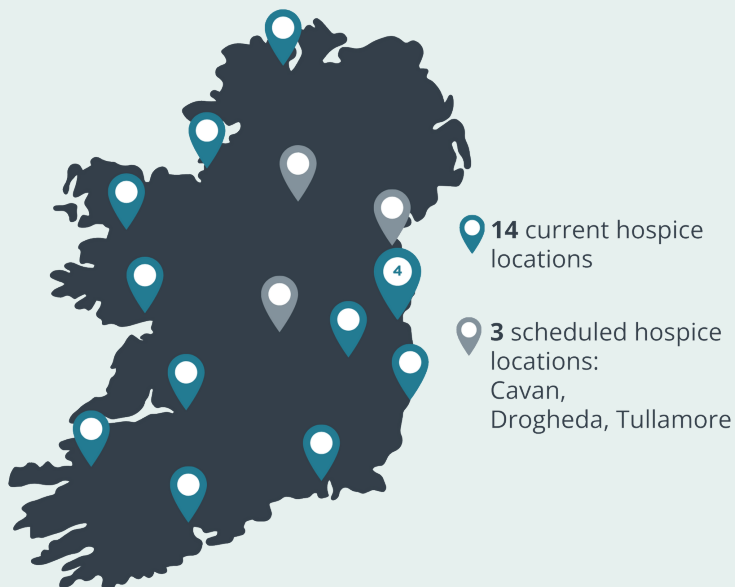
Where we are now



PLACE OF DEATH



HOSPICE LOCATIONS



Where to access information about palliative care and end of life services?



38%
of people are either unsure or do not know

Source: Report on the Department of Health's Public Consultation for the Palliative Care Policy for Adults, 2022

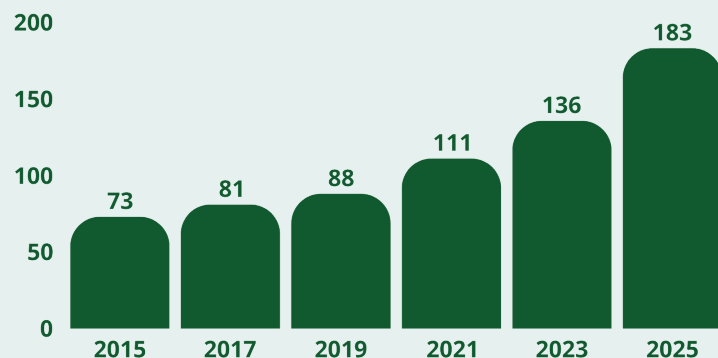
Caru

Supporting Care & Compassion
at End of Life in Nursing Homes
A continuous learning programme

374
Nursing Homes have so far participated in Caru Programme

Source: Irish Hospice Foundation, as of 25 Feb 2025

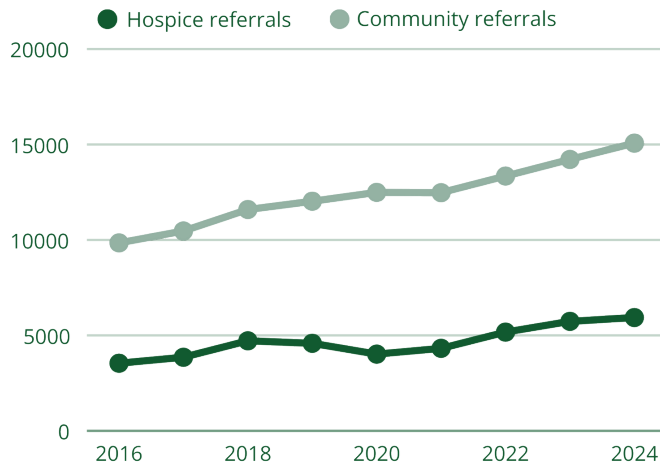
PALLIATIVE CARE BUDGET (IN €MLN)



Palliative Care in Numbers

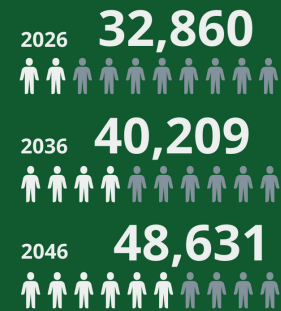
Where we are now

GROWTH OF REFERRALS 2016-2024



Source: National Office of Palliative Care, Access & Integration

EVIDENCE OF FUTURE NEED*



*Number of projected deaths in Ireland
Source: May R, Johnston BM, Normand C et al. Population-based palliative care planning in Ireland: how many people will live and die with serious illness to 2046? [version 2; peer review: 2 approved]. HRB Open Res 2020

On average

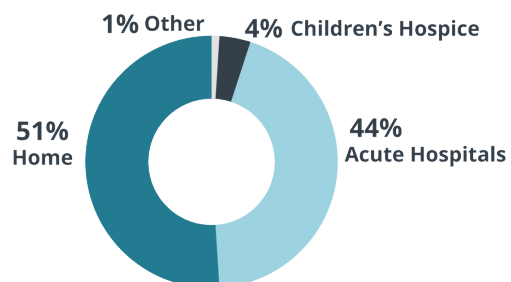
371

children per month are receiving palliative care from Clinical Nurse Coordinators



Source: National Office of Palliative Care, Access & Integration, 2024

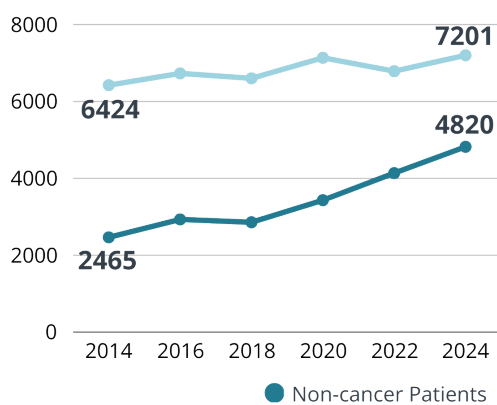
PLACE OF DEATH OF CHILDREN RECEIVING PALLIATIVE CARE



Source: National Office of Palliative Care, Access & Integration, 2020-2024

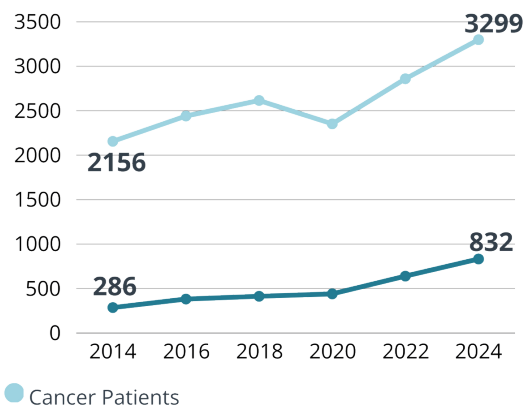
INCREASE IN PATIENTS RECEIVING SPECIALIST PALLIATIVE CARE IN:

COMMUNITY SERVICES



Source: National Office of Palliative Care, Access & Integration,

HOSPICES



Implementation and Governance

The Implementation Roadmap within the National Adult Palliative Care Policy outlines the approach to its implementation, recognising that this will take place over a number of years. It differentiates between the roles of the Department of Health (DoH) Adult Palliative Care Policy Implementation Oversight Committee and the HSE National Adult Palliative Care Policy Implementation Group.

The Department of Health Adult Palliative Care Policy Implementation Oversight Committee will monitor the overall implementation of the policy, oversee the work of the HSE National Adult Palliative Care Policy Implementation Group, and assist the HSE in addressing high level challenges. It is also responsible for establishing sub-committees to support the implementation of non-HSE policy recommendations and organising an independent evaluation of the new policy.

The HSE National Adult Palliative Care Policy Implementation Group will provide the direction and leadership required to deliver this Implementation Plan.

Initially, each HSE-owned activity was reviewed and key stakeholders involved in their delivery were consulted with. Drawing input from these key stakeholders, a project plan was developed for each activity. These activity plans were used to inform the Implementation Plan (see section: Implementation Plan of HSE owned policy activities 2025 – 2026) which contains detailed deliverables (see Glossary of Terms), owners and timelines for the years 2025 and 2026.

In order to ensure the new policy is fully implemented and that healthcare workers, patients, their families and communities will benefit from high quality and accessible palliative care, it is envisaged that at least

two further HSE Implementation Plans (or cycles) will be required over the next seven years. Each cycle of implementation planning will benefit from the experience of and learning from the previous cycle. It is anticipated that as policy implementation progresses, Implementation Plans will come to have an increased regional focus to reflect local community priorities and developments.

This first Implementation Plan outlined in the next chapter is for the time period 2025 and 2026 and contains 115 deliverables from 65 HSE led activities; an ambitious start to achieving the goal of universal access to palliative care in Ireland.

Monitoring Implementation

Monitoring progress and short-term impact

Working with the HSE Health Regions and Voluntary partners, the HSE National Adult Palliative Care Policy Implementation Group will oversee implementation and monitor progress to ensure implementation is on track; proactively addressing issues and risks that may impede progress.

