National Service Plan 2025

Contents

A: Foreword from the Chair of the Board

On behalf of the Board of the Health Service Executive (HSE), I am pleased to present to you our National Service Plan (NSP) for 2025.

This Plan has been prepared in line with our strategic priorities for the coming years. We have been guided by:

- The Programme for Government
- Priorities set by the Minister for Health and Minister for Children, Equality, Disability, Integration and Youth
- The policy framework, *Sláintecare*
- *Action Plan for Disability Services 2024-2026*.

The Board's overarching objectives for 2025 is to support improved efficiency and increased productivity, as well as the ongoing focus on improving the quality of care. The NSP sets out ambitious targets for increasing activity and reducing waiting times.

The publication of this Plan coincides with the 20th anniversary of the establishment of the HSE. During this time Irish health and social care services have been significantly reshaped, bringing improved healthcare for the people of Ireland. NSP 2025 reflects a very significant budget settlement underlining the strong strategic alignment that now exists between the Minister for Health and the Minister for Children, Equality, Disability, Integration and Youth and providing the necessary investment for the ongoing transformation of services.

We are changing the way our services are delivered with the creation of six new Health Regions and 20 Integrated Health Areas. Health and social care services will be planned and delivered around the specific needs of local populations leading to better co-ordination of care and access to services.

Ireland's population stands at 5.3m. We are among a small group of EU countries where life expectancy at birth is above 82 years. A key priority for 2025 is to ensure such positive trends for people's health continue while at the same time expanding and strengthening health and social care capacity and capability to address the increasingly complex needs of our growing, ageing and socially diverse population. In doing so, we will work to ensure that no-one is left behind through an increased focus on reducing the health inequalities that can be experienced by those most in need.

New patient referrals for scheduled care reached unprecedented levels in 2024. The system responded by delivering almost six million episodes of outpatient, inpatient and day case care, an increase of more than half a million episodes of care over 2022 activity levels. Consequently, improvements have been realised across a range of wait times for patients. Over the last three years we have seen an almost 60% reduction in long waiters; approximately 50% reduction in average outpatient waiting times; a 50% reduction in average GI scope waiting times and a 30% reduction in average inpatient / day case procedure waiting times. A priority for the HSE in 2025 will be to further reduce waiting times. We will place a specific focus on maximising an integrated approach to care delivery across community and acute settings, enabled through our new health regions.

The volume of attendances at emergency departments (EDs) has increased to record levels. We are committed to the implementation of the *Urgent and Emergency Care Operational Plan 2024* which supports the delivery of sustainable improvements across our community and hospital services to ensure people can access the care they need in the right place, at the right time. The most tangible measures of improvement will be a reduction in the time that people spend in the ED before being admitted or discharged, with a particular focus on those most at risk, and a reduction in the number of patients waiting on trolleys for admission.

Our vision for disability services is to be able to support people with disabilities to live full and autonomous lives in their communities. This will be achieved by developing and providing access to person-centred, integrated, responsive supports that are flexible and achieve greater choice and control

for all people who need specialist disability services. A key priority in 2025 is to significantly improve access for children and families to disability services. The availability of integrated services for children and families is a cornerstone of supporting each child to have the best chance to realise their potential.

Improving the infrastructure of the HSE continues to require capital for both the estate portfolio and for Technology and Transformation. We will work towards implementing our *Digital Health Implementation Roadmap* which sets out a clear path for the integration of digital technologies in our healthcare system which marks a critical step in our journey towards a patient-centred, digitally enabled health and social care environment.

Our commitment to the delivery of these priorities is balanced with our responsibility to deliver safe, effective and high-quality services. We will achieve this through an intense focus on continuous quality improvement and making the very best use of the investments we have received to date and the resources we have available to us. Many of our staff have innovative ideas for improving the system and patient experience while optimising current resources. If we are to realise the benefits from this, we must create a culture where creativity can flourish, and where our staff and patients feel empowered to contribute to the innovation process and help make positive change happen.

In holding ourselves accountable, it is important that all our stakeholders, including patients and service users, are assured of the effectiveness of our performance management systems. The HSE's Performance and Accountability Framework 2025 will ensure transparency at all levels of the health service with clear lines of authority, responsibility and accountability.

I should not let 2024 pass without highlighting the immense contribution of staff over the past year. We are deeply grateful for the support of our patient partners and the hard work and dedication of our teams. We thank our partners across health and social care without whom our collective successes do not happen, and our shared challenges will not be met. We look forward to continued collaborative working in the coming year.

Ciarán Devane

Chairperson

6 January 2025

B: Introduction from the Chief Executive Officer

January 2025 marks the 20th anniversary of the foundation of the HSE, which was established by bringing the country's Health Boards together into a single organisation. During 2025, we will see the completion of the largest organisational structure change of the health and social care service, with the completion of the establishment of six Health Regions within the HSE and a revised national system.

Together with the Board and the Executive of the HSE, I am pleased now to introduce this milestone 2025 National Service Plan. This Plan, approved by both Ministers to whom we report (health and disability) sets out the provision of health and social care services for the people of Ireland within the allocated budget of €26.9bn. At a time of unprecedented demand for service we must ensure that our funding delivers more care and services to the people of Ireland, reduces waiting times and improves health outcomes of the population. Our priority in 2025, therefore, must be a relentless focus on productivity and changed ways of working to make the best use of new and existing resources and ensure that public money is best used in the public interest.

Like many modern health and social care systems, there are considerable challenges facing us, the most pressing of which is the growth in demand for health and social care services linked to our changing demographics. The population of Ireland is growing and becoming more diverse, with people living lives that are longer and healthier, in many cases more so than their counterparts in other EU countries. While this is a testament to the investments made in our system and to the tireless efforts of our service delivery teams, it is also a reminder that different approaches are required to sustain these improvements.

Arguably the most challenging aspect of our work is the difficulty people experience at the point of access to services. This year we are dispensing with the traditional and simple view of numbers waiting and focusing instead on the length of time patients and service users are waiting. We have set ambitious targets to ensure we continue the improvements seen in 2023 and 2024 in waiting times for both scheduled and unscheduled care. We must also however focus on waiting times for the many other services we provide in primary and community care in all settings. The targets in this Plan are minimum targets and performance focus will be on exceeding those.

Attracting and retaining skilled staff is essential for providing high-quality health and social care services. We will therefore continue to focus on prioritising staff development, recognition, and training through the delivery of our new People Strategy 2025. A new Pay and Numbers Strategy was agreed between Government and the HSE during 2024. We have an unprecedented workforce size, and this Plan continues to build on that. How we make the workplace attractive and how we deploy our workforce in the public interest are and remain key points of focus. I am particularly committed this year to finalising plans and discussions with staff partners to move the organisation where it is on a 5/5-day basis to 5/7 and adding to on-call services by having rostered services over the entire week.

The establishment of the six new Health Regions offers the opportunity to take the next step in creating a modern, value-based health and social care system. Finalising the change from the traditional operational centre of the HSE to a visible regional operating system overseen from the Centre is a key target by 1 March, 2025. This will mark the completion of the most significant structural reform of the HSE and how it operates since the organisation first came into being.

None of our work would be possible without our partners, especially voluntary organisations including Section 38 and 39 agencies. They play an integral role in health and social care delivery with a particular focus on vulnerable and socially excluded populations. We will continue to work with our voluntary partners to create the conditions for all members of our society to live healthier and longer lives. We will also ensure that the performance of all funded entities is at pace with our own internal expectations of all services.

Enhanced partnership with patients is also a key priority for me. Each Region will now have its own dedicated fulltime leader in Public Patient Engagement, and I have set a challenge to patient partners to help us design a post of national patient service user lead from amongst the user cohort. It is critical, as the largest and one of the most critical public sector organisations in the state, that we move quickly to include the experience and voice of those we serve beyond the traditional mechanisms of complaints and feedback systems.

Performance management is a central requirement to ensuring improvement, support, and accountability. A new and more simplified performance management system is being introduced with senior focus on the targets set, with the greatest emphasis being on four aspects:

- Access
- Quality and safety
- People resources
- Financial / digital / infrastructure resources.

The focus on these will ensure maximum delivery in the key actions to be delivered in 2025, which are organised around five key commitments. The commitments are consistent with the core principles of *Sláintecare* and act as the roadmap for our collective efforts to develop and deliver services that are constantly improving. These commitments are:

Healthy Communities

- Work to improve people's health and wellbeing and to narrow inequalities
- Deliver screening programmes to reduce morbidity and mortality in the population through early detection
- Improve opportunities for people with a disability to participate in all aspects of Healthy Ireland
- Protect the population from health threats, support population-based planning for health and social care, and address the wider determinants of health
- Ensure that women's voices, needs, and experiences shape the highest standards of women's healthcare, improving health outcomes through partnership, education, and innovation
- Protect and improve the health of children so that all children and young people in Ireland can live their best, healthiest life.

Receiving the Right Care

- Build meaningful engagement, collaboration and partnerships between patients, service users, families, health professionals and organisations, both voluntary and statutory
- Critique and revise our approaches to providing services to adults and children with a disability
- Improve the delivery of supports to adults who may be at risk of harm and abuse
- Deliver a high-quality, safe, effective, responsive, and person-centred health and social care service through improved models of care, clinical strategies and the implementation of patient and service user driven initiatives
- Develop and provide access to person-centred, integrated, responsive supports that are flexible to accommodate greater choice and self-determination for people who need specialist disability services
- Use the best available research and evidence to inform patient care, health service management, strategy development and reform.

Receiving Care in the Right Place

- Ensure our planning efforts support our older population to remain active and independent in their communities and homes for as long as possible
- Support people of all ages across the continuum of their lives closer to where they live through a community-based approach which includes a re-orientation towards general practice and primary care
- Expand alternative care pathways

- Continue implementation of the *National Cancer Strategy 2017-2026*, working collaboratively with service users, external stakeholders, and acute and community services
- Continue the establishment of an inclusive Trauma System for Ireland
- Provide palliative care that that improves the quality of life of patients and their families through expert pain and symptom management, psychosocial, spiritual and bereavement support.
- Target disability services towards supporting people living with their families and in their own communities
- Deliver capital projects to improve the experience of patients, service users and staff.

Receiving Care at the Right Time

- Promote positive mental health and mental wellbeing across the population
- Improve access to health services for vulnerable and excluded population cohorts
- Review approaches to assessment of need and time to access all disability support services
- Deliver integrated service improvement across the four pillars of urgent and emergency care: hospital / admission avoidance, ED operations, in-hospital care / ward flow and safe and timely discharge
- Work towards achieving *Sláintecare* maximum wait times of no more than 12 weeks for an inpatient / day case procedure or gastrointestinal (GI) scope and 10 weeks for a new outpatient appointment
- Manage payments to healthcare professionals for the free or reduced cost services they provide across a range of community schemes
- Engage with stakeholders to ensure co-ordinated plans are in place for emergencies
- Promote health co-operation with providers on a north-south, east-west, and all-island basis to ensure better outcomes for patients and service users.

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

- Develop and provide access to person-centred, integrated, responsive supports that are flexible and achieve greater choice and control for all people who need specialist disability services, including delivery of services to the maximum of available resources
- Significantly improve access for children and families to services
- Develop and expand services, on a programmatic basis, in line with the *Action Plan for Disability Service 2024-2026*
- Review all models and approaches to service delivery for people with a disability to maximise access and outcome.

Strong Foundations

- Support, develop, retain, and expand our workforce to ensure the provision of quality healthcare to the public. Design further tailored approaches to attract and retain professionals in disability services
- Shape a service-wide culture that reflects the values of the HSE – care, compassion, trust, and learning
- Deliver information and communications technology services and support throughout the HSE, facilitating integration across our Health Regions and across community services, hospitals, and other specialised care providers
- Provide the necessary professional financial advice, analysis, and insight to support service colleagues to manage and improve services, while enabling delivery of the required productivity, savings, and control improvements
- Deliver a standardised framework for productivity throughout the HSE
- Ensure appropriate systems, principles and processes are in place for the organisation's governance and risk management
- Provide communications, feedback and engagement services to our patients, the public, our staff, public representatives, and our partners.

Despite the post pandemic context, the unprecedented surge in demand and the challenging environment in recruiting and retaining some specialist roles, the HSE has delivered enormous improvements during 2023 and 2024. Substantial reductions in trolley waits, reductions in waiting times for scheduled care and a range of new responses to people's needs are all evident. We cannot however allow that to be anything other than a motivation to do more for the people we are privileged to serve. I am grateful to all who play a part in the delivery of Ireland's health and social care services and I look forward to working to implement this Plan.

Bernard Gloster

Chief Executive Officer

6 January 2025

C: Setting the Context: National Service Plan 2025

This National Service Plan (NSP) 2025 has been prepared in line with our strategic priorities for the coming years, including objectives set out in *Sláintecare*, towards the goal of universal healthcare. This annual Plan is informed by best available evidence that points to opportunities for a better health and social care system for all. It is supported by government budget increases over recent years to address both growing service demands and required investments for necessary reforms.

Population demand for person-centred and timely services is increasing. At the same time, challenges persist such as demographic pressures, staff recruitment, development and retention, and the need for modernisation of digital enablers for greater efficiencies. Requirements to meet these challenges include strong governance overseeing clear, measurable ambitions, while also fostering a culture of collaboration, continuous improvement and operational excellence.

We know we can do better. This Plan outlines how our teams are focusing on optimising value for the public funds entrusted to us while delivering high-quality, safe and efficient services. Productivity is our overarching focus to ensure that everything we do yields maximum benefits for patients / service users, their carers, our teams and the system as a whole. At a time of outpacing demands, innovative thinking and different ways of working will be required to meet the growing and changing expectations and needs of both our patients / service users and our staff.

1. Our commitments to our service users and staff

The NSP 2025 sets out actions, organised around five key commitments to our patients / service users over their lifetime and to our staff. The commitments are consistent with the goal of universal healthcare and act as the roadmap for our collective efforts to develop and deliver services for current and future generations.

1. **Healthy Communities:** Together, we will create the conditions to enable people to live healthier for longer
2. **Right Care:** You will experience high-quality, safe and co-ordinated care
3. **Right Place:** You will receive care in the setting most appropriate for your needs
4. **Right Time:** You will be able to access services when you need them
5. **Strong Foundations:** We will invest in the right capabilities, people and digital enablers to support a culture where teams are empowered to innovate and to deliver excellent care.

2. NSP 2025 is guided by the needs of the people we serve and our teams

The NSP is informed by insights gathered from research and from key stakeholders and partners. Such a foundation of information yields opportunities to work differently to realise our vision of a healthier Ireland with high-quality services valued by all. We will:

- **Support our people:** Attracting and retaining skilled staff is essential to provide high-quality health and social care. Prioritising staff development, wellbeing, recognition, and training empowers and enables staff to consistently deliver excellence within a culture of continuous improvement
- **Work in partnership:** We will work with communities and our voluntary partners to create the conditions for people to live healthier, for longer. We are committed to the Dialogue Forum and new ways of working in partnership with voluntary sector partners
- **Deliver value:** Value in health and social care means making the best use of resources to maximise the quality of care provided and the health outcomes of patients / service users. We will do this through our renewed focus on productivity and the consistent application of clinical best practices and standards
- **Expand our capacity and capability in areas of greatest need:** Since 2013, the population aged 65 years and over has increased by over 40%. This positive trend in life expectancy also results in a rise

in frailty and chronic diseases and increased service demand. This will require new ways of working while applying an evidence-based approach to prioritise targeted initiatives where the greatest needs exist

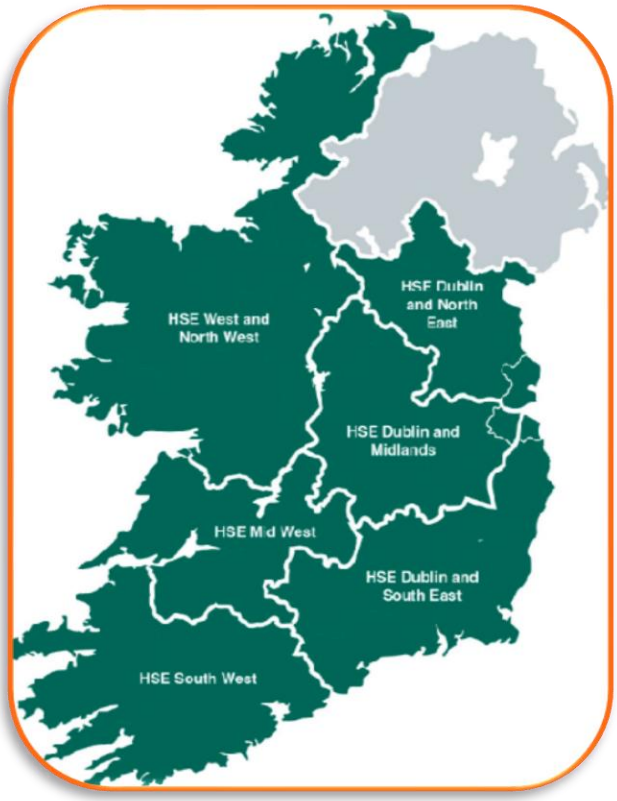
- **Deliver technological and digital enablers:** Substantial investment and effort is now focused on delivering infrastructure to support electronic health records, information sharing, remote monitoring, precision medicine and robotics. The aim is to improve productivity and the experience of our staff and patients / service users while releasing back their time
- **Deliver a modern infrastructure:** Modern infrastructure and equipment are a crucial component of a safe, high-quality and environmentally and socially sustainable system.

3. Strengthening responsiveness to local needs through the new Health Regions

We are changing the way that we work day-to-day to ensure greater responsiveness to the needs of people closer to where they live. Six new Health Regions, as envisaged in *Sláintecare,* have been established. The aim is to more effectively connect and co-ordinate services across community, hospital and social care services. Local governance will ensure appropriate adaptations to actions to address local population needs and context while adhering to national standards. An example is the adaptation of the national *Healthy Ireland Plan* to accommodate regional context, including collaborations with different local partners for delivery. Working with local stakeholders / communities, the new regions will:

- Align and integrate pre-hospital, hospital and community-based services to deliver more co-ordinated and integrated care closer to where people live
- Support a population-based approach to service planning and delivery to address health inequalities
- Balance national consistency with appropriate local autonomy to maintain high-quality of care
- Deliver efficient, effective and accountable services
- Clarify, strengthen and integrate corporate and clinical governance and accountability at all levels.

Subsequent regional operational plans will contain further details of each region's priority areas of focus beyond this NSP.



4. How we oversee the delivery of the National Service Plan

The annual NSP is the HSE's contract with the people of Ireland as represented by the Ministers for Health and for Children, Equality, Disability, Integration and Youth. Our Plan outlines how we will deliver health and social care services in 2025 within the significant funding levels provided by the State. Oversight of and accountability for the plan's delivery is therefore a governance priority for the HSE. The principal mechanisms in place to ensure ongoing monitoring of and accountability for the delivery of the NSP include the following:

- **HSE Board:** Under the *Health Act 2004* (as amended), the Board is the governing body of the HSE, accountable to the Ministers for Health and for Children, Equality, Disability, Integration and Youth, for the performance of the health and social care service. It is supported in its role by three Board Committees: Performance, Audit and Risk and Technology and Transformation
- **Oversight agreements:** Oversight agreements between the HSE and the Department of Health and Department of Children, Equality, Disability, Integration and Youth set out the broad governance and accountability arrangements in place. These agreements also describe the formal engagement process between the HSE and both Ministers and their Departments.
- **Performance and Accountability Framework:** The HSE's Performance and Accountability Framework (PAF) 2025 sets out how the HSE's Accountable Officers, responsible for delivering or supporting the delivery of services, are held to account for their performance. The PAF also sets out procedures and arrangements for significant improvement opportunities
- **Performance Monitoring and Reporting:** Health and social care service performance is monitored across the four domains of Quality, Access, People and Finance. A National Performance Report is produced on a monthly basis and reviewed by the Chief Executive Officer, Senior Leadership Team and HSE Board
- **Productivity Task Force:** The Productivity Task Force and HSE Productivity Unit lead and monitor progress on the actions taken by the HSE to ensure that the maximum level of care is delivered for the funding available.

Section 1
Healthy Communities

Together, we will create the conditions to enable people to live healthier for longer.

1.1. Health and Wellbeing

Promoting health and wellbeing is essential given the prevalence of preventable risk factors that lead to the rising burden of chronic diseases today and into the future. In partnership with a wide range of community groups, non-governmental organisations and statutory bodies, we seek to improve people's health and wellbeing and to maximise our collective impact on narrowing inequalities. Specifically, the *Sláintecare* Healthy Communities Programme aims to improve the long-term health and wellbeing of people living in the most disadvantaged communities in Ireland. Supporting people to change their health-related behaviour will reduce morbidity and mortality, and overall costs.

In 2025, the focus will be on the following key areas:

1. **Training, resources and guidance:** Enable all health professionals to deliver health behavioural interventions and integrate health promotion into their practice, through the development and updating of training programmes, resources and guidance. This includes Making Every Contact Count, promotion of positive lifestyle behaviour change, targeting interventions to those population groups most in need, and Health Regions Healthy Ireland Implementation Plans
2. **Early interventions for disease prevention:** Implement evidence-based health promotion interventions across the services to address key potential behavioural risk factors and drivers of chronic disease, including smoking, alcohol consumption, low physical activity and diet
3. **Sexual health:** Develop a model of care for the delivery of sexual health services, including the provision of free home testing for sexually transmitted infection (STI) and increased access to Pre-Exposure Prophylaxis (PrEP)
4. **Social prescribing:** Recognising that health is heavily determined by social factors such as poverty, isolation and loneliness, deliver social prescribing in partnership with the community and voluntary sector, providing a means of referring people to a range of non-clinical community supports which can have significant benefits for overall health and wellbeing
5. **Self-management:** Implement established models of self-management support, enabling people to live well with their chronic conditions
6. **Early intervention practices:** Improve breastfeeding rates and increase uptake of the winter (influenza and COVID-19) vaccination programme amongst health and social care workers and at-risk vulnerable groups to 50% and 75% of the relevant cohorts.

1.2. National Screening Service

Early detection of disease leading to earlier and necessary treatments is achieved through screening programmes that aim to reduce overall population level morbidity and mortality.

In 2025, the focus will be on the following key areas:

1. ***Choose Screening: National Screening Service Strategic Plan 2023-2027*:** Provide a person-centred and standardised approach to communications, strengthen quality assurance, address screening inequalities and work to maximise screening opportunities
2. **BowelScreen:** Expand the programme capacity by, incrementally, extending the invited age range from 59 to 69 to include individuals aged 58 and 70 years of age. This expansion will be completed in 2026
3. **BreastCheck:** Build capacity and the infrastructure required to provide breast screening to the eligible population as it grows, while ensuring equitable and timely access across the screening pathway
4. **CervicalCheck:**
    - Execute the first year of *Ireland's Cervical Cancer Elimination Action Plan*, maintaining the ongoing multi-year partnership with the National Immunisation Office, the National Cancer Control

Programme, the National Women and Infants Health Programme (NWIHP) and the National Cancer Registry Ireland

- Progress the development of a new information management system, and manage capacity fluctuations across the full cervical screening pathway
- Partner with the Coombe Women and Infants University Hospital to expand capacity within the National Cervical Screening laboratory

5. **Diabetic RetinaScreen:** Improve access and registration processes, including the pregnancy pathway, to maximise early diagnosis and treatment of diabetic retinopathy.

1.3. Public Health

The goal of public health is to promote health, prevent disease and prolong life through organised efforts and informed choices. As we develop new strategies aligned to our statutory responsibilities and international best practice, including a new Public Health Strategy to be launched in 2025, we will work to protect the population from health threats, support population-based planning for health and social care, and address health inequalities and the wider determinants of health in partnership with others.

In 2025, the focus will be on the following key areas:

1. **Child health:** Provide integrated healthcare to children, ensuring children are offered routine and early health interventions to stay well and support families in the crucial early years of life through Child Health Public Health and the National Healthy Childhood Programme. Continue to implement the plan to expand the HSE Newborn Bloodspot Screening Programme to include spinal muscular atrophy and severe combined immunodeficiency, ensuring that affected babies can be given early and appropriate care and treatment
2. **Immunisation:** Prevent and control vaccine preventable diseases through immunisation programmes, including COVID-19, seasonal flu and the Primary Childhood Immunisation Schedule. Procure implementation and support services for the development of a National Immunisation Information System, with the Primary Childhood Immunisation Schedule as the priority schedule for 2025
3. **Health protection:** As outlined in HSE *Health Protection Strategy 2022-2027*, ensure consistent, high-quality public health approaches to prevention, investigation, surveillance and response to notifiable infectious diseases, ensure our preparedness for new emergent global health threats and advance first phase implementation of the Outbreak Case and Incident Management System
4. **Health improvement:** Build capacity and capability across the system for research and partnership (with a focus on health inequalities)
5. **Health information and evidence:** Progress the delivery of a programme of health intelligence products and services (including Health Atlas Ireland) that realise the potential of health information and evidence for better healthcare decision-making
6. **Health service improvement:** Produce an Irish definition and framework for population health and population-based planning to improve population health.

