Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

2017

Health and Wellbeing Operational Plan


Goal
1
Promote health and wellbeing as part of everything we do so that people will be healthier


Goal
2
Provide fair, equitable and timely access to quality, safe health services that people need


Goal
3
Foster a culture that is honest, compassionate, transparent and accountable


Goal
4
Engage, develop and value our workforce to deliver the best possible care and services to the people who depend on them


Goal
5
Manage resources in a way that delivers best health outcomes, improves people's experience of using the service and demonstrates value for money

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Introduction

Improving the health and wellbeing of Ireland's population is a national priority and a key element of healthcare reform. As part of this reform and in response to Ireland's changing health and wellbeing profile, *Healthy Ireland (HI) A Framework for Improved Health and Wellbeing 2013 – 2025* was adopted by the Irish Government. This commitment is also reflected in the HSE's Corporate Plan 2015 – 2017 *Building a high quality health service for a healthier Ireland* which identifies the promotion of 'health and wellbeing as part of everything we do' within its 5 over-arching Corporate Goals.

Within the HSE, the Health and Wellbeing Division, established in mid 2013, is responsible for driving and coordinating the health service response to this agenda. Our services are focussed on helping people to stay healthy and well, reducing health inequalities and protecting people from threats to their health and wellbeing. Identifying successful mechanisms to address the broader determinants of health and the unequal patterns in health outcomes in the population is central to this work.

This is the fourth Operational Plan published by the Health and Wellbeing Division and it continues the advancement of key priorities set out in previous plans. The approach we have taken to its presentation 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:

- Accelerate implementation of the *HI* Framework through the HSE's *Healthy Ireland in the Health Services National Implementation Plan 2015 – 2017*
- Reduce levels of chronic disease and improve the health and wellbeing of the population
- Protect the population from threats to their health and wellbeing
- Create and strengthen cross-sectoral partnerships for improved health outcomes and address health inequalities
- Strengthen governance arrangements and capacity in areas of risk and organisational development.

Significant work has been undertaken across the health service since the publication (July 2015) of the *Healthy Ireland in the Health Services National Implementation Plan* 2015 – 2017. Governance structures have been put in place at national and local level to support implementation, with leadership from across the health service, co-ordinated through the work of the Planning, Performance and Programme Management function within the Health and Wellbeing Division.

A key element of this work is the development of Hospital Group and Community Healthcare Organisation (CHO) level responses to the plan, articulating how actions will be delivered locally and with partners to advance the three overarching priorities identified within it:

- Health Service Reform
- Reducing the Burden of Chronic Disease
- Improving Staff Health and Wellbeing

The continued translation of *HI* into tangible and impactful actions across the HSE and through partners remains a key priority for the Division in 2017, building on the significant progress to date. As at December 2016 four Hospital Groups have completed their own *HI* implementation plans (Saolta; UL; RCSI and Ireland East) with work underway in the Dublin Midlands Group and CHO 4 (South). 2017 will see the completion of the plans within the three remaining Hospital Groups and within all nine CHOs. As with previous plans, this work will continue to be supported at a local level by the Division through the work of Departments of Public

Health, Health Promotion and Improvement and Environmental Health and nationally through the Division's *Healthy Ireland* office and the National Policy Priority Programmes (see below).

A range of workstreams are underway within the HSE across the critical policy priority areas of Tobacco, Alcohol, Healthy Eating and Active Living, Sexual Health, Positive Ageing, Healthy Childhood and Wellbeing and Mental Health. Work is being progressed on a cross-Divisional and, where relevant, cross-sectoral basis to bring a coherent, national response to multi-facetted challenges, often with lifestyle or behavioural issues at their core. This is supported by progress in enabling interventions such as the development of a framework to "Make Every Contact Count" for patients in the health service and to promote self-management of chronic disease, empowering both staff and individuals to address these challenges head-on in 2017.

This year will also see the continuation of the structural reforms initiated in the more recent past, with the consolidation and further development of Hospital Groups and CHOs as part of the Health Service Improvement Programme. The appointment of Heads of Health and Wellbeing to the senior management teams of CHOs (in the last quarter of 2016) represents a significant opportunity for the embedding and development of health and wellbeing services and approaches within community, offering a means to work collaboratively across Divisions and services at local level and with partners to address health inequalities.

The capacity of the health service to more fully exploit the potential of research and innovation will be strengthened in 2017 through the appointment of a Head of Research and Development to the Health and Wellbeing Division to lead and support a broad based research capability for the health service spanning clinical, population health and health service research.

Our focus on core priorities will be maintained in 2017. The national Environmental Health Service (EHS) will continue to implement the HSE's statutory responsibilities addressing *inter alia,* tobacco control, sun bed use and the Food Safety Authority of Ireland (FSAI) contract. It will also prepare for the enforcement of the Public Health (Alcohol) Bill and the Health and Wellbeing (Healthy Workplaces and Calorie Posting) Bill 2016.

Our Public Health and Health Protection functions will provide epidemiological expertise, advice and support to external stakeholders and provide statutory surveillance, management investigation and control of infectious diseases. Both Environmental Health and Public health will continue to work with other government agencies and key external partners to address potential threats to the health of the public. Within the National Screening Service (NSS), work will continue to maintain the uptake of screening amongst relevant eligible populations through the CervicalCheck, BowelScreen, Diabetic RetinaScreen and BreastCheck programmes.

Implementation of the actions set out in this plan will be commensurate with available funding, with some being prioritised and phased during 2017. Many are to be delivered on a partnership basis, with other Divisions, healthcare organisations and agencies, Local Authorities, Government Departments, statutory and voluntary organisations and academia. This reflects the joined up approach necessary to deliver on the *HI* vision.

As with the previous three annual plans, all will be dependent on the hard work, dedication and expertise of the senior management team and staff of the Health and Wellbeing Division.

Health and Wellbeing Developments and Reform Priorities 2017

A range of developments and reforms will be taken forward in 2017. They include:

- Completion of the 2016 phase of the BreastCheck age extension programme to women aged 65 to 69 within our National Screening Service
- Roll out of the Rota / Men B Vaccination Programme
- Completion of a National Brief Intervention Framework for implementation
- Development of greater capacity to support self-management and self-care
- Implementation of organisational reviews in Health Promotion and Improvement and Public Health
- Completion of the development of the Target Operating Model for health and wellbeing in the context of the overall National Centre Transformation Programme
- Appointment of a Clinical Lead for Obesity
- Implementation of the Tobacco Products Directive
- Implementation of the Food Safety Authority of Ireland Contract 2016–2018
- Further coordination and consolidation of our work to address Anti-microbial Resistance (AMR) and Healthcare Associated Infection (HCAI)
- Further development of partnerships and initiatives on the impact of environment on health

The *HI* Implementation plan also presents six themes which the HSE has prioritised for action to reduce the burden of chronic disease and improve the health and wellbeing of our staff. Many actions from the plan are outlined later in this document, with a focus on delivery in 2017. These will be taken forward through the continued work of the National Policy Priority Programmes and reflected in more granular detail within the relevant implementation plan for each programme.

Health and Wellbeing and the Clinical and Integrated Care Programmes

Integrated Care Programmes plan to provide care across the spectrum of Primary, Community, Pre-hospital and Hospital services which is patient centred and coordinated. The goal of integrated care is to provide better access to high quality services as close to where people live as possible, which are delivered in a joined up way, placing people's need at their core. This is a long term programme of improvement and change.

In 2017, the Integrated Care Programme for the Prevention and Management of Chronic Disease will aim to improve care to people with chronic diseases. This will be achieved by providing a continuum of preventative management and support services to patients with these conditions. Through shared management arrangements with the Clinical Strategy and Programmes Division, the Health and Wellbeing Group Clinical Lead will support aspects of this work focussing on the continued integration of prevention, early detection and self management supports with new and existing programmes and by further supporting the implementation of the demonstrator projects, (Diabetes, Asthma, COPD and Heart Failure) in this area. The Programme will support the implementation of the Health Behaviour Change Framework "Making Every Contact Count" and the implementation of the Self Management Support Framework.

Evidence Based Planning and Policy Implementation

Addressing the wider causes of ill-health and reducing inequalities requires the collective efforts of whole of government and whole of society. Much of the focus of the *Healthy Ireland in the Health Services National Implementation Plan* centres on the actions which are likely to be most effective in reducing health inequalities, and thereby giving us the greatest opportunity to narrow the gap and increase population health and wellbeing for all. These include, inter alia, early child development, positive ageing, tackling causes of chronic diseases including tobacco, alcohol consumption, poor diet and lack of exercise. The Health Service can directly shape and influence this through its day to day work and help achieve greater health equity.