The policy highlights the limited number of metrics available in palliative care (particularly general palliative care). As recommended in the policy, both the HSE National Adult Palliative Care Policy Implementation Group and the DoH Adult Palliative Care Policy Implementation Oversight Committee will adopt a Programme Results Framework (PRF) approach as a mechanism for monitoring implementation progress, and the immediate to short-term impact of the policy.

Initially, the HSE National Adult Palliative Care Policy Implementation Group propose to monitor implementation of the plan by tracking the progression of activity deliverables against identified timeframes. A quarterly report will be produced for the DoH Adult Palliative Care Policy Implementation Oversight Committee. This report will provide a BRAG status update (Blue, Red, Amber, Green) against each

activity (based on the progress of their deliverables) within the 2025 - 2026 time period, and will highlight key achievements, notable progress updates, and any issues blocking progress.

Each deliverable is assigned one clear owner who is responsible for driving the work, as well as potential Deliverable Supporter(s)

Each activity is assigned one HSE Co-Ordinator who will be responsible for communicating with Deliverable Owners.

Activity objectives (see glossary of terms) have been defined as a means to clarify the purpose of each activity and articulate the intended shorter-term impact of fully implementing an activity (see Figure 1 and Figure 2).

Designing this process will take time to take shape as implementation gets underway and will undergo further iterations. Using this Programme Results Framework will also help inform future Implementation Plans.

Implementation of the National Adult Palliative Care policy has been prioritised as a Strategic Programme within the HSE Transformation Portfolio, therefore the HSE Board via the Strategy and Reform Committee will receive updates as part of the HSE Transformation Programme reporting cycle.

Zone	Rating	Scoring Criteria
Blue	5	Activity Completed in regards to the HSE National Adult Palliative Care Policy Implementation Plan: 2025 - 2026
Green	4	Strong Assurance that the activity will be fully achieved , on the basis that: 100% of deliverables are currently on track and this is expected to be maintained; and - There are no material issues or risks that are expected to impact on the achievement of the activity.
	3	Assurance that the activity will be substantially achieved , on the basis that: ≥ 80% but <100% of deliverables are currently on track and this is expected to be maintained; and - To the extent that there are material issues or risks to the achievement of the action, mitigations are in place.
Amber	2	Concerns that the activity will only be partially achieved , on the basis that: ≥ 50% but <80% of deliverables are currently on track; and - There are material issues or risks to the achievement of the action, with some mitigations in place.
Red	1	Significant Concerns that the activity will not be achieved , on the basis that: <50% of deliverables are currently on track; and - There are material issues or risks to the achievement of the action, with limited or no effective mitigations in place.

Figure 1. BRAG rating

Figure 2. Example quarterly update

Department of Health National Adult Palliative Care Policy Activity	Objective	Strategic Goal	HSE Co- Ordinator	Deliverable(s)	Deliverable Owner	Deliverable Supporter	Deliverable Timeframe	BRAG Status	Quarterly Status Update
10.3 Develop essential enablers to the delivery of integrated palliative care including data collection and the sharing capability and the implementation of shared systems such as summary care records, shared care records, electronic health records, anticipatory and advance care plans, and advanced healthcare directives.	Develop capacity and readiness of palliative care services to adopt and implement a clinical management system which will provide timely access to key patient information to support provision of quality palliative care.	Strategic goal 2: Right place and right time	NLPC	Complete landscape review of existing systems / eHealth infrastructure in Specialist Palliative Care.	HSE Technology & Transformation	Specialist Palliative Care Provider Network	Q2 2025	4	[Narrative on key achievements, milestones, upcoming blockers or events of note]
				Sign off on blueprint for CMS for Specialist Palliative Care and CAMHS as part of community connect programme.		NLPC, NCPPC, Specialist Palliative Care Provider Network	Q4 2025		
				Phase 1 implementation of CMS commenced in Milford Care Centre and Our Lady's Hospice & Care Service as part of Community Connect Programme.	Health Regions, NLPC	Health Regions, NLPC	Q2 2026		
				Implementation completed in Milford Care Centre and Our Lady's Hospice & Care Service as part of Community Connect Programme. Plan and timelines established for full rollout of CMS for all Specialist Palliative Care services.			Q3 2026		

Longer-term monitoring – measuring medium, to longer-term impact

Measuring the longer-term impact of implementing the National Adult Palliative Care Policy on individuals, their families, and service providers will be vital in ensuring success of this programme. The policy highlights that high level, medium to long-term impact of the policy will be monitored through a Policy Indicator Framework (indicators related to each of the four strategic goals set out in the policy), and lists tangible indicators to be reported against, once implementation is in mature stages.

As previously mentioned, the policy highlights the issue of data gaps in specialist and general palliative care which must be addressed in order to gain a full understanding of palliative care provision, and to be able to report on policy impacts. While it will be possible to expand some existing measures to monitor progress against the indicators listed against each strategic goal in the policy, there is a definite need for additional measures to be developed. The HSE National Adult Palliative Care Implementation Group will address data gaps throughout the lifecycle of policy implementation.

Risk management

The HSE National Adult Palliative Care Policy Implementation Group will apply the HSE's approach to risk management as outlined in the HSE's 2023 Risk Management Policy. Having a project plan for each policy activity supports the management of risk as close as possible to the level where it may occur.

Programmatic level risks will be overseen and monitored by the HSE National Adult Palliative Care Policy Implementation Group which will maintain a risk register to proactively identify and mitigate programmatic risks to support successful policy implementation.

Communication and Engagement

Whilst this plan was being developed, the HSE National Adult Palliative Care Implementation Group undertook a number of key communication activities to engage with healthcare professionals, service users, and their families to disseminate what the new policy means for them, and to prepare HSE digital resources to share information on palliative care services.

Some examples of these include:

- A webinar with over 400 attendees, hosted by the HSE in conjunction with the All Ireland Institute of Hospice and Palliative Care in October 2024, which provided an overview of the new policy, its recommendations, planned actions and the next steps to support policy implementation.
- Slide-decks have been produced for local healthcare teams; breaking down the policy's recommendations and actions and providing talking points to facilitate discussion on how these teams can support implementation.
- The National Clinical Programme for Palliative Care and National Lead for Palliative Care, Access & Integration, have met with professional groups and presented at a number of conferences and seminars as part of a 'roadshow' of dissemination for the policy.
- Production of a podcast between Clinical Lead for the National Clinical Programme for Palliative Care and the Director of Nursing at North West Hospice to discuss what it means for them.
- Inclusion of palliative care in the HSE Area Finder, a tool which enables healthcare professionals to find appropriate contact information for referrals in primary care and community services for a patient via their Eircode.
- Highlighting the purpose, roles, functions, and breadth of palliative care services using interviews with frontline clinicians, as well as patients and family members through HSE communication channels.

Throughout the implementation of the policy, progress and key learnings will continue to be communicated to key stakeholders. In addition to quarterly reporting mentioned previously, National Consultative forums will be hosted annually to promote engagement with Health Regions. Additional communications will be developed throughout implementation of this plan to share learnings and success stories from the programme of work, and consult with wider stakeholders.

Implementation Plan of HSE Owned Policy Activities 2025 – 2026

In order to clearly see interdependencies among activities, the HSE National Adult Palliative Care Policy Implementation Group have grouped HSE owned policy activities between 2025 – and 2026 into 5 themed workstreams:

Workstream	Total Activities	Total Deliverables
Community Development and Public Engagement	8	10
Education, Training, and Research	14	28
Health information systems and performance metrics	10	17
Service Design, Delivery, and Integration	22	42
Workforce Planning	11	18
	65	115

The HSE National Adult Palliative Care Policy Implementation Group have identified the key deliverables for each activity 2025-2026. Monitoring progress towards producing these key outputs will help in gauging if the activity is on track for successful implementation (see Monitoring implementation section).

As a further aid in gauging successful delivery of an activity, an objective for each activity has been created by the HSE National Adult Palliative Care Policy Implementation Group. Objectives are the immediate to medium term impact the activity is expected to have.

Each activity is also aligned to one of the Strategic Objectives laid out in the policy to ensure progress toward achieving these is maintained. As previously mentioned, in later stages of implementation, progress towards achieving these will be reported on using a Policy Indicator Framework.

Workstream 1:

Community Development and Public Engagement

Improving public awareness and understanding about palliative care and promoting conversations about dying, death and bereavement is a cornerstone of the National Adult Palliative Care Policy 2024. Establishing a workstream on community development and public engagement is important to coordinate and drive new policy recommendations and activities to enhance compassionate communities, strengthen volunteering and improve public knowledge about serious illness, palliative care and bereavement care.

A key component of the National Adult Palliative Care Policy is to enhance the capacity of communities to support people with serious illness along with families who have been bereaved. Compassionate communities is an international model of community development in palliative care based on a public health approach. To progress this recommendation this Implementation Plan includes early actions/ deliverables which aim to share the learning from existing compassionate communities programmes and work in partnership with communities to develop local initiatives which have potential to be evaluated and scaled up.