1.4. Women's Health

The National Women and Infants Health Programme (NWIHP) was established to lead on the implementation of the *National Maternity Strategy – Creating a Better Future Together 2016-2026*. The mandate of NWIHP has expanded to include implementation of the *Women's Health Action Plan 2024-2025*.

In 2025, the focus will be on the following key areas:

1. **Woman-centred approach:** Ensure that women's voices, needs, and experiences shape the highest standards of care, improving health outcomes through partnership, education, and innovation

2. **Ongoing patient engagement and monitoring:** Ensure quality and safety through enhanced monitoring of maternity indicators, data collection and analysis
3. **National Maternity Strategy:** Implement the strategy with a focus on:
    - Enhancing postnatal care with the continued roll-out of community-based postnatal hubs
    - Audit and research, eHealth and clinical guidelines
    - Pregnancy loss and bereavement care
    - The maternity and infant care scheme review
    - Obstetric Event Support Team, focusing on clinical risk identification, mitigation, and providing practical support to hospitals when an adverse incident occurs
4. **Gynaecology services:** Improve access through:
    - Expansion of general and ambulatory services
    - Implementation of the framework for endometriosis care
    - Roll-out of dedicated women's health hubs in the community
    - Continue to engage with the Department of Health (DoH) to complete implementation of the recommendations from the Chief Medical Officer's report, *The Use of Uro-Gynaecological Mesh in Surgical Procedures 2018*
5. **Model of Care for Assisted Human Reproduction:** Advance implementation of the model through:
    - Progressing the development of the first public assisted human reproduction centre
    - Supporting regional fertility hubs and establishing specific patient pathways
    - Collaborating with stakeholders to broaden access criteria
6. **Sexual and reproductive health:** Enhance services including:
    - Roll-out of the National Framework for Perinatal Genetics, in collaboration with the National Office for Genetics and Genomics
    - Expansion of termination of pregnancy services and implementation of the recommendations from *The Independent Review of the Operation of the Health (Regulation of Termination of Pregnancy) Act 2018* and the *Review of the Safety and Operation of Section 11 of the Health (Regulation of Termination of Pregnancy) Act 2018*.

1.5. Children's Health

A key foundation to healthy communities is protecting and improving the health of children so that all children and young people in Ireland will be able to live their best, healthiest life.

In 2025, the focus will be on the following key areas:

1. **Safety and protection:** Prioritise safety for children and young people including safeguarding of vulnerable children
2. **Early intervention and screening:** Improve early diagnosis and treatment, including through:
    - Improved access to person-centred child and adolescent mental health services teams
    - Universal programme of clinical care for all children including population screening programmes
    - Reducing the risk factors for chronic disease, especially rising obesity rates and alcohol harm
3. **Timely access:** Provide timely access to care including for spinal services
4. **Perinatal and paediatric pathology:** Progress work on a collaborative all-island approach to the design of perinatal and paediatric pathology services capable of serving both jurisdictions
5. **Disability services:** Implement the *Roadmap for Service Improvement 2023-2026 Disability Services for Children and Young People* to achieve a quality, accessible, equitable and timely service for

children and young people with complex needs. Further detail in relation to disability services can be found in Section 5 of this NSP

6. **Investing in new models of care:** Consolidate the existing investment in the Paediatric Model of Care to all Health Regions through specialty networks, and in the Barnahus model for child sexual abuse services ensuring collaboration between different agencies in one child-friendly premises
7. **New Children's Hospital:** Prepare for opening including:
    - Progressing the commissioning and operationalisation of the new hospital in preparation for its opening and the integration of the three existing children's hospitals (Crumlin, Temple Street and Tallaght) onto the co-located campus with St James's Hospital.

1.6. National Environmental Health Service

The National Environmental Health Service plays a key role, primarily as a regulatory inspectorate, in protecting the public from threats to health and wellbeing.

In 2025, the focus will be on the following key areas:

1. **Legislation and statutory programmes:** Plan and prepare for the implementation of proposed annual licensing provisions under the *Public Health (Tobacco Products and Nicotine Inhaling Products) Act 2023*. Maintain and deliver statutory programmes of inspection, surveillance, sampling and investigation on a risk-assessed basis, in relation to food safety, sunbeds, alcohol, port health, cosmetic products, tobacco, e-cigarettes and import and export controls
2. **Inter-agency working:** Strengthen the implementation of preventative health policies, legislation and health protection through collaborative engagement across a variety of multi-sectoral fields, including with the DoH, Department of Agriculture, Food and the Marine, Department of Justice, Food Safety Authority of Ireland and the Revenue Commissioners.

Section 2
Receiving the Right Care

You will experience high-quality, safe and co-ordinated care.

2.1. Patient and Service User Experience

To support improvements to health and social care services, we will build meaningful engagement, involvement, collaboration and partnerships between service users, families, health professionals and organisations (both voluntary and statutory). Systems and supports will be developed to deliver on the HSE's commitment to an enhanced service user feedback process that is accessible and responsive. Mechanisms will be developed to enable feedback to drive learning and quality improvement.

In 2025, the focus will be on the following key areas:

1. **Patient and Service User Strategy:** Launch the strategy in partnership with the National Patients Forum which is chaired and attended by individual patient advocates, advocacy organisations and HSE staff to support the co-design, implementation and evaluation of health and social care services. This strategy will detail our commitment to patient partnership, targeted outputs and outcomes, timelines and the resources needed
2. **Embedding patient and service user feedback:** Learn and build on feedback from the annual patient and public involvement conference while maximising all avenues in seeking feedback, to support continuous improvement. This includes the National Care Experience Programmes, Patient Councils across the Health Regions, Family Forums and the National Complaints Governance and Learning team
3. **Learning resources:** Co-design and implement resources for service users, staff and other stakeholders, in line with the *Better Together* framework, to develop the skills, confidence and tools needed
4. **Patient experience infrastructure:** Implement the infrastructure within the Health Regions in line with the agreed Health Regions Patient and Service User Partnership Design including formal patient / service user representation through appropriate forums, commencing in Q1 2025.

2.2. Safeguarding

Our continued commitment is to improve the delivery of supports to adults at risk of harm and abuse.

In 2025, the focus will be on the following key areas:

1. ***Moving Forward: Adult Safeguarding in the Health Service Executive*** **(McIlroy Report):** Implement the recommendations of this report across four key domains:
    - Increase the visibility of safeguarding work in line with the new Health Regions
    - Progress National Independent Review Panel recommendations in line with the Incident Management Framework to ensure appropriate referrals of serious incidents involving harm / abuse
    - Progress the reform programme for adult safeguarding aligned to the forthcoming Department of Health (DoH) policy on adult safeguarding in the health and social care sector
    - Review core functions of the National Safeguarding Office to focus on culture change, public awareness and staff training needs in line with recommendations of the McIlroy Report.

2.3. Clinical Quality and Patient Safety

Delivery of a high-quality, safe, effective, responsive and person-centred healthcare service, that is population health-based and integrated, is our paramount focus.

Clinical Programmes and Modernised Care Pathways

In 2025, the focus will be on the following key areas:

1. **Design healthcare improvements:** Develop needs and evidence-based clinical designs and innovations in areas such as acute / episodic care, older persons, children and young people, chronic

disease, mental health and people with disabilities through the design and planning for the implementation of:

- Models of care (e.g. Model of Care of Gender Health Services) and pathways (e.g. Non-Conveyance of Palliative Care Patients at End-of-Life pathway)
- Guidelines (e.g. for prevention, treatment and management of venous thromboembolism (Eve Protocol) and for myalgic encephalomyelitis)
- Clinical strategies (e.g. National Radiology Strategy, Strategy for Laboratory Services)
- Clinical design scoping exercise (e.g. people living with lung fibrosis / interstitial lung disease)

2. **Implement clinical strategies and clinical design:** Support care closer to patients / service users in their communities through:
   - *National Stroke Strategy 2022-2027*: Improve access to specialist staffing in acute stroke units and expand the number of Early Supported Discharge teams
   - National Cardiac Services: Pilot a new cardiovascular imaging service, establish a cardiology registry and increase cardiac rehabilitation services, in preparation for the new National Cardiac Plan to be launched by DoH in 2025
   - Neurology Model of Care: Establish services, such as, hub and spoke model, chronic neurological management, functional neurological disorders and deep brain stimulation to enable timely access to neurology services
   - Obesity Model of Care: Expand services for children and adults living with obesity
   - Specialised mental health services: Provide support across all age groups for targeted specialities, such as eating disorders, early intervention in psychosis, and attention deficit hyperactivity disorder for adults
   - Rare Disease Strategy: Increase the capacity of National Rare Disease Office and invest in improving the co-ordination and transition of care to support patients and their families, in preparation for the implementation of the forthcoming National Rare Disease Strategy
   - *National Strategy for Accelerating Genetic and Genomic Medicine in Ireland*: Introduce a National Genomic Test Directory for rare and inherited disease, a National Genomic Processing Service, and deliver enhanced communication and education on genetics and genomics
   - Organ Donation Transplant Ireland's Strategic Plan: Develop the infrastructure required to meet future demands
3. **Enable productivity and efficiency improvements:** Progress programmes of work to improve value in healthcare, making the best use of resources to maximise the quality of care provided and the health outcomes of service users:
   - Improve the productivity of implemented modernised care pathways and progress the implementation of additional pathways to improve access time, quality of services and care delivery in the best place for the patient
   - Plan to expand the national perioperative patient pathway enhancement programme to enable increased theatre efficiency, optimised throughput, and reduced waiting times for surgical procedures
   - Implement the safe, effective and cost-effective use of medicines through health technology management processes. Support efficiency generation through the work of the Medicines Management Programme, the Primary Care Reimbursement Service, Access and Integration Drug Management Programme and the National Cancer Control Programme. Continue to progress structural reform in respect of medicines expenditure with the development of proposals for improving sustainability through the work of the Medicines Sustainability Programme
4. **Facilitate organisational clinical change:** Develop change capacity and capability, through a diverse range of clinical design interventions including education, training and practice development supports:
   - Provide clinical input to enable clinical innovation and digital healthcare implementation
   - Deploy learning and development tools to embed clinical transformation improvements in

services, including, neurology and cardiac rehabilitation

- Co-create a national model for the development of clinical designs.

Clinical Quality and Patient Safety

In 2025, the focus will be on the following key areas:

1. **Patient and service user frameworks:** Implement patient safety improvements through the following:
   - Developing of a new Patient Safety Strategy
   - Monitoring the HSE's implementation plan for the *Patient Safety (Notifiable Incidents and Open Disclosure) Act 2023* with the Health Regions
   - Open Disclosure policy and the National Open Disclosure Framework
   - Review of the Incident Management Framework
   - National Quality and Patient Safety Navigator (competency framework for staff and patient partners)
   - Patient Safety Together platform
   - Implementing the *Antimicrobial Resistance Infection Control (AMRIC) Action Plan 2022-2025*
2. **Medical and in-vitro diagnostic devices:** Ensure full compliance with, and embedding of, the EU device regulations across the HSE.

Clinical Workforce Capacity and Development

In 2025, the focus will be on the following key areas:

1. **Workforce capacity and optimisation:** Enable a sustainable workforce with enhanced clinical expertise through the following:
   - Building the necessary clinical learning infrastructure to support and facilitate expansion in training places in priority healthcare areas through education and training
   - Supporting the roll-out of the national nurse staffing IT acuity and dependency system (TrendCare) along with supporting acute regional services to utilise the Framework for Safe Nurse Staffing and Skill Mix to progress achievement of baseline implementation of Phase 1 and Phase 2 of the framework
   - Supporting the implementation of assigned recommendations of the *Report of the Expert Review Body on Nursing and Midwifery*
   - Implementing of *HSCP Deliver – A Strategic Guidance Framework for Health and Social Care Professions 2021-2026,* recommendations from the National Taskforce on the Non-Consultant Hospital Doctor Workforce and recommendations from the expert steering group on consultant recruitment and retention challenges in Model 3 hospitals
   - Roll-out of physiotherapist referral for radiological procedures
   - Establishing the Advanced Practice in Health and Social Care Professions including the roll-out of Candidate Advanced Practitioner posts
   - Supporting the operational services to continue to develop Advanced Nursing and Midwifery practice in line with the DoH target of 3% of the nursing and midwifery workforce
   - An independent expert will carry out a comprehensive assessment of the physician assistant role internationally and make recommendations for standardisation, scope of practice, and appropriate deployment in Ireland, and will report within six months. We will also establish training for the theatre assistant role (healthcare assistants in theatre settings) in Q1 2025 and roll out the accredited training, optimising the workforce for theatre and surgical capacity in the context of surgical hubs and elective care centres.

2.4. Research and Evidence

HSE Research and Evidence supports the health and social care system in the use of research and evidence to inform patient / service user care, health service management, strategy development and reform.

In 2025, the focus will be on the following key areas:

1. ***HSE National Framework for Governance, Management and Support of Health Research*** implementation**:** Embed research governance, management and support infrastructure within the Health Regions while maintaining a national approach that enables research, collaboration and knowledge translation
2. ***HSE Library Strategy 2024-2029*** implementation**:** Deliver integrated library services and expand outreach across the Health Regions, for instant access to quality health information.

Section 3
Receiving Care in the Right Place

You will receive care in the setting most appropriate for your needs.

3.1. Older Persons' Services

The population aged 65 and over has increased by over 40% since 2013. While Irish people in old age tend to lead longer and healthier lives than their counterparts in most other European Union (EU) countries, we also need to target efforts to ensure our older population remain active and independent in their communities and homes for as long as possible.

In 2025, the focus will be on the following key areas:

1. **Integrated models of home and community support:** Enable increased access to care and supports in the community to promote independence and egress from acute hospitals, through:
    - Delivery of 24.3 million home support hours to approximately 60,000 people (10% increase since 2024 on the number of targeted recipients), including complex home support and higher intensity packages providing 40 or more hours of home support
    - Maintenance and operation of over 300 day centres, supporting independence and community building
    - Provision of transitional care funding, with up to 10,800 people on this care pathway in 2025 (compared to 10,681 in 2024). In addition, we will provide community bed-based rehabilitation to support maximised independence
    - Funding of agencies to deliver over 2.7 million meals on wheels in the year
2. **Dementia care:** Ensure timely access and reduce waiting times for dementia assessment, diagnostics and post-diagnostic support services, and allocate a minimum of 20% of new home support hours to people living with dementia or a cognitive impairment
3. **Nursing Homes Support Scheme (NHSS):** Support an average of 23,956 people through the NHSS while maintaining the average four-week waiting period for funding
4. **Residential Premises Upgrade (RPU) Scheme:** Provide €10m funding for the RPU scheme to support nursing homes
5. **International Resident Assessment Instrument (interRAI) care needs assessment:** Implement interRAI assessment across home support services and Integrated Care Programme for Older Persons (ICPOP) teams as part of the development of a standardised home support operating model, which will include development of the role of the National Home Support Office
6. **Workforce planning:** Collaborate with the Department of Health (DoH) and other key stakeholders to progress recommendations from the Strategic Workforce Advisory Group as they relate to older persons' services, including those relating to recruitment, pay and conditions, barriers to employment, and training
7. **Information communications technology (ICT) system for home support services and the NHSS:** Progress implementation of a national service data set and system build to support the delivery of an integrated home support and nursing home support service model for all adults, enabling the HSE to meet its requirement under future statutory regulations for home support and current NHSS requirements.

3.2. Primary Care and Enhanced Community Care

Primary Care

Primary care supports people of all ages across the continuum of their lives, close to home, through a community-based approach. Inclusive of general practitioners (GPs), public health nurses and a range of health and social care professionals, primary care provides the single, first point of contact to the wider health and social care system.

In 2025, the focus will be on the following key areas:

1. **Integrated teams:** Provide co-ordinated care that addresses all aspects of patients' health and incorporates the following national policies and programmes: the National Access Policy, Assisted Decision-Making Policy, Making Every Contact Count Programme and the National Healthy Childhood Programme
2. **National Oral Health Policy:** Progress actions identified in the Phase 1 implementation plan 2025-2027 for the policy, *Smile agus Sláinte*, including the establishment of whole of system implementation structures and progression of new packages of care for children and adults, including roll-out for 0-2 years. The plan details the milestones and progress required for each of the actions in Phase 1. This will include stakeholder engagement and resource identification. A plan to ensure capacity is targeted at reducing waiting times for current community dental services for children and those with additional needs will be developed, and necessary measures to ensure compliance with *Regulation (EU) 2024/1849* will also be completed
3. **Access to primary and community care:**
    - Monitor performance across primary care therapies
    - Progress the workstreams under the joint DoH / HSE Programmatic Approach to Primary Care Therapy Waiting Lists in collaboration with the DoH
    - Progress towards community healthcare network (CHN) / team-based reporting of waiting lists, waiting times and associated activity and productivity
    - Commence implementation of the recommendations in the community nursing services report to improve recruitment and retention of public health nurses and community registered general nurses
    - In keeping with *Sláintecare*, support care in the home through paediatric homecare packages and community intervention teams, where appropriate
    - Open a further primary care centre (PCC) in 2025 to bring the total to 181 nationally, with three more being progressed to become operational in 2026. A further four PCCs are at advanced planning stage with 17 at an early planning stage.

Enhanced Community Care

The Enhanced Community Care (ECC) reform programme helps people to live well and promotes independence. ECC reorients service delivery towards general practice and community-based services with multi-disciplinary teams providing end-to-end care pathways through CHNs and community specialist teams (CSTs) for older people and for those living with chronic disease. Our focus is on programme consolidation, increased activity, maximising productivity and the demonstration of impacts on outcomes.

In 2025, the focus will be on the following key areas:

1. **Integrated care programmes:** To reduce emergency department (ED) attendance and hospital admission rates, enable quicker discharge from acute settings and reduce hospital waiting lists:
    - Deliver over 141,000 contacts (in line with 2024 target) through 26 Integrated Care Programme for Older Persons (ICPOP) CSTs
    - Deliver over 334,000 contacts (46% increase on 2024 target) through 27 Integrated Care Programme for Chronic Disease CSTs
    - Provide outreach support to older adults living in nursing homes through the ICPOP CSTs
2. **Multidisciplinary working:** Embed multidisciplinary team working and service delivery in the CHN model, incorporating the services of ALONE (a national organisation that enables older people to age at home as well as providing befriending services, advocacy and support) and health promotion and improvement officers

3. **Dementia diagnostic and community services:** Expand services through the allocation of six consultant posts in Donegal, Galway, Kerry, Mullingar, Waterford and Wexford, the implementation of a National Dementia Registry and additional funding to increase community services
4. **Chronic disease management programme:** Carry out 632,036 reviews (19% increase on 2024 target) consisting of appointments for patients with both practice nurses and their GPs. Expand the programme to include chronic kidney disease, familial hypercholesterolaemia, peripheral arterial disease, valvular heart disease and enrolment to those over 18 years, with 33,000 additional patients to be seen in 2025
5. **Community diagnostics:** Provide direct access for GPs by completing up to 240,000 community radiology tests alongside up to 161,000 tests across areas such as echocardiography, spirometry and natriuretic peptide blood tests, totalling over 400,000 tests (in line with 2024 target)
6. **ICT infrastructure:** Roll out the agreed ICT infrastructure to enable ECC implementation of e-referrals from general practice to CHNs and CSTs
7. **General practice (GP) capacity:** Maintain the intake of 350 GP training places and recruit 250 doctors from the International Medical Graduate (IMG) Rural GP Programme
8. **General practice supporting urgent and emergency care:** Increase hospital avoidance measures, through planned, targeted extended GP day and additional out of hours capacity
9. **Strategic Review of General Practice completion:** Finalise the examination of the issues of GP training, GP capacity, out-of-hours service reform, eHealth agenda and a financial support model for general practice
10. **General practice in areas of social deprivation:** Support GPs working in socially deprived areas through the provision of a Social Deprivation Grant, envisaged to transition to a data-driven model for 2025 Social Deprivation Practice Grant Supports.

3.3. Virtual Care

Virtual care in many forms is an increasing feature of the international healthcare offering. Where appropriate, use of virtual care in both acute and non-acute areas, needs together with wider utilisation of telemedicine techniques can be a significant intervention for patients. It can reduce length of stay in hospital, help avoid admission to hospital, support the management of chronic disease in the community and create better access to outpatient consultations. It is underscored by the principles of safe care at home and delivery at the lowest level of complexity possible.

In 2025, the focus will be on the following key areas:

1. **Build on pilot work in both acute and community settings to pursue a next level of scaling and testing:**
    - Move from two pilot acute virtual wards to six, one in each Region
    - Select one community methodology and deploy it six times, one in each Region
    - Further evaluate to test the potential for major investment and scaling in subsequent years and where best to benefit the Irish healthcare context, including assessment of different models and approaches to inform best practice
2. **Governance and support system:** A new governance and support system at national level, bringing together digital and clinical expertise, will be led by the Access and Integration Director and will work with the DoH through the office of the Chief Nursing Officer to achieve this expansion.

3.4. National Ambulance Service

The National Ambulance Service (NAS) is one of the state's principal emergency services. NAS provides high-quality, safe and patient-centred services as part of an integrated health system. Recruitment of 180

Whole Time Equivalents, commencing in July 2025, will allow implementation of new developments with a full year effect in 2026.

In 2025, the focus will be on the following key areas:

1. **Improve access to care by:**
    - Recruiting additional NAS frontline staff to respond to rapidly rising 999 emergency demand (over 450,000 calls expected in 2025, an 11% increase on last year's target)
    - Reducing the number of patients experiencing a delayed emergency response
    - Increasing staffing capacity in the National Emergency Operations Centre and Clinical Hub, to support an increased number of circa 5,000 patients who can be clinically triaged, treated or referred to the right care, first time
    - Expanding NAS delivered alternative care pathways, to treat more patients in the right setting including the community
    - Expanding critical care retrieval services to provide a 7-day 8am to 8pm inter-hospital retrieval-transfer system for critically ill or injured neo-natal, paediatric and adult patients
    - Expanding the Helicopter Emergency Medical Service with a new dedicated service, to strengthen access to specialist tertiary level care for patients experiencing cardiac, trauma and other serious medical emergencies
2. **NAS re-design programme:** Expand implementation of the programme to include the following improvements:
    - Addressing governance and controls weaknesses and meeting regulatory and corporate requirements
    - Strengthening quality and patient safety capacity
    - Providing additional support to community emergency response schemes, including those across island communities
    - Expanding NAS capacity to educate more paramedics (circa 195 students) and specialist paramedics to enable our workforce plan with an additional 19 tutors / educational staff
    - Managing, co-ordinating and delivering fixed and rotary wing aeromedical services across Ireland
    - Aligning structures to Health Regions.

3.5. Cancer Services

The National Cancer Control Programme (NCCP) leads on the implementation of the *National Cancer Strategy 2017-2026*, working collaboratively and engaging with patients, external stakeholders, and acute and community services.