The *HI* Framework recommended the establishment of multi-disciplinary teams to lead and take responsibility for co-ordinating a coherent and comprehensive health service response to these key health and wellbeing policy areas. As previously referenced National Policy Priority Programmes are in place within the HSE for Tobacco, Healthy Childhood, Alcohol, Healthy Eating and Active Living and Sexual Health with work progressing in the development of similar approaches within Positive Ageing, Wellbeing and Mental Health and Staff Health and Wellbeing. In developing these programmes, the health service is building capacity for and capability to support national policy and strategy implementation across its services and with our external partners and funded agencies.

The health service also has an important role to play in advocating for the implementation of a broader range of actions in the wider Irish social, economic and regulatory environment which create conditions conducive to a healthier lifestyle and the narrowing of inequalities. In recent years, action has been taken on a legislative and policy basis to support these change efforts, with the Department of Health (DoH) and the HSE working closely together to take action in areas such as Obesity and Alcohol.

Creating, improving and maintaining health and wellbeing for all is complex and requires an overall view of population health and an understanding of local communities and their specific needs. Work will advance in 2017 to deliver a national framework for cascading a standardised approach to needs assessment, from national to Hospital Group and CHO level. The Division will continue to build on the 'Planning for health' series of publications, which currently support the service planning process at a national level, by developing and publishing CHO level papers to support the targeted use of resources to those with greatest need.

Working with Community Healthcare Organisations

The appointment of Heads of Health and Wellbeing to the senior management teams of CHOs represents a significant advancement for health and wellbeing services and approaches within community. These Heads of Service will play a pivotal leadership role in the translation of policy and strategy into action at local level and are uniquely placed to partner with others, both internally and externally, to support improved population health.

In 2017, all CHOs will develop their own *HI* Implementation Plan, bringing a focus to the agenda at local level across the policy areas outlined above.

The Division will continue to work closely with partners in the Local Community Development Committees (LCDCs) to implement the shared objectives in Local Economic and Community Plans which will help build and sustain healthy communities. The Heads of Service will lead this work locally.

Working with Hospital Groups

2017 will see the consolidation and continued strengthening of the Division's work with Hospital Groups. To date four Hospital Groups have completed their own *HI* implementation plans (Saolta; UL; RCSI and Ireland East) with work underway in the Dublin Midlands Group to develop their plan. Continued support for implementation at senior level within the health service, both locally and nationally, will be key to sustaining the strong start made in advancing the commitments made in these published documents. 2017 will also see the completion of implementation plans within the three remaining Hospital Groups (Dublin Midlands; South / South West and Children's Hospital Groups).

As with CHOs, this work will continue to be supported locally through Departments of Public Health, Health Promotion and Improvement and Environmental Health and nationally through the *Healthy Ireland* office and the National Policy Priority Programmes.

Supporting Service Delivery

Direct service provision is dependent on a number of key support business functions. Health and Wellbeing will continue to work cooperatively with Health Business Services (HBS) and other corporate support services (HR, Finance, Office of the Chief Information Officer, and Internal Audit) who are essential enablers in the delivery of direct patient services.

Relationships will be further enhanced during 2017 through a Business Partnership Arrangement (BPA) between HBS and Health and Wellbeing, setting out clearly the quantum of support services the functions within HBS (Estates, Procurement, HBS HR, HBS Finance and Enterprise Resource Planning Services) will provide. This BPA will build on the work undertaken in 2016 to identify the areas of common cause between the *HI* agenda and HBS, and how the latter's cross-organisational reach can help advance these shared priorities within the wider HSE and its contractors.

Children First

The Children First implementation plan sets out key actions to ensure compliance with both the Children First legislation and national policy. Under legislation, the HSE and funded organisations providing services to children and young people are required to undertake an assessment of risk and to use this risk assessment to develop and publish a Child Safeguarding Statement. The Safeguarding Statement also outlines how staff/volunteers will be provided with information to identify abuse which children may experience outside of the organisation, and what they should do with concerns about child safety.

In 2017, high level actions include the implementation of Children First planned by CHOs and Hospital Groups with support from the Children First National Office and the delivery of Children First training programmes for HSE staff and HSE funded organisations. Child protection policies at CHO and Hospital Group level will also be developed and reports tracked and monitored by the Children First office. Children First compliance will also be included in the performance assurance process.

Risks to the Delivery of the Plan

In identifying potential risks to the delivery of this Operational Plan it is acknowledged that while every effort will be made to mitigate these risks, it may not be possible to eliminate them in full. Particular management focus will be required to mitigate risk in the following areas:

- The impact of increased demand for services beyond the planned and funded levels arising from changes in demographics, particularly within the context of delivering population-based screening services
- The capacity to recruit and retain a highly-skilled and qualified medical and clinical workforce, particularly in high-demand professions such as radiographers and Specialists in Public Health Medicine
- Maintaining a focus on systems reform and change management initiatives in the context of day to day service demands
- The limitations of our clinical, business information, financial and HR systems
- The capacity and resources to continue to develop and involve staff in driving change in health and wellbeing and improving quality and safety and the culture of the organisation
- The capacity to exercise effective control over pay and staff numbers in the context of safety and quality, regulatory, volume and practice driven pressures
- The ability to address unavoidable public pay policy and approved pay cost growth in areas which have not been funded including but not limited to staff increments
- The delivery of a comprehensive health and wellbeing reform programme prioritising prevention and early intervention approaches in the context of competing strategic priorities and concurrent health reform programmes.

Quality and Patient Safety

A range of initiatives will be advanced in 2017 in support of the quality and patient safety agenda. Health and Wellbeing will work in collaboration with the National Quality Assurance and Verification Division (QAV) and the newly established National Patient Safety Office to advance the following priorities;

- Coordinating the implementation of the HCAI/AMR Workplan 2016 – 2018 and the National Safety Programme initiatives including those for HCAI and medication safety
- Supporting the implementation of the revised *Integrated Risk Management Policy 2016*
- Implementing the HSE's *Framework for Improving Quality*
- Measuring and responding to service user experience including complaints (where relevant)
- Carrying out patient experience surveys and implementing findings (where relevant)
- Continuing to implement open disclosure and assisted decision-making processes
- Implementing *Safeguarding Vulnerable Persons at Risk of Abuse – National Policy and Procedures* (where relevant)
- Reporting serious reportable events and other safety incidents and undertake reviews or investigations of serious incidents as appropriate
- Implementing programmes of clinical audit
- Supporting the development and implementation of relevant national clinical guidelines and audits (asthma, chronic obstructive pulmonary disease, diabetes, HCAI, under-nutrition, hepatitis C screening, smoking cessation) and ensuring that the essential clinical leadership is in place
- Continuing to implement the *National Standards for Safer Better Healthcare*
- Carrying out the Programme for Health Service Improvement
- Putting *Children First* legislation into action.

Health Care Acquired Infection (HCAI) / Anti-Microbial Resistance (AMR)

The health service is strengthening its response to Healthcare- Associated Infection (HCAI) and Antimicrobial Resistance (AMR) from a governance, planning, coordination, monitoring and response perspective. A National Taskforce is in place to support and provide advice on an effective system-wide response to the issue of HCAI/AMR. The Division plays a coordinating role in the management and control of HCAI/AMR across the health service. A three-year national action plan has been developed which has identified key priorities to be addressed.

The Division is supported by the Clinical Programme for HCAI and will work in collaboration with the Quality Improvement Division to support coordination of the Plans implementation. On-going liaison with each of the Divisions will be central to delivery of the plan as each National Director of Services is responsible for leading on actions relating to their areas and ensuring the Plan is being delivered.

Key priorities for 2017 include strengthening governance arrangements across the system and within each Division and implementing relevant actions in response to the national plan. This will entail ensuring actions are taken to mitigate risk from HCAIs and ensuring appropriate antimicrobial stewardship arrangements are in place, examples of such actions include amongst others, surveillance of multidrug resistant organisms, KPIs for key areas, implementation of restricted antimicrobial prescribing policies in acute hospitals, compliance with national guidance and the roll out of quality improvement initiatives.

Finance

The operating budget of the Health and Wellbeing Division for 2017 is approximately €233.3m. This represents a net budget increase of 4.2% on 2016 levels. The overall budget includes approximately €18m which will transfer out to hospitals who provide commissioned screening services on behalf of the NSS.

The total allocation of new funding to the Division in 2017 is approximately €10m. This is net of a €3m reduction in the Division's base operating budget. The funding is to be directed towards meeting the following costs which arise in 2017:

- The full-year costs relating to the 43.5 posts approved in 2016 to support the current phase (16/17) of the implementation of the BreastCheck age extension programme to women aged 65 to 69 (Estimated cost €2.5m)
- The 2017 costs of the roll-out of the Rota / Men B vaccination programme (Estimated cost €7.8m)
- The securing of an Advance Purchase Agreement to support Ireland's preparedness in the event of a pandemic (Estimated FYC cost €1.5m)
- Additional pay costs arising from the Lansdowne Road Agreement (LRA) (Estimated cost €2.0m).
- The funding for the above initiatives was subject to a budget retraction of €3m which is a reduction of approximately 25% of the indicated funding for the above priorities.