The new policy aspires to developing a culture of volunteering across all palliative care services and organisations in the country. Volunteerism has many benefits for services, communities and the volunteers themselves. Currently many services have developed opportunities and roles for volunteers to support palliative care provision in their hospice and communities. The new policy commits to establishing regional volunteer coordinator posts to ensure volunteering is part of all palliative care services

across the country. This Implementation Plan contains actions to harness learning from existing volunteer programmes, develop role descriptions for volunteer coordinator posts and support the introduction of volunteer coordinators into a national Volunteer Coordinator Network.

Public and Patient Involvement (PPI) in the development of local services is an important element of the policy. Building on the learning from the existing national PPI group Voices for Care, the Implementation Plan includes foundation steps to build capacity at a regional level for services to establish and utilise patient and family member involvement to improve palliative care service delivery.

Workstream 1: Community Development and Public Engagement

Department of Health National Adult Palliative Care Policy Activity	Objective	HSE Co-Ordinator	Deliverable(s)	Deliverable Owner	Deliverable Supporter	Deliverable Timeframe	Strategic Goal
5.2 Identify, evaluate and implement exemplar models of community action in palliative, end-of-life care and bereavement through competitive applications to the Sláintecare Healthy Communities Programme.	To submit successful applications to Sláintecare Healthy Communities program which support development of compassionate communities	NLPC	Share programme application information with Specialist Palliative Care services on process to apply for Sláintecare Healthy Communities Programme investment.	NLPC	DoH	Q2 2025	Strategic goal 1: Right care
19.2 Establish a National Palliative Care Volunteer Coordinators network.	Volunteer coordinator network is in place and coordinators are working in a cohesive manner to support Specialist Palliative Care volunteering across the country.	NLPC	Volunteer coordinator network, supported by the AIHPC, is established.	AIHPC		Q2 2025	Strategic goal 3: Right people
17.4 Develop and support a national public, patient, and carer forum for engagement with palliative care research and innovation.	Train public, patient, and carers in palliative care and research in order to meaningfully engage with the National Public, Patient and Carer Forum; support researchers to meaningfully engage with public, patient and carers to improve palliative care practice and support policy	NLPC	AIHPC to host an awareness event for researchers to promote engagement with Public and Patient Involvement (PPI) throughout the research lifecycle via the National Public, Patient and Carer Forum.	AIHPC	NLPC	Q3 2025	Strategic goal 3: Right people
			AIHPC to provide training and support to Voices4Care members regarding palliative care and research so they may meaningfully engage in the newly established National Public, Patient and Carer Forum.	AIHPC	NLPC	Q4 2025	

Workstream 1: Community Development and Public Engagement

Department of Health National Adult Palliative Care Policy Activity	Objective	HSE Co-Ordinator	Deliverable(s)	Deliverable Owner	Deliverable Supporter	Deliverable Timeframe	Strategic Goal
31 Conduct a review of the All Ireland Adult Palliative Hub; use findings to inform its future development and the development of evidence-based training and support programmes for family caregivers.	Conduct full reviews of the Palliative Hub - Adult and Palliative Hub - Carers and co-design the re-development of the sites with Voices4Care, carer organisations and health and social care professionals. Going forward, support development of evidence based training and support programmes for family carers including online resources.	NLPC	Review and update Palliative Care Adult hub with contemporary and accurate information to ensure it meets the needs of patients, carers and the wider public.	AllHPC		Q4 2025	Strategic goal 1: Right care
19.1 Implement a volunteer coordinator post in the integrated palliative care network of each Regional Health Area.	Appoint a volunteer coordinator in each Health Region for Specialist Palliative Care services.	NLPC	Specialist Palliative Care network to agree job description and grading of the volunteer coordinator role.	Specialist Palliative Care Provider Network	NLPC	Q1 2026	Strategic goal 3: Right people
			Health Region/ Specialist Palliative Care Services to develop a plan for appointment of volunteer coordinator(s) for Palliative Care services in their region if gaps exist.	Health Regions		Q3 2026	
11.1 Develop and implement a Communication and Awareness Plan for Palliative Care Health and Wellbeing in the Wider Community.	To engage the public to increase awareness of the differing levels of palliative care support and who and how this might be delivered across communities. Specifically focusing on the role of the primary palliative care teams.	NLPC	Develop a Communication and Awareness Plan for Palliative Care Health and Wellbeing in the wider community, utilising the IHF National Think Ahead Campaign and liaising with key National Stakeholders such as HSE Public Health, IHAs, Primary Palliative Care Committee, ICGP, PUJ, etc.	IHF		Q3 2026	Strategic goal 2: Right place and right time

Workstream 1: Community Development and Public Engagement

Department of Health National Adult Palliative Care Policy Activity	Objective	HSE Co-Ordinator	Deliverable(s)	Deliverable Owner	Deliverable Supporter	Deliverable Timeframe	Strategic Goal
17.2 Develop and implement action plans for Public and Patient Involvement (PPI) engagement in palliative care.	Support Public and Patient Involvement (PPI) engagement throughout palliative care services in a consistent and cohesive manner across all services.	NLPC	Report on the scope of role, function and vision for Public and Patient Involvement in Specialist Palliative Care at a regional and national level.	AIHPC		Q3 2026	Strategic goal 3: Right people
19.5 Implement a standard code of conduct for volunteers to offer protection and clarity on expectations while volunteering and to ensure best practice.	Volunteers in specialist palliative apply best practice guidelines in a safe manner and are confident that they are secure in meeting the needs of the service.	NLPC	Standard code of conduct for Volunteers for Specialist Palliative Care Services is in place after consultation with Specialist Palliative Care Services and HSE HR.	NLPC	AIHPC	Q4 2026	Strategic goal 3: Right people

Workstream 2:

Education, Training and Research

Education and research are key to achieving the goal of universal access to palliative care. Establishing a workstream that incorporates education and training will drive policy recommendations and actions to ensure health care staff are equipped with the knowledge and skills to provide high quality palliative care in all care settings. This applies to all healthcare staff who provide each level of palliative care to people with life-limiting illnesses in our hospitals, in any community setting or in a specialist inpatient hospice unit. Between 2025 and 2026, the HSE National Healthcare Communications Programme and the Irish Hospice Foundation will deliver a wide range of tailored training to support health care professionals communicate effectively with patients and their families during end of life care.

The HSE, Irish Hospice Foundation (IHF) and All-Ireland Institute of Hospice and Palliative Care (AIHPC) will continue their partnership in the delivery of the Caru nursing home programme for palliative care, end of life and bereavement care. The Caru programme aims to support nursing homes and their staff to recognise the palliative care needs of their residents and their families. The staff can provide general palliative care, and can request the input of the local specialist palliative care team when more complex palliative care needs are identified. This will enable more residents to receive palliative care including end of life care in their preferred place of care. The AIHPC will update and promote the palliative care, end of life and bereavement education database as a resource for all health care professionals to identify and access training relevant to their needs.

Services will work in conjunction with universities to increase student placement opportunities within specialist palliative care services to enhance learning opportunities. Student placements benefit both the student as well as the service and supports future recruitment of staff to the palliative care sector. As palliative care services develop and expand in line with the new policy it will be important to generate greater interest, build knowledge and competence in working in palliative care amongst healthcare professionals. The development of a national palliative care education network to bring educators and clinicians together will be a key enabler to improving the organisation and delivery of palliative care education and research across the country.

Workstream 2: Education, Training and Research

Department of Health National Adult Palliative Care Policy Activity	Objective	HSE Co-Ordinator	Deliverable(s)	Deliverable Owner	Deliverable Supporter	Deliverable Timeframe	Strategic Goal
1.9 Develop and implement simulation training for central line use and care for children and adults.	Ensure community Specialist Palliative Care teams are proficient in use of central venous access devices where they are in place for children and adults.	NLPC	National Lead Palliative care compile and share existing training resources available to Specialist Palliative Care teams in handling and use in central venous access device.	NLPC	ONMSD	Q2 2025	Strategic goal 1: Right care
16.1 Update, maintain and promote the Palliative Care Education and Bereavement Education Database.	To improve awareness and access to palliative care education across the Republic of Ireland and Northern Ireland through the open access searchable Palliative Care Education and Bereavement Database managed by Quality and Qualification Ireland.	NLPC	Refresh and update Palliative Care Education and Bereavement Education Database and develop a schedule for both further reviews and promotion.	AIHPC		Q2 2025	Strategic goal 3: Right people
16.2 Review the curricula of postgraduate degrees or Higher Specialist Training in palliative care to incorporate content relating to the end-of-life care of children and young people in the home setting by adult palliative care teams.	Children with life-limiting conditions will receive care from healthcare professionals who are competent to provide it. Training will support healthcare professionals to deliver the palliative care approach, general or Specialist Palliative Care as outlined in the Palliative Care Competence Framework depending on the needs of each individual child or young adult and their families.	NCPPC	Higher Specialist Training in Palliative Medicine will include content relating to the provision of palliative care to children and young adults with life-limiting conditions.	NCPPC		Q2 2025	Strategic goal 3: Right people