In 2025, the focus will be on the following key areas:

1. **Provide optimal diagnostic and treatment services:** Ensure that patients are provided with the right diagnosis and treatment through:
    - Rapid access services (95% of new breast cancer and lung cancer patients and 90% of new prostate cancer patients to attend within the recommended timeframe)
    - Ensuring 90% of patients undergoing radical radiotherapy treatment will commence treatment within the recommended timeframe
    - Provision of a dedicated pathway for cancer patients on active treatment, utilising the Acute Haematology Oncology Service and aiming to reduce the need for ED attendance and inpatient admission
    - Phase 2 expansion at St. Luke's Radiation Oncology Network (SLRON), Beaumont Hospital as part of the National Plan for Radiation Oncology and continued progress on the National Equipment Replacement process for the LINACs across SLRON and other public centres

- Expanded medical oncology, haematology and systemic anti-cancer therapy (SACT) services to meet rising demand
- Progression of work on molecular diagnostics and further implementation of national chimeric antigen receptor T-cell (CAR-T) therapy, peptide receptor radionuclide therapy (PRRT) and stem cell therapy (SCT) specialised services
- Implementation of the centralisation project for cancer surgery

2. **Optimise patient support programmes to enhance quality of life:**
   - Develop cancer survivorship services across the cancer networks, including through community cancer support centres which provide a comprehensive support service for cancer patients and their families
   - Consolidate psycho-oncology services across the cancer networks integrating patient pathways into the community
   - Implement the psycho-oncology models of care for adult and for child, adolescent and young adult (CAYA) services across the cancer networks and into the community
3. **Reduce the cancer burden** through prevention and early detection, including:
   - Implementation of the *National Skin Cancer Prevention Plan 2023-2026* and the *Early Diagnosis of Symptomatic Cancer Plan 2022-2025*, aligned with the *National Strategy for Accelerating Genetic and Genomic Medicine in Ireland*
   - Continued work on hereditary cancer care and pathways for asymptomatic people with family history of breast cancer
   - Building on initiatives and research to reduce health inequalities surrounding cancer services
4. **Enable and assure measurable positive change:**
   - Strengthen governance and performance monitoring of cancer services with implementation of updated NCCP national policy documents through a Memorandum of Understanding for cancer services between the HSE Centre / NCCP and Health Regions (e.g. NCCP policies on cancer centre designation, surgical centralisation, performance monitoring for cancer services)
   - Advance the roll-out of the National Cancer Information System, including its multidisciplinary meeting module in cancer centres and SACT hospitals across the Health Regions.

3.6. Trauma Services

The National Trauma Strategy recommends the establishment of an inclusive Trauma System for Ireland. Over a number of years, the Trauma System will be organised into two Trauma Networks – Central and South. Both will operate a hub-and-spoke model, each with a major trauma centre as the hub and supporting trauma units.

In 2025, the focus will be on the following key areas:

1. **Continued development of the major trauma centres at the Mater Misericordiae University Hospital (MMUH) and Cork University Hospital (CUH) through:**
   - Planned capital projects associated with the National Trauma Programme at the MMUH and CUH, including the emergency department trauma resuscitation bays and CT scanner in both hospitals and commencement of construction of two dedicated trauma theatres and a diagnostic imaging suite at the MMUH
   - The dedicated inter-hospital transfer referral service ‘1800-TRAUMA’ operated by the National Emergency Operations Centre to facilitate inter-hospital transfers from acute hospitals to the major trauma centres when required
2. **Trauma unit with specialist services:** Progress development with the delivery of specialist services, including plastic surgery and spinal surgery at University Hospital Galway, and establish a planned trauma care service at Merlin Park University Hospital

3. **Trauma units:** Progress with the development of Our Lady of Lourdes Hospital Drogheda and University Hospital Waterford as trauma units due to their identification as those most to be impacted by future bypass protocols, with an associated anticipated increase in trauma patient volumes to be seen in the emergency department of each hospital
4. **Pre-hospital trauma triage tool:** Complete the operationalisation of the tool to support the development of future bypass protocols and education for pre-hospital care providers.

3.7. Palliative Care

Palliative care is an approach that improves the quality of life of patients and their families through expert pain and symptom management and psychosocial, spiritual and bereavement support.

In 2025, the focus will be on the following key areas:

1. **Paediatric palliative care:** Further develop and implement blended learning programmes to support clinicians providing multidisciplinary palliative care to children in the community
2. **Specialist palliative care inpatient units:** Progress the development of new specialist palliative care inpatient units in Tullamore, Drogheda and Cavan
3. **Caru Nursing Home Programme:** Implement the programme in all six Health Regions to enhance the palliative care knowledge and skills of nursing home staff
4. **Clinical Management System:** Progress the development of a system to enhance access to patient records and support provision of timely, efficient and safe palliative care
5. ***National Adult Palliative Care Policy*:** Establish an implementation structure to oversee development of a policy implementation plan and delivery of policy actions.

3.8. Capital Infrastructure

Each year, the HSE submits an annual Capital Plan to the DoH and the Department of Children, Equality, Disability, Integration and Youth (DCEDIY) having regard to contractual commitments, investment priorities and funding available. In 2025, the total investment in infrastructure, equipment and furnishing of health and social care facilities (from all funding sources) is €1,357m.

Funding Category (DoH)	€m
Building, Equipping and Furnishing Allocation (Vote)	1,250.00
Income from other sources	80.00
Total DoH available funding (DoH plus Income)	**1,330.00**
Total Funding (DoH)	**1,250.00**
Funding Category (DCEDIY)	**€m**
Building, Equipping and Furnishing Allocation (Vote)	27.00
Total Funding (DCEDIY)	**27.00**
Total Available Funding (all sources) €m	**1,357.00**

This funding is managed to achieve value for money in accordance with the requirements of the Infrastructure Guidelines (with effect from January 2025 DoH Common Appraisal Framework), DoH Strategic Healthcare Investment Framework and the current HSE Capital Projects Manual and Approvals Protocol.

In 2025, the focus will be on the following key areas:

1. ***National Development Plan 2021-2030*:** Work with the DoH and DCEDIY to deliver on the health and social care objectives within the plan
2. **Government priorities**: Support delivery of Government priority projects, including:
   - Completion of the new children's hospital
   - Advancement of the National Maternity Hospital
   - Progression of key initiatives, including supporting capacity planning initiatives encompassing critical care, trauma care, unscheduled and emergency care, six new surgical hubs, acute and community capacity including the *Acute Hospital Inpatient Bed Capacity Expansion Plan 2024-2031*, enhanced community care hubs, community nursing units, construction of primary care centres, local injury units, ambulance infrastructure and the Elective Hospitals Programme
3. **Disability services:** Progress projects for specialist disability services including the development of a disability multiannual capital strategy
4. **Support patient / service user safety, the mitigation of clinical and infrastructural risk and regulatory compliance:** Maintain investment in minor capital initiatives, radiation oncology, the delivery of the equipment replacement programme and the ambulance replacement programme; regulatory compliance programmes for mental health (including preparation of a multiannual capital plan) and older persons
5. **Climate action:** Progress the updated *HSE Infrastructure Decarbonisation Roadmap*
6. **Modernise capabilities, capacity and standards:** Develop new and future focused capabilities, ensuring standardisation of approach in areas of digital innovation, new technologies and modern methods of delivery, and increase and develop workforce capability and capacity for the delivery of projects with the support of DoH and DCEDIY.

Further details on capital projects are contained in the Capital Plan 2025.

Section 4
Receiving Care at the Right Time

You will be able to access services when you need them.

4.1. Mental Health Services

The HSE is committed to promoting positive mental health and mental wellbeing across the population and throughout the lifespan of need. To ensure integrated care, service continuity and the best possible outcomes for those experiencing mental health difficulties, services are provided within a stepped-care model where each person can access a range of options of varying intensity to match their needs.

In 2025, the focus will be on the following key areas:

1. ***Sharing the Vision*:** Publish the second *Sharing the Vision* implementation plan in collaboration with the Department of Health (DoH) covering the period 2025 to 2027. Key areas of focus in 2025 will include:
   - Expansion of the National Counselling Service including Counselling in Primary Care service through an additional investment of €2m with a particular focus on counselling supports for men
   - Strengthening culturally appropriate services and supports for Travellers, through the further expansion of the National Traveller Counselling Service, and the provision of additional Traveller focused suicide prevention and self-harm supports
   - Further implementation of the Crisis Resolution Services Model of Care for adults through enhancement of the existing teams (additional 16 Whole Time Equivalents), implementation of the national digital mental health strategy in keeping with the organisation's *Digital Health Strategic Implementation Roadmap*, and ongoing capacity building and service improvement
   - Expansion of existing tenancy support services with five additional housing co-ordinators to assist service users find suitable, longer-term accommodation
2. **Child and adolescent mental health reform:** Ensure improvements to service delivery for children and adolescents through:
   - Expansion of existing child and adolescent mental health services (CAMHS) teams and roll-out of waiting list initiatives
   - Development of the electronic healthcare record
   - Development of a model for a single point of access referral pathway for children and young people with the expansion of the development sites in 2025
   - Design and development of integrated child and youth crisis response services, which will include CAMHS and emergency department (ED) liaison / out of hours services and one additional CAMHS Hub team
3. **Clinical programmes and service improvement programmes:** Further roll-out of the programmes will enhance productivity and outcomes, and includes:
   - Attention deficit hyperactivity disorder for adults
   - Early intervention in psychosis, eating disorders, dual diagnosis, self-harm and suicide-related ideation
   - Mental health of intellectual disability
   - Mental health for older persons
4. ***Connecting for Life: Ireland's National Strategy to Reduce Suicide*:** Support the DoH to develop a successor to the strategy which will be informed by evaluation and the most up-to-date evidence on suicide prevention and data on suicide mortality. Further enhance existing suicide prevention and bereavement support services with a specific focus on supporting health and social care professionals and reaching middle-aged men
5. **Mental health engagement and recovery:** Support the Health Regions to implement the *Mental Health Engagement and Recovery Office Strategic Plan 2023-2026*: *Engaged in Recovery* and the *National Framework for Recovery in Mental Health 2024-2028*. Additional peer support and recovery co-ordinator positions will ensure that lived experience across all service user populations is central to the design, development and delivery of mental health services

6. **Forensic Mental Health Service:** Expand the bed provision of the Central Mental Hospital by 18 beds to 130. Establish a forensic consultant psychiatrist led multidisciplinary team to provide in-reach and court diversion services to Limerick Prison. Commence a mental health needs analysis of the prison population in conjunction with the Irish Prison Service and the Probation Service.

4.2. Social Inclusion

Social inclusion works across a range of statutory services in partnership with the community and voluntary sectors to address health inequalities and improve access to services for vulnerable and excluded groups.

In 2025, the focus will be on the following key areas:

1. **Social inclusion health services:** Further enhance services through development of a Social Inclusion Engagement Framework, promoting the uptake of the Introduction to Ethnic Data Collection and contribute to the development of the DoH inclusion health framework
2. **Addiction services:** Expand programmes in the community, including:
    - Increasing access to community-based drug services and supporting the national roll-out of the integrated community alcohol services
    - Progressing a case management approach for adolescent addiction between social inclusion and the mental health clinical programmes
    - Progressing integrated care pathways and harm-reduction responses, including the operation of the medically supervised injecting facility and expanding residential addiction care facilities for people experiencing homelessness
    - Strengthening preparedness for synthetic drugs by expanding monitoring methods and increasing the availability of naloxone in partnership with key stakeholders
    - Supporting the ongoing pilot initiatives for those experiencing difficulties with gambling and gaming, and report on outcomes to ensure interventions provided are evidence-based and in line with the commissioned literature review. Support a gambling awareness campaign in conjunction with HSE Communications and Public Affairs
    - Contributing to the development of the new national drugs strategy
3. **Homelessness:** Maintain essential public health measures, consolidate advancements in healthcare delivery for people experiencing homelessness and provide health supports for 256 new Housing First tenancies. Work towards improving and expanding access to healthcare services for people experiencing homelessness
4. ***National Traveller Health Action Plan, 2022-2027*:** Conduct a mid-term review of the plan's implementation and evaluate the impact of the Primary Healthcare for Traveller projects to inform future developments and implement the Traveller healthy childhood initiatives
5. **Refugees and applicants seeking protection:**
    - Update the service delivery model to focus on health provision in congregated settings, including the new reception and integration centres, and enable its consistent implementation through a national co-ordination structure
    - Work with public health, community services and general practitioners (GPs), to increase access to vaccinations and health screenings and support the work of migrant health in-reach teams, sessional clinics and psychosocial supports
    - Assist in the development of the health screening requirements under Ireland's obligations outlined in the European Union (EU) Pact on Migration and Asylum
    - Work with the DoH in the development of the Roma Health Action Plan.

4.3. Urgent and Emergency Care

We are committed to the implementation of the *Urgent and Emergency Care Plan* which supports the delivery of integrated service improvement actions across the four pillars of urgent and emergency care: hospital / admission avoidance, ED operations, in-hospital care / ward flow and safe and timely discharge. These actions will be greatly enabled in 2025 by the delivery of planned additional acute hospital beds and critical care beds as set out in the *Acute Hospital Bed Capacity Expansion Plan 2024-2031*. We will also ensure a continued and dedicated focus on 'patient flow' over seven days by enabling operations management in our acute hospitals and across our new Health Regions.

In 2025, the focus will be on the following key areas:

1. **Hospital avoidance:** Support patients / service users to access care close to home and at the lowest level of complexity through:
    - Increasing the integration, productivity and impact of existing service models and pathways in place across community, ambulance and acute services
    - Extending enhanced community care services into public and private long stay residential care facilities
    - Expanding the ED in the Home frailty response service and reviewing existing response services
    - Augmenting information and communications to patients and the public locally on all care options available, through our website and multi-media
    - Delivering additional injury unit capacity to provide urgent care for suitable patients within an Emergency Care Network and developing a plan to expand the provision of additional injury units nationally, within the allocated resources
    - Improving uptake levels for vaccination programmes and for smoking cessation services (see additional information in Sections 1.1 and 1.3 of this National Service Plan (NSP))
    - Making the most of admission avoidance services such as rapid access clinics, for chronic disease and older persons, and mobile diagnostics
2. **ED operations:** Ensure our most vulnerable patients receive safe, timely and high-quality care in our EDs through:
    - Progressing implementation of the Safe Staffing Phase 2 for EDs
    - Screening patients over 75 years for delirium and frailty at the point of triage and providing early access to emergency and specialist gerontology care
    - Prioritising care and compassion for vulnerable patients identified as at risk in our EDs by assigning designated persons to inform and assist them as needed and linking these vulnerable patients to both acute and non-acute services as required
    - Providing senior decision-making in the ED over seven days
    - Prioritising access to diagnostics to enable and support early clinical decision-making
    - Consistent implementation of local ED Escalation Protocols and Emergency Medicine Early Warning Score
3. **Improving inpatient / ward flow:** Improve and standardise processes to reduce variation in care and length of stay, improve flow across our hospitals and support safe and timely discharge through:
    - Consistent implementation of SAFER Bundle or equivalent in all inpatient wards
    - Consistent implementation of a 'Plan for Every Patient'
    - Prioritising access to diagnostics to enable and support inpatient / ward flow
    - Implementing protocols for inpatients with length of stay over seven days and over 14 days
    - Assigning patients to specialty or dedicated wards with multidisciplinary care to support differentiated care requirements

- Prioritising access to community services to reduce length of stay, improve hospital flow and support and enable safe and timely discharge
- Providing clear leadership of centralised operational hubs or equivalent that provide a shared view of real time capacity for all teams to support operational decisions in respect of patient flow

4. **Safe and timely discharge:** Facilitate safe and timely discharge and early supported discharge home or to community care as soon as it is safe to do so through:
   - Adopting a 'home first' policy so that integrated discharge planning starts early and is defined by a person's needs, will and preferences
   - All inpatients will have a predicted date of discharge over seven days, communicated to relevant community services to enable an integrated discharge approach
   - Working as fully integrated teams across community and acute services with in-reach services guided by a patient-first principle to reduce length of stay and enable safe and timely discharge to the most appropriate setting over seven days
   - Increasing the productivity and impact of existing service models including Chronic Disease and Integrated Care Programme for Older Persons pathways in place across community, ambulance and acute services to support and enhance safe and timely discharge over seven days
   - Extending community services into public and private long stay residential care facilities to support safe and timely discharge over seven days
5. **Improved access and capacity:** Deliver an additional 297 acute beds, working with the DoH to progress an updated Health Services Capacity Review and extend services (acute and community) over weekend days to ensure equitable and timely access for our patients
6. **Critical care:** Complete Phase 1 of the Critical Care Strategic Plan to deliver the final 12 critical care beds, bringing total funded critical care capacity to 352 beds. Improve patient outcomes by consolidating the Critical Care Outreach service, progressing the implementation of the critical care clinical information system, and embedding the investment in critical care retrieval services

4.4. Scheduled Care Reform and Waiting List Action Plan

Achieving 2025 NSP targets will be progressed as part of a phased multi-year approach towards achieving *Sláintecare* maximum wait times of no more than 12 weeks for an inpatient / day case procedure or gastrointestinal (GI) scope and 10 weeks for a new outpatient appointment. This will include the implementation of national strategies and services in collaboration with community services.

Wait List Action Plan (WLAP) 2025 will outline the detailed approach to tackling waiting lists in 2025, including initiatives that will deliver additional capacity, support demand management and enable reform, WLAP 2025 will continue to build on the momentum of reducing wait times for our patients:

In 2025, in line with the *Waiting List Action Plan*, the focus will be on the following key areas:

1. **Existing waiting list reforms:** Build on the reforms that have been implemented (e.g. see and treat models of care) to allow for more timely access to care for patients while also maximising the patient-clinician time. This is with the overall aim of reducing the weighted average wait time
2. **Integrated hospital care and community care:** Expand the integration of care and services across hospital and community settings, ensuring care is being delivered in community settings where appropriate. Progress will be measured against the % of patients waiting greater than one year for care on a hospital waiting list
3. **Care delivery across high volume specialties:** Improve access to care for high volume specialties (in particular otolaryngology (ENT), ophthalmology and dermatology) by expanding the delivery of models of care and aligning capacity with demand

4. **Surgical hubs:** Develop surgical hubs which, when fully operational, are each expected to deliver circa 4,000 additional day case procedures, circa 5,800 additional minor operations, and circa 18,500 additional outpatient consultations
    - Hubs will be developed in South Dublin, North Dublin, Galway, Cork, Waterford and Limerick with feasibility being progressed for the North West
    - The surgical hub in South Dublin is expected to become operational in 2024 with the remaining hubs to be delivered and operationalised on a phased basis during 2025 and 2026
5. **Optimised workflow with new models of care:** Support sustainable reductions in waiting times through the ongoing implementation of improved operational processes and development of evidence-based models of care
6. **Enhanced data intelligence:** Progress our information communications technology (ICT), analytic capabilities and artificial intelligence (AI) to support more informed decision-making. The development of eHealth projects is critical to enabling the delivery of our elective services across the healthcare system.

4.5. Primary Care Reimbursement Service

The Primary Care Reimbursement Service (PCRS) is responsible for making payments to healthcare professionals for the free or reduced cost services they provide across a range of community schemes.

In 2025, the focus will be on the following key areas:

1. **Medicine assessment and approval:** Deliver increased visibility, including indicative timelines on the Medicines Tracker as requested by the Minister, and on the new steps / progress made by each individual medicine through the HSE assessment and approval process
2. **PCRS resilience:** Increase the resilience of PCRS services to any pandemic or other risk, including through the ongoing implementation of learnings from the national review of the 2021 cyberattack on the HSE, and continue to enhance the security of PCRS ICT systems
3. **Expert Taskforce to Support the Expansion of the Role of Pharmacy:** Work with the DoH and other stakeholders to implement the agreed recommendations of the taskforce which represent a significant opportunity to leverage pharmacists' expertise, alleviate pressures on GPs, and provide timely care for common conditions
4. **Hormone replacement therapy (HRT) provision:** Implement the system requirements and resources to operationalise the HRT provision announced in Budget 2025
5. **Framework agreements:** Engage with the DoH, with input from sectoral and / or international expertise as appropriate, in the review of the framework agreements on the pricing and supply of medicines including the timely development and preparation of proposals for such new agreements
6. **Innovative medicines:** Make full use of the first €30 million of new savings from medicines to increase access to innovative new medicines for patients.

4.6. Emergency Management

The Emergency Management function assists all levels of the HSE to ensure a timely, co-ordinated response to any unforeseen event.

In 2025, the focus will be on the following key areas:

1. **HSE and statutory obligations:** Engage with other principal response agencies and Government departments to meet HSE obligations as well as statutory obligations in regard to upper tier Seveso sites, licensing of outdoor events, ports, airports, road tunnels and rail tunnels
2. **Weather preparedness:** Promote severe weather preparedness across the organisation to improve planning and response capacity

3. **Training and simulation:** Plan and facilitate Emergo training and simulation exercises within hospital and pre-hospital settings to enhance preparedness for surge events.

4.7. EU and North South Unit

The EU and North South Unit works to promote health co-operation with providers on a north-south, east-west and all-island basis to ensure better outcomes, especially for those living in border and remote areas.

In 2025, the focus will be on the following key areas:

1. **PEACEPLUS projects:** Acting as partner and / or lead partner, engage with EU multiannual financial framework programmes to maximise the funding opportunities available to support the border population to 2027 and beyond
2. **EU4Health Programme:** As the designated Corporate Contact Point for the HSE, communicate opportunities under the EU4Health Annual Work Programmes and support service areas in the development of EU wide collaborative projects
3. **Brexit:** As HSE Brexit Lead, address challenges posed by Brexit through ongoing review of HSE Brexit workstreams and close liaison with the Brexit and UK Strategic Oversight Group
4. **EU INTERREG VA cross-border projects:** Support the closure arrangements for these projects in the areas of acute services, mental health services, population health, children's services and medication optimisation
5. **Service agreements and memorandums of understanding (MoUs):** Develop, monitor and report on Cross-Border / All-Island agreements and MoUs between health authorities north and south, and develop new formal agreements on specialist services, as required
6. **Co-operation and Working Together (CAWT) partnership:** Continue to work in close collaboration with CAWT partners to identify, fund and implement appropriate healthcare developments on a North / South basis along the border corridor.

4.8. Treatment Abroad

Planned treatment and clinically urgent care can be provided in another country in the EU, European Economic Area, United Kingdom or Switzerland. The Overseas Treatment Schemes are the EU Treatment Abroad, EU Cross-Border Directive and Northern Ireland Planned Healthcare schemes and the European Health Insurance Card (EHIC). In the case of the EU Treatment Abroad Scheme, the treatment must be within Irish law and either not available in Ireland, or not available in the time normally necessary, taking into account the patient's health and the likely course of the condition or disease.

In 2025, the focus will be on the following key areas:

1. Through additional funding provided in 2025, ensure that patients in Ireland continue to be able to access necessary medical treatment abroad under the Treatment Abroad, Cross Border Directive and Northern Ireland Planned Healthcare schemes. An increased focus is required on the monitoring of related activity, expenditure, and reporting to facilitate necessary analysis of trends for the purposes of forecasting and future funding planning.

Section 5
Disability Services – Receiving Right Care, Right Place, Right Time

In recognition of the line of governance that transferred from Department of Health to Department of Children, Equality, Disability, Integration and Youth in March 2023, National Service Plan content related to disability services stands as its own chapter. The national approach to disability services, outlined on the following pages, guides regional implementation.

5.1 Disability Services

People with a disability attend and are supported by every single service within the Health Service Executive and its funded agencies. The best outcomes for people with a disability occur when all of the services they access, both specialist and other, operate in a co-ordinated and integrated way. This integrated model of care across disability services, primary care, mental health services and other services will be a particular focus in 2025 as the regional operating model evolves (through Integrated Healthcare Areas).

Specialist disability services are delivered through the alignment and collaboration of the Department of Children, Equality, Disability, Integration and Youth (DCEDIY), the HSE, people with disabilities and their families, organisations for people with a disability, service providers and a wide range of other stakeholders.

Work continues to develop and embed effective governance and working structures following the transfer of functions from the Department of Health (DoH) to the DCEDIY.

Our vision is for people with disabilities to live full lives in their communities. This will be achieved by giving people who need specialist disability services more choice and control by developing and providing access to person-centred, integrated, responsive and flexible supports and services to the maximum of available resources both within specialist disability services and all other health services.

Service developments underway align to the principles of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and will be advanced through the framework of the forthcoming National Disability Strategy.

A major priority for the HSE is to significantly improve access for children and families to services. The availability of integrated services for children and families is a cornerstone of supporting each child to have the best chance to realise their potential. The HSE, and its partner agencies, will continue to implement the actions set out in the *Roadmap for Service Improvement 2023-2026 Disability Services for Children and Young People*.

There are very significant challenges in relation to improving access to specialist disability services including:

- Over 13,500 children and families are awaiting access to children's disability services and assessment of need
- Many children and adults are not able to access respite, or sufficient levels of respite, to meet their needs
- People with disabilities are concerned that the right supports are not available
- Families of adults with disabilities are concerned that services and supports will not be available when they can no longer maintain their caring role
- Many service providers are facing sustainability challenges
- The recruitment and retention of staff, driven by a limited candidate pool, a range of services competing for the same pool, and pay differences for Section 39 staff.

While noting that specialist disability services are meeting the needs of many people with disabilities and their families, we know we must do better.