The Office of the National Director is holding funding centrally for developments and this will be allocated to the relevant operational services during 2017 as these developments commence in line with their projected profile.

In addition to the notified budget in NSP 2017, approximately €0.250m will be allocated to the Health and Wellbeing Division by the Department of Health in 2017 to enable the recruitment of additional staff to assist with the implementation of the *European Union (Manufacture, presentation and sale of tobacco and related products) Regulations, 2016*.

A number of health and wellbeing developments (approx. €1.5m) will be funded through the Clinical Strategy and Programmes (CSP) Division in 2017 to:

- Advance 'Making Every Contact Count'(MECC)
- Increase capacity for Self Management Support (SMS) including the recruitment of SMS Co-ordinators within each CHO
- Appoint a Clinical Lead in Obesity and associated support positions
- Support community based cardiac rehabilitation.

The budget for these developments is not reflected in the opening position for the Division set out in the NSP 2017.

As with 2016, the Division will seek to prioritise a range of projects which will advance the overall objectives set out in the *Healthy Ireland in the Health Services National Implementation Plan* 2015 – 2017. The capacity to support these projects will be limited and will be phased relative to expenditure patterns over the course of 2017.

Cost Pressures / Risk Areas

As previously noted the Division has been subject to a €3m reduction in its base budget. On this basis, it has not received the commensurate level of funding to match the forecast additional costs in 2017 as previously outlined. The consequent financial challenge has been largely addressed through the expenditure assumptions underpinning this plan which include, *inter alia,* the timing of recruitment and roll out of planned developments during 2017. However, further re-prioritisation of resources and some additional staggering of recruitment and developments maybe required to ameliorate cost pressures during the year should they arise.

No additional funding was received to address the fluoridation costs owing to Irish Water in 2017. These costs were absorbed in 2016 on a once-off basis and form part of the overall financial challenge which the Division must manage this year.

There is a shortfall in the allocation made to address identified pay pressures / costs arising from increments and the Lansdowne Road Agreement (LRA) in 2017.

The agreement secured by the Minster to give effect to the roll-out of the Men B and Rotavirus in 2017 is a welcome development however it presents an additional cost pressure to the HSE of approximately €2.7m in 2017, over and above planned levels. It will not be possible for the HSE to address this within its current allocation.

Pay and Numbers Strategy

The Division has developed a Pay and Numbers Strategy for 2017 consistent with corporate requirements. This file sets out the profiled pay spend by sub-Division within Health and Wellbeing by month, reflecting anticipated starters (new and replacement posts) and leavers over the course of the next year.

During 2016, considerable effort was expended in aligning the pay expenditure with the staffing profile within each sub-division of Health and Wellbeing. Work will continue on this in 2017 to refine and maintain the accuracy of this data, ensuring that robust systems are in place to preserve its integrity.

The Division will continue this focus on paybill management, through its paybill management group in 2017 by

- Continually monitoring all pay costs
- Adhering to recruitment, review and sanction processes
- Reviewing skill mix and implementing changes identified through the organisational review work underway.

Implementation of phased recruitment will continue in 2017 to ensure best use of funding.

Income Collection

The Division will ensure that income due from outside agencies is billed and collected on a timely basis. The main element of income for the Division is from third party funding including EU Grants.

2017 Budget by Service – Pay, Non Pay, Income and Net I&E

	Pay €m	Non Pay €m	Income €m	Net I&E €m
Health & Wellbeing Budget: NSP 2017	***98.7***	***140.4***	***(5.8)***	***233.3***
Budget transfers from H&W	*(0.5)*	*(25.7)*	*0.0*	*(26.2)*
Budget transfers to H&W	*2.8*	*2.7*	*0.0*	*5.4*
Health & Wellbeing Budget: DOP 2017	**100.9**	**117.4**	**(5.8)**	**212.5**

Note: The figures in the above table have been rounded for illustrative purposes

The above table includes;

- Once off budget transfers from Health & Wellbeing to the Acute Hospital Division totalling €18.2m and the Communications Division totalling €6.4m for the delivery of specified services in 2017
- A budget transfer of €4.0m in respect of the transition of Library Services into the Health and Wellbeing Division nationally. A budget transfer of €1.5m into Health and Wellbeing from the Clinical Strategies and Programmes Division to fund the delivery of agreed initiatives in 2017
- Centrally held funding in the Office of the National Director for developments which will be allocated to the relevant operational services during 2017 as developments commence in line with projected profile
- Funding for internally commissioned services that requires the Division to make further allocations during 2017

The above table does not include;

- Environmental Health service funding being allocated in the REV to support the implementation of the Tobacco Products Directive (€0.250m budget increase)
- Any other allocations which will be made by the Division later in 2017 which are yet to be agreed

Workforce

Introduction

At the end of 2016, there was approximately 1,600 staff working in the Health and Wellbeing Division. Health and Wellbeing's staff are its most valuable resource and recruiting and retaining motivated and skilled staff is a high priority for the Division in planning for the future health needs of our growing population.

In addition to this priority, maintaining a motivated workforce is of paramount importance in ensuring the quality of service delivered to the population. This requires that the Division has effective workforce planning and resource allocation in place, together with appropriate structures for positive engagement with staff to efficiently and effectively deliver high quality services.

2017 will see a continued focus on "*The People Strategy 2015-2018"* which has been developed by National Human Resources (HR) in recognition of the vital role the workforce plays in delivering safer and better healthcare. This Strategy is underpinned by a commitment to engage, develop, value and support people, thereby creating a culture of high trust between management and employees and supporting the achievement of performance. The Health and Wellbeing Senior Management Team fully support its implementation across the Division's services and functions.

Staff Engagement

Developing mechanisms for more effective internal communications that support listening and learning across services is central to "*The People Strategy 2015-2018"*. The Division will continue to provide a programme of staff engagement events in 2017 and will engage with staff to ensure the format facilitates attendance in greater numbers and encourages greater participation. It will also work with National HR to develop a more cohesive approach to improving staff engagement based on the outcomes of the HSE's Staff Engagement Survey completed in 2016.

There will be a continued emphasis on performance achievement and engagement at all levels within the Division with a focus on increasing the frequency of line manager / staff meetings to further develop a culture of teamwork, communication and innovation. We will actively promote staff participation in coaching through the national coaching units and encourage quality conversations between line managers and their staff. The roll-out of Performance Achievement will be essential in clarifying goals and objectives for staff.

Pay and Staff Numbers Strategy

Government policy is focused on ensuring that the numbers of people employed within the health service are within the pay budgets available. The management of funding for human resources in 2017 will continue to be based on the Paybill Management and Control Framework. The Health and Wellbeing Division will continue to operate the robust control mechanism established in 2015 to monitor staff numbers and work with Assistant National Directors/Service Leads to evaluate staffing requirements in the context of workforce composition, skill mix, cost and capacity to deliver services.

2016 / 2017 New Service Developments and other Workforce Additions

Health and Wellbeing will continue to roll out a range of service developments commenced in 2015/16, supported by the completion of the recruitment process for key staff for these projects. Recruitment to support the BreastCheck age extension will continue and implementation of the Tobacco Products Directive (TPD) 2014/40/EU will commence in 2017.

'Delivering Health Library and Knowledge Services into the Future' was approved by the HSE Leadership Team in 2014. Following the Leadership Team's decision, HSE library services will be consolidated into a new National HSE Library Service to be aligned within the Health and Wellbeing Division in 2017. The appointment of a National Health Service Librarian in December 2016 will lead the development of a national governance structure which provides for management of library services on a national basis. Staff engagement with national library services staff will continue in 2017 to ensure a smooth transition to the Health and Wellbeing Division.

A Head of Research and Development will be appointed by the Division in 2017 to provide leadership and a point of contact, internally and externally, for the development of a research culture within health and social care services that contributes to the achievement of HSE corporate goals and government health and economic policy.

This role will provide advice and leadership to the Director General and the Leadership team with the aim of developing a strategic and collaborative functional research capacity that will engage and where appropriate, support other Divisions and services, to actively promote the generation, translation, exchange and utilisation of relevant knowledge throughout all elements of the healthcare delivery system. The Head of Research and Development will lead the development and implementation of a Knowledge Management Strategy for the HSE.

The Lansdowne Road Public Service Stability Agreement 2013-18

The Lansdowne Road Agreement (LRA) of 2015 builds upon the provisions set out in the Haddington Road Agreement (HRA) until 2018. This includes an extension of the enablers such as additional working hours, to support further reform, reconfiguration and integration of services.

It also involves skill mix initiatives, systematic review of rosters, de-layering of management structures, restructuring and redeployment of the existing workforce, new organisation structures and service delivery models.