Workstream 2: Education, Training and Research

Department of Health National Adult Palliative Care Policy Activity	Objective	HSE Co-Ordinator	Deliverable(s)	Deliverable Owner	Deliverable Supporter	Deliverable Timeframe	Strategic Goal
17.1 Demonstrate board/management support and release of staff for leadership training, networking, and practice development opportunities.	Develop leadership capacity within the palliative care sector from "board to floor" to ensure sector continues to drive quality improvement and innovation in line with new policy.	NLPC	Specialist Palliative Care Provider Network to share opportunities for leadership training along with local service initiatives for leadership development in the group.	Specialist Palliative Care Provider Network	NLPC, NCPPC	Q3 2025	Strategic goal 3: Right people
			Include in Specialist Palliative Care quarterly service reports, updates on service initiatives that support staff to participate in leadership training and practice development.			Q3 2025	
15.1 Support the further development of a national Palliative Care Education Network as a community of practice with the aim of bringing educators, clinicians, and stakeholders together to improve the national organisation and delivery of education through effective collaboration.	Establish the Palliative Care Education Network to improve the national organisation and delivery of education to improve palliative care practice.	NLPC	Re-establish AllHPC's Palliative Care Education Network ensuring participation of all key stakeholders required to drive the development of education in Palliative Care.	AllHPC	NLPC, NCPPC	Q3 2025	Strategic goal 3: Right people

Workstream 2: Education, Training and Research

Department of Health National Adult Palliative Care Policy Activity	Objective	HSE Co-Ordinator	Deliverable(s)	Deliverable Owner	Deliverable Supporter	Deliverable Timeframe	Strategic Goal
2.5 Produce and disseminate modules for communications training relating to the provision of palliative and end-of-life care.	Training and resources available for healthcare professionals to aid with conversations around wishes and preferences at end of life.	NLPC	To develop a targeted campaign to promote the implementation of Advance Care Planning documentation within Nursing Homes participating in the Caru Program.	IHF		Q4 2025	Strategic goal 1: Right care
			Deliver communications training as part of the Caru Nursing Home Quality Improvement Workshops across the six Health Regions.	IHF		Q4 2025	
			Deliver Hospice Friendly Hospitals - Final Journeys Paediatric setting to 150 participants in seven Hospitals.	IHF	Health Regions	Q4 2025	
			Deliver Hospice Friendly Hospitals - Final Journeys Adult Program in 30 hospitals to 1500 participants).	IHF	Health Regions	Q4 2025	
			Translation of IHF end of life and bereavement information booklets into various languages to respond to the cultural diversity in the population.	IHF		Q4 2025	
			Deliver and evaluate new communications training programme 'Doctors & Practitioner Practical Language & Phrases' in 15 hospitals.	IHF	Health Regions	Q4 2025	
			Rollout of training modules 1 – 11 of the National Healthcare Communication Programme. In particular the delivery of Module 10: 'End of Life conversations' and supporting materials to 160 participants.	NHCP	Health Regions	Q4 2025	
			Development of Module 10 Facilitator Training , workshop supporting materials and delivered to 160 participants.	NHCP	Health Regions	Q4 2025	

Workstream 2: Education, Training and Research

Department of Health National Adult Palliative Care Policy Activity	Objective	HSE Co-Ordinator	Deliverable(s)	Deliverable Owner	Deliverable Supporter	Deliverable Timeframe	Strategic Goal
16.3 Provide funding for the review and ongoing development of educational materials and courses for GP and primary care staff.	To establish and deliver training which increases the primary palliative care capacity and understanding in the community.	NLPC	Provide funding for educational materials and courses for primary care staff including GPs.	IHF	NLPC	Q4 2025	Strategic goal 3: Right people
			Each service will engage with their local GP training scheme and seek to increase GP placements across Specialist Palliative Care.	Specialist Palliative Care Provider Network	Clinical Programme	Q4 2026	
20.6 Support the continued implementation of the national quality improvement project on palliative, end-of-life and bereavement care for the nursing home sector and conduct an evaluation of effectiveness 3-5 years after commencement.	To enhance the delivery of palliative, end of life and bereavement care to nursing home patients and families.	NLPC	Programme to be delivered to 144 new Nursing Homes both Public and Private in the Republic of Ireland in 2025.	IHF	NLPC, AIHPC	Q4 2025	Strategic goal 4: Good governance
			650 Caru Death Reviews to be completed by nursing home participants and bereaved relatives.		NLPC, IHF	Q4 2025	
			9 project ECHO (Extension for Community Healthcare Outcomes) Networks delivered across Health Regions as part of the Caru Programme.	AIHPC	IHF	Q4 2025	
			Completion of the UCD Midway Evaluation of the Caru Programme.	IHF	NLPC, AIHPC	Q4 2025	
			Programme delivered in line with 2026 programme plan 2026, including achievement of agreed quarterly targets.			Q4 2026	

Workstream 2: Education, Training and Research

Department of Health National Adult Palliative Care Policy Activity	Objective	HSE Co-Ordinator	Deliverable(s)	Deliverable Owner	Deliverable Supporter	Deliverable Timeframe	Strategic Goal
15.3 Strengthen the development of academic departments that link palliative care and university settings by expanding faculty capacity and capability.	To establish formal academic departments between Specialist Palliative Care services and Higher Education Institutions.	NLPC	Each Health Region to review existing academic relationships to explore developing formal academic structures.	Health Regions	Specialist Palliative Care Provider Network	Q1 2026	Strategic goal 3: Right people
15.4 Increase student placement opportunities in palliative care.	Specialist Palliative Care providers provide student placements in all health regions across all healthcare disciplines.	NLPC	Conduct a mapping exercise amongst all providers to determine the current level of engagement in student placements across all disciplines, and identify potential enablers / barriers to facilitating more student placements.	Specialist Palliative Care Provider Network	Clinical Programme	Q1 2026	
			Each Service will engage with their own staff and HEI training providers to identify an agreed number of student placements for 2026 / 27.			Q2 2026	
25.4 Support the development of regional Specialist Palliative Care Education and Research Centres within fully co-ordinated partnerships between universities and healthcare organisations.	Universities and palliative care services work together in partnership to enhance research, education and practice for the benefit of patients and staff.	NLPC	Develop a regional resourcing model for palliative care services and universities that will support partnerships in education and research.	NLPC	Specialist Palliative Care Provider Network	Q2 2026	Strategic goal 4: Good governance

Workstream 2: Education, Training and Research

Department of Health National Adult Palliative Care Policy Activity	Objective	HSE Co-Ordinator	Deliverable(s)	Deliverable Owner	Deliverable Supporter	Deliverable Timeframe	Strategic Goal
1.8 Develop prescribing guidance to support services providing palliative care to children.	Provide an online prescribing guidance to support services providing palliative care to children to ensure that all medication administered to children is in accordance with evidence based and safe practise.	NCPPC	Establish a time defined working group to develop prescribing guidance to support services providing palliative care to children.	NCPPC		Q3 2026	Strategic goal 1: Right care
25.3 Develop and maintain a national palliative care research knowledge transfer function to develop a comprehensive knowledge management framework.	Palliative care services are harnessing and integrating research and evidence into every day practice.	NLPC	Commission a scoping paper to: 1. Identify and describe key elements of a comprehensive knowledge transfer function for palliative care in Ireland. 2. Map existing knowledge transfer function infrastructure, processes and funding already in place for palliative care in Ireland.	NLPC	HSE Research & Development	Q3 2026	Strategic goal 4: Good governance
25.5 Develop clinical academic posts with an explicit contractual remit for clinical service, research, and education across each integrated palliative care network and partner university as part of the academic health science system according to the workforce planning models. Include, at a minimum, a Professor in Palliative Medicine and a Professor in Palliative Care and adequate staffing to support clinical placements in each Regional Health Area.	Universities and palliative care services work together in partnership to enhance research, education and practice for the benefit of patients and staff.	NLPC	Services within each Health Region to work together to prioritise development of business cases for clinical academic posts in line with the agreed national model for submission to new service development process 2026.	Health Regions		Q3 2026	Strategic goal 4: Good governance

Workstream 3:

Health Information Systems and Performance Metrics

The policy recognises gaps in data collection, information gathering and their use to record the provision of population-based palliative care, but importantly also to measure and improve healthcare outcomes. The activities in this workstream call for changes to the information and clinical management infrastructures/systems that underpin the delivery of palliative care services.

Focused efforts are needed to tackle the systemic barriers related to data infrastructure and information sharing to further progress integrated care between specialist and general providers of palliative care. Shared systems such as summary care records, shared care records and electronic healthcare records are essential building blocks in the provision of integrated care. Coordinated palliative care service design across all applicable Clinical Programmes, can be achieved through collaboration between the National Clinical Programme for Palliative Care and other key Clinical Programmes.

The incorporation by services providing palliative care of a culture of continuous quality improvement and data-driven self-assessment will ensure that continuous improvement is embedded in palliative care service delivery. Quality of end-of-life care will be audited in the hospital setting, with the aim of guiding quality improvement initiatives that enhance the experiences of patients, caregivers, and support healthcare professionals in the delivery of palliative care to those who need it.