Across all specialist disability services, the HSE will develop and expand services, on a programmatic basis, in line with the *Action Plan for Disability Service 2024-2026*. The Action Plan, developed on foot of the *Disability Capacity Review to 2032 – A Review of Social Care Demand and Capacity Requirements up to 2032*, seeks to expand services in residential, day, respite, multi-disciplinary supports, home supports and personal assistant services. The Capacity Review documented the significant need that exists across the sector both in terms of latent need and new and emerging demographic challenges.

The Action Plan is overseen by DCEDIY. It will publish a progress report at the half-way point of the Action Plan's implementation taking account of the reports from the Action Plan Implementation Group and the feedback from the Monitoring Group. The Action Plan will be a living document and, as such, the

findings of the progress report will be considered by the Ministers in deciding what further measures or changes are required or its successor for the period post 2026.

In 2025, the focus will be on the following key areas:

1. **Specialist community-based disability services:** Improve delivery and increase service capacity of a range of services, including:
    - Provision of an additional 70 placements for people who are assessed as priority 1 for immediate occupation and 40 additional places for children and young people under the Joint Protocol with TUSLA (to be updated following the implementation review carried out in 2024)
    - Making better use of our existing respite and alternative respite provision through increasing occupancy. This includes in-home respite support hours, home sharing short breaks and group-based targeted services such as summer camps and evening sessions
    - Provision of an additional 95,000 personal assistant and 40,000 home support hours
    - Provision of an enhanced pathway to health and social care supports for Irish survivors of thalidomide
    - Targeted services to benefit children and adults, including equine therapy, occupational therapy for dyspraxia, specialist phone line supports for Parkinson's Disease, the Cumas Ability Programme, Ability West Best Buddies Programme, expansion of services in the Central Remedial Clinic, hydrotherapy pools and provision of frequency modulation systems through Chime
    - Progressive alignment of home support and personal assistant rates with those paid in other sectors, in line with the part year 2025 funding allocation
2. **Children's services:** Improve the provision of integrated services to children by:
    - Establishing a single point of access for all children, in conjunction with child and adolescent mental health services and primary care services
    - Increasing access to therapy services through the recruitment of 40 therapy staff, 20 therapy assistants and 15 clinical psychology placements
    - Reducing the waiting list for access to Children's Disability Network Team (CDNT) supports by 10%, by increasing staffing levels in line with the agreed Disability Pay and Numbers Strategy (PNS)
    - Fully implementing a minimum of 50% of the actions from the *Roadmap for Service Improvement 2023-2026 Disability Services for Children and Young People* by the end of 2025
    - Fully implementing the Special Schools Pilot Programme as set out by Government across 16 schools between Cork, Dublin and Galway while continuing a focus on reinstating health and social care supports that were provided to some special schools prior to reconfiguration
    - Recruiting additional assessment officers and liaison officers to bolster the assessment teams in regions with the highest waiting lists
    - Providing a dedicated fund for health and social care practice education resources
3. **Assessment of need (AoN):** Address the deficit in the delivery of assessments in line with legislative obligations and the *Roadmap for Service Improvement 2023-2026*, using all available mechanisms including procurement. This will include updating the Standard Operating Procedure to incorporate updated clinical guidance, the further development of assessment hubs, and continued working with Government to improve access to assessment of need. In addition, using funding that has been made available to facilitate the continuation of the AoN waitlist initiative, procure assessments for families who have been waiting for long periods of time
4. **Autism services:** Implement the recommendations of the *Report of the Review of the Irish Health Services for Individuals with Autism Spectrum Disorders 2018* and deliver actions under the *Autism Innovation Strategy 2024* for which the HSE has responsibility
5. **Day services:** Provide between 1,250 and 1,400 new day service placements for school leavers and graduates of rehabilitative training and progress an outcomes-focused monitoring system

6. **Under 65 year old Programme:** Implement this programme with a focus on supporting 15 younger adults to move from nursing homes to appropriate community placements and supporting those individuals who, through need or in line with their will and preference, will continue in their nursing home placement. A model of service, developed in collaboration with people with lived experience, will be finalised in 2025
7. ***Time to Move on from Congregated Settings – A Strategy for Community Inclusion*** **policy:** Support 21 people to move from institutional settings to community-based services in line with the policy, supporting individuals in line with their will and preference
8. **Neuro-rehabilitation:** Develop community teams in line with the *Neuro-Rehabilitation Implementation Framework*, and enhance capacity for its implementation nationally
9. **Model of provision:** Building on the proposed interdisciplinary approach in day services, commence development of the model of provision for adult multidisciplinary therapy based on a mapping exercise to be conducted in 2025
10. **Personalised budgets:** Work with the National Disability Authority to facilitate conclusion of the evaluation phase of the Personalised Budget Demonstrator Pilot which aims to ensure that individuals have more choice and control over the type of care they wish to receive and the life they want to live. While that evaluation is ongoing, the HSE will also ensure that persons in the Stage 4 'Living Life Stage' of the Pilot continue to be supported to avail of their personalised budget
11. **Transport:** Work with DCEDIY, the Department of Transport and a wide range of stakeholders to develop initiatives through the forthcoming National Disability Strategy to improve access to transport for people with disabilities, with a view to supporting them to access other services and their communities
12. **Assistive technology:** Review the recommendation of the World Health Organisation (WHO) findings of the Assistive Technology Capacity Assessment and prepare guidance for implementation. Work with DCEDIY to implement the range of actions set out in the Global Agreement between Ireland and the WHO, including in the area of workforce optimisation.
13. **Information and data:** Provide additional resources for the six Regions and nationally, to enhance the capacity in coverage and quality of data capture through the National Ability Supports System, and data analysis and data quality associated with the National Children's Disability Network Team Information Management System
14. **Performance monitoring:** Improve disability data coverage and quality, to enable a greater focus on performance across the HSE, voluntary and for-profit service providers, and to inform policy development
15. **Stability and sustainability:** Maintain the focus on service, finance, human resources and governance challenges for specific organisations and develop proposals for more sustainable models of service with particular emphasis placed on maximising the use of available resources

5.1.1 Workforce – Disability Services

There continues to be substantial challenges in recruitment and retention across disability services with unfilled roles impacting service provision. The focus in 2025 will be to retain our existing workforce and to grow it in support of planned developments. Tailored approaches to attract and retain professionals in disability services are being implemented to build and recruit a pipeline of talent for the provision of disability services now and into the future, in line with the HSE's Recruitment, Reform and Resourcing Strategy. Underpinning any resourcing actions is the ability to retain and motivate our current staff through retention initiatives. This includes benefiting from the increase in training places across health and social care professional, nursing, and patient and client care disciplines.

Actions to enhance our attraction and recruitment specific to disability services continue to be built and delivered through sponsorship programmes and increases in undergraduate clinical placements into CDNTs.

In 2025, the focus will be on the following key areas:

1. **Disabilities Pay and Numbers Strategy:** Having invested heavily in measures to attract professionals to work in disability services it is critical that momentum is built and maintained in addressing critical staffing shortfalls, particularly in Children's Services.

   The Disability PNS will be finalised in Q1 2025. This strategy must be underpinned by measurable and practical measures to manage the total Disability funded workforce in line with the financial allocation. It will be underpinned by a series of measures including pay savings (agency conversion / reduction) and by strong management of performance at regional level.

   The capacity to carry forward recruitment initiatives commenced in 2024 will be critical to the ongoing implementation of critical access initiatives across Children's Services in particular.

   Akin to the Pay and Numbers Strategy for DoH services, a Whole Time Equivalent (WTE) limit for existing levels of service, new service developments and agency / overtime conversion will be set, establishing an upper WTE limit for 2025 that can be communicated to each Health Region and the HSE Centre. When in place, the WTE limit will enable necessary management controls on WTE, including the balancing of investment in new service developments with demonstrable productivity and, importantly, regional control over pay bill and workforce utilisation
2. **Workforce strategy:** Develop a disability specific workforce strategy and workforce plan to support the delivery of disability services in the HSE, Section 38s and Section 39s. The workforce strategy and related workforce plan will include the development of retention actions and innovative recruitment initiatives, with a clear priority focus on CDNTs
3. **Workforce expansion:** Continued focus on funded workforce increases to meet service expansion related to demographic growth and for new service developments
4. **Workforce reporting:** Progress the delivery of disability specific workforce reporting. In particular, we will develop specific reporting on CDNTs in our Health Service Personnel Census to enable monthly reporting across Health Regions. This will provide WTE, staff category and grade level detail. Based on the above agreements under the 2025 PNS, the HSE will develop a monthly WTE limit report to enable monthly monitoring and reporting on performance against the WTE limit. The WTE limits report, along with the workforce reports on turnover and absence, collectively provide the key data points for productive engagement and reporting under the performance and accountability framework's monthly performance dialogue. These developments are resource intensive and therefore are subject to available resources to fully deliver in 2025
5. **Talent engagement:** Identify cross-sectoral opportunities to drive through resourcing initiatives and solutions to create sustainable capacity at service level
6. **Practice education:** Implement an interim guidance to support practice educators, pre-registration students, higher education institutes, with a focus on CDNTs to build sustainable practice education infrastructure with adequate supports
7. **Clinical governance:** Implement the recommendations of the Review of National Interim Guidance on Clinical and Professional Supervision, which will be completed in 2024. The HSE will also develop guidance on the respective roles of CDNT managers and heads of discipline. We will provide an evidence-informed governance framework implementation plan to reflect the ethos of the Progressing Disability Services for Children and Young People programme and the UNCRPD (to be completed Q1 / Q2 2025)
8. **Employing people with disabilities:** Explore the development of specific roles to support employing people with disabilities.

5.1.2 Workforce Data

Direct Staffing Region[1]	Total Dec 2023	Medical & Dental	Nursing & Midwifery	Health & Social Care Professionals	Management & Administrative	General Support	Patient & Client Care	Total WTE September 2024
Total	**20,565**	**51**	**3,668**	**4,692**	**1,807**	**683**	**10,228**	**21,129**
HSE Dublin and Midlands	5,069	15	744	1,190	421	214	2,600	5,184
HSE Dublin and North East	4,633	24	1,100	1,317	431	166	1,658	4,696
HSE Dublin and South East	2,935	2	438	696	321	41	1,491	2,989
HSE Midwest	2,048	1	351	396	145	74	1,151	2,119
HSE South West	2,686	2	412	476	212	89	1,561	2,753
HSE West and North West	3,186	8	623	616	269	98	1,767	3,382
HSE Centre	7	-	-	-	7	-	-	7

Direct Staffing by Administration[1]	Total Dec 2023	Medical & Dental	Nursing & Midwifery	Health & Social Care Professionals	Management & Administrative	General Support	Patient & Client Care	Total WTE September 2024
Total	**20,565**	**51**	**3,668**	**4,692**	**1,807**	**683**	**10,228**	**21,129**
Health Service Executive	4,408	11	1,105	722	575	83	1,933	4,430
Section 38 Voluntary Agencies	16,157	40	2,563	3,970	1,232	600	8,295	16,699

Note[1]: Direct employment Department of Children, Equality, Disability, Integration and Youth funded services
Of note the projected outturn for 2025, is subject to the outcomes on the discussions and finalisation of the Pay and Numbers Strategy for 2025 due to be complete in Q1 2025

5.1.3 Finance – Disability Services

A total of €3.2bn has been provided in day-to-day funding for specialist disability services in 2025 by DCEDIY. This is a €330m / 11.5% increase on the level of recurring budget provided for disability services in 2024 with a further €18m once-off (non-core) funding provided for 2025 also, see table A below.

Table A: 2025 Disabilities Funding

HSE Budget Allocation for 2025 for Operating Costs	DCEDIY €m
Recurring budget at the end of 2024 including any opening allocation adjustments	**2,867.6**
Plus Allocations for 2025:	
1. Additional 2025 funding	**329.8**
1.1. To support the Existing Level of Service (ELS)	290.4
1.2 To support the Development of Services	39.4
2. Once-off budget – referred to as Non-Core	**18.0**
Budget 2025 per Letters of Determination 01/11/2024	**3,215.4**

Table B: Finance Allocation 2025

Service Area / Business Unit	2025 Opening Position	ELS 2025 Pay Rate Funding	Full Year Impact of 2024 New Develop-ments	ELS Service Specific	Savings	New Measures	Non-Core	2025 NSP Budget
	€m	€m	€m	€m	€m	€m	€m	€m
Operational Service Area	Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H
Disabilities	2,867.6	86.2	110.9	93.3	-	39.4	18.0	3,215.4
Total Disabilities	**2,867.6**	**86.2**	**110.9**	**93.3**	**0.0**	**39.4**	**18.0**	**3,215.4**

Table C: 2025 New Service Measures for Disabilities

In 2025 €39.4m has been provided for New Service Measures; a breakdown of this is included in table C below.

Reference	2025 New Measures	Funding in 2025	Full Year Cost in 2026	2026 Incremental funding requirement
		€m	€m	€m
		Column A	Column B	Column C
NSD 2025 DIS – 1	Residential Services	16.0	32.0	16.0
NSD 2025 DIS – 2	Day Services	0.6	0.8	0.2
NSD 2025 DIS – 3	Home Support	7.1	10.4	3.4
NSD 2025 DIS – 4	Personal Assistance	3.5	10.4	7.0
NSD 2025 DIS – 5	Children's Services	9.7	14.3	4.7
NSD 2025 DIS – 6	Neurorehabilitation	0.6	1.2	0.6
NSD 2025 DIS – 7	Stability and Sustainability	1.4	2.7	1.3
NSD 2025 DIS – 8	Data	0.6	1.1	0.6
	Disabilities	**39.4**	**73.1**	**33.7**
	2025 Overall New Measures (pre holdback funding)	**39.4**	**73.1**	**33.7**

Despite this very welcome investment, the cost of running our existing services at current levels (estimated outturn 2024 circa €3,084m) over the next twelve months will be a significant challenge in the context of the total funding available to specialist disability services in 2025. Therefore, our disability services will likely require additional funding support, including in relation to the likely first charge (2025 first charge = excess of 2024 costs over final 2024 funding).

It is not intended to cut services in 2025 so, in financial management terms, we will seek to minimise the level of financial deficit that will arise by focusing on:

- Improving our financial controls particularly around staffing levels, including agency and overtime, so that we operate within an agreed total pay bill envelope for 2025 that is sustainable into 2026
- Generally maintaining current service levels while growing service levels in areas where this has been specifically funded, particularly in support of our key priorities around residential, respite, day services and children's services
- Making savings through reducing our total pay and staffing costs by substantially reducing the amount of agency staff hours that we use, as well as reducing overtime hours. In non-pay we will also seek to avoid cost growth, or reduce costs where practical, in terms of bought in goods and services. The 2024 Disabilities Non-Pay Strategy outlined non-pay savings of €47m for a full year (2025); the HSE will work with DCEDIY to agree these savings measures and the monitoring and reporting of same.

Improving our productivity will be essential if we are to maintain current service levels, while reducing the level of agency hours being used. This means that we need to improve the efficiency and effectiveness of our care and other processes so that we can safely provide more care for patients via the same or less staffing hours. This must be done without reducing quality for patients or over-burdening our staff.

In 2025, in addition to supporting the key priorities of the National Finance Division the focus will be on the following key areas:

1. **Stability and sustainability:** Continue work commenced in 2024 to review the disability service delivery landscape from an organisational, governance and financial perspective
2. **Disabilities Pay and Numbers Strategy:** Finalisation of the 2025 HSE PNS for the HSE and Section 38s in Q1 2025. The WTE limit will enable necessary management controls on WTE, including the balancing of investment in new service developments with demonstrable productivity and, importantly, regional control over pay bill and workforce utilisation
3. **Value:** Undertake a range of measures to ensure the use of the available budget for specialist disability services represents good value, including:
    - Progressing a cost management programme of residential services, including an updated procurement framework for residential services. This will seek to ensure consistency in the approach to sourcing and funding residential placements. We will also provide for a housing co-ordinator in each Health Region to work with local authorities to enhance access to housing
    - An audit of the capacity and provision of respite services across all Health Regions
    - Commission an evaluation of intensive support packages and supported living packages, reviewing the scale of deployment and cost-effectiveness of the current approach to inform future policy.

5.1.4 Key Performance Indicators and Activity Measures – Disability Services

National Performance Indicator Suite

Note: 2024 and 2025 expected activity and targets are assumed to be judged on a performance that is equal or greater than (>) unless otherwise stated (i.e. if less than (<) or, less than or equal to symbol (<) is included in the target).

Receiving Care at the Right Time				
Indicator	**Reporting Period**	**NSP 2024 Target**	**Projected Outturn 2024**	**Target 2025**
Disability Services				
Day Services including School Leavers % of school leavers and rehabilitation training (RT) graduates who have been provided with a placement	Annual	95%	90%	95%
***Disability Act* Compliance** % of child assessments completed within the timelines as provided for in the regulations	Q	100%	10%	100%

Activity 2025

Note: 2024 and 2025 expected activity and targets are assumed to be judged on a performance that is equal or greater than (>) unless otherwise stated (i.e. if less than (<) or, less than or equal to symbol (<) is included in the target).

Receiving Care at the Right Time				
Activity	**Reporting Period**	**NSP 2024 Expected Activity**	**Projected Outturn 2024**	**Expected Activity 2025**
Disability Services				
Personalised Budgets No. of adults with disabilities participating in personalised budgets demonstration projects (Stage 4 Living Phase)*	Q	To be determined in 2024	52	52
Residential Places No. of residential places for people with a disability (including new planned places)	M	8,431	8,625	8,695
New Priority 1 Residential Places Provided to People with a Disability No. of new Priority 1 Residential places provided to people with a disability		96	190	70
No. of intensive support packages for priority 1 cases		469	560	575
Congregated Settings Facilitate the movement of people from congregated to community settings		73	51	21
Day Services including School Leavers No. of people (all disabilities) in receipt of RT		2,290	2,100	2,290
No. of people with a disability in receipt of other day services (excl. RT) (adult) (ID / autism and physical and sensory disability)	Bi-annual	20,300	20,000	20,600
Respite Services No. of day only respite sessions accessed by people with a disability	Q (1 Mth in arrears)	40,400	58,000	66,000
No. of people with a disability in receipt of respite services (ID / autism and physical and sensory disability)		6,200	6,200	6,340
No. of overnights (with or without day respite) accessed by people with a disability		160,000	160,000	164,060
Personal Assistance (PA) No. of PA service hours delivered to adults with a physical and / or sensory disability		1.85m	1.85m	1.945m
No. of adults with a physical and / or sensory disability in receipt of a PA service		2,740	2,865	2,865
Home Support Service No. of home support hours delivered to persons with a disability		3.48m	3.76m	3.8m
No. of people with a disability in receipt of home support services (ID / autism and physical and sensory disability)		7,326	7,023	7,326
***Disability Act* Compliance** No. of requests for assessment of need received for children	Q	8,050	10,300	10,300
*Pilot project that is subject to evaluation phase in 2025				

Section 6
Strong Foundations

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

6.1. Workforce Resourcing and Reform

The HSE recognises that our workforce is our most valuable asset. Our focus in 2025 will be to continue to develop and recruit the skills required across all HSE services, whilst recognising the challenging global labour market. We must also ensure we have a comprehensive approach to staff retention, career development, and to protecting the health and welfare of our workforce

In 2025, the focus will be on the following key areas:

1. **Recruitment and resourcing:** Address challenges in our recruitment and resourcing capacity across the organisation in workforce groups including medical and dental, nursing and midwifery, and health and social care professionals, enabled by improved digitisation, robust governance, collaboration, innovation and process improvement, supporting the delivery of health and social care
2. **Workforce planning:** Develop strategic workforce planning to enable an analytical and proactive approach to the staffing needs of services, and develop a strategic workforce supply model across a range of workforce groups that supports the development of the resourcing strategy
3. **Staff training and development:** Prioritise the training and development of our staff, including leadership and management skills, team and individual development. The HSE will select senior leaders to participate in executive leadership programmes aimed at addressing critical leadership challenges and developing longer term healthcare leadership capacity in the health sector
4. **Optimise workforce:** Ensure opportunities for all health and social care professionals to work at the optimum of their professional scope of practice, including clinical learning environment and education supports, flexible rostering, expansion of roles and integrated care and implementation of evidence-based staffing models including the safe staffing framework
5. **Consultants and non-consultant hospital doctors (NCHDs):** Implement the recommendations from the expert steering group on consultant recruitment and retention challenges in Model 3 hospitals and the recommendations from the NCHD Taskforce to improve the retention of doctors in the service
6. **Staff support services:** Staff retention is critical, and we will develop and provide services that respond to employee needs, including ensuring physical, psychological and personal supports for employees are in place
7. **Digital:** Continue to digitise human resources (HR) processes to ensure the most efficient use of our staff and technologies. The roll-out of the National Integrated Staff Records and Pay Programme (NiSRP) to HSE statutory services will be completed in 2025
8. **Industrial Relations:** Continue leveraging the provisions and benefits of the *Public Service Agreement 2024-2026*
9. **Supporting the new Health Regions:** Build on the strong working relationships with the Regional Directors of People to finalise and implement the HR operating model. This will include identifying opportunities to improve processes, increase consistencies and standardisation, and provide specialist expertise. A continued focus will be maintained by senior clinical and operational leaders in the Regions in relation to the implementation of the Public Only Consultant Contract (POCC), including an overall plan for monitoring and measuring the value gained, to maximise the increased flexibilities contained in the contract to meet our service needs and priorities. A comprehensive monitoring and reporting framework on the implementation and the value being delivered by the POCC across all specialisms and sites will be implemented. The Board will ensure that maximum value is being derived from the POCC, informed by the reporting and monitoring framework. This will include monitoring of the reduction in private activity and the consequent increase in public activity as a result of POCC implementation.

6.1.1 Pay and Numbers Strategy

The last five years has seen unprecedented investment in workforce expansion resulting in additional growth of +24,837 Whole Time Equivalent (WTE) / 24.5%. The two-year trilateral Pay and Numbers Strategy (PNS) [1] agreement, agreed in July 2024, provided investment for an additional 3,310 WTE (inclusive of 960 WTE agency / overtime conversion). This has provided for a maximum year end WTE limit of 129,753 WTE in 2024. In 2025, further to this investment is a net additional 3,553 WTE in new service developments, providing for a new maximum year end WTE limit of 133,306 WTE in 2025. This additional 3,553 WTE, excludes any WTE associated with agency / overtime conversion or any as yet unknown potential WTE impact of further Section 39 agencies transferring to the HSE Health Service Personnel Census. It also excludes any WTE associated with special assignment temporary posts, monitored and reported separately to the WTE limit.

This level of continued investment is very welcome and necessary to ensure further development and expansion of our services in response to increasing demand.

6.1.2 Workforce Management and Control – Performance and Reporting

A critical component to continued investment in our workforce expansion, is our ability to demonstrate good governance and control over our employment levels, allied to the associated funding.

Akin to the approach put in place in 2024, a key objective of our PNS[2] in 2025 will be to further embed management controls over our WTE while enabling the continued expansion of our workforce, through WTE limits monitoring and reporting monthly as follows:

1. Each Health Region and associated Integrated Health Areas (IHA - when system builds are complete), National Services and Schemes and HSE Centre for 2025 will have their share of the total WTE limit of 133,306 WTE set out
2. The above will include the closing WTE limit for 2024 (i.e. the maximum WTE limit for 2024 – 129,753 WTE for Department of Health (DoH) Funded Services), in addition to the WTE limit for the 2025 new service developments (3,553 WTE) providing for a total WTE limit of 133,306 WTE
3. Further to the above, any non HSE / voluntary Section 38 agencies, that may necessitate inclusion in the HSE census for reporting in 2025, will also be added to the WTE limit issued across our services as applicable
4. The WTE monthly limit report developed in 2024, will be maintained in 2025, and provide for monthly monitoring and reporting on WTE levels, and progress against the filling of both new service developments and agency / overtime conversion.

This year's approach will continue to balance investment in new service developments with demonstrable productivity and, importantly, regional control over pay bill and workforce utilisation. The approach aims to provide for the balance of workforce decisions at regional / local level, coupled with the requirement for strengthened monitoring and reporting.

Undoubtedly the timing of the PNS agreement arriving in 2024, and the subsequent lifting of the recruitment control measures to facilitate devolved regional decision-making, has led to a slower pace of recruitment and onboarding in 2024. As we emerge from these events in 2024, we will aim to strike the fine balance between necessary workforce expansion with that of controls to deliver resource optimisation while safeguarding services to patients / service users.

