Health and Wellbeing

Operational Plan 2015

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Health and Wellbeing Priorities

- Reduce the chronic disease burden by addressing key modifiable risk factors
- Enhance and improve service delivery models for the health of the population
- Implement *Healthy Ireland*
- Protect the population from threats to their health and wellbeing
- Deliver population-based screening programmes

System Wide Priorities

- Improve quality and patient safety with a focus on:
  - Service user experience
  - Development of a culture of learning and improvement
  - Patients, service users and staff engagement
  - Medication management, and reduction of healthcare associated infections
  - Serious incidents, reportable events, complaints and compliments
- Implement Quality Patient Safety and Enablement Programme
- Implement the Open Disclosure policy
- Implement a system wide approach to managing delayed discharges
- Continue to implement the Clinical Programmes
- Develop and progress integrated care programmes
- Implement *Healthy Ireland*
- Implement *Children First*
- Deliver on the system wide Reform Programme

Contents

Introduction

Improving the health and wellbeing of Ireland's population is a Government priority and is one of four pillars of healthcare reform outlined in *Future Health – A Strategic Framework for Reform of the Health Services 2012 – 2015*. The Health and Wellbeing pillar of healthcare reform signals a shift in policy, service design and practice away from simply treating sick people to keeping people healthy.

Within the HSE, the Health and Wellbeing Division is responsible for driving and coordinating the health service response to this agenda. Our work is focussed on helping people to stay healthy and well, reducing health inequalities and protecting people from threats to their health and wellbeing.

The imperative and associated challenges of implementing these kinds of healthcare reforms are well recognised nationally and internationally. The drive to ensure our healthcare system is adapting to emerging patterns of health and social care need is critical. Ireland's population is increasing and is ageing rapidly. People are living longer but the prevalence of chronic conditions is increasing. As a result, evidence will continue to emerge demonstrating increased pressure and demand on healthcare services in addition to a growing expectation among citizens for high quality, timely and effective services.

Successfully addressing modifiable lifestyle behaviours is becoming an increasingly important consideration for many countries. For example, the social, financial and clinical consequences of rising levels of obesity are only beginning to be fully understood. Identifying successful mechanisms to address the broader determinants of health and unequal patterns in health outcomes in the population has equally become a focus. In Ireland, Government has responded to these trends and pressures by publishing a framework for a whole-of-government, whole-of-society approach to improving the health of the population, *Healthy Ireland - A Framework for Improved Health and Wellbeing 2013 – 2025 (Healthy Ireland).* In the health service, we are responding to this agenda by embedding health and wellbeing objectives throughout our reform agenda. In 2014 we took initial steps on a path aiming to redefine the kinds of services we provide with the ultimate aim of creating a more sustainable model for public health and social care service delivery in Ireland.

This is the second Operational Plan for the Health and Wellbeing Division since its establishment in mid-2013. In 2015, our focus is to build on the cooperation and momentum generated over the last 12 months in designing a system wide response to improving population health. In addition to cooperation received in aligning healthcare reforms to the prevention agenda and improving accountability for Health and Wellbeing objectives in the work of hospital groups and community healthcare organisations, we also gathered momentum and cooperation to address the key modifiable risk factors for chronic disease and ill-health such as tobacco, alcohol misuse, physical inactivity and obesity. Our priorities will be tackled through excellent governance and cross-divisional accountability frameworks, collaborative working, leadership and the further implementation and embedding of *Healthy Ireland* principles and actions across the organisation.

Existing statutory commitments will be delivered in 2015, in line with available resources, as will key priorities and actions set out later in this operational plan. The enabling role of Health and Wellbeing in translating *Healthy Ireland* into tangible and impactful actions across the HSE will remain our key priority.

Our Approach

The approach we have taken to the presentation of the Operational Plan for 2015 is designed to show how our collective efforts and expertise are being directed towards addressing our priorities. Whilst much of our day to day work is discrete, we are driving a collaborative effort to:

- Ensure health system implementation of *Healthy Ireland* goals
- Reduce levels of chronic disease by addressing modifiable lifestyle risk factors
- Enhance and improve service delivery models for the health of the population
- Protect the population from threats to their health and wellbeing
- Create and better support cross-sectoral partnerships for improved health outcomes.

This plan is underpinned by the operational principles that characterise a successful and efficient approach to managing limited resources in the interests of delivering better results. It is dependent on further work to reconfigure our teams, build greater project planning and project management capacity, and improve the evidence base underpinning our programmes. This approach to organisational development of the Division will take a number of years. The following principles will guide our work:

Better Use of Evidence

We aim to ensure that priority actions are based on robust national and international evidence and ensure that our valuable resources are increasingly directed towards effective interventions and projects that have the potential to be delivered with scale and pace to affect real population wide health improvement gains.

Better Use of People and Resources

Our plan is premised on maximising our resources, both human and financial, to their optimum capacity. Workforce planning, training, skills development, capacity building and new ways of multidisciplinary working will enable the achievement of our objectives.

Better Partnerships

Our plan places a significant emphasis and dependency on partnership and collaboration within our Division and across other Divisions, Hospital Groups and Community Healthcare Organisations (CHOs) and externally with, *inter alia*, other sectors, including the community sector, NGOs, academia and local authorities. Advancing the shared goal of improved health and wellbeing for all, through action on the broader determinants of health is a critical element of this.

Better Systems for Healthcare

Our plan includes actions which will give rise to new models of care and a systemic shift in emphasis within healthcare services and accountability frameworks toward prevention, early detection and self-care models.

Better Measurement and Evaluation

Our plan builds on the approach to measurement, reporting and analysis initiated in 2014. 2015 will bring a greater focus on performance management and performance improvement in addition to further development of a knowledge management function within the Division.

Better Governance

Our plan commits to improving governance and accountability arrangements for health and wellbeing goals within new health care structures.

Our Successes

Significant progress has been made over the last 12 months in increasing the overall 'footprint' of Health and Wellbeing within the Health Services, specifically at national level. In addition, strengthened governance and performance arrangements within the Division have helped develop our organisational capacity and responsiveness. This has also enabled a greater understanding of our strengths and weaknesses. Successes in 2014 include:

- Increased commitment to conjoint working undertaken on a range of cross-cutting priority areas across Acute, Social Care, Mental Health and Primary Care services
- New Health and Wellbeing leadership and management arrangements in place with Clinical Strategy and Programmes
- Monthly engagement process established with Integrated Service Areas bringing a national focus to Child Health Performance indicators
- Significant work undertaken across the country in respect of Ebola preparedness
- Health and wellbeing representation on key strategic Health Service reform projects
- Development of the first site-specific hospital group implementation plan for *Healthy Ireland*
- Secured investment from three philanthropic collaborations and projects resulting in significant investment over the coming years for: a) improving quality of services for young babies and infants (0-2 years); b) improving information and support for people with dementia and c) increased research on ageing to impact on service developments for older people to support healthy and positive ageing.

In addition approximately:

- 140,000 women were screened by our BreastCheck services
- 33,000 planned food and planned surveillance food control inspections were undertaken by our Environmental Health Service
- 9,000 smokers were supported in quit attempts by our smoking cessation service
- 300, 000 visits were made to Quit.ie
- 440 public health outbreaks were managed
- 63,000 children received developmental screening (4.4% increase in the proportion of children 7-9 months old screened (before reaching 10 months) in the period to October 2014).

In 2015 we will build on these successes in partnership with our colleagues across the health services.