The Division will implement relevant actions agreed under the Public Service Agreements 2013-2018 and utilise its provisions to deliver the service reforms and reconfiguration required within Health and Wellbeing services.

Organisational Development

The start of 2017 will see the completion of the second phase of the organisation development initiative in the Health Promotion and Improvement Service with an agreed organisation structure identified. Staff engagement and recruitment of approved posts is expected to commence.

Public Health organisation development initiatives (that commenced in 2014) will continue and staff engagement regarding the reconfiguration of Public Health services will continue in 2017 in line with the

Target Operating Model Plan. Recruitment to critical approved posts in public health will continue to be prioritised particularly in the Cavan/Monaghan area. Realignment of the Department of Public Health in the North East to CHO Areas 1 and 8 will be progressed under the auspices of the HRA.

The Division will continue to work in cross-divisional collaboration in the initiation and development of a workforce planning project for community services during 2017. This will include a review of issues related to workforce profile, population demographic trends, skill mix and utilising resources across Divisions and will contribute to the delivery of Health and Wellbeing initiatives within the CHO structures.

Leadership, Education and Development

The first leadership development programme in the Division will commence in January 2017 with 25 participants. The programme has been designed specifically to develop the leadership qualities required to deliver and implement the strategic priorities of the HSE's *Healthy Ireland in the Health Services National Implementation Plan 2015 – 2017*.

Attendance Management

The Division will continue to build on progress made over the past year in improving attendance levels. The performance target for 2017 remains at 3.5% staff absence rate. Reporting arrangements whereby absenteeism will be reported by Division rather than on a combined basis for non-acute services will continue to be developed in partnership with the National Workforce Planning Unit.

Performance Achievement

Priority 6.4 of the *People Strategy* is the implementation and roll-out of a revised and re-designed Performance Achievement system with a greater developmental emphasis. The Division will implement this revised performance achievement system in Environmental Health Services and National Screening Services as part of a pilot programme in 2017.

Workplace Health and Wellbeing

Implementing relevant actions from '*Healthy Ireland in the Health Services National Implementation Plan 2015 - 2017*' pertaining to staff health and wellbeing is a key priority for 2017. Supporting initiatives to encourage staff to look after their own health and wellbeing will continue to be an important part of our approach to ensure we have a resilient and healthy workforce within the Division. It will lead on the *HI* aspects of this work in partnership nationally with HR and HBS, through our *Healthy Ireland* and Hospital Group *Healthy Ireland* network.

Detailed work plans are in place within the organisation across the *People Strategy* themes of Leadership and Culture, Staff Engagement, Learning and Development, Workforce Planning, Evidence and Knowledge, Performance, Partnering, and Human Resource Professional Services. In 2017, these work plans will be further developed and rolled out, with a particular focus on leadership development in addition to the work plans already commenced in 2016.

Accountability

The focus of the HSE Performance and Accountability Framework 2017 is to recognise good management and outcomes while continually improving the performance within our services. It sets out the means by which the HSE and in particular the National Divisions, Hospital Groups, CHOs, National Ambulance Service (NAS), Primary Care Reimbursement Scheme (PCRS), and individual managers are held to account for their performance in relation to *Access* to services, the *Quality and Safety* of those services, doing this within the *Financial resources* available and by effectively harnessing the efforts of our *Workforce*.

Consistent with this approach, the Health and Wellbeing Division has put in place accountability processes at each level of the system which facilitate it with a clear view of how it is performing against its priorities. 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 periodic reporting during 2017. These reporting requirements comprise an overall Performance Management Framework for the Health and Wellbeing Division.

Over the last couple of years, significant effort was expended in developing additional key performance indicators (KPIs) to develop our reporting capabilities, broaden our information base and build greater capacity to support a culture of high performance and accountability. A number of these metrics are included in the National Service Plan and the full suite is reflected in appendix 4 of this plan.

In 2017 we will:

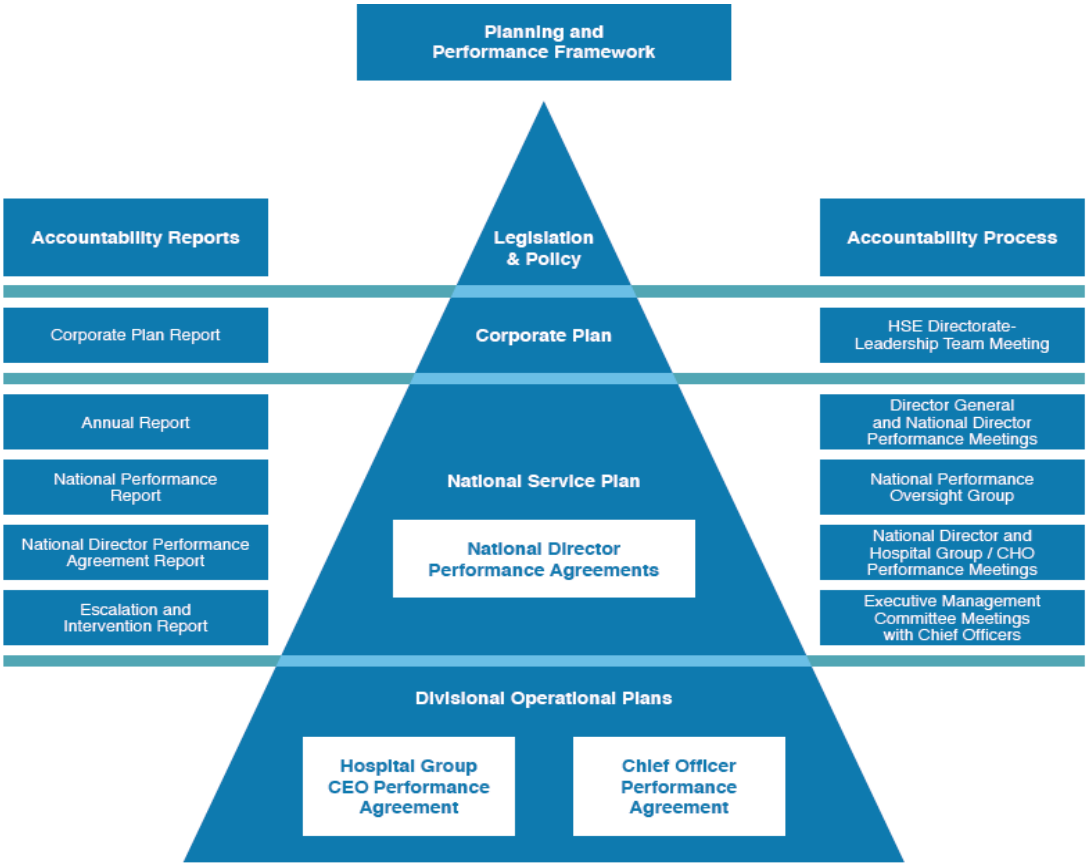
- Implement the HSE's Performance and Accountability Framework 2017, including strengthened processes for escalation, support to and intervention in underperforming service areas
- Measure and report on performance against the key performance indicators (KPIs) set out in the NSP as part of the monthly performance reporting cycle
- Develop data gathering, reporting processes and systems to support the Performance and Accountability Framework.

In 2017, we will further develop our reporting capabilities, broaden our information base and build greater capacity to support a culture of high performance. This was be enabled by greater levels of engagement with CHOs through the newly appointed Heads of Health and Wellbeing.

The overall monitoring framework underpinning *Healthy Ireland in the Health Services National Implementation Plan 2015 – 2017* will be further developed this year. A key priority in this regard will be to ensure that performance indicators which reflect progress in its implementation begin to feature more explicitly within the formal accountability processes in place across the organisation, reflecting the HSE-wide commitment to the *Healthy Ireland* agenda.

The elements of the overall Accountability Framework are set out in graphic form below. The Health and Wellbeing response to this will be set out within its own Performance Management Framework early in quarter 1, 2017.