The indicative pay bill allocation is set out in the Letter of Determination (LoD), this is notably subject to engagement in the context of the finalisation of the HSE PNS 2025. Nonetheless, the above approach will

[1] Note: Details contained in this section relate to the Pay and Numbers Strategy for Department of Health funded services only. Disability services Pay and Numbers Strategy is included in Section 5.1.
[2] Note: Details contained in this section relate to the Pay and Numbers Strategy for Department of Health funded services only. Disability services Pay and Numbers Strategy is included in Section 5.1.

be set out in greater detail in the HSE PNS and is designed with the objective of the continued strengthening of our pay bill management and control in 2025, along with continued greater visibility, oversight and governance.

As part of our approach, we will in 2025, seek to fully realise and further optimise the significant investment we have already made. We will also prioritise our additional growth planned for 2026 for specified developments that include augmenting existing services and progressing strategic new developments to increase our capacity. Sample services comparative workforce analysis will be conducted as part of an overall understanding of workforce allocation and productivity.

6.1.3 HR Information

Direct Staffing Region[1]	Total Dec 2023[2]	Medical & Dental	Nursing & Midwifery	Health & Social Care Professionals	Management & Administrative	General Support	Patient & Client Care	Total WTE September 2024[3]
Total	**126,442**	**14,285**	**43,153**	**16,237**	**23,146**	**9,406**	**19,627**	**125,854**
HSE Dublin and Midlands	25,305	3,160	9,432	3,766	4,066	1,502	3,685	25,611
HSE Dublin and North East	24,511	3,099	9,109	3,304	4,000	1,871	3,054	24,437
HSE Dublin and South East	20,240	2,456	7,611	2,593	2,999	1,910	2,775	20,344
HSE Midwest	9,286	1,021	3,283	1,041	1,440	971	1,465	9,221
HSE South West	16,565	1,897	6,028	2,059	2,209	1,362	2,803	16,358
HSE West and North West	20,392	2,330	7,111	2,403	2,960	1,393	3,656	19,851
National Services and Schemes	3,654	7	10	663	910	15	2,073	3,678
HSE Centre	6,489	315	570	408	4,562	383	116	6,355

Direct Staffing by Administration[1]	Total Dec 2023[2]	Medical & Dental	Nursing & Midwifery	Health & Social Care Professionals	Management & Administrative	General Support	Patient & Client Care	Total WTE September 2024[3]
Total	**126,442**	**14,285**	**43,153**	**16,237**	**23,146**	**9,406**	**19,627**	**125,854**
Health Service Executive	**89,738**	**9,175**	**29,087**	**11,256**	**17,002**	**6,197**	**16,310**	**89,026**
Section 38 Hospitals	33,065	4,950	13,060	4,628	5,751	2,849	2,692	33,930
Section 38 Voluntary Agencies	3,639	160	1,006	352	393	360	626	2,898
Section 38	**36,704**	**5,110**	**14,066**	**4,981**	**6,144**	**3,209**	**3,317**	**36,828**

Note[1]: Direct employment Department of Health funded services only
Note[2]: Approved opening WTE position as per Pay and Numbers Strategy 2024 (adjusted to include subsumed agencies in 2024)
Note[3]: WTE limits basis report as per Pay and Numbers Strategy (excludes Pre-Registration Nursing and Midwifery Students on clinical placement)

6.2. Organisational Culture

The desired culture of the HSE is where we all place the safety and care of patients / service users as central to our purpose, confident in the knowledge that we are supported to work to the best of our training and ability. A place where we treat our patients / service users, their families and carers and one another with compassion, dignity and respect. Where all staff are responsible and accountable for their work, operating to defined standards of excellence and ensuring stewardship of public resources through innovation and continuous improvement.

In 2025, the focus will be on the following key areas:

1. **Public engagement:** Conduct meaningful engagement to inform our desired culture, values and behaviours
2. **Networks and partnership:** Utilise established networks and processes to promote the desired culture e.g. induction and leadership programmes

3. **National Healthcare Communication Programme:** Develop and expand the programme through a 'train the trainer' approach across the Regions and national services to drive the key values and behaviours through how we communicate with patients / service users and their families
4. **Culture Programme:** Develop a programme of work to promote a strong risk, compliance and operational excellence culture to be an integral part of our overall culture programme
5. **Tools and resources:** Providing tools to support positive organisational culture through the Values in Action Programme
6. **Core Framework:** Develop and publish a core framework for services to align their initiatives with.

6.3. Technology and Transformation

Technology and Transformation (T&T) delivers information and communications technology (ICT) services and support throughout the HSE, facilitating integration across our Health Regions and across community services, hospitals, and other specialised care providers. In 2025, the allocation of capital funding to digital will be €190m.

The *Digital Health Strategic Implementation Roadmap*, published in July 2024, sets out a clear path for the integration of digital technologies in our healthcare system and marks a crucial step in our journey towards a patient-centred, digitally enabled health and social care environment. It signals our commitment to leverage digital technology in order to provide people with an improved healthcare experience. During this journey we want to foster patient involvement in their care journey, jointly improve accessibility to our services, while enhancing efficiency, access, and the overall quality of care. The Roadmap has been developed in alignment with the DoH's *Digital for Care – A Digital Health Framework for Ireland* which harnessed other key documents such as the *Sláintecare Action Plan*, and the *Digital Ireland Framework* and will be enabled by the enactment of the *Health Information Bill 2024*. The Roadmap serves as our digital plan towards an integrated, universal, and high-quality health and social care system for all patients / service users.

In 2025, the focus will be on the following key areas:

1. **Person-centred health information:** Provide patients / service users with better access to their own information and care options by developing and implementing a Healthcare App. This will, ensure greater patient involvement, autonomy and choice in their healthcare. Commence collection and recording of the Personal Public Service Number (PPSN) during all health interactions to strengthen patient identity verification and support secure aggregation of health data
2. **Digitally skilled workforce:** Support the health service workforce with appropriate digital tools and connectivity, allowing for collaborative working to improve efficiency and accessibility to healthcare services for patients, through the accelerated implementations of our single financial and single HR systems, alongside modern workplace tools to enable full mobility for staff within and across our Health Regions. Single sign technology will reach 20,000 users across our hospital system, giving significant time back to care givers
3. **Digitally enabled care:** Gain approval for a national Electronic Health Record (EHR) business case and commence procurement. Complete procurement and development of a national digital shared care record, which will provide patient summary data to healthcare professionals, to enable roll-out to commence during Q4 2025. Commence the Community Connect System project that will support the administration and delivery of services / care within and across community healthcare settings. Implement key solutions such as the single national immunisation system and the hospital medicines management system, complete delivery of the National Imaging solution, deliver the National Laboratory solution to the Dublin Northeast region, and roll out secure telehealth video technology. The Maternal and Newborn EHR will complete to all maternity hospital, with coverage increasing to 70% of live births per annum. A national medication management solution will begin replacing obsolete and outdated pharmacy systems in hospitals and community facilities

4. **Data driven service:** Enhance access to information and analytics to enable the evaluation of service planning and resource management for the enhancement of patient care, including using both historic and current healthcare data to produce actionable insights, improve decision-making and optimise outcomes for patients with expanded use of analytics dashboard including the Health Performance Visualisation Platform (release of new development funding to hospitals is conditional on them being live on the platform)
5. **Innovation:** Provide the guidance, tools, and resources necessary to empower patients and the workforce to unlock innovative solutions that improve the experience of both the patient and workforce, including through participation in pilot and prototype technology projects in the areas of Health Informatics (health information systems and infrastructures) that support open innovation and ecosystem development, which will include remote monitoring technologies. Further extend robotic process automation to reduce administrative time spent on large scale processes and deliver initial pilot implementations of artificial intelligence (AI) through a new AI centre of excellence
6. **Strong and stable foundational infrastructure:** Deliver secure Wi-Fi capability to all major sites for both staff and patients / service users. Ensure our service can rely on modern and reliable technology to deliver care. Invest further in cyber security to transform our ability to protect and secure our data and services, reaching an improved rating of 2.5 (of 5) against industry standard benchmarks
7. **Homecare technology:** Complete evaluation of homecare technology options in Q1 2025 to determine how we can support homecare demand through the use of technology.

Full detail on the 2025 delivery plan for Digital for Care will be contained in the ICT Capital Plan 2025.

6.4. Financial Management Framework

6.4.1 2025 context including our focus and high-level ambition for the year ahead

Further improving access through reducing waiting times will remain the key priority for our services in 2025. Building on progress made in 2024, we will also continue to focus on improving our productivity. This means increasing the efficiency and effectiveness of our care and other processes so that we can safely provide more care for patients via our existing staffing levels. This must be done without reducing quality for patients or over burdening our staff. We will also make best use of the circa 3,500 new additional staff being employed in 2025 to deliver further additional service volumes and make further progress towards reducing waiting times.

The 2-year funding agreement (2024 and 2025) in respect of our DoH funded services, announced as part of the government's *Summer Economic Statement* in July, provided an additional €1,749m in cash funding in 2024. This additional funding, coupled with a requirement for the HSE to deliver savings in 2024, brought the 2024 funding level above the level of costs incurred in 2023 and substantially in line with expected 2024 costs.

Any savings not delivered in 2024 must be carried forward and added to the additional savings that the agreement specifies for 2025. Our intention is not to reduce any services volumes and to increase them, and thereby reduce waiting times, where the additional funding made available and / or productivity measures facilitates this.

The requirement to reduce costs via savings measures, while also seeking to improve productivity to support additional service volumes, brings a level of financial issues and risks that we will seek to manage by focusing on:

1. Fully embedding the additional financial controls introduced in 2024 around pay costs and staffing levels, including agency and overtime, so that we operate within an agreed total pay cost envelope for 2025 that is sustainable into 2026

2. Targeting additional improvements around avoiding cost growth and reducing costs where practical in terms of our bought in goods and services (non-pay) through a combination of improved controls and our procurement efforts
3. Making further progress in relation to our performance management framework including through 2025 performance agreements the Chief Executive Officer (CEO) will sign with each of his direct reports, including the six Regional Executive Officers (REOs), before the end of 2024. Similarly, there will be performance agreements in place between the six REOs and their Regional Executive Management Team members and between National Directors and their heads of services or functions.

This National Service Plan (NSP) deals with the type and volume of services to be provided in 2025, the level of staff to provide those services and the day-to-day costs and funding to run those services, referred to as current funding. In total for 2025, DoH have provided €23.7bn in current funding to HSE and Department of Health and Department of Children, Equality, Disability, Integration and Youth (DCEDIY) have provided €3.2bn funding in respect of disability services (see Section 5), totalling €26.9bn in current funding.

In parallel with this plan, the HSE has prepared and submitted two Capital Plans, covering the 2025 element of multi-year investment in the development and upgrade of our estate (€1,250m) and ICT (€190m) infrastructure.

6.4.2 Significant additional Government investment in health in 2025

A total of €26.9bn has been provided in day-to-day funding to operate the health services in 2025, with €3.2bn of that being provided by the DCEDIY in respect of specialist disability services and the balance of €23.7bn being provided by the DoH.

This is a €1.6bn / 6.6% increase in 2025 on the level of recurring budget provided for those services in 2024. The 2024 funding is inclusive of the €1.5bn funding from the 2-year agreement, now provided for on a recurring basis in 2025.

Table A: Combined summary of budget allocation NSP 2025 from Department of Children, Equality, Disability, Integration and Youth Vote and Department of Health Vote (excludes Capital budget – see Estates and ICT Capital Plans)

HSE Budget Allocation for 2025 for Operating Costs	Total	DoH	DCEDIY
	€m	€m	€m
Recurring budget at the end of 2024 including any opening allocation adjustments	**23,020.8**	**20,153.3**	**2,867.6**
Plus Allocations:			
1. Additional 2024 Funding	**1,543.1**	**1,543.1**	**-**
1.1. To support the Existing Level of Service (ELS)			
a) Pay cost pressures	1,073.2	1,073.2	-
b) Service Specific Price and Volume cost pressures	469.9	469.9	-
2. Non-core Funding Moving to Core	**698.4**	**698.4**	**-**
a) HSE Waiting List and Access to Care Measures	134.5	134.5	-
b) HSE Other Measures	563.9	563.9	-
3. Additional 2025 Funding	**1,657.6**	**1,309.8**	**347.9**
3.1 To support the Existing Levels of Service (ELS)	**1,341.7**	**1,051.3**	**290.4**
a) Pay Cost pressures	531.6	445.3	86.2
b) Service Specific Price and Volume cost pressures	546.0	452.7	93.3

HSE Budget Allocation for 2025 for Operating Costs	Total	DoH	DCEDIY
	€m	€m	€m
c) Full year costs of service developments started in 2024	264.2	153.3	110.9
3.2 To support the Development of Services	**297.8**	**258.5**	**39.4**
a) New and Better Services	161.5	161.5	-
b) Faster Access	47.1	47.1	-
c) Capacity and Reform	101.9	101.9	-
d) Less savings within New Devs	(52.0)	(52.0)	-
e) DCEDIY New Developments	39.4	-	39.4
3.3 Additional Once off funding	**18.0**	**-**	**18.0**
COVID Programmes (once-off basis)	18.0	-	18.0
Budget 2025 per Letters of Determination	**26,919.9**	**23,704.5**	**3,215.4**

6.4.3 Savings targets

Specific savings targets for 2025

The following table sets out the programme of Savings Initiatives to be achieved in 2025.

2024 / 2025 Savings Area	HSE savings targets within 2024 expenditure limits	HSE agreed savings targets – balance i.e. additional for 2025	Total HSE agreed savings for 2025
	€m	€m	€m
Agency do without	(41.0)	(209.0)	(250.0)
Agency stabilisation	(16.9)		(16.9)
Agency conversion		(10.0)	(10.0)
OT stabilisation	(41.1)	-	(41.1)
Total Pay	**(98.9)**	**(219.0)**	**(317.9)**
Acute non-pay	(106.1)	(91.7)	(197.8)
Consultancy	(11.4)	-	(11.4)
Mental Health	(10.0)	-	(10.0)
Older Persons	(9.3)	(21.5)	(30.7)
Primary Care Reimbursements Service	(15.0)	(35.0)*	(50.0)
Primary Care	-	(14.8)	(14.8)
Total non-pay	**(151.8)**	**(163.0)**	**(314.7)**
Total	**(250.7)**	**(382.0)**	**(632.7)**

*Includes additional €30m saving per LOD to fund access to new drugs 2025. This is a minimum target with final figure to be agreed between DoH and HSE via the Medicines Sub Group of the Productivity Savings Task Force

Based on September 2024 performance, and if 2024 Q4 costs continue at the same level, services will be €377m ahead of spend limits within regions, so that €127m will need to be dealt with in 2025 in addition to achieving the 2024 and 2025 savings set out above.

Whilst the LoD does not detail the value of any pay and non-pay savings for disability services, it does specify the implementation and monitoring of pay savings measures including reductions in agency use, absenteeism and agency conversion in 2025.

In addition, the 2024 Disabilities Non-Pay Strategy outlined non-pay savings of €47m for a full year (2025). Disability services finance overview is discussed in the disability services chapter. The section below relates to DoH funded services.

As part of the overall financial stabilisation of the HSE significant progress has been made on pay in terms of planning, allocation and control. A payroll problem or deficit is not envisaged in 2025, and the new control environment ensures there is absolute clarity on staffing parameters.

A significant part of the financial challenge for the HSE has also been on the non-pay aspect. That is due to a combination of increased demand, health and general inflation and a need for better use / control of spending. The focus on 2025 is now in reducing this challenge. Regions, Section 38 organisations and national services all have cash and spending limits which require clear focus on productivity, savings, wider value for money, increased control on discretionary spend and a management of the cash position within available resources.

We are committed to maximum delivery on the savings agreed to as part of the two-year funding agreement i.e. new for 2025 and any undelivered in 2024. However, at this stage in our efforts to improve the overall control environment and embed a culture of continuous improvement in productivity, it is not practical for regional services to take on further additional savings.

Accordingly, at national level the HSE will focus on managing a projected challenge of circa €500m in relation to a number of issues including the working capital adjustment and once-off elements of the two-year agreement, increments and other savings.

All avenues, including but not limited to enhanced probity, procurement contracts, income maximisation and reprioritisation within the national Centre will be fully exploited to mitigate this challenge.

6.4.4 Key priorities for our Finance and Procurement teams in 2025

1. Supporting improvement in the control environment including maximising delivery of savings, service delivery, service improvement and access within available resources
2. Completing Integrated Financial Management System (IFMS) roll out to HSE statutory system during 2025 (IG2 1 April and IG3 1 July) and planning for commencement of roll out to voluntary sector with first voluntary roll outs expected in 2026
3. Continued improvement in procurement including raising Spend Under Management beyond 90% (85% 2024 target) and improving P2P compliance in its broadest sense including through implementation of the Master Data Strategy
4. Supporting operational and clinical efforts around the productivity and savings agenda including through enhanced use of activity-based funding (ABF) data and insights on a hospital site in each region (six sites completed and reported on by Q4 2025) and progressing the inclusion of outpatient department (OPD) and emergency department data within the ABF model
5. Finalising (Q4 2024) and implementing (Q1-Q3 2025) the revised organisation design for national and regional finance, including procurement, in line with the establishment of regions and IHAs and the change facilitated by IFMS rollout
6. Progressively leveraging the benefits of IFMS including 5-day close and report (IG2 Q3, IG3 Q4), improved cash management and reporting, and enhanced financial forecasting and analysis
7. Expand Financial Shared Services (FSS) as part of the roll out of IFMS (IG2 Q3, IG3 Q4) and drive continuous productivity improvements to minimise resource impacts of workload transferring to FSS
8. Continue to support the embedding of the partnership principles between HSE and the voluntary sector and improve the timeliness of signing of Service Arrangements (SA) while streamlining the overall SA process. (Target is SA signing by end Q1 2025 => minimum 25% improvement on 2024).

Finance tables will appear in Appendix 3.

6.5. Productivity

Investment in our health service is now at its highest level in the history of the State. The ever-evolving nature of health service demand and care delivery pathways, including personalised medicine, means delivering the maximum amount of appropriate patient care to the population from within finite resources is an ever-increasing challenge we must address through sustainable and productive use of resources. Operational and clinical leadership will be key to ensuring evidence-based opportunities to optimise productivity are embedded, sustained and scaled across our services. In the last year, activity levels have increased and treatment waiting time has reduced, indicating our productivity focus is enabling our health services to provide more care, more quickly to the people we serve.

In 2025, the focus will be on the following key areas:

1. **Operational excellence:** Ensure everyone's time (i.e. our service users', their families' and our staff's) is used more efficiently and effectively to create additional capacity for appropriate care delivery. This includes a focus on standardisation and the elimination of any unnecessary variation, duplication and waste. Our initial priority area of focus is acute OPD. In this context, the National Clinical Programmes and clinical leads will be engaged to make recommendations to inform the adoption of a standardised approach to specifying the optimal outpatient throughput that consultants, in their respective specialties, would be expected to provide in a given week. Clinical Directors will be engaged in the performance management of consultants, including outpatient work in 2025 and in certain specialties they will be supported by clinical leads. Areas of productivity focus will expand throughout 2025 in line with the priorities of the joint DoH-HSE Productivity and Savings Taskforce
2. **Strategic innovation:** Collaborate and support our staff to create and share new ideas, highlighting and recognising good practice that improves productivity, enhances the patient experience, delivers better access to care and improves health outcomes. The empowerment and support of our people to innovate will be key to the cultural change required to implement a sustained change with regard to productivity in the service
3. **Continuous improvement:** Embed continuous improvement, building on what is known, what has worked well and the lessons learned to maximise productivity
4. **Productivity framework and toolkit:** Roll out a standardised framework for productivity (Q1 2025) including a productivity data strategy, and toolkit for implementation across our Health Regions, supporting them to improve quality of care, reduce wait times and deliver better health outcomes for patients / service users through innovating, embedding, sustaining and scaling up data-led and evidence-based operational and clinical initiatives that improve efficiency and optimise productivity
5. **Productivity reporting model:** Design, develop (Q4 2024) and implement (Q1 2025) a dynamic reporting model to support the productivity framework and toolkit which will measure, monitor and support the management of progress against 2025 activity targets set at national, regional, site and clinical specialty levels. This will use existing analyses where available and supplement these with appropriate new measures and ways of viewing productivity, including the consideration of benchmarking within and across the service. Consultants will receive monthly data showing how their outpatient volumes compare with their peers in the same specialty from January onwards. Other examples of areas of focus, where clinically appropriate include reducing average lengths of stay, improving rates of discharge at weekends, day of surgery admission rates, day case rates and initiatives that improve compliance with *Sláintecare* waiting time targets. In order to ensure that existing capital assets are being fully utilised, the Board will agree productivity thresholds that should desirably be met before any new capital funding related to theatres and diagnostics is allocated (including, for example, theatre utilisation, access to routine diagnostics in evenings / at weekends).

6.6. Governance and Risk

Governance relates to the systems, principles and processes by which an organisation is directed, controlled and managed (including risk management). Governance in general is a critical enabler to achieving our organisational ambitions outlined in this Plan.

In 2025, the focus will be on the following key areas:

1. **Enterprise risk management:**
   - Provide training to increase staff skills and expertise in enterprise risk management, develop guidance on acceptable risk levels through a Risk Appetite Statement, support better tracking, monitoring and reporting of risk, and promote a culture where risk awareness is embedded in daily activities and responsibilities
2. **Data protection:**
   - Deliver an organisation-wide programme of work to drive forward compliance maturity, build and augment capability within the National Data Protection Office team and provide advice on building privacy into systems, processes and procurement arrangements, including through automation
3. **Protected disclosures:**
   - Revise the protected disclosure procedure / policy in line with the Department of Public Expenditure and Reform guidance, design a transparency model and progress procurement process for a case management system to log, track, monitor and report on protected disclosures from receipt to closure
4. **Central compliance function:**
   - Lead on the co-design and implementation of Compliance Policy, Procedures and Framework, develop a Compliance Monitoring Plan for the HSE, and establish a Compliance Working Group / Network with membership from key functions.

6.7. Communications and Public Affairs

HSE Communications and Public Affairs provide essential, direct communications, feedback and engagement services to our patients / service users, the public, our staff, public representatives, and our partners.

In 2025, the focus will be on the following key areas:

1. **Securing trust and confidence:** Collect and share good news stories, improve co-ordination of updates, provide information to public representatives and improve relationships with our stakeholders
2. **Patient and service user feedback:** Improve our services by listening and responding to feedback through the revised Your Service Your Say policy
3. **Better place to work and learn:** Support and inform staff through the use of new channels, enabling effective national and regional communications teams at all levels
4. **Communications tools:** Provide tools, standards and supports for our Health Regions and national services, including support for the establishment of regional teams and the embedding of a standards-based approach to digital services, campaigns, branding and engagement
5. **High-quality digital health services:** Provide trusted health information and signposting to all health services, ensuring all public facing digital services, apps and digital self-help tools are accessible and part of a seamless digital health service experience.

6.8. Internal Audit

Internal Audit provides independent assurance that the organisation's risk management, governance and internal control processes are operating effectively, and identifies risks and control issues which may have systemic implications for the HSE.

In 2025, the focus will be on the following key areas:

1. **Assurance on HSE-wide control issues:** Provide assurance to the Audit and Risk Committee, the Board, the CEO and the Senior Leadership Team on the adequacy and degree of adherence to internal controls, risk management processes and the overall governance structure. Support and advise the Health Regions through active engagement with leadership to understand their respective risk challenges
2. **Risk-based planning and priorities:** Embed risk-based planning aligned to the principal HSE risks and objectives and undertake a planning approach underpinned by the core pillars of consultation, analysis and research. Undertake audit activity that is strategically important based on topics identified on a strategic, cross-organisational and functional basis, drawing on enterprise risk management information while ensuring activity is agile and responsive to emerging issues and priorities during the year.

6.9. Broader Social Accountabilities

To meet our wider societal challenges, the Global Health Programme works to improve healthcare through co-operation with other countries, the National Office for Human Rights and Equality Policy builds the capacity and capability of staff to comply with human rights policy and legislation and the Climate Action Programme works to develop and deliver a system-wide climate action approach.