Implementing Healthy Ireland

The publication of *Healthy Ireland* was a major milestone in the future provision of health and social care in Ireland and provides the structure to enable major change in the development, implementation and delivery of

health and social care for service users now and for future generations. *Healthy Ireland* sets out a whole-of-government, cross-sectoral approach to addressing the challenges posed by population growth, together with the demands being placed on health services resulting from an increase in the incidence of chronic illness.

It is estimated that most of the major chronic diseases will increase by approximately 20% by 2020. These increases show some alarming trends in Ireland's health and require us to make significant changes to avoid a costly and unhealthy future. Addressing these trends and the challenges posed by them is a key concern for everybody working in the health services today. In order to respond as effectively as possible, work is underway nationally to increase emphasis on prevention, early detection and self-care through the further development of Integrated Clinical Models of Care. Patterns of health, illness and disease are influenced at different stages of a person's life, and what happens during the early years has lifelong effects. *Healthy Ireland* adopts a life course perspective that approaches heath as an integrated continuum supporting people to enjoy a health and active life starting in the womb and continuing through childhood, adolescence, adulthood and older age.

The commitments set out in this Operational Plan for 2015 reflect this approach. In 2015 we will build on the work undertaken to date. We will, through the work of the Cross Divisional Steering Group on *Healthy Ireland*, publish our 3 year Implementation Plan in the first quarter of 2015. This implementation plan will come to life with the simultaneous development of site specific implementation plans for hospitals and Hospitals Groups and for CHOs. This work began in 2014 and will gather pace in 2015.

Health and Social Care Reform

2015 is an important year in the ongoing reform of the HSE, with a particular focus on a) key infrastructural changes such as Hospital Groups and CHOs; b) service improvements in areas such as integrated care and for people with a disability and c) strategic enablers such as the individual health identifier. The following are the key reform programmes being progressed in 2015:

- Establish and develop Hospital Groups, including the National Children's Hospital
- Establish and develop Community Healthcare Organisations
- Develop clinically led, multidisciplinary, patient centred Integrated Models of Care Programmes. This will also involve the alignment of key enablers including ICT, HR and Finance
- Continue to develop and implement ICT reform in line with the eHealth Strategy under the leadership of the Chief Information Officer
- Continue to implement the reform of Human Resource Management
- Continue to develop and implement activity-based funding
- Develop and incrementally implement the individual health identifier
- Continue to embed health and wellbeing goals and key performance indicators throughout all reform programmes.

The new management structures of the CHOs and the consolidation of the new Hospital Groups present opportunities to further embed the work of Health and Wellbeing as part of the core business of service delivery. The appointment of a Head of Health and Wellbeing to the senior management team of each CHO, the planning process around *Healthy Ireland* envisaged across the new structures and the priority afforded to Health and Wellbeing within the wider reform programme will be critical enablers in 2015.

The National Clinical Programmes are central to the transformation underway across the health services. In 2015, the Clinical Strategy and Programmes Division will commence the development of Integrated Care

Programmes (ICPs) that will provide the framework for the management and delivery of health services to ensure that patients and clients receive a continuum of preventative, diagnostic, care and support services, according to their needs over time and across different levels of the health system. Strengthened management arrangements have been put in place between Health and Wellbeing and the Clinical Strategy and Programmes Division to support this.

Partnership

Our plan recognises that the realisation of *Healthy Ireland's* vision depends on the participation of many sections of society. Identifying and involving partners in shared efforts to improve health and wellbeing is central to this. A number of initiatives being undertaken in 2015 have significant dependencies with other actors both within and outside the health services. Within the HSE, work is delivered in partnership with Acute and Primary Care services, Social Care and Mental Health and with and through community and voluntary partners, sports partnerships, philanthropic organisations and universities amongst others.

Outside the Health Service, developments such as the establishment and consolidation of the Local Community Development Committees (LCDC) offer further opportunities to position the improvement of Ireland's health and wellbeing at the centre of a coherent and integrated approach to community development and the built environment.

In 2015, we will continue to build and augment these partnerships. We will do this through policy specific stakeholder networks set up to support a range of policy and cross-divisional service issues and we will also enhance advisory structures for the Division to bring a more strategic approach to service user and community involvement in our work. The Director General and the National Director for Health and Wellbeing will also work proactively as members of the *Healthy Ireland* Council, building an advocacy network for Health and Wellbeing throughout communities in Ireland.

Accountability

The HSE National Service Plan 2015 sets out the overall accountability framework which will support the implementation of the new health service structures. This framework sets out strengthened performance management arrangements including the introduction of formal Performance Agreements between the Director General and the National Directors and the newly appointed Hospital Group CEOs and CHO Chief Officers. This includes the introduction of formal escalation, support and intervention processes for underperforming services. This new accountability framework will be cascaded throughout the Health and Wellbeing Division in early January 2015. The Governance Framework for the Funding of Non-Statutory Services by the HSE will be further augmented in 2015 with new Service Arrangement and Grant Aid Agreements being put in place with funded services. These agreements now contain specific references to health and wellbeing outcomes. The effective management of the health services' workforce will underpin the accountability framework.

In support of this, the Health and Wellbeing Division will have accountability processes in place at each level of the system (National Director, Assistant National Director, General Manager), which will facilitate us with a clear view of how we are performing against our priorities in addition to providing a mechanism for improved performance management at the individual, project and performance indicator levels. Accountability for the delivery of Health and Wellbeing services and functions rests with the relevant Operational Lead reporting to the National Director. How those services and functions are performing will be subject of regular periodic reporting during 2015. These reporting requirements and escalation processes will comprise an overall Performance Management and Improvement Framework for Health and Wellbeing.

Our ultimate barometer of success is tangible improvement in the Health and Wellbeing of our population. However 'doing what we said we would do' is an important indicator of both our resolve and our application as a Division. It builds confidence and trust in our capacity for implementation and strengthens our credibility.

The work of the Planning, Performance and Programme Management function will enable the Health and Wellbeing delivery system to be held to account through the publication and reporting of performance data (both quantitative and qualitative data). This data and the reporting process will allow to challenge variation and underperformance and to support service improvement, and, critically, to recognise and celebrate good performance.

A number of challenges arising from the legacy systems inherited by the Division and its preceding structures pose difficulties in establishing a comprehensive view of performance. The limitations of our current data set, the lack of congruence between our financial and human resource systems and capacity deficits across IT (both infrastructural and personnel) are a concern. However this is not unique to Health and Wellbeing.

In 2015, we will build on the work undertaken to date in further developing our reporting capabilities, broadening our information base and building greater capacity to support a practice and culture of performance improvement.

Children First Implementation

The Health Service's responsibilities for the protection and welfare of children are outlined in *Children First: National Guidance for the Protection and Welfare of Children.* A *Children First* Implementation Plan was developed in 2014 which sets out the key actions required to maintain and enhance the delivery of services in line with *Children First.* High level actions include a review and re-issue of the HSE Child Protection and Welfare Policy, a training strategy to support staff in meeting their individual responsibilities to promote and protect the welfare of children, a communication plan to ensure staff are kept informed of developments in respect of *Children First* including the Children First Bill 2014 and a quality assurance framework. The plan applies to all HSE services and to all providers of services that receive funding from the HSE such as agencies that receive funding under section 38 and 39 service level agreements.

A national *Children First* Lead has been appointed and a HSE Children First Oversight Committee established, together with *Children First* implementation groups at Division and Area levels. In 2015 these Groups will communicate and activate the HSE Child Protection Policy, training strategy, communications strategy and quality assurance framework within their respective areas. Implementation of *Children First* will be led out by the Primary Care Division, with each National Director retaining responsibility for implementation and compliance in their Division and service area. Progress reports on the implementation of the plan will be submitted to the Health Sector *Children First* Oversight Group during 2015.