HSE Accountability Framework



Service Delivery

Key Result Area	No	DOP Action 2017	Measure of Performance	Target / Expected Activity 2017	Completion Date
Leading and supporting organisational response to *Healthy Ireland (HI)* implementation	1	Complete the development of *HI* implementation plans in the remaining three hospital Groups and all nine CHOs	Development of *HI* implementation plans	Implementation plans developed in remaining three Hospital Groups and all nine CHOs	Q4
	2	Develop and publish a progress report on implementation of *Healthy Ireland in the Health Services National Implementation 2015-2017*	Publication of report	Report published and disseminated	Q2
	3	Develop and enhance overall communications approach supporting *HI* implementation across the health service including the further development of the HSE *HI* website	No. of *HI* communications sessions delivered No. of visits to HSE *HI* website	Monitor no. of sessions delivered Monitor website traffic	Q3
	4	Contribute to the development of *HI* Workplace framework in partnership with the DoH	Development of a *HI* Workplace framework in partnership with the DoH	*HI* workplace framework developed	Q4
	5	Continue to support the Warmth and Wellbeing project in partnership with CHO 7 and Department of Health and Children	Provision of support / expert input	Input provided	Q4
	6	Healthy Schools: Implement the Healthy Schools action plan in all participating schools in conjunction with DOH and Department of Education and Skills (DES)	No. of participating schools implementing a Healthy Schools action plan	730 participating schools i.e. 570 primary schools and 160 secondary schools have implemented a Healthy Schools action plan	Q4

Key Result Area	No	DOP Action 2017	Measure of Performance	Target / Expected Activity 2017	Completion Date
Improving organisational effectiveness	7	Complete the development of, and agree a Target Operating Model (TOM) for the Health and Wellbeing Division and supporting implementation plan	(i) Completion of H&W TOM (ii) Development of H&W TOM implementation plan	(i) H&W TOM developed and agreed (ii) H&W TOM implementation plan developed and agreed	Q4
	8	Implement an organisational development plan for Health Promotion and Improvement (HP&I) services	Implementation of a HP&I organisational development plan	HP&I organisational development plan implemented	Ongoing
	9	Complete development of a workforce plan for Public Health including draft model of service delivery for consultation	Completion of workforce plan for Public Health and model of service agreed	Workforce plan completed and model of service agreed	Q3
	10	Develop and roll-out leadership development programme, in partnership with Learning and Development Unit, for the Health and Wellbeing Division	No. of staff completing the leadership development programme	27	Q3

Key Result Area	No	DOP Action 2017	Measure of Performance	Target / Expected Activity 2017	Completion Date
Improving Staff Health and Wellbeing	11	Support HR in the development of a staff health and wellbeing strategy and lead on the *HI* staff health and wellbeing elements	Development of a staff health and wellbeing strategy in partnership with HR	Staff health and wellbeing strategy developed	Q4
Improving chronic disease management (ICP)	12	Commence the development of the Integrated Care Programme (ICP) for the prevention and management of chronic disease	Formal approval of the ICP CD outline document	Outline document approved	Q1
	13	Finalise the chronic disease pathway	Finalisation of the chronic disease pathway	Chronic disease pathway finalised	Q4
	14	Expand the diabetes patient structured education service nationally	No. of patients who have completed a structured patient education programme for diabetes	2,440	Q4
Building capacity for Making Every Contact Count (MECC)	15	Progress the implementation of the Health Behaviour Change framework (MECC) on a phased basis in Hospital Groups and CHOs	Progression of the implementation of the MECC framework on a phased basis in Hospital Groups and CHOs	Framework progressed	Q4
	16	Implement the 2017 phase of the feasibility study for MECC' Demonstration Project with GPs in Carlow/Kilkenny with ICGP	Implementation of the 2017 phase of the feasibility study	2017 project milestones achieved	Q4 2018
	17	Develop an Innovative Blended Learning Training Package for MECC and a delivery plan for health professionals working in the health service	Development of an innovative blended learning training package for MECC and a delivery plan for health professionals working in the health service	Training package and delivery plan developed and available to health professional staff	Q4

Key Result Area	No	DOP Action 2017	Measure of Performance	Target / Expected Activity 2017	Completion Date
Building capacity for Making Every Contact Count (MECC)	18	Continue to support HSE / Higher Education Institutions (HEI) standard curriculum for chronic disease prevention through funding a Project Manager	Commencement of the delivery of a curriculum for chronic disease prevention by each HEI	Delivery commenced	Q3
	19	Develop resources and training to support HEI staff in teaching a standard curriculum for September 2017 to include online module for students	Development of resources and training to support HEI staff	Resources and training to support HEI staff developed	Q4
Building capacity for self-management support (SMS)	20	Commence implementation of the SMS framework on a phased basis in the Hospitals and CHOs, through the 9 SMS Co-ordinators at CHO level	Appointment of 9 SMS Co-ordinators at CHO level	9 SMS Co-ordinators appointed at CHO level	Q4
	21	Commence development of undergraduate curriculum for SMS with HEI	Commence development of undergraduate curriculum for SMS with HEI	Development underway	Q4
	22	Develop a community-based cardiac rehab programme in collaboration with CROI	Development of a cardiac rehab community based programme in collaboration with CROI	Cardiac rehab community based programme developed in collaboration with CROI	Q4

Key Result Area	No	DOP Action 2017	Measure of Performance	Target / Expected Activity 2017	Completion Date
Reducing the prevalence of smoking through implementing *Tobacco Free Ireland* Action Plan	23	Support the continued roll out of *the Tobacco Free Campus Policy* in Mental Health, and Social Care (Older Persons and Disability) and continue to support monitoring in other sites and services which have already implemented the policy	% of Units that have implemented the TFC policy	Residential units for older people (1-49, 50-99 and 100+ bed units) - 100% Mental health approved centres - 100% Mental health community residencies (High, medium, low support and continuing care) -100% Residential disability services - 100%	Q4
	24	Build capacity among frontline healthcare workers to screen and support smokers to quit	No. of staff trained in BISC	1,350 staff trained in BISC	Q4
	25	Offer intensive smoking cessation support to smokers through specialist services and the national QUIT team	(i) No. of smokers receiving intensive cessation support (ii) % of smokers enrolled in intensive cessation support programme quit at 4 weeks	(i) 13,000 smokers receiving intensive cessation support from a cessation counsellor either face-to-face, in a group, by phone or via HSE QUIT Team (ii) 45% of smokers enrolled in intensive cessation support programme quit at 4 weeks	Q4
	26	Continue to support the planning and delivery of the new re-developed QUIT campaign	(i) No. of contacts to QUIT Team (ii) No. of clients enrolling in QUIT programme	(i) 13,000 (ii) 5,788	Q4

Key Result Area	No	DOP Action 2017	Measure of Performance	Target / Expected Activity 2017	Completion Date
Reducing the prevalence of smoking through implementing *Tobacco Free Ireland* Action Plan	27	Commence the design and development of the Health Behaviour Change Patient Management system for smoking cessation services	Commencement of the design and development of the Health Behaviour Change Patient Management system for smoking cessation services	System designed and development commenced	Q4
	28	Complete secondary analysis of existing health datasets to inform progress on tobacco control and publish a tobacco control progress report	(i) Completion of a secondary analysis (ii) Development and publication of a Tobacco Control Progress Report	(i) Secondary Analysis complete (ii) Tobacco Control Report published	Q3
	29	Work with the DoH National Clinical Effectiveness Committee (NCEC) to progress the development of National Clinical Guidelines for the 'Treatment of Nicotine Addiction' (working title)	(i) Establishment of Guideline Development Group (ii) Production of draft guidelines and commence consultation process	(i) Guideline Development Group established (ii) Draft guidelines produced and consultation process commenced	Q4
Increasing the prevalence of physical activity, healthy diet and healthier weight through the work of the Healthy Eating and Active Living Programme	30	Implement and support key initial actions under the *A Healthy Weight for Ireland: Obesity Policy and Action Plan 2016–2025* and *National Physical Activity Plan for Ireland* through the Healthy Eating and Active Living Programme including the appointment of a clinical lead in obesity	Appointment of a clinical lead	Clinical lead appointed	Q3

Key Result Area	No	DOP Action 2017	Measure of Performance	Target / Expected Activity 2017	Completion Date
Increasing the prevalence of physical activity, healthy diet and healthier weight through the work of the Healthy Eating and Active Living Programme	31	Plan for the provision of enhanced community-based, weight-management programmes and specialist treatment services	Development of plans	Plans developed	Q2
	32	Embed an evidence based framework for the prevention of childhood obesity into CHO child health and Primary Care operating structures	Embed an evidence based framework for the prevention of childhood obesity	Framework embedded within the CHO child health and Primary Care operating structures	Q4
	33	Pilot HSE target operating model for national exercise referral framework process	Completion of pilot	Pilot completed	Q4
	34	Develop a whole school approach to food policy development workshops	Development of standardised one day training on whole school approach to food policy development	Standardised training developed	Ongoing
	35	Develop patient/client behaviour change resources in relation to diet and physical activity (to support Integrated Care Chronic Disease Programme - MECC-Brief Intervention and Self-Management Support work streams)	(i) Development of a booklet for adult Healthy Diet and Physical Activity (ii) Development of an online Physical Activity Engagement Resource	(i) Booklet for adult Healthy Diet and Physical Activity developed and disseminated (ii) Online Physical Activity Engagement Resource developed	Q4