The Palliative Care Measurement and Reporting Working Group to be convened as an action within the policy, will focus on determining measurement priorities, addressing identified gaps, and evaluating the quality of core measurement sets. Their work will align with the ongoing development of the Health System Performance Assessment Framework for Ireland. Recommendations from the Working Group will guide the further development of the Minimum Dataset, performance management metrics and the systems required to facilitate measurement priorities. Implementation of a clinical management system (CMS) in specialist palliative care services will provide real-time, electronic access to comprehensive, contemporaneous and relevant patient health information and support provision of high quality palliative care. A web-based symptom management resource would greatly assist health care professionals in managing the symptoms of patients with life limiting conditions.

Providing universal access to palliative care depends on having high-quality information to inform service development. Creation of an Atlas of Variation, which allows for the identification and analysis of access and outcomes will guide decisions to enhance and reduce disparities in palliative care and end of life care services.

Workstream 3: Health Information Systems and Performance Metrics

Department of Health National Adult Palliative Care Policy Activity	Objective	HSE Co-Ordinator	Deliverable(s)	Deliverable Owner	Deliverable Supporter	Deliverable Timeframe	Strategic Goal
6.5 Update Health Atlas to include data on palliative care services and providers.	Enable the identification of Palliative Care services by updating Health Atlas Finder to include Palliative Care services and providers.	NLPC	Complete a report scoping decision makers needs for a national palliative care Atlas for Ireland.	HSE National Health Intelligence Unit	NLPC, Specialist Palliative Care Provider Network	Q1 2025	Strategic goal 1: Right care
			Health Atlas Ireland Finder updated to include Palliative care services and providers.		NLPC	Q1 2026	
22.1 Review the set of performance management metrics for palliative care with the aim of strengthening the national information system, aligning with the new policy, and creating the conditions to link data across systems.	Review minimum dataset of palliative care to align and integrate with HSE Planning and Performance review of KPI's.	NLPC	Engage with HSE planning and performance in relation to review of wider metrics.	NLPC	HSE Planning & Performance	Q1 2025	Strategic goal 4: Good governance
10.3 Develop essential enablers to the delivery of integrated palliative care including data collection and sharing capability and the implementation of shared systems such as summary care records, shared care records, electronic health records, anticipatory and advance care plans, and advanced healthcare directives.	Develop capacity and readiness of palliative care services to adopt and implement a clinical management system which will provide timely access to key patient information to support provision of quality palliative care.	NLPC	Complete landscape review of existing systems / eHealth infrastructure in Specialist Palliative Care.	HSE Technology & Transformation	Specialist Palliative Care Provider Network	Q2 2025	Strategic goal 2: Right place and right time
			Sign off on blueprint for CMS for Specialist Palliative Care and CAMHS as part of community connect programme.		NLPC, NCPPC, Specialist Palliative Care Provider Network	Q4 2025	

Workstream 3: Health Information Systems and Performance Metrics

Department of Health National Adult Palliative Care Policy Activity	Objective	HSE Co-Ordinator	Deliverable(s)	Deliverable Owner	Deliverable Supporter	Deliverable Timeframe	Strategic Goal
10.3 Develop essential enablers to the delivery of integrated palliative care including data collection and sharing capability and the implementation of shared systems such as summary care records, shared care records, electronic health records, anticipatory and advance care plans, and advanced healthcare directives.	Develop capacity and readiness of palliative care services to adopt and implement a clinical management system which will provide timely access to key patient information to support provision of quality palliative care.	NLPC	Phase 1 implementation of CMS commenced in Milford Care Centre and Our Lady's Hospice & Care Service as part of Community Connect Programme.	HSE Technology & Transformation	Health Regions, NLPC	Q2 2026	Strategic goal 2: Right place and right time
			Implementation completed in Milford Care Centre and Our Lady's Hospice & Care Service as part of Community Connect Programme. Plan and timelines established for full rollout of CMS for all Specialist Palliative Care services.			Q3 2026	
17.3 Ensure there is active public and patient involvement (PPI) representation in the National Clinical Programme for Palliative Care Working Group.	Ensure that the lived experience of persons with palliative care need, or persons at end of life and their families guide the future development of palliative care services.	NCPPC	Service user representative on the NCPPC working group.	NCPPC		Q2 2025	Strategic goal 3: Right people

Workstream 3: Health Information Systems and Performance Metrics

Department of Health National Adult Palliative Care Policy Activity	Objective	HSE Co-Ordinator	Deliverable(s)	Deliverable Owner	Deliverable Supporter	Deliverable Timeframe	Strategic Goal
20.2 Embed quality improvement and data-driven, self-assessment systems alongside external review, so that continuous improvement becomes an integral part of service delivery.	To lead and develop a Quality Assurance and Improvement (QA&I) Enablement programme within Specialist Palliative Care services.	NLPC	Establish National Palliative Care QA&I shared learning forum area on the Palliative Hub - Learning Platform.	AIIHPC		Q2 2025	Strategic goal 4: Good governance
			Develop a work plan for 2025/26 to drive priority quality improvement and work streams.			Q2 2025	
20.5 Support the ongoing development of national collaborative that provide system-wide leadership in quality improvement and shared learning.	Develop a national collaborative for shared learning and quality improvement in Specialist Palliative Care.	NLPC	Develop a work plan for 2025/26 to drive priority quality improvement and work streams.	AIIHPC		Q2 2025	Strategic goal 4: Good governance
22.3 Develop and maintain a modern and standardised palliative care ICT infrastructure.	Ensure that Palliative Care Services have an ICT infrastructure to support provision of Palliative care Services.	NLPC	Complete Landscape review in conjunction with HSE Technology & Transformation to identify current digital landscape and ICT infrastructure in Specialist Palliative Care.	HSE Technology & Transformation	Specialist Palliative Care Provider Network	Q2 2025	Strategic goal 4: Good governance
			As part of the Community Connect Programme each service will engage with the programme roll out in the planning for a modern ICT infrastructure to facilitate digital care /community connect solution.			Q4 2026	

Workstream 3: Health Information Systems and Performance Metrics

Department of Health National Adult Palliative Care Policy Activity	Objective	HSE Co-Ordinator	Deliverable(s)	Deliverable Owner	Deliverable Supporter	Deliverable Timeframe	Strategic Goal
20.4 Develop and implement a national audit of end-of-life care in the hospital setting.	To audit the quality of end of life care provided in the hospital setting in order to inform quality improvement initiatives to improve patient, carer and healthcare professionals' experiences.	NCPPC	Commission a further deeper analysis of the quantitative and qualitative data from the National End of Life Survey data on the findings across hospital settings.	IHF	NCPPC	Q3 2025	Strategic goal 4: Good governance
			A completed report of a deeper analysis of the National End of Life Survey data on findings across hospital settings.			Q4 2026	
22.2 Establish a Palliative Care Measurement and Reporting Working Group which will: - Establish measurement priorities that address the national aims for improvement and that meet the common information needs of the public, service providers, HSE, and Department of Health. - Address measurement gaps in palliative care and provide expert guidance on the development and maintenance of palliative care quality measurement, data collection, and reporting standards.	Provide expert guidance on the establishment of palliative care measures which align with the Health System Performance Assessment Framework to assist with future measuring, reporting and planning for palliative care.	NLPC	Establish a Palliative Care Measurement and Reporting Working Group.	NLPC	NCPCC, Specialist Palliative Care Provider Network	Q1 2026	Strategic goal 4: Good governance

Workstream 3: Health Information Systems and Performance Metrics

Department of Health National Adult Palliative Care Policy Activity	Objective	HSE Co-Ordinator	Deliverable(s)	Deliverable Owner	Deliverable Supporter	Deliverable Timeframe	Strategic Goal
(Contd.) - Review and quality assure proposed core sets of measures and standardised methods for measurement and reporting, prioritising alignment with the Health System Performance Assessment (HSPA) Framework wherever possible. - Make recommendations for further development of the Palliative Care Minimum Dataset.	Provide expert guidance on the establishment of palliative care measures which align with the Health System Performance Assessment Framework to assist with future measuring, reporting and planning for palliative care.	NLPC	Establish a Palliative Care Measurement and Reporting Working Group.	NLPC	NCPCC, Specialist Palliative Care Provider Network	Q1 2026	Strategic goal 4: Good governance
22.4 Develop and implement a national Clinical Management System for Specialist Palliative Care.	Design, develop and implement a national clinical management system for Specialist Palliative Care.	NLPC	Phase 1 of implementation of Community Connect Clinical Management System completed at Millford Care Centre and Our Lady's Hospice & Care Services.	HSE Technology & Transformation	Specialist Palliative Care Provider Network, Health Regions, NLPC, NCPCC	Q3 2026	Strategic goal 4: Good governance

Workstream 4:

Service Design, Delivery and Integration

To achieve the goal of universal access to palliative care, the new policy has a number of priority activities focussed on reviewing current operating models and designing services in line with best practice to meet the future needs of the population. These activities include introducing new consultant with special interest in palliative care posts which straddle both paediatrics and specialist palliative care and will build capacity in the regions to provide high quality palliative care to children. The development of an Adolescent and Young Adult (AYA) palliative care service is a key priority, with plans to recruit a consultant in palliative medicine to define the core service requirements and establish the service as part of the 2025 Implementation Plan. The development of additional specialist palliative care inpatient unit capacity is critical to ensuring accessible and equitable palliative care. New Hospices will be progressed in Tullamore, Drogheda and Cavan whilst redevelopments of Galway Hospice, North West Hospice Sligo and St. Francis Hospice Raheny are required to ensure patients have access to modern facilities with single room accommodation.