Risks to the delivery of the Plan

The following risks have been identified as potentially impacting on the Plan:

- Continued or accelerated demographic pressures over and above those already planned for in 2015, particularly within the National Screening Services
- Further loss of staff across core health and wellbeing services

- Capacity to deliver on a range of interdependent health reform projects; in the context of limited resources, competing pressures and changing structures
- The capacity to recruit highly skilled and qualified medical, clinical and professional staff
- The potential of pay cost growth which has not been funded
- The achievement of procurement savings assigned to the Division.

Our People

Approximately 1,200 Whole Time Equivalent (WTE) staff work in the Health and Wellbeing Division, spread over a number of locations around the country. The Division is led by a National Director, who reports to the Director General (DG) of the HSE. The Division's organisational structure is set our below (see Figure 1). It is supported by a range of corporate support functions (in areas of Finance, Human Resources, Estates, ICT etc.) and works closely with the Director General, the Deputy Director General (DDG) and National Directors in other service areas. (See appendix 1 for the Health and Wellbeing Organisational Chart)

The work of each function is set out below:

Table 1: Health and Wellbeing* by Function

Function	WTE
The **Environmental Health Service** protects the health of the population by taking preventative action including the enforcement of legislation in relation to environmental and lifestyle determinants of health	566
National Screening Services deliver population-based screening programmes which aim to reduce morbidity and mortality in the population through early detection and treatment	270
Public Health, the Health Protection Surveillance Centre and the National Immunisation Office support critical functions including immunisation and vaccination programmes, infectious diseases and health screening	153
Child health services are responsible for ensuring that all our children receive evidence based interventions from birth through to the early years of secondary school, aimed at protecting and improving their health	See Note 2**
Health Promotion and Improvement supports the implementation of Healthy Ireland through collaborative working across the health sector and with key external agencies and organisations to effect improvements in individual, community and population health and wellbeing The **Crisis Pregnancy Programme** is a national programme charged with developing and implementing national strategy to address the issue of crisis pregnancy in Ireland. It also encompasses the coordination of sexual health services to improve effectiveness and impact of services and preventative work in line with the forthcoming National Sexual Health Strategy	167
Emergency Management co-ordinates the Health Service planning response to major emergencies in conjunction with other response agencies	14
Knowledge Management (Health Intelligence) supports the work of the health service including the National Clinical Strategy and Programmes by utilising knowledge to support decision-making to inform service design, service delivery and quality, and improve health outcomes.	14

*Note 1: this table does not include all staff working in Health & Wellbeing
**Note 2: Child Health services are provided largely through staff in Primary Care

As well as the functions described above, the **Planning, Performance and Programme Management** leads on planning and performance improvement within the Health and Wellbeing Division and facilitates integration with other HSE Divisions and functions. The purpose of **the Group Clinical Lead for Health and Wellbeing** is to ensure alignment between Health and Wellbeing and Clinical Strategy and Programmes. The role provides expert clinical advice, perspective and practical support relating to the work and deliverables associated with the clinical programmes to the Health and Wellbeing Division and its Senior Management Team.

Quality and Patient Safety

Quality Improvement and Patient Safety is everybody's business from frontline to Senior Management and must be embedded in all work practices across the Division. In 2015 we will work with the Quality Improvement Division and the Quality Assurance and Verification Division to develop a strategic approach to quality within Health and Wellbeing and develop an integrated approach to workplace health including staff engagement.

Staff health and wellbeing is a strong predictor of quality service delivery whether that is measured by absenteeism, turnover, patient satisfaction, organisational performance ratings or infection rates. A core facet of quality improvement and enablement programmes therefore has to consider staff health, wellbeing and engagement as a priority. In 2015 the Health and Wellbeing Division will work with the quality enablement Division and the HR Division to give effect to a set of robust staff engagement and wellbeing actions, in the context of *Healthy Ireland* and its implementation.

In 2015 the identified priorities for Quality and Patient Safety are to:

- Develop a Quality Profile framework for application within all Health and Wellbeing Services and Functions
- Ensure all relevant sub-divisions and business units have appropriate governance structures in place to address quality and safety issues
- Implement National Clinical Guidelines developed and approved by the National Clinical Effectiveness Committee
- Develop, implement and publicly report on quality indicators building on the work undertaken to date. These indicators should include the relevant indicators as set out in the National Heath Care Quality Reporting System (NHQRS)
- Improve the uptake rate of the influenza vaccine amongst frontline healthcare workers in acute hospitals and long-term facilities in the community
- Work collaboratively with HR and Quality Enablement Division to set out an organisational response to improving staff wellbeing.

During 2014 a number of new quality indicators and standards for measuring the patient and client experience within the HSE were developed and further work will take place during this year to build on these measures and improve the availability of data on quality within our services.

We will also work to ensure there are plans in place to support patient / service user partnership and engagement within the Division, where relevant.

The Division has a 'live' risk register in place overseen by its Senior Management Team. We will continue to refine our risk management processes in 2015, maintain our risk registers, assess the effectiveness of risk mitigating actions and report on them on a periodic basis to ensure the timely and effective management of risk. We will also seek to strengthen our capacity around risk through training and development opportunities.

Within the services, relevant assurance processes and programmes will be implemented, to benchmark performance against other systems and jurisdictions as appropriate. We will also participate in any Quality Improvement Audits relevant to the work of the Division.

Our Resources: Finance

Introduction

The operating budget for the Health and Wellbeing Division for 2015 is approximately €201.2m. This represents a reduction of almost 6% on our starting budget in 2014. However expenditure in 2015 will increase compared to 2014 spend.

The total allocation for 2015 includes €7.4m to provide for existing levels of service, €0.1m under the Programme for Government to commence the extension of BreastCheck services to women aged 65-69 and a further €0.9m to fund priority initiatives. Overall this will grow the Divisions expenditure next year compared to 2014 and will facilitate, inter alia, the:

- Maintenance of existing programmes and expansion of newer programmes to planned levels within the National Screening Services
- Recruitment of a small number of critical service posts including new Radiologists (Q4) and Environmental Health Officers
- Progression of the National Child Health Information System (CHIS).

The indicative budget by function is set out below:

Table 2: Health and Wellbeing Budget

2015 Budget by Service / Function	€m	€m	€m	€m
Service/Function	Pay	Non Pay	Income	Net Expenditure
Environmental Health and Tobacco	33.5	8.2	(3.7)	38.0
National Screening Service	18.8	42.2	(0.6)	60.4
Public Health and Surveillance	15.8	2.8	(0.3)	18.3
Health Protection	0.7	35.3	(0.0)	35.9
Health Promotion & Improvement	9.8	14.2	(0.5)	23.5
Emergency Management	1.0	0.5	(0.3)	1.2
Health Intelligence	1.3	0.8	(0.1)	1.9
Office of the National Director (Note 1)	4.9	7.8	0.0	12.7
Health and Wellbeing Community	7.6	2.5	(0.9)	9.1
Total Net Expenditure Budget	**93.3**	**114.2**	**(6.5)**	**201.03**

Note 1*: The funding allocated to the Office of the National Director by category will be subject to a deliberative process in early 2015 and may change.

Work will conclude in early 2015 to determine the extent to which our unavoidable growth, contractual and statutory requirements as well as key strategic projects and enablers fundamental to the Division's role as lead for Healthy Ireland implementation can be addressed.

Savings and Targets

A savings target of €0.900m has been attributed to the Health and Wellbeing Division in 2015.

Pay and Pay Related Savings including Agency and Overtime

A savings target of €0.113m (included in €0.900m above) has been attributed to the Health and Wellbeing Division in 2015 related to pay savings arising from plans to convert current agency spend to permanent staff.