In 2025, the focus will be on the following key areas:

1. **Global Health Programme:** Deepen bilateral collaboration programmes with Mozambique, Ethiopia, Tanzania, Zambia and Sudan and build capacity to strengthen services and increase health security. Develop and share technical expertise and resources, donate medical equipment and supplies, and increase knowledge, capacity and leadership of HSE staff on global health issues
2. **National Office for Human Rights and Equality Policy:** Support staff and services to implement the *Assisted Decision-Making (Capacity) Act 2015* (including by way of promoting the provisions of the Act, ongoing training, practical guidance and resources) and ensure compliance with key policies and legislation, including the public sector duty under the *Irish Human Rights and Equality Commission Act 2014* and the *Disability Act 2005* by updating the HSE *National Guidelines on Accessible Health and Social Care Services.* Support implementation of the HSE *National Consent Policy 2022* and develop a revised standalone HSE Do Not Attempt Resuscitation policy with an education, training and implementation plan
3. **Climate Action Programme:** Build on existing work to decarbonise the HSE estate, mobilise implementation opportunities identified through the current state assessment and follow through with implementation of frameworks for each of the 10 strategic objectives to map the medium to long-term plan for delivery of the overarching net-zero target and related goals. Deliver a comprehensive measurement and reporting methodology to allow reporting on the Government's *Climate Action Plan 2024* and roll out a staff information campaign about the strategy, targets, plans and opportunities to participate in the climate change programme.

Appendices

Appendix 1(a): Measuring our performance through a balanced scorecard

Safety and Quality	**Readmissions**
	% of surgical re-admissions to the same hospital within 30 days of discharge
	% of emergency re-admissions for acute medical conditions to the same hospital within 30 days of discharge
	Urgent Colonoscopy
	No. of new people waiting > four weeks for access to an urgent colonoscopy
	Ambulance
	% of ambulance crews who are ready and mobile to receive another 999 / 112 call within 20 minutes of clinically and physically handing over their patient at an ED or hospital
	Incidents
	% of reviews completed within 125 days of category 1 incidents from the date the service was notified of the incident
	% of reported incidents entered onto National Incident Management System (NIMS) within 30 days of notification of the incident
	Vaccination
	% children aged 24 months who have received the Measles, Mumps, Rubella (MMR) vaccine
	% of healthcare workers who have received seasonal Flu vaccine in the 2024-2025 influenza season (acute hospitals)
	% uptake in Flu vaccine for those aged 65 and older
	Healthcare Associated Infections (HCAIs)
	Rate of new cases of hospital acquired staphylococcus aureus bloodstream infection
	Rate of new cases of hospital associated C. difficile infection
Access	**Emergency Departments, DTOC and ALOS**
	% of patients arriving by ambulance at Emergency Department (ED) to physical and clinical handover within 20 minutes of arrival
	ED: % aged 75 years and over waiting > 24 hours
	ED Trolley count: Average 8am weekly
	DTOC: Delayed Transfers of Care Number
	Weekend Discharges: % of total weekly discharges discharged at the weekend
	ALOS: Average length of stay > 14 days
	Hospital Activity
	Attendances: Volume and % increase over SPLY
	Admissions: Volume and % change year to date (YTD)
	Discharges: Volume and % change YTD
	Cancer Services, urgent
	Breast Cancer Urgent: % of attendances whose referrals were triaged as urgent by the cancer centre and adhered to the national standard of 2 weeks for urgent referrals
	Lung Cancer Rapid Access Clinics: % of patients attending lung rapid access clinics who attended or were offered an appointment within 10 working days of receipt of referral in designated cancer centres
	Prostate Cancer Rapid Access Clinics: % of patients attending prostate rapid clinics who attended or were offered an appointment within 20 working days of receipt of referral in the cancer centres
	Screening
	BreastCheck: No. of women in the eligible population who have had a complete mammogram
	CervicalCheck: No. of unique women who have had one or more satisfactory cervical screening tests in a primary care setting
	BowelScreen: No. of clients who have completed a satisfactory BowelScreen FIT test
	Diabetic Retina: No. of Diabetic Retina Screen clients screened with final grading result

Access	**Older Persons**
	No. of home support hours provided (excluding provision of hours from Complex Home Support)
	No. of people in receipt of Home Support (excluding provision from Complex Home Support) – each person counted once only
	Waiting List
	Active Waiting List: Total number of people waiting (IPDC / OPD / GI)
	Removals / **Additions:** Total number of patients added / removed from the waiting List (IPDC / OPD / GI)
	Weighted Average Wait Time: The weighted average wait time for people on the waiting list (IPDC / OPD / GI)
	Inpatient and day case (IPDC): % of people waiting <12 weeks for an elective procedure (adults and children)
	OPD: % of people waiting <10 weeks for first OPD appointment
	Gastrointestinal (GI) Scopes: % of people waiting <12 weeks for an elective procedure GI scope
	Total number of people waiting >1 year (IPDC / OPD / GI)
	Outpatient (OPD)
	New: Return Ratio (excluding obstetrics, warfarin and haematology clinics)
	Disability Services
	% of child assessments completed within the timelines as provided for in the regulations
	No. of requests for assessments of need received for children
	Facilitate the movement of people from congregated to community settings
	Social Inclusion
	% of new individual homeless service users admitted to Supported Temporary Accommodations (STA), Private Emergency Accommodations (PEA), and / or Temporary Emergency Accommodations (TEA) during the quarter whose health needs have been assessed within two weeks of admission
	% of substance users (under 18 years) for whom treatment has commenced within one week following assessment
	Primary Care waiting lists
	% of physiotherapy patients on waiting list for assessment ≤ 52 weeks
	% of occupational therapy service users on waiting list for assessment ≤ to 52 weeks
	% of speech and language therapy patients on waiting list for assessment ≤ to 52 weeks
	% of ophthalmology patients on waiting list for treatment ≤ to 52 weeks
	% of audiology patients on waiting list for treatment ≤ to 52 weeks
	% of dietetic patients on waiting list for treatment ≤ 52 weeks
	% of psychology patients on the waiting list for treatment ≤ to 52 weeks
	Child Health
	% of children reaching 12 months within the reporting period who have had their 9-11 month Public Health Nurse (PHN) child health and development assessment on time or before reaching 12 months of age
	% of infants visited by a PHN within 72 hours of discharge from maternity services
	Mental Health
	% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks by General Adult Community Mental Health Team
	Child and Adolescent Mental Health Services (CAMHS)
	% of urgent referrals to Child and Adolescent Mental Health Teams responded to within three working days
	% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks by Child and Adolescent Community Mental Health Teams
People	**Absence rates:** % absenteeism
	Turnover rates: % of Whole Time Equivalent (WTE) turnover
	WTE Control limit: Total % WTE variance
	Agency / Overtime: % conversion delivery against targets
Money	**€ control limits:** Total pay % variance
	Savings targets: Drugs / Consultancy / Procurement / Agency

Appendix 1(b): National Performance Indicator Suite

Note: 2024 and 2025 expected activity and targets are assumed to be judged on a performance that is equal or greater than (≥) unless otherwise stated (i.e. if less than (<) or, less than or equal to symbol (≤) is included in the target).

Healthy Communities				
Activity	**Reporting Period**	**NSP 2024 Expected Activity**	**Projected Outturn 2024**	**Target 2025**
Health and Wellbeing				
Tobacco % of smokers on cessation programmes who were quit at four weeks	Q (1 Qtr in arrears)	48%	53%	50%
% of smokers engaging with HSE Stop Smoking Services and using recommended Stop Smoking Medicines		New PI NSP 2025	New PI NSP 2025	70%
National Screening Service				
BreastCheck % BreastCheck screening uptake rate	Q (1 Qtr in arrears)	70%	67%	70%
% of women offered hospital admission for treatment in BreastCheck host hospital within three weeks of diagnosis of breast cancer	Bi-annual (1 Qtr in arrears)	90%	Data not available*	90%
CervicalCheck % eligible women with at least one satisfactory cervical screening test in a five-year period	Q (1 Qtr in arrears)	80%	74%	80%
BowelScreen % BowelScreen screening uptake rate		45%	41%	45%
Diabetic RetinaScreen % Diabetic RetinaScreen uptake rate		69%	58%	69%
*Due to delayed deployment of the new information management system				
Public Health				
% of IHR alerts received by Health Protection Surveillance Centre (HPSC) that are risk assessed and actioned as appropriate within 24 hours of the alert.	Q	100%	99%	100%
Immunisations and Vaccines % children aged 24 months who have received 3 doses of the Diphtheria (D3), Pertussis (P3), Tetanus (T3), Haemophilus influenzae type b (Hib3), Polio (Polio3), hepatitis B (HepB3) vaccine (6 in 1)	Q (1 Qtr in arrears)	95%	92%	95%
% of children aged 24 months who have received the Measles, Mumps, Rubella (MMR) vaccine		95%	89%	95%
% of first year students who have received one dose of Human Papillomavirus (HPV) vaccine	Annual	85%	78%	90%
% of healthcare workers who have received seasonal Flu vaccine in the 2024-2025 influenza season (acute hospitals)		75%	51%	75%

Healthy Communities				
Activity	**Reporting Period**	**NSP 2024 Expected Activity**	**Projected Outturn 2024**	**Target 2025**
% of healthcare workers who have received seasonal Flu vaccine in the 2024-2025 influenza season (long-term care facilities in the community)	Annual	75%	43%	75%
% uptake in Flu vaccine for those aged 65 and older		75%	76%	75%
% uptake of Flu vaccine for those aged 2-17 years old		New PI NSP 2025	New PI NSP 2025	50%
COVID-19 Vaccination Programme				
Uptake % uptake of booster doses for eligible adult population by approved cohorts: • >60 years (based on census 2022 data) • Health and social care workers (based on HSE Healthcare Workers recorded on HSE HR-SAP) • Residents of long term care facilities (based on residents of residential care facilities who avail of the HSE Fair Deal Scheme)	M	 New PI NSP 2025 50% 75%	 New PI NSP 2025 10% 75%	 75% 50% 75%
Women's Health				
Irish Maternity Early Warning System (IMEWS) % of maternity units / hospitals with full implementation of IMEWS (as per 2019 definition)	Q	100%	100%	100%
% of all hospitals implementing IMEWS (as per 2019 definition)		100%	100%	100%
% of maternity hospitals / units that have completed and published monthly Maternity Safety Statements	M (2 Mths in arrears)	100%	100%	100%
% of Hospital Groups that have discussed a quality and safety agenda with National Women and Infants Health Programme (NWIHP) on a bi / quarterly / monthly basis, in line with the frequency stipulated by NWIHP		100%	100%	100%
Sexual assault services (>14yrs) % of patients seen by a forensic clinical examiner within 3 hours of a request to a Sexual Assault Treatment Unit (SATU) for a forensic clinical examination	Q	90%	90%	90%

Receiving the Right Care				
Indicator	**Reporting Period**	**NSP 2024 Target**	**Projected Outturn 2024**	**Target 2025**
Quality and Safety				
'Your Service Your Say' Policy % of complaints investigated within 30 working days of being acknowledged by the complaints officer	Q	75%	75%	75%
% of complaints where an Action Plan is identified as necessary, is in place and progressing		65%	86%	75%

Receiving the Right Care				
Indicator	**Reporting Period**	**NSP 2024 Target**	**Projected Outturn 2024**	**Target 2025**
Serious Incidents % of reviews completed within 125 days of category 1 incidents from the date the service was notified of the incident	M	70%	45%	70%
Incident Reporting % of reported incidents entered onto NIMS within 30 days of notification of the incident	Q	70%	78%	70%
Extreme and major incidents as a % of all incidents reported as occurring		<1%	0.5%	<1%
Safeguarding % of community concerns that have been reviewed by a social worker on the Community Healthcare Organisation (CHO) Safeguarding and Protection Team and an initial response has been generated by a social worker on the Safeguarding and Protection Team within 3 working days	Q (1 Mth in arrears)	85%	93%	85%
% of service concerns that have been reviewed by a social worker on the CHO Safeguarding and Protection Team where a response has been sent to the notifying service within 10 working days		81%	75%	81%

Receiving Care in the Right Place				
Indicator	**Reporting Period**	**NSP 2024 Target**	**Projected Outturn 2024**	**Target 2025**
Older Persons' Services				
Residential Care % occupancy of open short stay beds	M	90%	80%	90%
% of Service Users in receipt of Complex Home Support funding (OP) who have a key worker assigned		New PI NSP 2025	New PI NSP 2025	100%
Nursing Homes Support Scheme (NHSS) % of population over 65 years in NHSS funded beds		≤2.9%	≤2.9%	≤2.9%
% of clients with NHSS who are in receipt of ancillary state support		17%	16.9%	17%
% of clients who have Common Summary Assessment Reports (CSARs) processed within six weeks		90%	85%	90%
Primary Care Services				
Healthcare Associated Infections: Medication Management Consumption of antibiotics in community settings (defined daily doses per 1,000 population) per day based on wholesaler to community pharmacy sales – not prescription level data	Q (1 Qtr in arrears)	<21.0	21.0	<21.0
Nursing % of new patients accepted onto the nursing caseload and seen within 12 weeks	M (1 Mth in arrears)	100%	96.5%	100%
Physiotherapy % of new patients seen for assessment within 12 weeks	M	81%	72.8%	81%
% on waiting list for assessment ≤52 weeks		94%	75.3%	94%

Receiving Care in the Right Place				
Indicator	**Reporting Period**	**NSP 2024 Target**	**Projected Outturn 2024**	**Target 2025**
Occupational Therapy % of new service users seen for assessment within 12 weeks	M	71%	63.5%	71%
% on waiting list for assessment ≤52 weeks		95%	65.7%	95%
Speech and Language Therapy % on waiting list for assessment ≤52 weeks		100%	77.2%	100%
% on waiting list for treatment ≤52 weeks		100%	71.0%	100%
Podiatry % on waiting list for treatment ≤12 weeks		33%	16.3%	33%
% on waiting list for treatment ≤52 weeks		77%	55.0%	77%
Ophthalmology % on waiting list for treatment ≤12 weeks		20%	33.2%	35%
% on waiting list for treatment ≤52 weeks		64%	67.5%	65%
Audiology % on waiting list for treatment ≤12 weeks		30%	19.2%	30%
% on waiting list for treatment ≤52 weeks		75%	66.7%	75%
Dietetics % on waiting list for treatment ≤12 weeks		40%	30.2%	40%
% on waiting list for treatment ≤52 weeks		80%	70.6%	80%
Psychology % on waiting list for treatment ≤12 weeks		36%	12.7%	36%
% on waiting list for treatment ≤52 weeks		81%	53.6%	81%
Orthodontics % of patients seen for assessment within six months	Q	45%	76.2%	50%
% of orthodontic patients (grades 4 and 5) on the treatment waiting list longer than four years		<6%	16.0%	<6%
Child Health % of children reaching 12 months within the reporting period who have had their 9-11 month PHN child health and development assessment on time or before reaching 12 months of age	M (1 Mth in arrears)	95%	86.5%	95%
% of infants visited by a PHN within 72 hours of discharge from maternity services	Q	99%	98.6%	99%
% of infants breastfed (exclusively and partially (not exclusively)) at the PHN primary (first) visit	Q (1 Qtr in arrears)	64%	60.9%	64%
% of infants breastfed exclusively at the PHN primary (first) visit		50%	41.3%	50%
% of infants breastfed (exclusively and partially (not exclusively)) at the 3 month PHN child health and development assessment visit		46%	43.2%	46%
% of infants breastfed exclusively at the PHN 3 month child health and development assessment visit		36%	33.8%	36%

Receiving Care in the Right Place				
Indicator	**Reporting Period**	**NSP 2024 Target**	**Projected Outturn 2024**	**Target 2025**
National Ambulance Service				
Clinical Outcome Return of spontaneous circulation (ROSC) at hospital in bystander witnessed out of hospital cardiac arrest with initial shockable rhythm, using Utstein comparator group calculation	Q	40%	37%	40%
Audit National Emergency Operations Centre (NEOC) Tallaght and Ballyshannon – % medical priority dispatch system (MPDS) protocol compliance	M	94%	93%	94%
Emergency Response Times % of clinical status 1 PURPLE incidents responded to by a NAS patient-carrying vehicle in 18 minutes and 59 seconds or less		75%	73%	75%
% of clinical status 1 PURPLE incidents responded to by a Dublin Fire Brigade (DFB) patient-carrying vehicle in 18 minutes and 59 seconds or less		73%	80%	73%
% of clinical status 1 PURPLE incidents responded to nationally by a patient-carrying vehicle in 18 minutes and 59 seconds or less		72%	73%	72%
% of PURPLE calls which had a resource allocated within 60 seconds of call start • *NAS* • *DFB*		60%	71% *86%* *56%*	60%
% of clinical status 1 RED incidents responded to by a NAS patient-carrying vehicle in 18 minutes and 59 seconds or less		45%	46%	45%
% of clinical status 1 RED incidents responded to by a DFB patient-carrying vehicle in 18 minutes and 59 seconds or less		43%	39%	43%
% of clinical status 1 RED incidents responded to nationally by a patient-carrying vehicle in 18 minutes and 59 seconds or less		45%	45%	45%
% of RED calls which have a resource allocated within 180 seconds of call start • *NAS* • *DFB*		75%	56% *81%* *31%*	75%
Intermediate Care Service % of all transfers provided through the intermediate care service		90%	80%	80%
Patient Handover at ED to Clear % of ambulance crews who are ready and mobile to receive another 999 / 112 call within 20 minutes of clinically and physically handing over their patient at an ED or hospital		75%	75%	75%
Cancer Services				
Symptomatic Breast Disease Services % of attendances to whose referrals were triaged as urgent by the cancer centre and adhered to the national standard of 2 weeks for urgent referrals	M	95%	74.2%	95%
Lung Cancers % of patients attending lung rapid access clinics who attended or were offered an appointment within 10 working days of receipt of referral in designated cancer centres		95%	90.8%	95%

Receiving Care in the Right Place				
Indicator	**Reporting Period**	**NSP 2024 Target**	**Projected Outturn 2024**	**Target 2025**
Prostate Cancer % of patients attending prostate rapid clinics who attended or were offered an appointment within 20 working days of receipt of referral in the cancer centres	M	90%	74.6%	90%
Symptomatic Breast Disease Services Non-urgent % of attendances whose referrals were triaged as non-urgent by the cancer centre and adhered to the national standard of 12 weeks for non-urgent referrals (% offered an appointment that falls within 12 weeks)		95%	73.4%	95%
Clinical Detection Rate – breast cancer % of new attendances to the rapid access clinic, triaged as urgent, that have a subsequent primary diagnosis of breast cancer	Annual	>6%	7.3%	>6%
Clinical Detection Rate – lung cancer % of new attendances to the rapid access clinic that have a subsequent primary diagnosis of lung cancer		>25%	26.2%	>25%
Clinical Detection Rate – prostate cancer % of new attendances to the rapid access clinic that have a subsequent primary diagnosis of prostate cancer		>30%	22.0%	>30%
Radiotherapy % of patients undergoing radical radiotherapy treatment who commenced treatment within 15 working days of being deemed ready to treat by the radiation oncologist (palliative care patients not included)	M	90%	64.7%	90%
Palliative Care Services				
Inpatient Palliative Care Services Access to specialist inpatient bed within seven days during the reporting year	M	98%	98%	98%
Community Palliative Care Services % of all Category 1 triaged patients who received specialist palliative care within 2 days in the community		90%	92%	90%
% of all Category 2 triaged patients who received specialist palliative care within 7 days in the community		90%	90%	90%
% of all Category 3 triaged patients who received specialist palliative care within 14 days in the community		80%	85%	80%
% of patients triaged within one working day of referral (community)		96%	93%	96%

Receiving Care at the Right Time				
Indicator	**Reporting Period**	**NSP 2024 Target**	**Projected Outturn 2024**	**Target 2025**
Disability Services				
Day Services including School Leavers % of school leavers and rehabilitation training (RT) graduates who have been provided with a placement	Annual	95%	90%	95%

Receiving Care at the Right Time				
Indicator	**Reporting Period**	**NSP 2024 Target**	**Projected Outturn 2024**	**Target 2025**
***Disability Act* Compliance** % of child assessments completed within the timelines as provided for in the regulations	Q	100%	10%	100%
Mental Health Services				
General Adult Community Mental Health Teams % of accepted referrals / re-referrals offered first appointment within 12 weeks by General Adult Community Mental Health Team	M	≥90%	84.9%	≥90%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks by General Adult Community Mental Health Team		≥75%	66.2%	≥75%
% of new (including re-referred) General Adult Community Mental Health Team cases offered appointment and did not attend (DNA) in the current month		≤22%	23.4%	≤22%
Psychiatry of Later Life Community Mental Health Teams % of accepted referrals / re-referrals offered first appointment within 12 weeks by Psychiatry of Later Life Community Mental Health Teams		≥98%	91.0%	≥98%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks by Psychiatry of Later Life Community Mental Health Teams		≥95%	88.4%	≥95%
% of new (including re-referred) Psychiatry of Later Life Psychiatry Team cases offered appointment and DNA in the current month		≤3%	3.0%	≤3%
Child and Adolescent Mental Health Services (CAMHS) Admissions of children to Child and Adolescent Acute Inpatient Units as a % of the total no. of admissions of children to mental health acute inpatient units		>85%	98.2%	>90%
% of bed days used in HSE Child and Adolescent Acute Inpatient Units as a total of bed days used by children in mental health acute inpatient units		>95%	99.9%	>95%
% of accepted referrals / re-referrals offered first appointment within 12 weeks by Child and Adolescent Community Mental Health Teams		≥80%	61.1%	≥80%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks by Child and Adolescent Community Mental Health Teams		≥78%	57.3%	≥78%
% of new (including re-referred) child / adolescent referrals offered appointment and DNA in the current month		≤10%	6.5%	≤10%
% of accepted referrals / re-referrals seen within 12 months by Child and Adolescent Community Mental Health Teams excluding DNAs		≥95%	90.5%	≥95%
% of urgent referrals to Child and Adolescent Mental Health Teams responded to within three working days		≥90%	93.9%	≥90%
Social Inclusion				
Opioid Agonist Treatment Mean time in clinics from referral to assessment for opioid agonist treatment	M (1 Mth in arrears)	New PI NSP 2025	New PI NSP 2025	4 days

Receiving Care at the Right Time				
Indicator	**Reporting Period**	**NSP 2024 Target**	**Projected Outturn 2024**	**Target 2025**
Mean time in clinics from opioid agonist assessment to treatment commenced	M (1 Mth in arrears)	New PI NSP 2025	New PI NSP 2025	28 days
Homeless Services % of new individual homeless service users admitted to Supported Temporary Accommodations (STA), Private Emergency Accommodations (PEA), and / or Temporary Emergency Accommodations (TEA) during the quarter whose health needs have been assessed within two weeks of admission	Q	86%	88%	86%
% of new individual homeless service users admitted to Supported Temporary Accommodations (STA), Private Emergency Accommodations (PEA), and / or Temporary Emergency Accommodations (TEA) during the quarter whose health needs have been assessed and are being supported to manage e.g. their physical / general health, mental health and / or addiction issues as part of their care / support plan		85%	86%	85%
Substance Use % of substance users (over 18 years) for whom treatment has commenced within one calendar month following assessment	Q (1 Qtr in arrears	100%	97%	100%
% of substance users (under 18 years) for whom treatment has commenced within one week following assessment		100%	95%	100%
Problem Alcohol Use % of problem alcohol users (over 18 years) for whom treatment has commenced within one calendar month following assessment		100%	97%	100%
% of problem alcohol users (under 18 years) for whom treatment has commenced within one week following assessment		100%	84%	100%
Acute Hospital Services				
Outpatient attendances New: Return Ratio (excluding obstetrics, warfarin and haematology clinics)	M	1:2	1:2:4	1:2
Activity Based Funding (ABF) model Hospital Inpatient Enquiry (HIPE) completeness – Prior month: % of cases entered into HIPE	M (1 Mth in arrears)	100%	N/A	100%
Colonoscopy No. of new people waiting > four weeks for access to an urgent colonoscopy	M	0	2,513-2,800	0
Inpatient, Day Case and Outpatient Waiting Times % of adults waiting <12 weeks for an elective procedure (inpatient)		New PI NSP 2025	New PI NSP 2025	50%
% of adults waiting <12 weeks for an elective procedure (day case)		New PI NSP 2025	New PI NSP 2025	50%
% of children waiting <12 weeks for an elective procedure (inpatient)		New PI NSP 2025	New PI NSP 2025	50%
% of children waiting <12 weeks for an elective procedure (day case)		New PI NSP 2025	New PI NSP 2025	50%
% of people waiting <12 weeks for an elective procedure GI scope		New PI NSP 2025	New PI NSP 2025	50%