Designing and organising integrated palliative care network of providers in each Health Region will be a key enabler to aligning palliative care services with new HSE regional structures. Developing a framework to describe and guide how integrated palliative care networks will operate in each Health Region is a key step within this Implementation Plan.

This workstream includes a number of activities which review key aspects of palliative care provision. This includes reviewing palliative care support beds, bereavement services in specialist palliative care, and evaluating the night nursing service which are all due to be completed in 2025 and 2026. This work and their recommendations will ensure future investment and service development is consistent across the country and aligned with best practice

Workstream 4: Service Design, Delivery and Integration

Department of Health National Adult Palliative Care Policy Activity	Objective	HSE Co-Ordinator	Deliverable(s)	Deliverable Owner	Deliverable Supporter	Deliverable Timeframe	Strategic Goal
1.6 Fully implement and embed in practice the recommendations of the report on 'Clinical governance and operational arrangements for supporting a model of care for children with life limiting conditions towards the end of life in the community in Ireland'.	Enhance provision of Children's palliative care by fully implementing the recommendations from the HSE 2020 report on Clinical governance and operational arrangements for supporting a model of care for children with life limiting conditions.	NLPC	Recruit and on-board a regional consultant paediatricians with a special interest in palliative care for Galway.	HSE West & Northwest	NLPC	Q1 2025	Strategic goal 1: Right care
			Recruit and on-board a regional consultant paediatricians with a special interest in palliative care for Limerick.	HSE Mid West	NLPC	Q1 2025	
			Recruit and on-board a regional consultant paediatricians with a special interest in palliative care for Cork.	HSE South West	NLPC	Q1 2025	
			Develop and initiate rollout of a blended learning program for clinical nurse specialist on Children's palliative care in last days of life.	NLPC	ONMSD, Health Regions	Q3 2025	
			Recruit an additional Clinical Nurse Coordinator to HSE Mid West to ensure there are a minimum of two whole time equivalents in every region (19.5 nationally).	HSE Mid West	NLPC	Q4 2025	
			Recruit and on-board a regional consultant paediatrician with a special interest in palliative care for Waterford/ South East.	HSE Dublin & South East	NLPC	Q1 2026	

Workstream 4: Service Design, Delivery and Integration

Department of Health National Adult Palliative Care Policy Activity	Objective	HSE Co-Ordinator	Deliverable(s)	Deliverable Owner	Deliverable Supporter	Deliverable Timeframe	Strategic Goal
9.3 Continue the programme of development of existing population-planned Specialist Palliative Care units in order to meet demographic changes and population need.	Ensure each region of the country has access to sufficient Specialist Palliative Care unit (hospice) capacity to meet local population needs.	NLPC	Develop and submit proposal to redevelop and increase capacity of Galway Hospice.	Section 38 Galway Hospice	HSE West & Northwest	Q1 2025	Strategic goal 2: Right place and right time
			Deliver and open redeveloped 12 Bed North West Hospice.	HSE West & Northwest	NLPC	Q4 2025	
			Contract will be awarded for the redeveloped 24 Bed St Francis Hospice Raheny	Section 38 St Francis Hospice	NLPC, HSE Dublin & North East	Q1 2026	
			Construction to begin redeveloped 24 Bed St Francis Hospice Raheny	Section 38 St Francis Hospice	NLPC, HSE Dublin & North East	Q2 2026	
			Open 5 additional Beds Kerry Specialist Palliative Care Inpatient Unit.	HSE South West	NLPC	Q3 2026	
			Secure planning permission to redevelop and increase capacity of Galway Hospice.	Section 38 Galway Hospice	HSE West & Northwest	Q4 2026	
9.4 Ensure that investment in capital infrastructure for Specialist Palliative Care services is considered for inclusion in the HSE's Capital Programme in accordance with existing HSE capital development processes for other healthcare services. Note that the responsibility for planning and delivery of Specialist Palliative Care infrastructure projects will be led by the state and may be supported by funding from local organisations.	Ensure all future Specialist Palliative Care infrastructure developments are included in HSE Capital program with HSE / S38 agencies leading the planning and delivery of developments in partnership with voluntary sector.	NLPC	HSE 2025 Capital plan will include Specialist Palliative Care / hospice developments submitted by relevant health regions.	HSE Estates	Health Regions	Q1 2025	Strategic goal 2: Right place and right time

Workstream 4: Service Design, Delivery and Integration

Department of Health National Adult Palliative Care Policy Activity	Objective	HSE Co-Ordinator	Deliverable(s)	Deliverable Owner	Deliverable Supporter	Deliverable Timeframe	Strategic Goal
1.10 Include integrated assessment and response to population-based palliative care need in the design of all relevant Clinical and Integrated Care Programme Models of Care.	Every HSE clinical programme will formally include an assessment and response framework to identify and respond to palliative care needs in their Model of Care.	NCPCC	Every applicable clinical programme will be encouraged to commit to embedding the Palliative Care Needs Assessment (PCNA) within their clinical programmes.	NCPCC		Q2 2025	Strategic goal 1: Right care
2.1 Update the national interdisciplinary e-module on palliative care needs assessment.	To design an updated training programme that will enable healthcare professionals to apply the HSE's Palliative Care Needs Assessment Guidance to assess a patient's palliative care needs. The assessment will promote earlier recognition of patients' palliative care needs and Identify the most appropriate care provider to address them.	NCPCC	An online training module is disseminated to facilitate clinicians across all clinical settings to conduct a holistic assessment of palliative care need(s).	NCPCC		Q2 2025	Strategic goal 1: Right care
9.2 Continue the programme to construct population-planned Specialist Palliative Care units, with the delivery of new Specialist Palliative Care units in CHOs 1 and 8 to meet population needs.	Construct and open three Specialist Palliative Care inpatient units in Cavan, Drogheda and Tullamore to ensure all regions have access to Level 3 hospice care.	NLPC	Contractor appointed and construction to begin on St Christopher's Hospice Cavan.	HSE Dublin & North East	NLPC	Q2 2025	Strategic goal 2: Right place and right time
			Planning permission application approved by Offlay County Council for Midlands Hospice, Tullamore.	HSE Dublin & Midlands		Q3 2025	
			Appointment of contractor for Newgrange Hospice Drogheda.	HSE Dublin & North East		Q1 2026	
			Appointment of contractor and construction commences for Midlands Hospice, Tullamore.	HSE Dublin & Midlands		Q3 2026	
			Commissioning and fit-out of St Christopher's Hospice Cavan.	HSE Dublin & North East		Q4 2026	

Workstream 4: Service Design, Delivery and Integration

Department of Health National Adult Palliative Care Policy Activity	Objective	HSE Co-Ordinator	Deliverable(s)	Deliverable Owner	Deliverable Supporter	Deliverable Timeframe	Strategic Goal
1.3 Conduct a review of palliative care support bed provision; use findings to inform service planning and provision.	Develop national guidance to facilitate standardisation of the operation and governance of Palliative Care Support Beds to assure standardisation of practice and equity of access.	NCPPC	Complete a report with recommendations to inform the future development of Palliative Care Support Beds (PCSBs).	NCPPC		Q3 2025	Strategic goal 1: Right care
			A national HSE guidance document which standardises the clinical governance model and operational arrangements, and training to be provided to staff and role of Specialist Palliative Care teams within PCSBs in the Republic of Ireland will be developed.			Q1 2026	
2.3 Affirm that, as far as possible, all adults have the right to play an active role in decisions that affect them and implement the Assisted Decision-Making (Capacity) Act (2015) in all settings where palliative care is provided.	Persons with a palliative care need will be supported to make decisions regarding their care or treatment through the provision of accessible information. Staff working in palliative care will have received training and be competent to support people receiving palliative care to make decisions and to express their needs, wishes, feelings beliefs and values.	NLPC	Secure commitment from Specialist Palliative Care Provider Network to support their staff in engaging with assisted decision making training available from National Office for Human Rights and Equality Policy on HSE Land.	Specialist Palliative Care Provider Network		Q3 2025	Strategic goal 1: Right care
			Develop a training plan in collaboration with DSS and Equality and Human Rights Office to deliver training in each Health Region.	IHF	NCCP	Q4 2026	