Financial Risk Areas

Due to the overall budget reduction there will be no scope to expand services beyond agreed levels. However given the nature of the services provided within Health and Wellbeing (Vaccinations; Emergency Management) and the unavoidable requirement for response, a supplementary budget may be required to deal with pandemic or major emergencies. Similarly, the Screening Services are, for the most part, a demand-led scheme and are therefore susceptible to the pattern of attendance and associated costs in a given time period. Accurately predicting uptake, particularly in the newer programmes, carries a degree of uncertainty and as a result all planning parameters are reviewed monthly.

Our Resources: Workforce

Introduction

At the end of 2014, there was approximately 1,222 WTE staff working in the Health and Wellbeing Division. Employment controls in 2015 will be based on the configuration of the workforce that is within funded levels. The funded workforce also includes spend on agency and overtime. In 2015, the management of our workforce will move away from adherence to an employment control framework toward operating within an allocated pay framework.

Staff Engagement

Supporting our staff and listening to their views is really important to us as they are our most valuable resource. In 2014, we held a series of staff events across the country to update our colleagues on progress and developments at national level. Staff had an opportunity to hear from their co-workers as well as contributing their own views in relation to the various issues raised.

As part of summer 2014 engagements, we took the opportunity to survey the views of staff on a number of key issues:

- Relevance of our stated priorities to their day to day work
- Areas that should be given priority in the 2015 planning process
- Areas of current and future collaboration within the Division
- Type of information and updates that staff would like to receive at national level

Results from this survey were fed back to staff at a series of staff events in winter 2014. In 2015 we will be building on the results of this survey and will devise new ways of communicating more regularly with staff, in addition to holding a series of further events. We will work with the Quality Improvement Division, Quality Assurance and Verification Division and Human Resources to ensure enhanced engagement with staff, particularly in frontline services.

As outlined in the Quality and Patient Safety Section of this plan (page 13), staff health and wellbeing will be a key theme in our *Healthy Ireland* Implementation Plan, scheduled to be launched in the New Year 2015.

Managing Performance

It is the policy of the HSE to implement, maintain and monitor a Performance Management System that develops the capacity and capability of employees, improves the performance of the organisation and addresses underperformance in a timely and constructive manner.

The management of performance is part of the HSE's controls assurance framework and an important element in delivering on the governance requirements in the HSE. It is a key management responsibility to ensure accountability. It is vital therefore that the performance management system is fully implemented in practice and in the spirit of real engagement.

The Haddington Road Agreement requires an acceleration of the rollout of performance management throughout all staff groups, grades and levels. All managers should be held to account for managing the performance and development of their staff.

In 2015 we will continue the roll out of the HSE Performance Management system across our services and functions.

Reducing Agency and Overtime Costs

The cost and reliance on agency staff must be reduced in 2015 to meet the specified targets. This will be achieved through a combination of converting agency staff to permanent headcount and other reductions in agency use. As referenced above, a target of €0.113m has been identified as the savings target for this initiative within Health and Wellbeing.

2015 Developments and Other Workforce Additions

As previously referenced, a range of development posts will be filled next year along with critical service posts identified through our 2015 budgeting process.

The Haddington Road Agreement

We will continue to use the provisions of the Haddington Road Agreement (HRA), insofar as they can be applied within Health and Wellbeing, to enable our managers to more effectively manage their workforce.

Attendance Management and Absence Management

This continues to be a key priority area for the Division and we will continue to work with HR to build on the progress made over recent years in improving attendance levels.

Priorities and Actions 2015

Priority Area	Actions 2015	Measure of Performance	Target / Expected Activity 2015	Completion Date
Implementation of *Healthy Ireland*	Complete the development of the HSE's *Healthy Ireland* Implementation Plan	Completion of Plan	Plan completed	Q1
	Support Hospital Groups and Community Healthcare Organisations (CHO) to develop site specific Implementations Plans for Healthy Ireland	% of Hospital Groups and CHOs developing HI plans	100%	Q4
	Establish multi-disciplinary national teams to lead and take responsibility for policy priority areas (Tobacco; Alcohol; Healthy Eating and Activity; Child Health; Positive Ageing; Wellbeing)	No. of teams established	100%	Q4
	Co-ordinate *Healthy Ireland* input nationally to Local Community Development Committees (LCDC)	Proportion of established LCDC supported on *Healthy Ireland*	All established LCDC supported on *Healthy Ireland*	Q2
	Sustainability: Develop a Health and Wellbeing Sustainability Strategy and associated action plan in support of the HSE's overarching National Sustainability Strategy	Development of Health and Wellbeing Sustainability Strategy	Strategy Developed	Q1
	Reducing Health Inequalities: Develop standardised local health profiles to inform needs assessments and commissioning	No. of profiles at county and primary care network level produced	1 per county	Q4
	Reducing Health Inequalities: Update HSE Health Inequality Framework and develop recommendations with action plan.	Report updated	HSE *Healthy Ireland* Health Inequality Action Plan	Q4
Reform Delivery	Develop, implement and support the role of Head of Health and Wellbeing within the new CHOs	% of CHOs with a Head of Health and Wellbeing in place	100%	Q4
	Embed key health and wellbeing indicators within Health Service Reform programmes and projects	Identification of relevant indicators	Agreed indicator set in place	Q4
	Review and align Crisis Management Team membership in accordance with the CHOs	Updated agreed CMT membership	Updated agreed CMT membership	Q2

	Support the development of a commissioning model for the HSE	Provision of support	Support provided	Q4
Workforce Planning, Capacity Building and Staff Engagement	Implementation of workforce planning recommendations in Health Promotion and Improvement	Completion of workforce plan	Workforce plan completed	Q2
	Develop and implement a workforce plan for Public Health	Development of workforce plan Implementation plan in place	Plan implemented	Q2
	Strengthen mechanisms for information sharing and feedback within Health and Wellbeing including the staging of further Staff events	No. of Staff Events held	6	Q4
Performance Management	Develop, communicate and implement a revised Performance Management Framework for 2015 to strengthen capacity for improved planning, performance and programme management	Revised Framework developed and communicated to the system	Framework completed	Q1
	Further develop measures and indicators across Health and Wellbeing to facilitate a more comprehensive view of performance and support service improvement	Increase in the availability of data within published performance reports	Availability increased	Q3
Integrated Care Programmes	Develop a Framework for Brief Intervention Behaviour Change Methods	Development of Draft Framework	Framework completed	Q4
	Develop a method of recording risk factors and health behaviour intervention data through the Hospital In Patient Enquiry (HIPE/ PAS) system	Development of recording method	Agreement to implement new HIPE/PAS fields with Leadership Team	Q3
	Develop a National Framework for self care in consultation with Clinical Programmes, other HSE divisions and Service Users	Development of Self Care Model	Self Care Model Developed	Q4
	Provide strategic leadership for Health and Wellbeing clinical programmes i.e. Heart Failure, Diabetes, COPD and Asthma so H&W is integrated into the models of care	Engagement with Clinical Leads and further development of models of care to strengthen integration, prevention, early detection and self care	Meetings with Clinical Leads and joint work on models of care	Q4
	Develop a generic pathway for the major cardiovascular, respiratory diseases and diabetes in conjunction with Clinical Programmes including Chronic Disease Prevention	Development of generic pathway	Generic pathway developed	Q4

