

Joint Oireachtas Committee on Health
Opening Statement by Mr David Leach, Assistant Secretary,
Department of Health
Pre-Legislative Scrutiny of the General Scheme of the Children's Health
Ireland Bill 2026
7th October 2026

Good morning Chair and members of the Committee.

Thank you for the invitation to attend the Committee today to discuss the General Scheme of the Children's Health Ireland Bill 2026.

I am joined today by colleagues from the Paediatric Governance Legislation Unit in the Department of Health who have responsibility for the development of this legislation: Kieran Cashman, Principal Officer, Eve Garavan, Assistant Principal Officer and Eoghan Flynn, Higher Executive Officer.

I welcome the opportunity to discuss the General Scheme, its legislative provisions and the rationale for these proposed reforms.

Rationale

The central purpose of this Bill is to strengthen governance, accountability and integration in the delivery of health services for children.

As members will be aware, historically, paediatric services in Dublin were delivered independently by three institutions in Our Lady's Children's Hospital Crumlin, Temple Street Children's Hospital, and Tallaght University Hospital. In 2019, these organisations were then integrated into a single body to become Children's Health Ireland.

This was achieved through the enactment of the Children's Health Act 2018. CHI was established as a separate statutory body with responsibility for the management and delivery of paediatric services to the Greater Dublin Area

and for specialised services on a national, and in some instances, All-Island basis.

Since its establishment, CHI has played a central role in advancing the consolidation of paediatric healthcare services and in preparing for the opening of the new national children's hospital.

However, following the publication of a number of internal and external reviews that identified governance challenges within aspects of CHI, together with the transition to an operational National Children's Hospital, the Minister for Health determined that the most appropriate way to support the delivery of paediatric services was through the integration of CHI into the HSE.

The decision to fully integrate acute paediatric services into the HSE will ensure that these services are delivered as part of a single, integrated public health system.

It is a commitment to build on the reforms commenced under the Children's Health Act 2018 and reflects the continued drive to deliver an aligned and integrated model of paediatric care.

Structure and Provisions

As Members will note, much of the General Scheme of the Bill is straightforward and contains provisions which are routinely used where one statutory body is being absorbed by another. There are many examples of this across the public sector and within the health service.

The main body of the General Scheme provides for the dissolution of CHI as a legal entity established by the 2018 Act, and for the transfer of its services, employees, assets, liabilities, and obligations to the HSE.

Further sections of the General Scheme cover necessary technical provisions to be included due to the repeal of sections of the 2018 Act. This includes amendments to the National Paediatric Hospital Development Board (Establishment) Order 2007, amendments to the Health Act 2004, and some standard legal provisions necessary to ensure a seamless transfer of these services from CHI to the HSE.

These provisions will transfer staff and preserve their existing terms and conditions of employment. They will enable the transfer of property, contracts and financial arrangements. They will provide for the continuation of legal proceedings and ensure that statutory functions, agreements and obligations currently vested in CHI will transfer to the HSE without disruption.

The intention throughout is to provide continuity and certainty for patients, their families, staff and other stakeholders.

Continuity of Services

Most importantly, I would like to emphasise that this legislation is an organisational and governance reform. It does not change the clinical services provided to children and their families, and patients will continue to receive care from the same clinical teams.

Staff will continue to provide services under the same terms and conditions, and existing service delivery will remain uninterrupted. The purpose of the legislation is to reform the governance arrangements that support service delivery, rather than the services themselves.

Benefits

Integrating paediatric services within the HSE will provide a stronger and more coherent governance framework for the future, ensuring that responsibility for these services is fully embedded within the HSE's established management and accountability structures.

Under the proposed arrangements, accountability for the performance of paediatric services, finance, workforce planning, service delivery and strategic development will all rest clearly within the structures established by the HSE.

By bringing paediatric healthcare services fully within the HSE, the governance of those services can evolve in line with wider system reforms without the need for separate legislative or organisational revisions.

The Department has engaged, and will continue to engage with CHI, the HSE and other stakeholders in developing these proposals. The General Scheme

has been designed to ensure that the transition can be implemented in a way that maintains continuity of service while establishing flexibility for clear governance arrangements for the future.

I hope that this overview is helpful in setting out the contents and intent of the proposed legislation. I welcome the Committee's examination of the proposals, and I look forward to engaging with Members on any questions they may have.

Thank you.