Workstream 4: Service Design, Delivery and Integration

Department of Health National Adult Palliative Care Policy Activity	Objective	HSE Co-Ordinator	Deliverable(s)	Deliverable Owner	Deliverable Supporter	Deliverable Timeframe	Strategic Goal
4.1 Undertake a comprehensive demand and capacity analysis of Specialist Palliative Care bereavement services at regional and individual service level to identify productivity opportunities and specific capacity gaps, staff, and other infrastructure.	Gain an oversight of current initiatives involving Specialist Palliative Care and community bereavement supports to make recommendations in relation to future service provision and workforce planning.	NLPC	Specification for a detailed demand and capacity analysis agreed.	IHF		Q3 2025	Strategic goal 1: Right care
			Complete a comprehensive demand and capacity analysis of Specialist Palliative Care within the context of the Bereavement Pyramid Model.		NLPC, Specialist Palliative Care Provider Network	Q4 2026	Strategic goal 1: Right care
12.2 Advance equitable access to night support services to support patients and carers at the end of life.	Ensure access to night support services is equitable across diagnosis and geographic locations.	NLPC	Complete independent evaluation of Night Nursing Services to review current service provision and prepare for increased future demand for services in line with demographic projections and policy recommendations.	ICS	IHF, NLPC	Q3 2025	Strategic goal 2: Right place and right time
12.3 Increase the statutory funding allocation to night support service providers to 50% of total costs of service provision.	Increase the statutory funding allocation to night support service providers to 50% of total costs of service provision.	NLPC	Submit business case to Department of Health for additional resourcing for night support services in line with recommendation 12 of the National Adult Palliative Care Policy.	NLPC	IHF, ICS	Q3 2025	Strategic goal 2: Right place and right time
12.4 Conduct a comprehensive demand and capacity analysis of nursing for night care services to identify productivity opportunities and specific capacity gaps, staff, and other infrastructure.	Summary of current Night Nursing services delivered in partnership with Irish Cancer Society and Irish Hospice Foundation to support future development and resourcing of night nursing services for palliative care patients.	NLPC	Independent evaluation of Night Nursing Services complete to review current service provision and prepare for increased future demand for services in line with demographic projections and policy recommendations.	ICS	IHF, NLPC	Q3 2025	Strategic goal 2: Right place and right time

Workstream 4: Service Design, Delivery and Integration

Department of Health National Adult Palliative Care Policy Activity	Objective	HSE Co-Ordinator	Deliverable(s)	Deliverable Owner	Deliverable Supporter	Deliverable Timeframe	Strategic Goal
6.3 Develop Model of Care module on service design considerations for Adolescent and Young Adult Palliative Care Services.	Identify, and set out the core service, staffing and/or infrastructural requirements to enable the delivery of high-quality adolescent and young adult (AYA) palliative care services in Ireland respond effectively to the needs of AYAs with life-limiting conditions and their families.	NCPPC	Recruit and on-board a Consultant in Adult Palliative Medicine to establish an AYA service.	NCPPC		Q4 2025	Strategic goal 1: Right care
			A time defined working group to develop an AYA module for the model of palliative care is established.			Q4 2026	
10.4 All relevant Clinical and Integrated Care Programmes to consider and respond to population-based palliative care needs in the development of their Models of Care guided by Sláintecare principles and the WHO model of universal health care. 41 The NCPPC and other relevant Programmes to collaborate to ensure that palliative care service design is co-ordinated across Programmes.	All patients will have access to the level of palliative care required regardless of the primary diagnosis, care provider or location of care.	NCPPC	Identify models of care being reviewed and updated. Encourage the relevant NCAGLs and clinical leads to include the palliative care content in all models of care as appropriate.	NCPPC		Q4 2025	Strategic goal 2: Right place and right time
12.1 Proactively connect patients and carers to home modification and equipment schemes.	To ensure patients and carers can easily access equipment and home modification schemes which will enhance quality of life and functioning of people with life limiting conditions.	NLPC	Provide information on the AllHPC Palliative Hub on grants and schemes for housing adaptations and equipment schemes for healthcare professionals and the general public.	AllHPC	NLPC	Q4 2025	Strategic goal 2: Right place and right time

Workstream 4: Service Design, Delivery and Integration

Department of Health National Adult Palliative Care Policy Activity	Objective	HSE Co-Ordinator	Deliverable(s)	Deliverable Owner	Deliverable Supporter	Deliverable Timeframe	Strategic Goal
20.3 Develop and implement a national guideline, 'Caring for Adults in the Last Days and Hours of Life'.	A 'Caring for adults in the last days and hours of life' guideline is developed and widely implemented across all relevant healthcare settings in the Republic of Ireland.	NCPPC	Recruit and onboard a researcher on a contractual basis	NCCP	NCPPC	Q4 2025	Strategic goal 4: Good governance
13.2 Promote synergistic working between the Pre-Hospital Emergency Care Council-registered practitioners, GP and Primary Care services and Specialist Palliative Care.	Enhanced collaboration between service providers to ensure that all patients with life limiting conditions have equitable access to out-of-hours home based urgent care of a high quality and that will reduce avoidable and/or unnecessary presentations to emergency departments and the acute hospital.	NCPPC	Conduct and evaluate a pilot of a future care plan document for patients with life limiting conditions in collaboration with the National Ambulance Service and Specialist Palliative Care providers. Publish a report which evaluates the impact of implementing the future care plan with patients with Palliative Care Needs and outlines recommendations for future care delivery.	NCPPC		Q1 2026 Q4 2026	Strategic goal 2: Right place and right time
8.1 Organise Specialist Palliative Care services into integrated networks of providers supporting the implementation of RHA structures. Implement regional operating models that assure Specialist Palliative Care service and clinical governance, organisational resilience and realise economies of scale and skill.	To establish one network of Specialist Palliative Care providers in each Health Region.	NLPC	Consult with Health Regions and Specialist Palliative Care providers to design a framework for Specialist Palliative Care networks that aligns with new health region structures. A minimum of one Health Region to establish their Specialist Palliative Care Network in line with the framework.	NLPC	Health Regions, Specialist Palliative Care Provider Network Specialist Palliative Care Provider Network	Q2 2026 Q4 2026	Strategic goal 2: Right place and right time

Workstream 4: Service Design, Delivery and Integration

Department of Health National Adult Palliative Care Policy Activity	Objective	HSE Co-Ordinator	Deliverable(s)	Deliverable Owner	Deliverable Supporter	Deliverable Timeframe	Strategic Goal
3.2 Conduct a review of respite and short break provision for patients in receipt of Specialist Palliative Care; use findings to inform service planning and provision.	Complete a review outlining current respite provision in Specialist Palliative Care with recommendations for future service provision.	NLPC	Research advisory group established and specifications for a review of respite and short break provision drawn-up with external reviewer appointed.	NLPC	Specialist Palliative Care Provider Network	Q3 2026	Strategic goal 1: Right care
13.1 Conduct a review that examines the current arrangements that are in place for the provision of out of hours home-based palliative care and that provides an option appraisal of suitable arrangements for service provision.	Ensure that there is equitable access for all patients to standardised, high quality urgent out of hours care (care required other than between 9 am to 5 pm, Monday to Friday), in order to reduce avoidable and/or inappropriate presentations to emergency departments and the acute hospital setting.	NCPPC	Publish a report of recommended options for providing out-of-hours urgent home-based care following a comprehensive options appraisal process.	NCPPC		Q4 2026	Strategic goal 2: Right place and right time
1.7 Design and implement models of transition from Children's to adult palliative care services.	Establish models of transition from children's to adult palliative care services in Ireland.	NCPPC	Service design for children with palliative care needs moving to adult palliative care services, consistent with HSE models of transition from children's to adult services, will be developed.	NCPPC		Q4 2026	Strategic goal 1: Right care
13.3 Include out-of-hours service planning for patients with palliative care needs within population-based resource allocation models for palliative care.	Service planning for the provision of out-of-hours services for patients with palliative care needs will be included in population-based resource allocation models for palliative care.	NCPPC	Agree standards, clinical communication pathways, and reporting mechanisms for out-of-hours palliative care service provision.	NCPPC		Q4 2026	Strategic goal 2: Right place and right time

Workstream 5:

Workforce Planning

Delivering high-quality palliative care relies on having and retaining enough well-trained and motivated staff, capable of delivering required services responsive to evolving population needs. This requires creating balanced networks of both general and specialist palliative care providers who work together seamlessly in an integrated healthcare system. Having the right people who are able to provide the right care, in the right place and time requires effective workforce planning.

Workforce planning focuses on analysing and addressing staffing and service needs in each health region using a population health approach. It is imperative to achieve the right balance between the supply and demand of various healthcare professionals and the effective distribution of their roles. It involves assessing staffing shortages in the context of future population needs, reviewing training, and promoting interdisciplinary approaches in palliative care. Workforce planning activities will also take into account the resources needed to support activities related to quality improvement, patient safety, outcome measurement, data analysis and knowledge generation in all regions.

Strong interdisciplinary leadership is needed to oversee workforce planning and ensure that policies and strategies align with the overall goals of Sláintecare. It is essential to appropriately staff the National Clinical Programme for Palliative Care (NCPPC) in order that the many activities under its remit can be achieved

It is essential to address gaps in specialist palliative care staffing for both adults and children which will assure equitable distribution of staffing levels across all health regions in accordance with population needs. The Palliative Care Competence Framework will be revised to reflect key developments in the workforce and service delivery, and to include the identification of career progression pathways.

A sectoral register will be created to monitor workforce capacity, distribution, and flow in specialist palliative care services. It is important that nurse staffing and skill mix in specialist palliative care is based on patient needs, aligned with a Framework for Safe Nurse Staffing and Skill Mix. The National Doctors Training and Planning workforce model for palliative medicine will be updated and implemented. The appointment of Clinical Directors in Palliative Medicine is key to establishing the necessary governance structures needed to ensure the delivery of high-quality and safe palliative care.