	Provide Public Health Expertise, Flow analysis and modelling for unscheduled care programmes and Flow Integrated Care Programme	Flow analysis and models for unscheduled medical care	Analysis provided	Q4
Population Based Screening Programmes	**Breastcheck:** Deliver subsequent round screening in line with available resources	No. of women screened % participation	140, 000 women screened 70 %	Q4
	Breastcheck Age Extension: Pre-implementation phase Q1-Q3 with commencement in Q4. Anticipate that 500 women will be screened in 2015	No. of women in relevant cohort invited to screening	1,000 Invited & 500 screened	Q4
	Cervical Check: Deliver subsequent round screening in line with available resources	No. of women screened in a Primary Care Setting Achievement of Cytology Turn Around Times	271,000 women screened 95%< 10 working days	Q4
	Cervical Check: Develop and introduce improved management plans for groups of women using HPV test technology to improve early detection and facilitate early return to routine screening	Planning completed by end of Q1 Implementation completed by end Q2 and operational by Q3	Operational by Q3.	Q3
	Diabetic RetinaScreen: Commence annual screening round for eligible cohort within available resources	No. screened	78,300 screened	Q4
	Bowelscreen: Complete first round of screening for current eligible age range of 60-69 by end 2015	No. invited for screening % participation (i.e. % of those requesting a FIT kit who return it for testing) >90%	200,000 invited % of invitees requesting kit who return it for testing > 90%	Q4
Child Health and Wellbeing	Further the implementation of Child Health priorities (earlier intervention and prevention) in line with relevant national policies such as *Better Outcomes Brighter Futures* and in partnership with key stakeholders	% uptake of 7-9 months Developmental Screening (for children at 10 months) % of newborn babies visited within 72 hours of hospital	95% (for all CHOs) 97% (for all CHOs)	Q4

		discharge Development of a common data set for Child Health Profiles	Data set developed	
	Build and strengthen a cohesive, integrated child health and well-being service for 0 to 2s and their families which supports and builds capacity to achieve sustainable systemic change	Extent of work undertaken on the following work streams: System Development Ready for Baby (pre-conception to 3 months) Ready for Toddler (6months to end of 2s) Ready for the Work (Human Capital Development)	Progress on workstreams	Ongoing
	Screening and Development: Develop a Framework for the Model of Child Health Screening and Development in partnership with the Primary Care Division and commence implementation on a phased basis.	Agreement on model Development of Framework Commencement of Implementation	Model agreed Framework developed Implementation commenced	Q1 Q2
	Immunisation: Implement recommendations from the review of models of delivery and governance of immunisation services	Development of Action Plan with Primary Care, DoH and DCYA	Action Plan agreed	Q1
	Immunisation: Improve national immunisation uptake rates in partnership with Primary Care	PCI uptake rates at 12 and 24 months – 6:1, PCV, MMR,Hib, MenC School vaccine uptake rates, 4:1 + MMR, HPV, Tdap	95% 95% 80% (HPV)	Q4 Q4 Q2
	Immunisation: Implement changes to Primary Childhood Immunisation (PCI) Programme (meningococcal C vaccine) and Schools Immunisation Programme (HPV and adolescent	Changes to schedule	Changes implemented	Q3

	meningococcal C booster vaccine)			
	Child Health Information System: Progress the next stage of implementation of a National Child Health and Immunisation IT System by specifying the model and the system requirements, subject to CMOD approval	Specification of model and system requirements	Model and system requirements specified	Q4
	Breastfeeding: Development and phased implementation of an action plan for breastfeeding 2015-2020	Action Plan developed Agreement of deliverables across the division for 2016	Action plan developed National KPI – Breastfeeding % rates at first PHN visit & at 3 months	Q2
	Breastfeeding: Implement the updated infant feeding policy for maternity and neonatal services and develop process for evaluation	Updating of infant feeding policy Agree process of evaluation	Updated infant feeding policy implemented by maternity services. Evaluation process agreed	Q4
	Health Promoting Schools: Support and promote the implementation of the Health Promoting Schools model in Primary and Post-Primary Schools, and other educational settings	Percentage of Schools implementing the Health Promoting School model and process. Maintain existing participation (465 schools) and recruit additional 78 (2%)	14% of Primary and Post Primary Schools	Ongoing
	Healthy Schools: Develop a five year action plan in partnership with DES and DOH so that by 2020 all schools will participate in the *Healthy Ireland* agenda	Action plan developed	5 year action plan in place	Q4
Public and Environmental Health, Safety, Surveillance and Protection	**Infectious Disease:** Provide statutory surveillance, management and control of infectious diseases including the development and review of clinical guidelines, algorithms and standard operating procedures	No. of surveillance reports produced. No. of new clinical guidelines developed	104 4	Ongoing

		No. of clinical guidelines reviewed	5	
	Provide epidemiological expertise, advice and support to Hospital Groups and Community Health Organisations	Involvement in Infection Control Committees Support Outbreak Control Teams	Meetings as required	Ongoing
	Respond to public health incidents including outbreaks of infectious disease, chemical, radiation and environmental incidents	Number of incidents and outbreaks	Demand led	Ongoing
	Improve influenza uptake rate amongst persons aged 65 and over.	% uptake of the influenza vaccine amongst persons aged 65+	75%	Q2
	Sunbeds: Enforcement of the new Public Health Sunbeds legislation	Notified sunbed establishments to be inspected	400 establishments inspected	Q4
	Food Safety: Implement the service contract with the Food Safety Authority of Ireland (FSAI) to protect public health	No. of planned and planned food control surveillance inspections	33,000	Q4
	Environment and Health and Product Safety: Agree MoU with the Environmental Protection Agency, Health Product Regulatory Authority and the Child and Family Agency (Tusla).	MoUs agreed and in place	3 MoUs agreed	Q2
	Guideline Development: Participate with HSE and external agencies to develop and review guidelines (including protocols, position statements etc) which protect public from potential environmental threats to health and wellbeing	Number of new guidelines produced.	Target Not Applicable	Ongoing
Emergency Management	Develop an External Plan for all newly designated Seveso sites within the specified timeframe and review, update and exercise plans due for review in 2015	All Seveso External Plans to conform with legislation	100%	Q4
	Approve a Medical Plan for events that require a Licence as per HSE Guidance and requirement for Large Crowd Events	Compliance with SI 600 section 189 (2001)	100%	Q4
	Develop a standard Major Emergency Plan (MEP) template of CHOs and support CHOs in the completion of this template	Development of a standard template for CHO MEP Support provided to CHOs in completion of this template	Template developed	Q4
	Support the development of a National HSE Emerging Viral	Completion of working draft	Working draft	Q4

	threats plan		completed	
	Develop, review and implement HSE procedures for response to chemical, biological, radiological and nuclear events	Completion of working draft	Working draft completed	Q4
	Complete HSE Major Emergency Management (MEM) Annual Risk Assessment	Completed HSE MEM Annual Risk Assessment	Completed	Q3
	Support the Department of Health in the development of a climate change adaptation plan for the health sector	Support the Department of Health	Support the Department of Health	Q4
Tobacco Control & the Implementation of *Tobacco Free Ireland*	Support the continued roll out of the Tobacco Free Campus Policy in Primary Care, Mental Health, Disability and Social Care (Older Persons and Disability) and Tusla sites	% of new and existing sites with tobacco free campus policy implemented in Primary Care, Mental Health, Social Care, Tusla	100% Primary Care; 100% Mental Health Approved Centres; 25% Mental Health Residential Services; 20% Older Persons residential services; 25% disability Residential services; 20% Tusla Residential services	Q4
	Build capacity among frontline healthcare workers to screen and support smokers to quit	No of frontline healthcare staff trained in Brief Intervention for Smoking Cessation	1,500 staff trained	Q4
	Offer intensive smoking cessation support to smokers through specialist services and the national QUIT team	No. of smokers who received intensive cessation support from a cessation counsellor % of QUIT team referrals entering Intensive Cessation Support Service No. of smokers on a cessation programme who were quit at 1 month	9,000 12.5% 2,450	Q4
	Tender for the Development of a Patient Management System for Cessation Services	ICT sign-off CMOD approval Tender published	Contractor Selected	Q4
	Carry out a national tobacco test purchasing programme to assess legal compliance with sales to minors requirements	No. of test purchase activities carried out	480	Q4