Key Result Area	No	DOP Action 2017	Measure of Performance	Target / Expected Activity 2017	Completion Date
Increasing the prevalence of physical activity, healthy diet and healthier weight through the work of the Healthy Eating and Active Living Programme	36	Develop a social marketing campaign strategy to promote healthy eating and physical activity	Development of a social marketing campaign strategy to promote healthy eating and physical activity	A social marketing campaign strategy developed	Q4
	37	Support the implementation of healthier vending policy in Hospital Groups and CHOs	% of Hospital Groups and CHOs implementing healthier vending policy	100% of HGs / CHOs	Q4
	38	Support the delivery of structured community based cooking programmes (Healthy Food Made Easy and Cook It!)	No. of people participating in HSE funded community cooking programmes (Healthy Food Made Easy and Cook It!)	4,400 people participating in HSE funded community cooking programmes (Healthy Food Made Easy and Cook It!)	Q4
	39	Provide training in each CHO on the Nutrition Reference Pack for infant 0-12 months to all PHNs	% of PHNs with an infant case load trained	50% of all Public Health Nurses (approx 728 PHNs) with an infant case load will attend training	Q4
	40	Support the development and implementation of a HSE Hospital Food and Nutrition Policy in Acute Hospitals	Development and implementation of a HSE Hospital Food and Nutrition Policy in all Acute Hospitals, in collaboration with Acute Hospital Division	100% of Acute Hospitals have a HSE Hospital Food and Nutrition Policy developed and implemented	Q4
	41	Support the development and implementation of a National Clinical Guideline for identification and management of under-nutrition in Acute Hospitals	Development and implementation of a National Clinical Guideline for identification and management of under-nutrition in Acute Hospitals in collaboration with the Acute Hospital Division	100% of Acute Hospitals have developed and implemented the National Clinical Guideline for identification and management of under-nutrition	Q4

Key Result Area	No	DOP Action 2017	Measure of Performance	Target / Expected Activity 2017	Completion Date
	42	Continue to support the implementation of effective calorie posting in all Hospital Groups and on a phased basis within CHOs	(i) % of Hospital Groups that have completed calorie posting (ii) Identification and agreement of the CHO sites to be calorie posting on a phased basis in 2017	(i) 100% of Hospital Groups (ii) CHO sites identified and agreed	Q4
Improving outcomes for children through implementation of the National Healthy Childhood programme	43	Continue the implementation of the National Healthy Childhood Programme including the development of assessment tools, training and standards to support service delivery	Reported progress against implementation across a range of work streams	Progress reported	Q4
	44	Continue the implementation of the Nurture Programme-Infant Health and Wellbeing through relevant implementation teams	(i) Agreement of framework to embed work stream outputs and engagement with parents (ii) Delivery of child health website (iii) Development and rollout of two online training modules (Child Safety and Child Nutrition) to Public Health Nurses, Community Doctors and Practice Nurses (iv) Completion of an Infant Mental Health staff awareness campaign	(i) Framework agreed (ii) Website delivered (iii) Two online training modules developed, rolled out and uptake monitored (iv) Campaign completed	Q4

Key Result Area	No	DOP Action 2017	Measure of Performance	Target / Expected Activity 2017	Completion Date
Improving outcomes for children through implementation of the National Healthy Childhood programme	45	Continue to engage with internal and external stakeholders to position child health and wellbeing as a key aspect of public policy	(i) Development of a common child health agenda through collaborative engagement with the HSE CYPSC representatives (ii) Establishment of a Child Advocacy Group in partnership with the RCPI (iii) Identification of work streams with TUSLA and commencement of implementation in common priority areas	(i) Data set agreed (ii) Advocacy group established (iii) Work streams identified and implemented	Q4
	46	Collaborate with the Integrated Care Programme for Children and the Paediatric and Neonatology Clinical Programme to optimise outputs from related work streams	Support, in collaboration with the ICP, in respect of screening for developmental dysplasia of the hip, implementation of standardised growth monitoring and implementation of a standard newborn physical examination	Support provided	Q4
	47	Maintain the existing level of service of Triple P training and extend with partners to remaining counties of CHO 8 in line with available resources	Number of training places offered to parents (Level 1-Level 4 courses) in Laois Offaly Longford Westmeath	4,000	Q4
	48	Breastfeeding: Support the phased implementation of the *Breastfeeding Action Plan 2016 – 2021*	(i) % of babies breastfed (exclusively and not exclusively) at first PHN visit (ii) % of babies breastfed (exclusively and not exclusively) at 3 month PHN developmental check	(i) 58% at first PHN visit (ii) 40% at 3 month PHN developmental check	Q4

Key Result Area	No	DOP Action 2017	Measure of Performance	Target / Expected Activity 2017	Completion Date
Reducing alcohol consumption and related harms	49	Complete the priority actions of the three-year alcohol implementation plan to reduce alcohol consumption and related harms incorporating actions from the National Substance Misuse report and aligned to new legislation	(i) Completion and launch of alcohol risk website (ii) Development of action plan to support data and research priorities	(i) Alcohol risk website completed and launched (ii) Action plan to support data and research priorities developed	Q4
	50	Support the development of the provisions of the Public Health (Alcohol) Bill in partnership with the DoH	Development of guidance and training documents	Guidance and training documents completed	Q4
Promoting improved levels of Wellbeing and Mental Health	51	*Connecting for Life*: Continue the development of a National Mental Health Promotion plan in collaboration with DoH	Development of a National Mental Health Promotion Plan	National Mental Health Promotion Plan developed	Q2
Improving outcomes and raising awareness of Dementia through the implementation of the *National Dementia Strategy*	52	Build a network of local and national partnerships under Dementia UnderStand Together campaign to increase awareness, and create compassionate inclusive communities for people with dementia and their carers	No. of local and national partnership plans developed and agreed under the Dementia UnderStand Together campaign	10 plans developed	Q4
Improving the health, wellbeing and quality of people's lives through implementation of the Positive Ageing Programme	53	Development of a 5-year research strategy for healthy and positive ageing under the Healthy and Positive Ageing Initiative (HaPAI), integrated with key research partners	Development of a 5-year research strategy	5-year research strategy developed	Q1
	54	Publication of a research call to support positive and healthy ageing	(i) Publication of funding call (ii) Awarding of contracts	(i) Funding call published (ii) Contracts awarded	(i) Q1 (ii) Q3
Improving Sexual Health outcomes within the population	55	Implement the 2017 priority actions from *the Sexual Health Strategy 2015-2020* including the commencement of work on a National PrEP (pre-exposure prophylaxis) Demonstration Project and the continued roll-out of HPV vaccine to at risk groups	Implementation of the 2017 priority actions from the *Sexual Health Strategy 2015-2020*	Priority actions for 2017 implemented	Q4

Key Result Area	No	DOP Action 2017	Measure of Performance	Target / Expected Activity 2017	Completion Date
Delivering high impact evidence based communication and education campaigns	56	Support the development and introduction of new and existing communication campaigns including; Dementia; Alcohol; Healthy Eating and Active Living; QUIT; Sexual Health and National Screening Programmes	No. of new and existing campaigns developed and delivered	New and existing campaigns developed and delivered	Q4
Delivering and maintaining screening programmes to targeted population groups	57	BreastCheck Programme: Deliver subsequent round screening in line with available resources to eligible women aged 50-64 years and maximise uptake amongst the eligible population	No. of eligible women invited; participating and screened aged 50-64 years	(i) Invite 206,000 women aged 50-64 years (ii) Screen 144,000 women aged 50-64 years (iii) Expected uptake rate >70%	Q4
	58	BreastCheck Programme (Age Extension): Implement current phase of age-extension to eligible women aged 65-69 years and maintain uptake amongst the eligible population	No. of eligible women invited; participating and screened aged 65-69 years	(i) Invite 15,700 women aged 65-69 years (ii) Screen 11,000 women aged 65-69 years (iii) Expected uptake rate >70%	Q4
	59	BreastCheck Programme: Ensure women with detected abnormalities found during screening are assessed in a BreastCheck assessment clinic	% women offered an appointment for assessment Clinic within 2 weeks of notification of abnormal mammographic result	>90%	Q4
	60	BreastCheck Programme: Ensure women are invited for screening within 24 months of becoming eligible or since their last screening appointment	% women invited for screening within 24 months of becoming eligible or since their last screening appointment	>90%	Q4
	61	CervicalCheck Programme: Deliver subsequent round screening in line with available resources and maintain coverage rate of screening amongst the eligible population	(i) No. of unique women who have had one or more smear tests in a primary care setting (ii) % eligible women with at least one satisfactory CervicalCheck screening in a 5 year period	(i) 242,000 women (ii) >80% (by Q4 2017)	Q4