Methodologies of extending these frameworks to include workforce planning for specialist palliative care health and social care professionals will be trialled and evaluated iteratively throughout implementation of the policy.

An in-depth analysis of nursing night care services will be conducted to pinpoint opportunities for improving productivity, as well as identifying specific capacity gaps, staffing needs, and other infrastructure requirements. The provision of an appropriately resourced efficient night nursing service which has the capacity to respond increased demands will enable choice whenever possible regarding place of care and place of death.

High quality palliative care encompasses bereavement care. Mapping the demand and resources available for bereavement care across health regions will be a first step in assuring equitable access to required services.

Workstream 5: Workforce Planning

Department of Health National Adult Palliative Care Policy Activity	Objective	HSE Co-Ordinator	Deliverable(s)	Deliverable Owner	Deliverable Supporter	Deliverable Timeframe	Strategic Goal
11: Appoint a Clinical Lead, GP Lead, Nursing Lead, Health and Social Care Professional Lead, Programme Support Manager and Grade V administrator to the NCPPC. Provide budget and expertise to support data collection and evaluation capability.	Adequately staff the NCPPC Office in order that the policy recommendations and activities as outlined in the PC Policy can be progressed	NCPPC	Appoint a Nursing Lead	NCPPC		Q3 2025	Strategic goal 1: Right care
			Appoint a Full Time Programme Manager			Q3 2025	
			Appoint a Health and Social Care Professional Lead			Q4 2025	
			Appoint a GP Lead			Q3 2026	
			Appoint a Grade V administrator			Q3 2026	
14.1 Address deficits in staffing and services identified in the current Adult Palliative Care Model of Care between 2023-2028	Ensure patients have access to full Specialist Palliative Care service as per existing workforce recommendations	Health Regions	New Service Development submission outlining priority posts to address workforce gaps for Specialist Palliative Care in each Health Region	Health Regions	NLPC	Q3 2025	Strategic goal 3: Right people

Workstream 5: Workforce Planning

Department of Health National Adult Palliative Care Policy Activity	Objective	HSE Co-Ordinator	Deliverable(s)	Deliverable Owner	Deliverable Supporter	Deliverable Timeframe	Strategic Goal
18.4 Include gap analysis and consideration of requirements in each region for the provision of end-of-life care for children and young people in community settings in workforce planning and implementation.	Ensure the provision of palliative care to children and young people is incorporated into workforce planning considerations.	NLPC	Each specialist palliative care service identifies workforce gaps / requirements for provision of end of life care for patients of all ages and their families, in line with national policy and workforce recommendations.	Health Regions	NLPC, Specialist Palliative Care Provider Network	Q3 2025	Strategic goal 3: Right people
18.6 Include gap analysis and consideration of requirements in each region for data analytics staffing in workforce planning and implementation.	Ensure each network of Specialist Palliative Care services has capacity to utilise data to plan services based on population needs.	NLPC	Survey and consider current data analytic capacity within each Specialist Palliative Care service / Health Region.	NLPC	Specialist Palliative Care Provider Network	Q3 2025	Strategic goal 3: Right people
			Each Specialist Palliative Care network to develop a plan to ensure data analytic capacity within their service.	Health Regions	Specialist Palliative Care Provider Network	Q4 2026	
18.3 Update and implement The National Doctors Training and Planning workforce model for Palliative Medicine as detailed in Appendix 13.	There shall be an increase in Palliative Medicine doctors who are appropriately trained to adequately respond to needs of all individuals with palliative care needs in all settings of care.	NCPPC	An updated Palliative Medicine Workforce Strategy shall be published.	NCPPC		Q4 2025	Strategic goal 3: Right people

Workstream 5: Workforce Planning

Department of Health National Adult Palliative Care Policy Activity		Objective	HSE Co-Ordinator	Deliverable(s)	Deliverable Owner	Deliverable Supporter	Deliverable Timeframe	Strategic Goal
18.1 Establish a sectoral register to track specialist workforce capacity, distribution and flows in Specialist Palliative Care services.		A sectoral register to track Specialist Palliative Care workforce distribution and flow to enable better workforce planning and resource allocation.	NLPC	Complete National Census Report of Specialist Palliative Care staff in hospice, community and acute settings.	NLPC	Specialist Palliative Care Provider Network	Q3 2025	Strategic goal 3: Right people
				All Specialist Palliative Care Staff working in HSE and Section 38 Agencies coded to palliative care in the monthly HSE Census returns.	Health Regions	NLPC	Q1 2026	
18.2 Incorporate the principles that underpin the Framework for Safe Nurse Staffing and Skill Mix in workforce planning for Specialist Palliative Care.		The composition and skill mix of nursing teams within Specialist Palliative Care Services shall respond to the needs of the patient population and facilitate evidence based, compassionate and safe patient care which is of a high quality.	NCPPC	A Steering group involving all required stakeholders will be established, with an agreed terms of reference.	NCPPC		Q2 2026	Strategic goal 3: Right people
20.1 Appoint Clinical Directors for networks of Specialist Palliative Care service providers operating at Health Region Level.		Ensure Specialist Palliative Care services have a clear and consistent clinical governance model aligned to Health Region structure.	Health Regions	Agree a job description for clinical directors in Specialist Palliative Care.	NCPPC	Specialist Palliative Care Provider Network, NLPC	Q2 2026	Strategic goal 4: Good governance
				Establish a model for clinical directors in Specialist Palliative Care that aligns with governance structures within each health region.		NLPC	Q3 2026	

Workstream 5: Workforce Planning

Department of Health National Adult Palliative Care Policy Activity	Objective	HSE Co-Ordinator	Deliverable(s)	Deliverable Owner	Deliverable Supporter	Deliverable Timeframe	Strategic Goal
14.2 Update the National Palliative Care Competence Framework to incorporate key workforce and service delivery developments and to include identification of pathways for career progression.	Update the National Palliative Care Competence Framework developed in 2013/2014, including but not limited to the inclusion of further disciplines (such as dietetics and complementary and arts based therapies, further competence areas (managerial) and consideration of how the framework can support pathways for career progression.	NCPPC	Updated Palliative Care Competence Framework developed in collaboration with palliative care sector.	AIHPC		Q3 2026	Strategic goal 3: Right people
18.5 Include gap analysis and consideration of requirements in each region for specialist Quality and Patient Safety staff in workforce planning and implementation.	Ensure each Specialist Palliative Care network has sufficient quality and patient safety staff to drive quality and safety within their region.	NCPPC	Mapping exercise by each Health Region of existing QPS staff and QPS Supports for Specialist Palliative Care services and identification of future requirements.	Health Regions	NLPC	Q3 2026	Strategic goal 3: Right people
14.3 Advance the implementation of the National Palliative Care Competence Framework. Specifically, its utility will be promoted as a tool that can contribute to the description of relevant jobs and roles; help employers articulate the education and training required by individuals; help managers and individuals identify progression routes; and help education and training providers to develop programmes of learning and qualifications.	Advance the implementation of the National Palliative Care Competence Framework as a tool that can contribute to the description of relevant jobs and roles. This will help employers articulate the education and training required by individuals; help managers and individuals identify progression routes; and help education and training providers to develop programmes of learning and qualifications.	NCPPC	Establishing a steering group to oversee the development of an implementation plan for the National Palliative Care Competence Framework.	AIHPC		Q4 2026	Strategic goal 3: Right people

Glossary of Terms

AIHPC	All-Ireland Institute of Hospice and Palliative Care
Deliverable(s)	The key outputs from an activity. These can be tangible or intangible products, services, or results, for example: literature review, plans, a new service, training, service improvements, a new or changed process etc.
Deliverable(s) Timeframe	The expected deadline which a deliverable is aimed to be produced by.
Family (or loved ones)	Person(s) who is (are) important to the patient.
General palliative care	Palliative care provided by health and social care professionals whose primary role is not fully centred around palliative care.
Issue	Something that has happened to have an impact (usually negatively) on the expected time, budget, or quality of a deliverable or the project or programme itself.
Objective	The aim of an activity; the intended outcome which will ultimately be achieved once an activity has been fully implemented. Activity objectives articulate the intended shorter-term impact of implementing an activity.
Programme	A collection of projects working towards the same objective.
Project	A temporary endeavour to produce defined deliverables.
Risk	Something that could happen to have an impact (usually negatively) on the expected time, budget, or quality of a deliverable or the project or programme itself.
Specialist palliative care	Palliative care provided by health and social care professionals whose primary role is centred around palliative care, under the direction of a consultant physician in palliative medicine.
Workstream	A high level breakdown of tasks within a project; the grouping of tasks into manageable chunks that have a similar theme.

Abbreviations

DoH	Department of Health.
ICS	Irish Cancer Society.
IHF	Irish Hospice Foundation.
NCCP	National Cancer Control Programme.
NCPPC	National Clinical Programme for Palliative Care.
NHCP	National Healthcare Communication Programme.
NLPC	National Lead Palliative Care.
ONMSD	Office of the Nursing and Midwifery Services Director.

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