		% level of compliance	% level of compliance	
	Prepare for the future roll out of the relevant provisions outlined in the tobacco legislation in consultation with the Department of Health and in line with available resources	Enforcement options documented	Enforcement options documented	Ongoing
Alcohol Misuse & Enforcement	Progress the implementation of the National Substance Misuse Strategy including the further development of a co-ordinated approach to prevention and education interventions in alcohol between all stakeholders including third level institutions	National accreditation system developed	Accreditation system in place in number of third level colleges	Q4
	Support pilot community mobilisation alcohol initiatives with five Drug and Alcohol Task Forces through grant agreement with Alcohol forum	No. of local alcohol action plans developed	5 action plans developed	Q4
	Prepare for the future roll out of the relevant provisions outlined in the alcohol legislation in consultation with the Department of Health and in line with available resources	Enforcement options documented	Enforcement options documented	Ongoing
Healthy Eating & Physical Activity	Contribute to the development of the National Obesity Policy and develop HSE implementation plan with priority actions	Development of HSE Implementation Plan	HSE Implementation Plan developed	Q4
	Review the implementation of the Growth Monitoring Pilots and associated community based W82GO model for overweight and stage one obese children	Completion of Review	Review competed	Q2
	Implement calorie posting in all Hospital Groups	No. of Hospitals implementing calorie posting	100%	Q4
	Develop a Hospital and Patient Food Policy and implementation plan	Development of policy	Policy and implementation plan launched	Q4
	Implement priority recommendations from the forthcoming National Physical Activity Plan (NPAP) including: • Support for increased levels of physical activity in the community through the further roll out of Park Runs and the GAA Healthy Clubs Project • Capacity building among frontline healthcare workers to promote physical activity among service users	No. of additional Park Runs launched No of people trained	Increase in the no. of runs 30% increase in	Q4 Q4

			uptake on PA e-learning module	
Wellbeing	Conduct a survey on the wellbeing of staff within the Health and Wellbeing Division	Survey completed and recommendations identified	Recommendations identified	Q2
	Update guidance and resources to support the delivery of Healthy Ireland Workplace initiatives in partnership with the DoH	Best practice guidelines available and disseminated	*Healthy Ireland* Workplace Resource Pack disseminated widely	Q4
Sexual Health	Complete implementation plan and prioritisation of actions in preparation for the forthcoming Sexual Health Strategy	Establishment of Cross-Divisional Implementation Group	Cross-Divisional Implementation Group in place	Q2
	Complete a mapping exercise of existing sexual health service	Completion of mapping exercise	Mapping completed	Q4
	Implement and monitor a self assessment framework in all crisis pregnancy/ post abortions counselling services	No. of services with a Quality Assessment and Improvement self-assessment tool implemented	15	Q4
	Develop a knowledge transfer and dissemination plan and progress implementation of apriority recommended actions from the '*Sexual Health and Sexuality Education Needs Assessment of Young People In Care in Ireland*' research programme	Development of plan	Plan developed	Q4
Communications	Develop and implement a comprehensive Communications Strategy and Action Plan to support the Three Year Implementation Plan for Healthy Ireland in the Health Services, including priority actions on Hospital/ CHO *Healthy Ireland* Communications and Staff Wellbeing	Completion of Plan	Plan completed	Q2
	Work in partnership with the Communications Division to progress social marketing and communications campaigns on: Quitting Smoking, Breastfeeding, Sexual Health and Crisis Pregnancy, Screening Services, Immunisation and Child Health, Wellbeing	Implementation of campaigns	Campaigns implemented and evaluated	Ongoing
	Develop new integrated social marketing and communications programmes on Dementia, Alcohol and Physical Activity and Obesity to support positive health behaviour change in the	No. of campaigns developed & implemented	3	Q3 (Physical Activity)

	population			Q4 (Others)
Mental Health and Wellbeing	Develop national guidance to support best practice in Wellbeing and Mental Health Promotion in the health service, other statutory, community and voluntary sectors	Review of evidence, current practice and guidelines developed	Guidelines developed and disseminated in collaboration with mental health	Q4
	Promote and improve mental health and wellbeing by undertaking a range of interventions in partnership with other Divisions and stakeholders including the implementation of relevant recommendations from the new Strategic Framework for Suicide Prevention	Agreement on interventions and priorities based on new Framework	Interventions agreed and prioritised	Q3
Knowledge Management	Reconfigure Knowledge Management supports to address health and wellbeing priorities	Provision of required support	N/A	Q4
	Define with partners and document research prioritisation, commissioning, management, and dissemination processes within Health and Wellbeing	Definition of processes	Processes defined and agreed	Q4
	Support the work of the DoH in relation to the development of a Research, Data and Innovation Plan, and the development of an Outcomes Framework for *Healthy Ireland*	Provision of required support	N/A	Q4
	Define a model for provision of evaluation support and advice with a particular focus on smaller-scale initiatives.	Definition of model	Model defined and agreed	Q4
	Deliver and enable implementation of Health Tracker module of the Health Atlas System and further develop other Health Atlas capabilities	Implementation of Health Tracker & other modules	Module/s implemented	Q4
	Complete due diligence exercise in relation to the transition of library services to the Health and Wellbeing Division and finalise supporting Transition Plan	Completion of Due Diligence Exercise Completion of Staged Transition Plan	Due Diligence completed Transition Plan completed	Q4
	Develop capacity to undertake 'Research Calls' for example specialised analysis of data, including data in relation to Ageing/ Dementia	Completion of Research Calls	No. of calls	Q4
Quality and Patient Safety	Ensure all relevant sub-divisions / business units have appropriate governance structures in place to address quality and safety issues	Development of QPS structures (where relevant)	Q&PS structures in place in all H&WB sub-divisions	Q3
	Improve influenza vaccine uptake rates amongst staff in frontline settings (acute and long term care facilities in the community).	% uptake	40%	Ongoing

	Develop a Quality Profile Framework for Health and Wellbeing services	Development of Framework	Framework in place	Q4
	Develop and implement a system for recording compliments and complaints	% of complaints responded to within 30 days	100%	Q1
	Increase the number of Quality KPIs developed and used in partnership with the Quality Improvement Division	Increase in number of KPIs	Quality KPIs developed	Q3

Balanced Scorecard Health and Wellbeing

Quality and Safety

Client experience and complaints

- % of complaints investigated within 30 working days of being acknowledged by the complaints officer (75%)

Serious Reportable Events

- % compliance with the HSE Safety Incident Management Policy for Serious Reportable Event (full compliance)

Quality improvement

- % of health care workers who have received one dose of seasonal Flu vaccine in the 2014-2015 influenza season (acute hospitals and long term care facilities in the community) (A) (40%)
- Ensure all relevant sub-divisions / business units within Health and Wellbeing have appropriate governance structures in place to address quality and safety issues (Q)

Environmental Health

- No. of planned, and planned surveillance inspections of food businesses (Q) (33,000)