Key Result Area	No	DOP Action 2017	Measure of Performance	Target / Expected Activity 2017	Completion Date
Delivering and maintaining screening programmes to targeted population groups	62	CervicalCheck Programme: Ensure women who have had a management recommendation of urgent referral to colposcopy are given an appointment within two weeks	% urgent cases offered a colposcopy appointment within two weeks of receipt of letter in the clinic	Urgent >95% (2 weeks)	Q4
	63	BowelScreen Programme: Continue the 2 year Bowelscreen round in line with available resources to the eligible population aged 60-69 years and maintain target uptake amongst the eligible population	(i) No. of clients who have completed a satisfactory FIT test (ii) % of client uptake rate	(i) Screen 106,875 people (ii) Expected uptake rate >45% (by end of 2017)	Q4
	64	Diabetic RetinaScreen Programme: Continue annual screening for eligible population within available resources and maintain the uptake of retinal screening amongst the eligible population	(i) No. of clients screened with final grading result (ii) % client uptake rate (iii) % of clients who are issued a result within 3 weeks	(i) 87,000 screened and final graded (ii) >56% (iii) >95%	Q4
	65	Develop and implement a research strategy for National Screening Programmes	(i) Identification of suitable external partners (ii) Increase publications of research papers in peer-reviewed journals (iii) Production of research strategy	(i) Suitable external partners identified (ii) Publications of research papers increased (iii) Strategy produced	Q4
	66	National Screening Programmes: Review, resource, design and deliver high impact, evidence-based communication and education campaigns across TV, Radio, Print Media and Digital Media – Facebook and Twitter, which encourage the eligible population to avail of our screening services	Maintaining or improving uptake across all the screening programmes through evidence-based research culminating in targeted campaigns to encourage the eligible population to avail of screening services	(i) BreastCheck: >70% (ii) CervicalCheck: >80% (by Q4 2017) (iii) BowelScreen: >45% (by end of 2017) (iv) DiabeticRetina Screen: >56%	Q4

Key Result Area	No	DOP Action 2017	Measure of Performance	Target / Expected Activity 2017	Completion Date
Strengthening public health protection	67	Provide epidemiological expertise, advice and support to Hospital Groups and CHOs	% Hospital Groups and CHOs supported	100% HGs/CHOs	Q4
	68	Provide epidemiological expertise, advice and support to external stakeholders and provide statutory surveillance, management investigation and control of infectious diseases	Report trends in infectious diseases	Not Applicable	Ongoing
	69	Provide responses and increase capacity to address public health incidents including outbreaks of infectious disease, chemical, radiation and environmental incidents	(i) No. of infectious disease (ID) outbreaks notified under the national ID reporting schedule (ii) No. of individual outbreak associated cases of infectious disease (ID) notified under the national ID reporting schedule	(i) 500 Outbreaks (ii) 5,090 individual outbreak cases	Q4
	70	Continue collaborative working with external drinking water agencies to protect the health of the public	Progression of inter-agency collaborative working during 2017 and completion of an inter-agency position paper on pesticides	Inter-agency collaboration progressed and position paper on pesticides completed	Q4
	71	Contribute to the work of the Climate Change Advisory Council's multidisciplinary Adaptation Committee on matters relating to climate change adaptation and the development of Ireland's National Adaptation Framework for the health sector	Contribution to Health Sector Climate Change Adaptation Plan	Health Sector Climate Change Adaptation Plan produced (DoH)	Q4
	72	Contribute to HSE Bathing Water and Health Guidance	(i) Production of HSE Bathing Water and Health Guidance for 2017 (ii) Update HSE Public Health Bathing Water web pages	(i) HSE Bathing Water and Health Guidance for 2017 produced (ii) HSE Public Health Bathing Water web pages updated	Q4

Key Result Area	No	DOP Action 2017	Measure of Performance	Target / Expected Activity 2017	Completion Date
Strengthening public health protection	73	Continue collaborative working with relevant government departments in relation to implementation of the national lead strategy	Adoption of standardised approach to minimising lead in drinking water.	Standardised approach adopted	Q4
	74	Participate with HSE and external agencies to develop and review guidelines (including protocols) which protect the public from threats to their health and wellbeing	New clinical guidelines produced and existing clinical guidelines reviewed according to agreed timescale	Produce clinical guidelines in a timely manner	Q4
	75	Develop an improved model of care for tuberculosis control	Develop an improved model of care document for tuberculosis	Improved model of care document for tuberculosis developed	Q4
Strengthening organisational response to Healthcare Associated Infection / Antimicrobial Resistance	76	Provide overall co-ordination across the health service for capacity building for the prevention, surveillance and management of HCAI and Antimicrobial Resistance (AMR) and the implementation of an agreed action plan for HCAI/AMR in line with new governance structures and available resources	Implementation of an agreed action plan	Action plan implemented	Q1-Q4
	77	Support the development and implementation of relevant national clinical guidelines and audits for asthma, chronic obstructive pulmonary disease, diabetes, HCAI, under-nutrition, hepatitis C screening and smoking cessation	Development of guidelines	Guidelines developed and implemented	Q4
	78	Support the development and implementation of Ireland's forthcoming Global Action Plan for AMR	Support implementation of the Global Action Plan for AMR on a phased basis in Hospital Groups and CHOs	Support provided	Q1-Q4
	79	Collect and collate KPI data on agreed KPIs for HCAI/AMR and develop two additional KPIs	(i) Reporting HCAI / AMR KPI data during 2017 (ii) Development of two new HCAI / AMR KPIs during 2017	(i) HCAI/AMR KPI data routinely reported during 2017 (ii) Two new HCAI / AMR KPIs developed during 2017	Q1-Q4

Key Result Area	No	DOP Action 2017	Measure of Performance	Target / Expected Activity 2017	Completion Date
Strengthening organisational response to Healthcare Associated Infections / Antimicrobial Resistance	80	Develop and disseminate a KPI to monitor the implementation of the Antimicrobial Restriction Policy in Acute Hospitals	Development and implementation of a KPI to monitor the prescribing of antimicrobials on the restricted list in all Acute Hospitals	100% of Acute Hospitals	Q3
	81	Develop an implementation plan for real time surveillance of emerging AMR threats in line with international benchmarks	Implementation plan developed	Implementation plan developed	Q4
	82	Introduce intersectoral AMR (antimicrobial resistance) and antimicrobial consumption surveillance, to produce an annual national report	% of relevant human, animal and food data relating to AMR incorporated into a National Annual Report	80%	Q4
Augmenting existing immunisation responses to and uptake in target populations	83	Immunisation: Work with CHOs and Heads of Health and Wellbeing to develop a revised child health and immunisation model for implementation in the context of the Immunisation Review	Revised child health and immunisation model developed	Revised child health and immunisation model developed	Q4
	84	Improve national primary childhood immunisation uptake rates in partnership with Primary Care and all CHOs, targeting areas of lowest uptake	% uptake rates	Targets - 95% (DTaP, IPV, Hib Hep B , PCV, Men C) 95% (4 in 1, MMR, Tdap, MenC) and 85% HPV for all CHOs	Q4

Key Result Area	No	DOP Action 2017	Measure of Performance	Target / Expected Activity 2017	Completion Date
Augmenting existing immunisation responses to and uptake in target populations	85	Complete implementation of the Rotavirus and Men B vaccination programmes within available resources	% uptake rate	Target 95% for both Rotavirus and Men B - Uptake rates will be available in Q4 2018	Q4
	86	Improve influenza uptake rate amongst persons aged 65 and over and in "key at risk groups"	% uptake rate	Target 75%	Q4
	87	Further develop organisational response to influenza to improve influenza vaccine uptake rates amongst staff in frontline settings (acute and long term care facilities in the community) through enhanced planning and preparedness	% uptake rate of healthcare workers who have received seasonal flu vaccine in the 2016-2017 Influenza season in; (i) Acute hospitals (ii) Long term care facilities in the community (iii) Development of plan	(i) Target 40% (ii) Target 40% (iii) Plan developed	Q2 Q2
	88	Complete pandemic vaccine advance purchase agreement (APA) with key stakeholders	Completion of APA	APA completed	Q4
Augmenting existing immunisation responses to and uptake in target populations	89	National Immunisation and Child Health Information System (NICIS): Progress planning for design and implementation of NICIS	(i) Align the NICIS and Electronic Health Record (EHR) projects (ii) Establish appropriate project governance structure (iii) Agree NICIS project plan	(i) NICIS and EHR projects aligned (ii) NICIS project governance structure established (iii) NICIS project plan agreed	Q4