Receiving Care at the Right Time				
Indicator	**Reporting Period**	**NSP 2024 Target**	**Projected Outturn 2024**	**Target 2025**
% of people waiting < 10 weeks for first access to OPD	M	New PI NSP 2025	New PI NSP 2025	50%
% of people waiting < 12 months for first access to OPD services		New PI NSP 2025	New PI NSP 2025	90%
Weighted Average Wait Time Weighted average wait time for people first access to OPD		New PI NSP 2025	New PI NSP 2025	<5.5 months
Weighted average wait time for people for an elective procedure (inpatient / day case / GI scope)		New PI NSP 2025	New PI NSP 2025	<5.5 months
Emergency Care and Patient Experience Time % of all attendees at ED who are discharged or admitted within six hours of registration		70%	57.4%	70%
% of all attendees at ED who are discharged or admitted within nine hours of registration		85%	74.4%	85%
% of ED patients who leave before completion of treatment		<6.5%	6.6%	<5%
% of all attendees at ED who are in ED <24 hours		97%	96.27%	97%
% of all attendees aged 75 years and over at ED who are discharged or admitted within six hours of registration		95%	37.3%	95%
% of all attendees aged 75 years and over at ED who are discharged or admitted within nine hours of registration		99%	55.6%	99%
% of all attendees aged 75 years and over at ED who are discharged or admitted within 24 hours of registration		99%	92.51%	99%
Patient average length of stay > 14 days	M (1 Mth in arrears)	New PI NSP 2025	New PI NSP 2025	≤28
Ambulance to ED Handover Times % of patients arriving by ambulance at ED to physical and clinical handover within 20 minutes of arrival	M	80%	Data not available	80%
Length of Stay Average length of stay (ALOS) for all inpatient discharges excluding LOS over 30 days	M (1 Mth in arrears)	≤4.8	5.0	≤4.8
Weekend Discharges % of total weekly discharges discharged at the weekend	M	New PI NSP 2025	New PI NSP 2025	17%
Medical Medical patient average length of stay	M (1 Mth in arrears)	≤7.0	7.3	≤7.0
% of medical patients who are discharged or admitted from Acute Medical Assessment Unit (AMAU) within six hours AMAU registration	M	75%	64.8%	75%
% of all medical admissions via AMAU	M (1 Mth in arrears)	45%	31.4%	52%
% of emergency re-admissions for acute medical conditions to the same hospital within 30 days of discharge		≤11.1%	11.8%	≤11.1%
Surgery Surgical elective inpatient average length of stay		≤5.0	4.4	≤4.5

Receiving Care at the Right Time				
Indicator	**Reporting Period**	**NSP 2024 Target**	**Projected Outturn 2024**	**Target 2025**
Surgical emergency inpatient average length of stay	M (1 Mth in arrears)	≤6.0	6.4	≤6.0
% of elective surgical inpatients who had principal procedure conducted on day of admission		82.4%	79.9%	83.4%
% day case rate for Elective Laparoscopic Cholecystectomy		60%	45.4%	60%
% hip fracture surgery carried out within 48 hours of initial assessment (Hip fracture database)	Q (1 Qtr in arrears)	85%	79.3%	85%
% of surgical re-admissions to the same hospital within 30 days of discharge	M (1 Mth in arrears)	≤2%	1.7%	≤2%
Healthcare Associated Infections (HCAI) Rate of new cases of hospital acquired staphylococcus aureus bloodstream infection	M	<0.7/10,000 bed days used	0.9/10,000 bed days used	<0.7/10,000 bed days used
Rate of new cases of hospital associated C. difficile infection		<2/10,000 bed days used	2.4/10,000 bed days used	<2/10,000 bed days used
% of acute hospitals implementing the HSE Reserve Antimicrobials Policy	Q	100%	83%	100%
Medication Safety Rate of medication incidents as reported to NIMS per 1,000 beds	M (2 Mths in arrears)	3.0 per 1,000 bed days	3.1	≥3.0 per 1,000 bed days
Irish National Early Warning System (INEWS) % of hospitals implementing INEWS in all clinical areas of acute hospitals (as per 2019 definition)	Q	100%	43.8%	100%
% of hospitals implementing Paediatric Early Warning System (PEWS)		100%	65.4%	100%
National Standards % of acute hospitals that have completed and published monthly hospital patient safety indicator reports	M (2 Mths in arrears)	100%	73.1%	100%
Stroke % acute stroke patients who spend all or some of their hospital stay in an acute or combined stroke unit	Q (2 Qtrs in arrears)	90%	69.8%	90%
% of patients with confirmed acute ischaemic stroke who receive thrombolysis		12%	11.2%	12%
% of hospital stay for acute stroke patients in stroke unit who are admitted to an acute or combined stroke unit		90%	69%	90%
Acute Coronary Syndrome % ST-Elevation Myocardial Infarction (STEMI) patients (without contraindication to reperfusion therapy) who get Primary Percutaneous Coronary Intervention (PPCI)	Q (1 Qtr in arrears)	95%	86.1%	95%
% of reperfused STEMI patients (or left bundle branch block (LBBB)) who get timely PPCI		80%	62.8%	80%

Receiving Care at the Right Time				
Indicator	**Reporting Period**	**NSP 2024 Target**	**Projected Outturn 2024**	**Target 2025**
Primary Care Reimbursement Service				
Medical Cards % of completed medical card / general practitioner (GP) visit card applications processed within 15 days	M	99%	99.9%	99%
% of medical card / GP visit card applications, assigned for medical officer review, processed within five days		95%	96.7%	95%
% of medical card / GP visit card applications which are accurately processed from a financial perspective by National Medical Card Unit staff		96%	99.1%	96%

Strong Foundations				
Indicator	**Reporting Period**	**NSP 2024 Target**	**Projected Outturn 2024**	**Target 2025**
Human Resources				
Attendance Management % absence rates by staff category	M	≤4%	5.6%	≤4%
European Working Time Directive (EWTD) <24 hour shift (acute – non-consultant hospital doctors (NCHDs))		97%	96.3%	97%
<24 hour shift (mental health – NCHDs)		97%	85%	97%
<24 hour shift (disability services – social care workers)		95%	74%	95%
<48 hour working week (acute – NCHDs)		95%	95%	97%
<48 hour working week (mental health – NCHDs)		95%	85.6%	97%
<48 hour working week (disability services – social care workers)		95%	80%	90%
Respect and Dignity % of staff who complete the Health Services eLearning and Development (HSeLanD) Respect and Dignity at Work module	Annual	80%	80%	80%
Performance Achievement % of staff who have engaged with and completed a performance achievement meeting with his / her line manager	Q	70%	10%	70%
Finance				
Net expenditure variance from plan (pay + non-pay - income)	M	≤0.1%	To be reported in Annual Financial Statements 2024	≤0.1%
Gross expenditure variance from plan (pay + non-pay)		≤0.1%		≤0.1%
Pay expenditure variance from plan		≤0.1%		≤0.1%
Non-pay expenditure variance from plan		≤0.1%		≤0.1%
Governance and Compliance Procurement – expenditure (non-pay) under management	Q	85%	85%	90%
Procurement – estimate of expenditure (non-pay) over €25k that is compliant with Public Procurement Requirements	Q (1 Qtr in arrears	New PI NSP 2025	New PI NSP 2025	>90%

Strong Foundations				
Indicator	**Reporting Period**	**NSP 2024 Target**	**Projected Outturn 2024**	**Target 2025**
Compliance Unit				
Service Arrangements / Annual Compliance Statement % of number of service arrangements signed	M	100%	100%	100%
% of the monetary value of service arrangements signed		100%	100%	100%
% annual compliance statements signed	Annual	100%	100%	100%
Capital and Estates				
Capital expenditure versus expenditure profile	Q	100%	100%	100%
Internal Audit				
% of internal audit recommendations implemented by agreed due date	Q	90%	36%	90%

Trialling of community and acute medicine expenditure for inclusion in NSP 2026 will include, but is not limited to, the following:

New Medicines Expenditure Sustainability KPIs for trialling in 2025
Percentage uptake of the Medicines Management Programme (preferred CGM sensors)
Percentage uptake of the Medicines Management Programme (preferred proton pump inhibitor (PPI))
Percentage uptake of the best value biologic / medicine (BVB / BVM)
Percentage of hospital supplied best value biologic medicines: target 80% (excluding out-sourced products) **
Percentage of hospital supplied generics in the top 100 products in Acute Hospitals: target 80% **

** Data from sites where the Hospital Medicines Management System (HMMS) is deployed is based on Hospital Pharmacy purchasing data. The data informing these KPIs from non-HMMS sites, is from data sets that are being used as a surrogate until HMMS is deployed in those sites. Both for biological medicines and generic products, these KPIs only apply if an alternative supplier than the originator product is marketed in Ireland i.e. the alternative is actually available.

Appendix 1(c): Activity 2025

Note: 2024 and 2025 expected activity and targets are assumed to be judged on a performance that is equal or greater than (≥) unless otherwise stated (i.e. if less than (<) or, less than or equal to symbol (≤) is included in the target).

Healthy Communities				
Activity	**Reporting Period**	**NSP 2024 Expected Activity**	**Projected Outturn 2024**	**Expected Activity 2025**
Health and Wellbeing				
Tobacco No. of smokers who received face to face or telephone intensive cessation support from a HSE trained and accredited stop smoking advisor	Q	20,648	20,100	20,774
No. of smokers who are receiving online cessation support services		6,300	6,900	7,000
Making Every Contact Count (MECC) No. of HSE frontline staff, incl. S38 Voluntary Organisations to complete the Making Every Contact Count eLearning training		New PI NSP 2025	New PI NSP 2025	5,426
No. of HSE frontline staff, incl. S38 Voluntary Organisations to complete the Making Every Contact Count Enhancing Your Skills workshop training		New PI NSP 2025	New PI NSP 2025	1,628
National Screening Service				
BreastCheck No. of women in the eligible population who have had a complete mammogram	M	195,000	130,000	219,000
CervicalCheck No. of unique women who have had one or more satisfactory cervical screening tests in a primary care setting		178,000	222,000	177,000
BowelScreen No. of clients who have completed a satisfactory BowelScreen FIT test		148,000	145,000	151,000
Diabetic RetinaScreen No. of Diabetic RetinaScreen clients screened with final grading result		112,000	108,000	127,000
Environmental Health				
No. of initial tobacco sales and / or nicotine inhaling product sales to minors test purchase inspections carried out	Q	384	384	384
No. of test purchases carried out under the *Public Health (Sunbeds) Act 2014*	Bi-annual	32	32	32
No. of mystery shopper inspections carried out under the *Public Health (Sunbeds) Act 2014*		32	32	32
No. of establishments receiving a planned inspection under the *Public Health (Sunbeds) Act 2014*	Q	188	188	188
No. of official food control planned, and planned surveillance, inspections of food businesses		33,000	33,000	33,000

Healthy Communities				
Activity	Reporting Period	NSP 2024 Expected Activity	Projected Outturn 2024	Expected Activity 2025
No. of inspections of e-cigarette and refill container manufacturers, importers, distributors and retailers under *E.U. (Manufacture, Presentation and Sale of Tobacco and Related Products) Regulations 2016*	Q	40	40	40

Receiving the Right Care				
Activity	Reporting Period	NSP 2024 Expected Activity	Projected Outturn 2024	Expected Activity 2025
Quality and Safety				
Safeguarding No. of staff undertaking safeguarding training (eLearning module via HSeLanD)	Q (1 Mth in arrears)	40,000	70,000	40,000

Receiving Care in the Right Place				
Activity	Reporting Period	NSP 2024 Expected Activity	Projected Outturn 2024	Expected Activity 2025
Older Persons' Services				
InterRAI Ireland (IT based assessment) No. of people seeking service who have been assessed using the interRAI Ireland Assessment System	M	18,100	4,407	18,100
Home Support No. of home support hours provided (excluding provision of hours from Complex Home Support)		22m	23.4m	24.0m
No. of people in receipt of home support (excluding provision from Complex Home Support) – each person counted once only		54,100	58,200	60,000
Complex Home Support Total no. of Service Users in receipt of home support hours provided from Complex Home Support funding (OP)		New PI NSP 2025	New PI NSP 2025	90
No. of home support hours provided from Complex Home Support funding (OP)		New PI NSP 2025	New PI NSP 2025	275,000
Total home support hours		New PI NSP 2025	New PI NSP 2025	**24.3m**
Transitional Care No. of persons in receipt of payment for transitional care in alternative care settings	M (1 Mth in arrears)	916	916	916
No. of persons in hospitals approved for transitional care to move to alternative care settings		10,681	10,700	10,800
Nursing Homes Support Scheme (NHSS) No. of persons funded under NHSS in long-term residential care during the reporting month	M	23,280	23,357	23,956
No. of NHSS beds in public long-stay units		4,501	4,982	5,131

Receiving Care in the Right Place				
Activity	**Reporting Period**	**NSP 2024 Expected Activity**	**Projected Outturn 2024**	**Expected Activity 2025**
Residential Care No. of short stay beds in public units	M	2,182	1,609	1,651
Primary Care Services				
Community Intervention Teams (CITs) Total no. of CIT referrals	M	81,372	111,630	110,000
Paediatric Homecare Packages Total no. of Paediatric Homecare Packages		651	392	400
***Health Amendment Act*: Services to people with State Acquired Hepatitis C** No. of *Health Amendment Act* card holders who were reviewed	Q	300	300	300
GP Activity No. of contacts with GP Out of Hours Service	M	1,217,015	1,133,099	1,217,015
Chronic Disease Structured Management Programme (excluding high risk reviews) No. of reviews undertaken (2 reviews per patient in a 12 month rolling period)	Bi-annual (1 Mth in arrears)	529,212	632,036	632,036
Nursing No. of patients seen	M (1 Mth in arrears)	474,366	418,609	474,366
Therapies / Community Healthcare Network Services Total no. of patients seen	M	1,597,487	1,393,700	1,626,435
Physiotherapy No. of patients seen		587,604	513,602	587,604
Occupational Therapy No. of patients seen		389,256	353,959	389,256
Speech and Language Therapy No. of patients seen		282,312	173,581	282,312
Podiatry No. of patients seen		85,866	63,568	85,866
Ophthalmology No. of patients seen		79,836	110,629	105,000
Audiology No. of patients seen		54,216	57,589	58,000
Psychology No. of patients seen		49,757	41,831	49,757
Dietetics No. of patients seen		68,640	78,941	68,640
No. of people who have completed a structured patient education programme for type 2 diabetes	Q	1,480	2,006	1,480
Orthodontics No. of patients seen for assessment within six months		845	1,814	1,500

Receiving Care in the Right Place				
Activity	**Reporting Period**	**NSP 2024 Expected Activity**	**Projected Outturn 2024**	**Expected Activity 2025**
Oral Health No. of new Oral Health patients in target groups attending for scheduled assessment	M	98,016	109,662	105,000
GP Trainees No. of trainees	Annual	350	350	350
National Virus Reference Laboratory No. of tests	M	981,363	1,032,083	1,032,083
National Ambulance Service				
Total no. of AS1 and AS2 (emergency ambulance) calls • *NAS* • *DFB*	M	407,087 *327,968* *79,119*	424,377 *343,580* *80,797*	453,236 *371,631* *81,605*
Total no. of AS3 calls (inter-hospital transfers)		25,811	32,808	33,872
No. of intermediate care vehicle (ICV) transfer calls		22,275	26,290	27,131
No. of clinical status 1 PURPLE calls activated • *NAS* • *DFB*		7,208 *5,619* *1,589*	7,023 *5,556* *1,467*	7,510 *6,028* *1,482*
No. of clinical status 1 PURPLE calls arrived at scene (excludes those stood down en route) • *NAS* • *DFB*		6,784 *5,382* *1,402*	6,747 *5,415* *1,332*	7,221 *5,875* *1,346*
No. of clinical status 1 RED calls activated • *NAS* • *DFB*		176,483 *139,341* *37,142*	187,992 *150,930* *37,062*	201,193 *163,760* *37,433*
No. of clinical status 1 RED calls arrived at scene (excludes those stood down en route) • *NAS* • *DFB*		162,180 *128,663* *33,517*	172,418 *139,410* *33,008*	184,598 *151,260* *33,338*
HEMS Athlone – Hours (Department of Defence)		480	410	480
HEMS National – Calls (Department of Transport, Tourism and Sport)		260	150	260
HEMS South West – Tasking		600	780	600
Note: DFB activity is not under NAS governance.				
Palliative Care Services				
Inpatient Palliative Care Services No. accessing specialist inpatient beds within seven days (during the reporting year)	M	4,128	4,425	4,430
Community Palliative Care Services No. of patients who received specialist palliative care in the community in the month		3,612	4,100	4,243
Children's Palliative Care Services No. of children in the care of the Clinical Nurse Co-ordinators for Children with Life Limiting Conditions (children's outreach nurse)		320	320	336

Receiving Care in the Right Place				
Activity	Reporting Period	NSP 2024 Expected Activity	Projected Outturn 2024	Expected Activity 2025
No. of children / family units who received therapeutic support from Laura Lynn Children's Hospice (during the reporting month)	M	140	156	181
No. of admissions to Laura Lynn Children's Hospice (during the reporting year)		500	600	600

Receiving Care at the Right Time				
Activity	Reporting Period	NSP 2024 Expected Activity	Projected Outturn 2024	Expected Activity 2025
Disability Services				
Personalised Budgets No. of adults with disabilities participating in personalised budgets demonstration projects (Stage 4 Living Phase)***	Q	To be determined in 2024	52	52
Residential Places No. of residential places for people with a disability (including new planned places)	M	8,431	8,625	8,695
New Priority 1 Residential Places Provided to People with a Disability No. of new Priority 1 Residential places provided to people with a disability		96	190	70
No. of intensive support packages for priority 1 cases		469	560	575
Congregated Settings Facilitate the movement of people from congregated to community settings		73	51	21
Day Services including School Leavers No. of people (all disabilities) in receipt of RT		2,290	2,100	2,290
No. of people with a disability in receipt of other day services (excl. RT) (adult) (ID / autism and physical and sensory disability)	Bi-annual	20,300	20,000	20,600
Respite Services No. of day only respite sessions accessed by people with a disability	Q (1 Mth in arrears)	40,400	58,000	66,000
No. of people with a disability in receipt of respite services (ID / autism and physical and sensory disability)		6,200	6,200	6,340
No. of overnights (with or without day respite) accessed by people with a disability		160,000	160,000	164,060
Personal Assistance (PA) No. of PA service hours delivered to adults with a physical and / or sensory disability		1.85m	1.85m	1.945m
No. of adults with a physical and / or sensory disability in receipt of a PA service		2,740	2,865	2,865
Home Support Service No. of home support hours delivered to persons with a disability		3.48m	3.76m	3.8m

Receiving Care at the Right Time				
No. of people with a disability in receipt of home support services (ID / autism and physical and sensory disability)	Q (1 Mth in arrears)	7,326	7,023	7,326
***Disability Act* Compliance** No. of requests for assessment of need received for children	Q	8,050	10,300	10,300
***Pilot project that is subject to evaluation phase in 2025				
Mental Health Services				
General Adult Community Mental Health Teams No. of adult referrals seen by mental health services	M	31,164	24,938	31,166
No. of admissions to adult acute inpatient units	Q (1 Qtr in arrears)	11,465	11,667	11,661
Psychiatry of Later Life Community Mental Health Teams No. of Psychiatry of Later Life referrals seen by mental health services	M	9,882	7,814	9,936
Child and Adolescent Mental Health Services (CAMHS) No. of CAMHS referrals received by mental health services		22,999	24,971	24,154
No. of CAMHS referrals seen by mental health services		13,688	12,513	13,529
Social Inclusion				
Opioid Agonist Treatment No. of clients in receipt of opioid agonist treatment (outside prisons)	M (1 Mth in arrears)	10,800	10,355	10,400
Needle Exchange No. of unique individuals attending pharmacy needle exchange	Q (1 Qtr in arrears)	1,500	1,430	1,400
Traveller and Migrant Health No. of people who received information on or participated in positive mental health initiatives	Q	3,735	8,152	5,272
No. of people who received information on cardiovascular health or participated in related initiatives		3,735	7,040	5,272
No. of staff who completed the eLearning Intercultural Awareness programme	M (1 Mth in arrears)	New PI NSP 2025	New PI NSP 2025	2,500
No. of staff who completed the eLearning Introduction to Guidance on Ethnic Data Collection		New PI NSP 2025	New PI NSP 2025	500
Domestic, Sexual and Gender Based Violence (DSGBV) No. of staff who have completed the online Domestic, Sexual and Gender-Based Violence (DSGBV) Training programme		New PI NSP 2025	New PI NSP 2025	3,000
Acute Hospital Services				
Discharge Activity Inpatient	M (1 Mth in arrears)	639,021	704,778	722,593
Day case (includes dialysis)		1,218,297	1,243,549	1,288,705
Total inpatient and day cases		**1,857,318**	**1,948,327**	**2,011,298**
Emergency inpatient discharges		453,209	500,927	516,703
Elective inpatient discharges		86,924	103,067	104,098
Maternity inpatient discharges		98,888	100,784	101,792

Receiving Care at the Right Time				
Inpatient discharges ≥75 years	M (1 Mth in arrears)	142,003	162,360	170,478
Day case discharges ≥75 years		236,388	258,281	271,195
Level of GI scope activity		114,286	110,014	111,488
Level of dialysis activity		201,526	193,561	196,397
Level of chemotherapy (R63Z) and other Neoplastic Dis, MINC (R62C)		248,088	246,895	254,023
Emergency Care New ED attendances	M	1,350,913	1,454,273	1,519,715
Return ED attendances		112,963	129,559	138,895
Injury unit attendances		166,405	190,939	227,203
Other emergency presentations		49,073	53,391	57,239
Average daily 8am trolley count		New PI NSP 2025	New PI NSP 2025	≤280
Births Total no. of births		54,589	52,606	52,461
Outpatients No. of new and return outpatient attendances		3,758,139	3,827,996	3,910,841
No. of new outpatient attendances		1,056,535	1,088,884	1,178,112
Delayed Transfers of Care No. of acute bed days lost through delayed transfers of care		≤127,750	142,460	≤109,500
Average no. of beds subject to delayed transfers of care		New PI NSP 2025	New PI NSP 2025	≤300
Healthcare Associated Infections (HCAI) No. of new cases of CPE		N/A	1,500	N/A
Venous Thromboembolism (VTE) Rate of defined and suspected venous thromboembolism (VTE, blood clots) associated with hospitalisation	M (1 Mth in arrears)	N/A	9.8	N/A
Primary Care Reimbursement Service				
Medical Cards No. of persons covered by medical cards as at 31st December	M	1,681,266	1,551,652	1,504,091
No. of persons covered by GP visit cards as at 31st December		1,069,391	737,585	820,328
Total		**2,750,657**	**2,289,238**	**2,324,419**
General Medical Services Scheme Total no. of items prescribed		68,892,511	70,408,146	71,957,125
No. of prescriptions		20,089,056	21,615,824	23,258,627
Long-Term Illness Scheme Total no. of items prescribed		11,561,158	11,595,841	11,630,629
No. of claims		3,242,778	3,317,362	3,393,661
Drug Payment Scheme Total no. of items prescribed		16,555,523	18,293,853	20,214,707
No. of claims		4,966,657	5,691,789	6,522,790

Receiving Care at the Right Time				
Other Schemes No. of high tech drugs scheme claims	M	1,191,526	1,199,867	1,208,266
No. of dental treatment services scheme treatments		1,081,642	1,081,631	1,081,631
No. of community ophthalmic services scheme treatments		745,000	679,245	679,245

Appendix 2: 2025 HSE Capital Infrastructure Bed Projects – completions for operationalisation in 2025

The HSE plans to deliver in the region of 912 beds, broken down as 297 acute hospital and 615 community (new and replacement beds) in 2025. The delivery plan for these beds will be finalised for the start of 2025 in conjunction with the Regions.

1. Acute Beds

A total of 297 beds will be delivered in 2025.