Access

Child Health

- % of children reaching 10 months within the reporting period who have had their child development health screening on time before reaching 10 months of age (M) (95%)
- % newborn babies visited by a PHN within 72 hours of hospital discharge (Q) (97%)
- % children aged 12 months who have received 3 doses Diphtheria (D3), Pertussis (P3), Tetanus (T3) vaccine Haemophilus influenzae type b (Hib3) Polio (Polio3) hepatitis B (HepB3) (6 in 1) (Q) 95%

Screening

- **BreastCheck -** No. of women screened (no. of women aged 50-64 who have had a mammogram) (M) (140,000)
- **CervicalCheck -** No. of women screened (no. of unique women who have had one or more smear tests in a primary care setting) (M) (271,000)
- **Diabetic RetinaScreen-** No. of clients screened (no. of individuals known to the programme aged 12+ with diabetes who have been screened) (M) (78,300)

Tobacco Control

- No. of smokers who received intensive cessation support from a cessation counsellor

Finance

Budget Management including savings

Net Expenditure variance from plan (budget) – YTD and Projected to year end (M)

- Pay - Direct / Agency / Overtime
- Non-pay (including procurement savings)
- Income

Service Arrangements/ Annual Compliance Statement

- % number and amount of the monetary value of Service Arrangements signed (M)
- % and number of Annual Compliance Statements signed (Annual, reported in June)

Capital

- Capital expenditure measured against expenditure profile (Q)

Key Result Areas – Governance and Compliance (Development focus in 2015)

Internal Audit (Q)

- No of recommendations implemented, against total number of recommendations (Q)

Relevant to Controls Assurance Review output (Quarterly – Development area - from end quarter 2)

- Areas under consideration include: Tax, Procurement , Payroll controls including payroll arrangements and Cash handling

Human Resources

Human Resources Management

Absence

- % and cost of absence rates by staff category (M) (3.5%)

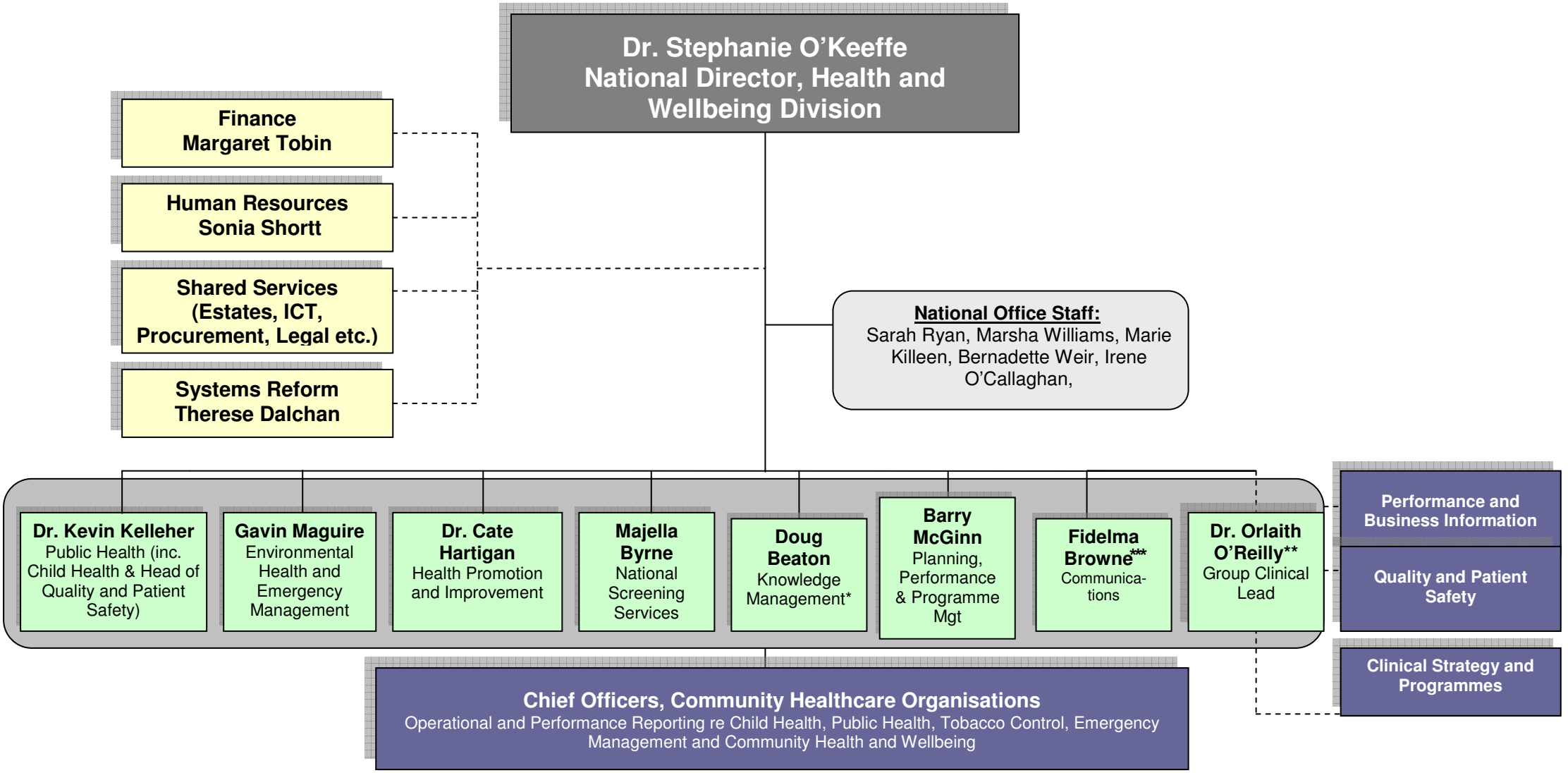
Staffing levels and Costs

- Variance from HSE workforce ceiling (within approved funding levels) (M) (≤0%)
- Turnover rate and stability index
- New development posts filled

Key Result Areas – for development in 2015

- Work force and action plan
- Culture and Staff engagement
- Learning and development

Appendix 1: Organisational Chart



** Doug Beaton, Management Lead is currently representing the Health Intelligence function on the SMT. Head of Knowledge Management is to be appointed*

*** Dual Reporting relationship to Health and Wellbeing Division and National Clinical Strategy and Programmes*

**** Dual Reporting relationship to National Communications Division and Health and Wellbeing Division*

Appendix 2: Finance Tables

Table 1

2015 Funding	€m
ELS Funding	7.4
Programme for Government Funding 2015	
Extension of BreastCheck screening programme to women aged 65 – 69 years of age	0.1
Prioritised Initiatives	
BreastCheck	0.073
Critical Service Posts – Inspection, Enforcement and Surveillance	0.500
National Immunisation and Child Health Information System	0.375
Total:	**8.448**

Table 2: Financial Position

Income and Expenditure 2015 Allocation	Pay** €m	Non-Pay** €m	Gross Budget €m	Income** €m	Net Budget €m
Health and Wellbeing	93.4	119.7	213.1	-11.9	201.2

Table 3: 2015 Financial Allocation

Division	Budget 2014 €m	Projected 2014 Deficit €m	2014 Projected Spend / Opening Base 2015 €m	Programme for Govt. Funding €m	Existing Level of Service Funding €m	Funded Cost Pressures €m	Funding for Other Priorities - Hep C €m	HSE Prioritised Initiatives €m	Zero Basing Budget €m	Savings Measures €m	2015 Budget €m	% Change vs 2014 Budget	% Change vs 2014 Projected Spend
Health and Wellbeing	213.7	-20.1	193.6	0.1	7.4	0.0	0.0	0.9	0.0	-0.9	201.2	-5.9%	3.9%

Appendix 3: HR Tables

All information in tables has been rounded to nearest WTE

Divisional breakdown

Employment Control Framework 2014 basis[1]				
Service	WTE Dec. 2013	WTE Oct. 2014	Projected Outturn Dec. 2014	End 2014 Employment Ceiling[2]
Health and Wellbeing	1,250	1,249	1,222	1,203

Note 1: WTE expressed on an ECF basis exclude specified grades (circa 5% of WTE), agency and overtime (circa 8% combined).
Note 2: Ceilings are indicative and are shown for guidance only.

Divisional breakdown by staff category (as of September 2014)[1]

Service	Medical / Dental	Nursing and Midwifery	Health and Social Care Professionals	Management / Admin.	General Support Staff	Other Patient and Client Care	Total[2]	Projected Outturn Dec. 2014
Health and Wellbeing	147	34	602	394	15	57	**1,249**	1,222

Note 1: Source – Health Services Personnel Census.
Note 2: All figures are expressed on a 2014 ECF basis as wholetime equivalents.

Appendix 4: Performance Indicator Suite

Health and Wellbeing			
Indicator	**NSP 2014 Expected Activity / Target**	**Projected Outturn 2014**	**Expected Activity / Target 2015**
Immunisations and Vaccines			
% children aged **12 months** who have received 3 doses Diphtheria (D3), Pertussis (P3), Tetanus (T3) vaccine Haemophilus influenzae type b (Hib3) Polio (Polio3) hepatitis B (HepB3) (6 in 1)	95%	92%	95%
% children at **12 months** of age who have received two doses of the Pneumococcal Conjugate vaccine (PCV_2)	95%	92%	95%
% children at **12 months** of age who have received 2 doses of the Meningococcal group C vaccine ($MenC_2$)	95%	92%	95%
% children **aged 24 months** who have received 3 doses Diphtheria (D_3), Pertussis (P_3), Tetanus (T_3) vaccine, Haemophilus influenzae type b (Hib_3), Polio ($Polio_3$), hepatitis B ($HepB_3$) (6 in 1)	95%	95%	95%
% children aged **24 months** who have received 3 doses Meningococcal C (MenC3) vaccine	95%	88%	95%
% children **aged 24 months** who have received 1 dose Haemophilus influenzae type B (Hib) vaccine	95%	91%	95%
% children **aged 24 months** who have received 3 doses Pneumococcal Conjugate (PCV_3) vaccine	95%	91%	95%
% children aged **24 months** who have received the Measles, Mumps, Rubella (MMR) vaccine	95%	93%	95%
% children **aged 4-5 years** who have received 1 dose 4-in-1 vaccine (Diphtheria, Tetanus, Polio, Pertussis)	95%		95%
% children **aged 4-5 years** who have received 1 dose Measles, Mumps, Rubella (MMR) vaccine	95%		95%
% children **aged 11-14 years** who have received 1 dose Tetanus, low dose Diphtheria, Acellular Pertussis (Tdap) vaccine	95%		95%
% of first year girls who have received third dose of HPV Vaccine	80%	84%	80%
% of health care workers who have received one dose of seasonal Flu vaccine in the 2014-2015 influenza season (acute hospitals and long term care facilities in the community)	40%	Acute care 24% Long term care 23%	40%
% uptake in Flu vaccine for > 65s	New PI 2015	New PI 2015	75%
Child Health % of newborns who have had newborn bloodspot screening (NBS)	100%		100%
% newborn babies visited by a PHN within 72 hours of hospital discharge	100%	97%	97%
% of children reaching 10 months within the reporting period who have had their child development health screening on time before reaching 10 months of age	95%	92%	95%
% of babies breastfed (exclusively and not exclusively) at first and 3 month PHN visits	New PI 2015	New PI 2015	56% (first PHN visit) 38% (3 month visit)
BreastCheck No. of women screened (no. of women aged 50-64 who have had a mammogram)	140,000	140,000	140,000
CervicalCheck No. of women screened (no. of unique women who have had one or more smear tests in a primary care setting)	New PI 2015	New PI 2015	271,000
BowelScreen No. of clients invited (no. of first invitations sent to individuals in the eligible age range			

Health and Wellbeing			
Indicator	**NSP 2014 Expected Activity / Target**	**Projected Outturn 2014**	**Expected Activity / Target 2015**
60-69 known to the programme)	New PI 2015	New PI 2015	200,000
Diabetic RetinaScreen No. of clients screened (no. of individuals known to the programme aged 12+ with diabetes who have been screened)	New PI 2015	New PI 2015	78,300
Public Health No. of outbreaks and outbreak cases of infectious disease (ID) notified under the national ID reporting schedule	614		
Tobacco No. and % of Primary Care Centres/Health Centres with Tobacco Free campus policy implemented	70%	70%	70%
No. of Smokers on cessation programmes who were quit at one month	2,450	2,080	2,450
No. of smokers who received intensive cessation support from a cessation counsellor	9,000	9,000	9,000
% of new facilities opening smoke free in Primary Care, Mental Health and Social Care	New PI 2015	New PI 2015	100%
No. of sales to minors test purchases carried out	480	480	480
No. of frontline healthcare staff trained in brief intervention smoking cessation	1,350	1,350	1,500
Environmental Health – Food Safety No. of planned, and planned surveillance inspections of food businesses	33,000	33,000	33,000
Environmental Health – Sunbeds No. of inspections of establishments	New PI 2015	New PI 2015	400
System Wide PIs / Balanced Scorecard			
Serious Reportable Events % of Serious Reportable Events being notified within 24 hours to designated officer	New PI 2015	New PI 2015	99%
% of mandatory investigations commenced within 48 hours of event occurrence	New PI 2015	New PI 2015	90%
% of mandatory investigations completed within 4 months of notification of event occurrence	New PI 2015	New PI 2015	90%
Reportable Events % of events being reported within 30 days of occurrence to designated officer	New PI 2015	New PI 2015	95%
Complaints % of complaints investigated within 30 working days of being acknowledged by the complaints officer	New PI 2015	New PI 2015	75%
Variance against Budget			
Pay - Direct / Agency / Overtime			(≤0%)
Non-pay			(≤0%)
Income			(≤0%)
New Service Developments			
Programme for Government			
Prioritised initiatives			
Savings			
Procurement			
Agency			
Service Arrangements/ Annual Compliance Statement			
%, number and amount of the monetary value of Service Arrangements signed			(100%)
% and number of Annual Compliance Statements signed			
Capital – Capital expenditure measured against expenditure profile			
Internal Audit – No of recommendations implemented against total number of recommendations			
Relevant controls assurance quarterly review output (to be confirmed in early 2015)			

Health and Wellbeing			
Indicator	NSP 2014 Expected Activity / Target	Projected Outturn 2014	Expected Activity / Target 2015
Culture and Staff Engagement - Performance Measures under development			
Absence - % and cost of absence rates by staff category			3.5%
Staffing levels and Costs			
Variance from HSE workforce ceiling (within approved funding levels)			≤0%
Variance from end 2014, current month, change			
Cost of agency 2014, 2015 and % change			
Cost of overtime 2014, 2015 and % change			
Turnover rate and stability index			
New development posts filled			
Learning and Development - Performance Measures under development			
Workforce Plan and Action Plan - Performance Measures under development			

Appendix 5: Capital

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replace-ment Beds	Capital Cost €m		2015 Implications	
						2015	Total	WTE	Rev Costs €m
HEALTH AND WELLBEING									
National Cancer Screening Services									
BreastCheck	Upgrade and replacement of equipment	Q4 2014	Phased from 2015	0	0	3.00	9.60	0	0