HSE Region	Hospital	Beds
HSE Dublin and South East	Kilcreene Regional Orthopaedic Hospital – 2 beds (*)	2
	St. Luke's Hospital, Kilkenny	14
HSE Mid West	University Hospital Limerick – 16 bed Inpatient Emergency ward (Phase I)	16
	University Hospital Limerick – 16 bed Inpatient Emergency ward (Phase II)	16
	University Hospital Limerick – 96 bed (Ward Block Replacement 4 x 24 beds)	96
HSE Dublin and North East	Our Lady of Lourdes Hospital, Drogheda	15
	Cavan General Hospital	10
	Beaumont Hospital, Dublin	20
	Our Lady's Hospital, Navan	13
	Mater Misericordiae University Hospital	12
HSE West and North West	Portiuncula University Hospital	6
	University Hospital Galway (*)	2
	Merlin Park University Hospital (*)	4
HSE South West	Mercy University Hospital, Cork	10
	University Hospital Kerry	19
	Mallow General Hospital	24
	Cork University Hospital	18
	Total	**297**

Note: To operationalise these beds revenue funding of €92.31m and 899.1 WTEs have been provided for in the 2025 Letter of Determination
(*) Beds included in the overall N=297 and profiled to deliver in 2025, but do not require capital funding

2. Community Beds

The Letter of Determination allocated 615 Community (Older Person's) beds and 245 WTEs for delivery in 2025. See table below for breakdown of Community Beds.

HSE Region	Location	Beds
HSE Dublin and South East	Clonmel Community Nursing Unit, Co Tipperary – 50 beds (32 / 18)	50
	St. Columba's Hospital, Thomastown, Co Kilkenny – 95 beds (50 / 45)	95
HSE Dublin and North East	St. Joseph's Hospital, Ardee, Co Louth – 50 beds (34 / 16)	50
HSE West and North West	Falcarragh Community Nursing Unit, Co Donegal – 35 beds (0 / 35)	35
HSE South West	St. Finbarr's Hospital, Cork City, Co Cork – 105 beds (10 / 95)	105
	Killarney Community Nursing Unit, Co Kerry – 130 beds (24 / 106)	130
HSE Dublin and Midlands	Cherry Orchard Hospital, Co Dublin – 44 beds (0 / 44)	44
	St. Vincent's Care Centre, Athlone, Co Westmeath – 48 beds (9 / 39)	48
	St. Vincent's Community Nursing Unit, Mountmellick, Co Laois – 58 beds (1 / 57)	58
	Total Community Beds - (160 / 455 new / replacement)	**615**

Note: To operationalise these beds, revenue funding of €20.63m and 244.5 WTEs have been provided for in the 2025 Letter of Determination.

Appendix 3: Financial Tables

Table 1: Finance Allocation 2025

Service Area / Business Unit	2024 Recurring Budget	2024 Non-Core Funding into 2025 Base	2024 Additional Funding into 2025 Base	2025 Base Position	ELS 2025 Pay Rate Funding	Full Year Impact of 2024 New Developments	ELS Service Specific	Savings	New Measures	Non-Core	2025 NSP Budget	Less: 2025 NSP Budget Held	2025 Opening Budget (Column K-L)
	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m
	Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I	Column J	Column K	Column L	Column M
Acute Operations	7,669.5	800.1	920.8	**9,390.4**	233.8	70.3	306.8	(231.2)	72.8	-	9,842.8	6.3	**9,836.5**
Primary Care	1,301.7	54.0	27.4	**1,383.1**	28.2	1.9	40.6	(23.4)	12.8	-	1,443.3	1.6	**1,441.7**
Social Inclusion	221.3	14.8	(3.0)	**233.0**	2.2	0.7	19.3	(1.2)	-	-	254.1	-	**254.1**
Palliative Care	159.5	1.7	6.8	**168.1**	5.1	2.0	6.2	(0.2)	2.1	-	183.3	-	**183.3**
Mental Health	1,340.0	21.5	34.5	**1,395.9**	34.2	10.5	20.8	(19.0)	16.0	-	1,458.4	-	**1,458.4**
Disabilities	2,867.7	(0.2)	-	**2,867.6**	86.2	110.9	93.3	-	39.4	18.0	3,215.4	-	**3,215.4**
Older Persons' Services	1,461.3	(4.1)	147.8	**1,604.9**	35.4	11.5	76.6	(56.2)	28.4	-	1,700.7	-	**1,700.7**
Health and Wellbeing Community	39.0	5.2	0.2	**44.3**	0.9	-	1.2	(0.3)	-	-	46.1	-	**46.1**
Quality and Patient Safety Community	33.2	(0.6)	(1.9)	**30.7**	0.9	-	0.8	-	-	-	32.4	-	**32.4**
Community Operations – Regional / National	1.5	(0.3)	0.4	**1.6**	-	-	-	-	-	-	1.6	-	**1.6**
Community Healthcare Organisation HQs and Other Regional Services	42.9	(0.5)	5.8	**48.3**	2.6	-	-	(0.2)	-	-	50.7	-	**50.7**
Total Health Regions and Access and Integration	**15,137.6**	**891.5**	**1,138.7**	**17,167.8**	**429.6**	**207.8**	**565.8**	**(331.7)**	**171.5**	**18.0**	**18,228.8**	**7.9**	**18,220.9**
National Ambulance Service	244.0	4.8	7.1	**255.8**	20.8	-	3.0	(2.6)	8.0	-	285.0	-	**285.0**
Nursing Homes Support Scheme (NHSS)	1,169.2	(3.2)	(12.2)	**1,153.8**	-	-	67.6	-	10.0	-	1,231.4	-	**1,231.4**
North South Unit	1.2	0.0	(0.2)	**1.0**	0.0	-	-	-	-	-	1.0	-	**1.0**
Environmental Health	66.2	0.1	(1.1)	**65.3**	1.6	0.2	-	-	-	-	67.1	-	**67.1**
Primary Care Reimbursement Service	3,715.1	(99.1)	287.5	**3,903.4**	1.1	20.5	138.0	(5.2)	2.3	-	4,060.2	-	**4,060.2**
Emergency Management	2.1	0.0	(0.3)	**1.9**	0.1	-	-	-	-	-	1.9	-	**1.9**

Service Area / Business Unit	2024 Recurring Budget	2024 Non-Core Funding into 2025 Base	2024 Additional Funding into 2025 Base	2025 Base Position	ELS 2025 Pay Rate Funding	Full Year Impact of 2024 New Developments	ELS Service Specific	Savings	New Measures	Non-Core	2025 NSP Budget	Less: 2025 NSP Budget Held	2025 Opening Budget (Column K-L)
	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m
	Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I	Column J	Column K	Column L	Column M
Local Demand Led Schemes (Primary Care)	269.4	14.1	68.3	**351.8**	0.0	-	12.6	-	-	-	364.4	-	**364.4**
EU Schemes: European Health Insurance Card	10.6	0.0	5.9	**16.5**	0.0	-	2.3	-	-	-	18.9	-	**18.9**
Treatment Abroad, Cross Border Directive and Northern Ireland Planned Healthcare Schemes	40.9	0.0	17.8	**58.7**	0.1	-	4.2	(0.4)	-	-	62.7	-	**62.7**
Total National Services and Schemes	**5,518.7**	**(83.3)**	**372.8**	**5,808.2**	**23.6**	**20.8**	**227.8**	**(8.1)**	**20.3**	**-**	**6,092.6**	**-**	**6,092.6**
Total Corporate	**1,189.7**	**(65.2)**	**(144.0)**	**980.6**	**78.4**	**35.6**	**12.9**	**(12.0)**	**106.0**	**-**	**1,201.4**	**27.7**	**1,173.7**
Total Pensions & State Claims	**1,175.0**	**(44.9)**	**175.7**	**1,305.8**	**-**	**-**	**91.4**	**-**	**-**	**-**	**1,397.2**	-	**1,397.2**
Total Allocation	**23,021.0**	**698.2**	**1,543.1**	**25,262.3**	**531.6**	**264.2**	**897.9**	**(351.9)**	**297.8**	**18.0**	**26,919.9**	**35.6**	**26,884.4**
Department of Health	20,153.3	698.3	1,543.1	**22,394.8**	445.3	153.3	804.6	(351.9)	258.5	-	23,704.5	35.6	**23,669.0**
Department of Children, Equality, Disability, Integration and Youth	2,867.7	(0.2)	-	**2,867.6**	86.2	110.9	93.3	-	39.4	18.0	3,215.4	-	**3,215.4**
Total Allocation – DoH & DCEDIY	**23,021.0**	**698.2**	**1,543.1**	**25,262.3**	**531.6**	**264.2**	**897.9**	**(351.9)**	**297.8**	**18.0**	**26,919.9**	**35.6**	**26,884.4**

Note 1: Column E represents funding provided for implementing nationally approved pay agreements in 2025 and supports existing staffing levels
Note 2: Column F represents the additional funding that has been provided in 2025 towards the incremental cost of 2024 new development
Note 3: Column G represents the funding allocated to support specific existing levels of service
Note 4: Column H represents the savings of (€133m) non-pay and (€219m) pay. Pay savings relate to a reduction in agency staffing expenditure
Note 5: Columns I further detail relating to funding provided for New Measures is available on table 2
Note 6: Columns J non-core funding from DCEDIY relates to once off COVID responses
Note 7: Pay expenditure allocation from DoH will be set at €11,666m in line with the Letter of Determination

Table 2: 2026 Full Year Costs related to NSP 2025

Reference	2025 New Measures	WTE 2025	Pay Funding 2025	Non-pay Funding 2025	Once Off Funding 2025	Total Funding 2025	Full Year Cost in 2026	2026 Incremental funding requirement
		WTE	€m	€m	€m	€m	€m	€m
		Column A	Column B	Column C	Column D	Column E	Column F	Column G
	New and Better Services	**857**	**40.5**	**118.0**	**3.0**	**161.5**	**237.9**	**76.4**
NSD 2025 – 9	*National Cancer Strategy*	114.0	6.3	3.1	-	9.4	15.7	6.3
NSD 2025 – 7	Community Cancer Support Groups	-	-	5.5	-	5.5	5.5	-
NSD 2025 – 10	Oncology ED Bypass teams	16.0	0.6	0.1	-	0.7	1.3	0.7
NSD 2025 – 8	Post-mastectomy products[4]	-	-	2.0	-	2.0	2.0	-
NSD 2025 – 6	Bowel Screening	27.0	0.8	0.1	1.0	1.9	3.8	1.9
	Cancer Care	**157.0**	**7.7**	**10.8**	**1.0**	**19.5**	**28.3**	**8.9**
NSD 2025 – 11	Cardiovascular Plan	45.0	1.8	0.2	-	2.0	4.0	2.0
NSD 2025 – 13	GP CDM programme expansion	-	-	2.0	-	2.0	4.0	2.0
NSD 2025 – 12	Congenital Heart Disease Network	7.5	0.3	-	-	0.3	0.6	0.3
NSD 2025 – 15	*Stroke Strategy*	56.0	2.3	0.3	-	2.5	5.0	2.5
NSD 2025 – 14	Irish Heart Foundation (IHF) – Heart and Stroke Connect	-	-	0.6	-	0.6	0.6	-
	Cardiovascular and Stroke Care	**108.5**	**4.4**	**3.1**	**-**	**7.4**	**14.2**	**6.8**
NSD 2025 – 62	IVF Eligibility expansion	-	-	0.0	-	0.0	0.0	0.0
NSD 2025 – 63	Hormone Replacement Therapy (HRT)[4]	-	-	20.0	-	20.0	24.0	4.0
NSD 2025 – 64	*National Maternity Strategy*	42.5	1.7	0.3	-	2.0	4.0	2.0
	Women's Healthcare	**42.5**	**1.7**	**20.3**	**-**	**22.0**	**28.0**	**6.0**
NSD 2025 – 28	National Forensic Mental Health Service	45.5	1.9	0.2	-	2.1	4.2	2.1
NSD 2025 – 26	Mental Health Clinical Programmes	96.6	5.2	0.5	-	5.7	11.7	6.0
NSD 2025 – 31	Traveller Mental Health Initiatives	2.0	0.1	0.3	-	0.4	0.6	0.2
NSD 2025 – 30	Suicide Prevention	1.0	0.0	0.7	-	0.7	0.9	0.2
NSD 2025 – 27	Counselling in Primary Care (CIPC)	-	-	2.0	-	2.0	2.0	-
NSD 2025 – 29	Sharing the Vision implementation	38.0	1.6	0.6	-	2.2	3.3	1.0
NSD 2025 – 25	CAMHS service developments	27.0	2.5	0.4	-	2.9	4.1	1.2
	Mental Health	**210.1**	**11.4**	**4.6**	**-**	**16.0**	**26.7**	**10.7**
NSD 2025 – 36	Home Support hours	-	-	21.5	-	21.5	21.5	-
NSD 2025 – 38	Nursing Home Support Scheme	-	-	10.0	-	10.0	20.0	10.0
NSD 2025 – 35	*Dementia Strategy*	6.2	1.1	0.9	-	2.0	3.1	1.1
NSD 2025 – 34	Carers' Guarantee	-	-	0.6	-	0.6	0.6	-
NSD 2025 – 37	Housing with Support via ALONE	-	-	0.3	-	0.3	0.6	0.3
	Older Persons	**6.2**	**1.1**	**33.3**	**-**	**34.4**	**45.8**	**11.4**
NSD 2025 – 21	Public PrEP / STI services	7.0	0.3	0.1	-	0.4	0.7	0.4
NSD 2025 – 19	Contraception communications and training	1.0	0.0	0.2	-	0.2	0.4	0.2
NSD 2025 – 23	Male pelvic cancer survivorship and rehab	-	-	0.1	-	0.1	0.2	0.0
NSD 2025 – 24	*Sláintecare* Healthy Communities	12.0	0.4	0.5	-	0.9	1.8	0.9
NSD 2025 – 18	Breastfeeding measures	5.0	0.2	0.3	-	0.5	0.7	0.2
NSD 2025 – 22	Vaping Awareness	-	-	-	0.3	0.3	-	(0.3)
NSD 2025 – 20	Healthy Ireland	1.0	0.1	0.1	-	0.2	0.3	0.1
	Health and Wellbeing and Social	**26.0**	**1.0**	**1.3**	**0.3**	**2.6**	**4.0**	**1.4**
NSD 2025 – 54	Online safety[4]	-	-	3.0	-	3.0	3.0	-

Reference	2025 New Measures	WTE 2025	Pay Funding 2025	Non-pay Funding 2025	Once Off Funding 2025	Total Funding 2025	Full Year Cost in 2026	2026 Incremental funding requirement
		WTE	€m	€m	€m	€m	€m	€m
		Column A	Column B	Column C	Column D	Column E	Column F	Column G
NSD 2025 – 55	Varicella vaccination programme	-	-	5.0	-	5.0	7.0	2.0
NSD 2025 – 53	Newborn Screening Expansion	-	-	0.3	-	0.3	0.3	-
	Public Health	**-**	**-**	**8.3**	**-**	**8.3**	**10.3**	**2.0**
NSD 2025 – 32	New Drugs 2025[5]	-	-	30.0	-	30.0	42.0	12.0
	New Medicines	**-**	**-**	**30.0**	**-**	**30.0**	**42.0**	**12.0**
NSD 2025 – 57	Rare Diseases Strategy	33.8	1.4	0.2	-	1.5	3.0	1.5
NSD 2025 – 56	Pregnancy Screening	0.2	0.3	0.1	-	0.4	0.8	0.4
	Rare Diseases	**34.0**	**1.7**	**0.3**	**-**	**1.9**	**3.8**	**1.9**
NSD 2025 – 52	*Palliative Care Strategy*	41.8	0.9	0.1	-	1.0	2.0	1.0
NSD 2025 – 51	Palliative Care capacity	16.0	0.5	0.1	-	0.6	1.4	0.8
NSD 2025 – 50	LauraLynn Children's Hospice	-	-	0.5	-	0.5	1.0	0.5
	Palliative Care	**57.8**	**1.4**	**0.7**	**-**	**2.1**	**4.4**	**2.3**
NSD 2025 – 43	Myalgic Encephalomyelitis (ME)	-	-	2.0	-	2.0	4.0	2.0
NSD 2025 – 45	Neurology	30.0	1.8	0.2	-	2.0	4.0	2.0
NSD 2025 – 44	*National Trauma Strategy*	90.0	3.6	0.4	-	4.0	8.0	4.0
NSD 2025 – 40 / 47	Oral Health / Dental services	15.0	1.1	1.2	-	2.3	4.3	2.0
NSD 2025 – 48	Organ Donation and Transplant Ireland	15.0	0.6	0.3	1.1	2.0	1.8	(0.2)
NSD 2025 – 46	Obesity and Bariatrics Service	34.0	0.9	0.1	-	1.0	2.0	1.0
NSD 2025 – 41	Genetics and Genomics	26.5	1.6	0.3	0.6	2.5	3.8	1.3
NSD 2025 – 49	Transgender Healthcare	3.4	0.3	0.5	-	0.7	1.4	0.7
NSD 2025 – 42	Lung Fibrosis	-	-	0.5	-	0.5	0.5	-
NSD 2025 – 39	Deep Brain Stimulation (DBS)	1.5	0.3	0.0	-	0.3	0.5	0.2
	Other Clinical Strategies and Services	**215.4**	**10.2**	**5.4**	**1.7**	**17.3**	**30.3**	**13.0**
	Faster Access	**491**	**19.4**	**27.6**	**0.0**	**47.1**	**112.8**	**65.7**
NSD 2025 – 61	Injury Units	63.5	5.4	0.6	-	6.0	19.2	13.2
NSD 2025 – 60	Emergency Department expansions	100.0	3.4	0.6	-	4.0	10.0	6.0
	Urgent and Emergency Care	**163.5**	**8.8**	**1.2**	**-**	**10.0**	**29.2**	**19.2**
NSD 2025 – 33	National Ambulance Service	180.0	7.2	0.8	-	8.0	16.0	8.0
	National Ambulance Service	**180.0**	**7.2**	**0.8**	**-**	**8.0**	**16.0**	**8.0**
NSD 2025 – 58	Surgical Hubs – Galway	116.3	0.7	0.2	-	1.0	11.3	10.4
NSD 2025 – 59	Surgical Hubs – North Dublin (Swords)	31.5	2.7	0.4	-	3.1	6.2	3.1
	Surgical Hubs	**147.8**	**3.4**	**0.6**	**-**	**4.1**	**17.5**	**13.5**
NSD 2025 – 16	Community Pharmacy Services	-	-	25.0	-	25.0	50.0	25.0
	Other Access Measures	**-**	**-**	**25.0**	**-**	**25.0**	**50.0**	**25.0**
	Capacity and Reform	**2,156**	**78.8**	**19.1**	**4.0**	**101.9**	**180.8**	**78.9**
NSD 2025 – 1	Acute Bed Capacity (174 beds)	510.0	17.7	5.0	3.0	25.7	56.0	30.3
NSD 2025 – 2	Acute Bed Expansion Plan (161 beds)	490.0	17.7	5.0	1.0	23.7	47.4	23.7
NSD 2025 – 4	Community Bed Capacity (615 beds)	245.0	3.6	0.4	-	4.0	8.4	4.4
NSD 2025 – 5	Community Virtual Wards	40.0	0.9	0.1	-	1.0	2.0	1.0
NSD 2025 – 3	Capital Plan Support	31.5	1.3	0.1	-	1.4	2.8	1.4
	Bed Capacity	**1,316.5**	**41.1**	**10.6**	**4.0**	**55.8**	**116.6**	**60.8**

Reference	2025 New Measures	WTE 2025	Pay Funding 2025	Non-pay Funding 2025	Once Off Funding 2025	Total Funding 2025	Full Year Cost in 2026	2026 Incremental funding requirement
		WTE	€m	€m	€m	€m	€m	€m
		Column A	Column B	Column C	Column D	Column E	Column F	Column G
NSD 2025 – 17	Digital Initiatives under the Digital for Care strategic framework including Digital Health Records, Digital Care, Hospital Medicines Management System, National Medicinal Products Catalogue, and other measures to enable productivity & increase capacity	263.0	19.7	3.0	-	22.7	22.7	-
	Digital Initiatives	**263.0**	**19.7**	**3.0**	**-**	**22.7**	**22.7**	**-**
NSD 2025 – 66	Consultant posts	49.0	6.4	1.6	-	8.0	16.0	8.0
NSD 2025 – 65	Advanced Practitioners	100.0	4.7	0.8	-	5.5	11.0	5.5
NSD 2025 – 73	Public Health Nurses	26.7	0.9	0.1	-	1.0	2.0	1.0
NSD 2025 – 74	Student Nurses (Internships in Yr. 4)	104.5	2.1	-	-	2.1	2.1	-
NSD 2025 – 70	NDTP – GP Training SHO posts	64.0	2.1	-	-	2.1	4.1	2.1
NSD 2025 – 72	NDTP – Speciality Roles – Radiology	5.0	0.4	-	-	0.4	0.4	-
NSD 2025 – 69	NDTP – Clinical Educator Roles	9.0	0.5	0.1	-	0.6	1.1	0.6
NSD 2025 – 71	NDTP – SLA Training Costs	-	-	0.7	-	0.7	0.7	-
NSD 2025 – 67	HSCP – Expand Student Training Places in	10.5	0.9	0.1	-	1.0	1.1	0.0
NSD 2025 – 75	Theatre Assistants – Elective Care	-	-	1.0	-	1.0	2.0	1.0
NSD 2025 – 68	Leadership Programme	-	-	1.0	-	1.0	1.0	-
	Workforce	**368.7**	**17.9**	**5.5**	**-**	**23.4**	**41.5**	**18.1**
	Additional staffing from existing funding[6]	208.0	**-**	**-**	**-**	**-**	**-**	**-**
	Other Capacity and Reform Measures	**208.0**	**-**	**-**	**-**	**-**	**-**	**-**
	Disabilities	**133.4**	**6.7**	**32.7**	**0**	**39.4**	**73.1**	**33.7**
NSD 2025 DIS – 1	Residential Services	47.6	2.5	13.5	-	16.0	32.0	16.0
NSD 2025 DIS – 2	Day Services	6.0	0.2	0.4	-	0.6	0.8	0.2
NSD 2025 DIS – 3	Home Support	1.0	0.0	7.0	-	7.1	10.4	3.4
NSD 2025 DIS – 4	Personal Assistance	0.0	0.0	3.5	-	3.5	10.4	7.0
NSD 2025 DIS – 5	Children's Services	55.2	3.0	6.6	-	9.7	14.3	4.7
NSD 2025 DIS – 6	Neurorehabilitation	7.7	0.4	0.2	-	0.6	1.2	0.6
NSD 2025 DIS – 7	Stability and Sustainability	3.0	0.1	1.3	-	1.4	2.7	1.3
NSD 2025 DIS – 8	Data	13.0	0.5	0.1	-	0.6	1.1	0.6
	2025 Overall New Measures (pre holdback funding)	**3,638**	**145.4**	**197.5**	**7.0**	**349.8**	**604.6**	**254.7**
	Measures funded in existing allocation	**0**	**0**	**(52.0)**	**0**	**(52.0)**	**(52.0)**	**-**
NSD 2025 – 63	Hormone Replacement Therapy (HRT)[4]	-	-	(20.0)	-	(20.0)	(20.0)	-
NSD 2025 – 32	New Drugs 2025[5]	-	-	(30.0)	-	(30.0)	(30.0)	-
NSD 2025 – 54	Online Safety[4]	-	-	(1.0)	-	(1.0)	(1.0)	-
NSD 2025 – 8	Post-mastectomy products[4]	-	-	(1.0)	-	(1.0)	(1.0)	-
	Total Net New Developments Costs	**3,638**	**145.4**	**145.5**	**7.0**	**297.8**	**552.6**	**254.7**
	Department of Health	3,505	138.7	112.8	7.0	**258.5**	**479.5**	**221.1**
	Department of Children, Equality, Disability, Integration and Youth	133	6.7	32.7	-	**39.4**	**73.1**	**33.7**
	2025 Overall New Measures (pre holdback funding)	**3,638.3**	**145.4**	**145.5**	**7.0**	**297.8**	**552.6**	**254.7**

Note 1: Column A represents the WTE increase in 2025, over the sanctioned 2024 level, for which this funding has been provided
Note 2: Columns B, C, D & E represent the 2025 funding allocated for new service developments. Funding is provided for both Pay, Non-pay and Once off funding in 2025
Note 3: Column F indicates the 2026 full year costs for 2025 initiatives. An exercise will be undertaken as part of the Pay and Numbers Strategy 2025 in relation to the timing and profiling of posts
Note 4: Funding for Hormone Replacement Therapy (HRT), Online Safety and Post-mastectomy products are either fully or partially funded through existing funding
Note 5: New Drugs for 2025 will require a further saving of €30m which will then be used to fund new drugs. This is in addition to the savings in Table 1
Note 6: Additional staffing from existing funding represents staff funded through revised Letter of Determination 2024 new developments not included in overall headcount in the PNS 2024.

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