Key Result Area	No	DOP Action 2017	Measure of Performance	Target / Expected Activity 2017	Completion Date
Enforcing HSE statutory responsibilities	90	Enforce HSE environmental health tobacco control statutory responsibilities focusing on areas of greatest non-compliance and new tobacco control legislation	(i) No. of initial tobacco sales to minors test purchase inspections carried out (ii) % of initial tobacco sales to minors test purchase inspections carried out which had compliant inspection outcome (iii) % of electronic cigarette and/or refill container safety, conformance and/or quality notifications actioned as required	(i) 384 initial inspections (ii) 82% compliance (iii) 100% of notifications actioned as required	Q4
	91	Implement the HSE Food Safety Authority of Ireland (FSAI) Service Contract 2016 – 2018	No. official food control planned and planned surveillance inspections of food businesses	33,000	Q4
	92	Undertake a sun bed test purchase and mystery shopper inspection programme under the Public Health (Sunbeds) Act 2014	(i) No. test purchase inspections completed under the Public Health (Sunbeds) Act 2014 (ii) No. mystery shopper inspections completed under the Public Health (Sunbeds) Act 2014	(i) 32 test purchase inspections completed (ii) 32 mystery shopper inspections completed	Q4
	93	Support the development of the provisions of the Health and Wellbeing (Healthy Workplaces and Calorie Posting) Bill 2016 in partnership with the DoH	Contribute as required to the drafting of the Heads of the Health and Wellbeing (Healthy Workplaces and Calorie Posting) Bill 2016, draft related guidance and complete training on the new legislation	(i) Support completion of Heads of Bill (ii) Guidance produced and training completed	Q4

Key Result Area	No	DOP Action 2017	Measure of Performance	Target / Expected Activity 2017	Completion Date
Enforcing HSE statutory responsibilities	94	Carry out sampling of drinking water supplies to assess compliance with fluoridation limits	No. of drinking water samples taken to assess fluoride parameter compliance	2,628	Q4
	95	Respond to all consultation requests from planning authorities for developments accompanied by Environmental Impact Statements	% of consultation requests by planning authorities for developments accompanied by an environmental impact statement receiving a response	100%	Q4
	96	Complete risk assessment of environmental health complaints received from the public by the EHS within one working day	% of environmental health complaints from the public risk assessed within one working day	95%	Q4
Strengthening of knowledge management capacity and capability	97	Provide and further develop Research and Knowledge Management services, including increasing the number of formal research partnerships to build a larger, cross-sectoral agenda for health and wellbeing research	(i) Provision of required research and knowledge services; supports; and products (ii) Establishment of research partnerships	(i) Research and knowledge services; supports; and products provided (ii) Research partnerships established	Q4
	98	Build on the Planning for Health Services series of publications and develop CHO planning papers	Completion and dissemination of planning related papers/reports	Planning papers/reports completed and disseminated	Q4
	99	Progress the transformation, and complete the operational consolidation, of Health Library Services within available resources	(i) Progression of the transformation of the service (ii) Completion of operational consolidation	(i) Transformation progressed (ii) Operational consolidation completed	Q4

Key Result Area	No	DOP Action 2017	Measure of Performance	Target / Expected Activity 2017	Completion Date
Strengthening of knowledge management capacity and capability	100	Complete and enable implementation of further modules of Health Atlas Ireland system	Development and implementation of new and existing modules of the Health Atlas Ireland system	New and existing modules of the Health Atlas Ireland system developed and implemented	Q4
Advancing cross-sectoral and interagency work to support improved health and wellbeing	101	Continue to support HSE representatives on Local Community Development Committees (LCDCs) in partnership with other Service Divisions and CHOs, to build capacity and ensure consistency in approach across the HSE in line with National Policies and Plans	No. of national networking events for HSE representatives convened	2	Q4
	102	Implement pilot Health sustainability projects in selected sites within the Health and Wellbeing Division to support and inform the HSE Sustainability Strategy for Health, working with the National Health Sustainability Office (NHSO) to ensure a Health and Wellbeing agenda is addressed	Completion of pilot project in selected sites	Pilot project completed in selected sites and report completed	Q4
Improving integrated planning, performance management and oversight capability within the Division	103	Update and disseminate the Health and Wellbeing Performance Management Framework to reflect learning from 2016 and reporting arrangements planned for 2017	Revision of Performance Management Framework	Revised framework updated and disseminated	Q1
	104	Review measures and indicators currently in place across Health and Wellbeing to assess alignment with strategic priorities	Review and assess KPIs	KPIs reviewed and assessed	Q3
	105	Enhance the overall capability of the organisation to exercise oversight to the implementation of *HI*	Implementation of Monitoring and Outcomes Framework	Monitoring and Outcomes Framework implemented	Q2 – Q4

Key Result Area	No	DOP Action 2017	Measure of Performance	Target / Expected Activity 2017	Completion Date
Improving integrated planning, performance management and oversight capability within the Division	106	Implement the new performance achievement system in two pilot sites within Health and Wellbeing (NSS and EH) in line with the agreed model	Implementation of new performance achievement system	New performance achievement system implemented	Q1-Q4
	107	Continue the development of the HR/Payroll/Finance reporting dashboard enabled by the business warehouse system in partnership with HBS	Development of the HR/Payroll/Finance reporting dashboard	HR/Payroll/Finance reporting dashboard developed	Q1-Q4
	108	Continue the enhancement of the SAP HR structure to further support the reporting capabilities of the Health and Wellbeing Division	Development and enhancement of the SAP HR structure	SAP HR structure developed and enhanced	Q1-Q4
	109	Improve absenteeism reporting across the Health and Wellbeing Division by focusing on those areas not currently reporting	Improvement in absenteeism reporting	Absenteeism reporting improved	Q1-Q4
Enhancing responses to Quality and Patient Safety	110	Lead out on the development, dissemination and implementation of a Quality Profile Framework for Health and Wellbeing services and functions	Development, dissemination and implementation of a Quality Profile Framework	Quality Profile framework developed, disseminated and implemented	Q4
	111	Increase the no. of Quality KPIs developed and used in partnership with the Quality Improvement Division	No. of additional Quality KPIs	Increase the no. of Quality KPIs	Q4
Enhancing risk management capability	112	Continue to build risk management capability within Health and Wellbeing to support implementation of the HSE Integrated Risk Management Policy	Enhancement of risk management capability within Health and Wellbeing	Risk management capability within Health and Wellbeing enhanced	Q1-Q4

Appendices

Appendix 1: Financial Tables

Table 1: Income and Expenditure 2017 Allocation Gross

Division / Service Area	2016 Budget €m	2017 Budget €m	Increase €m	Increase %	Gross Budget €m	Income €m	Net Budget €m
Operational Service Areas							
Health and Wellbeing	**223.9**	**233.3**	**9.4**	**4.2%**	*239.1*	*(5.8)*	*233.3*
Total Budget	**223.9**	**233.3**	**9.4**	**4.2%**	*239.1*	*(5.8)*	*233.3*

Table 2: *Net* Income & Expenditure Budget Allocation for 2017

	Pay €m	Non Pay €m	Income €m	Net I&E €m
Health & Wellbeing Budget: NSP 2017	***98.7***	***140.4***	***(5.8)***	***233.3***
Budget transfers from H&W	*(0.5)*	*(25.7)*	*0.0*	*(26.2)*
Budget transfers to H&W	*2.8*	*2.7*	*0.0*	*5.4*
Health & Wellbeing Budget: DOP 2017	**100.9**	**117.4**	**(5.8)**	**212.5**

Note: The figures in tables 1 and 2 above have been rounded for illustrative purposes

Additional Notes

Table 2 includes;

- Once off budget transfers from the Health & Wellbeing Division to the Acute Hospital Division totalling €18.2m and the Communications Division totalling €6.4m for the delivery of specified services in 2017
- A budget transfer of €4.0m in respect of the transition of Library Services into the Health and Wellbeing Division nationally. A budget transfer of €1.5m into Health and Wellbeing from the Clinical Strategies and Programmes Division to fund the delivery of agreed initiatives in 2017
- Centrally held funding in the Office of the National Director for developments which will be allocated to the relevant operational services during 2017 as developments commence in line with projected profile
- Funding for internally commissioned services that requires the Division to make further allocations during 2017

Table 2 does not include;

- Environmental Health service funding being allocated in the REV to support the implementation of the Tobacco Products Directive (€0.250m budget increase)
- Any other allocations which will be made by the division later in 2017 which are yet to be agreed

From a budgetary management perspective, Health and Wellbeing will continue to engage with other Divisions to ensure staff are aligned correctly e.g. re-alignment of Local Health & Wellbeing services to the Primary Care Division.

Table 3: 2017 Budget by Service – Pay, Non Pay and Income

Health & Wellbeing Division	Pay	Non Pay	Income	Net I&E
By Service	**€m**	**€m**	**€m**	**€m**
National Cancer Screening Service	20.7	39.0	(0.6)	59.1
Environmental Health	34.1	10.0	(3.6)	40.4
National Tobacco Control Office	0.2	0.1	-	0.3
Public Health	15.6	1.5	-	17.0
Health Protection Vaccines	0.8	35.8	-	36.6
Health Surveillance Protection Service	2.9	1.0	(0.2)	3.7
Health Promotion and Improvement	9.3	8.1	(0.3)	17.1
Crisis Pregnancy Programme	0.5	5.5	-	5.9
Health & Wellbeing National Directors Office	5.6	10.3	-	15.8
Health & Wellbeing Local	7.3	2.0	(0.9)	8.4
Health Intelligence	1.2	1.2	-	2.4
Library Services	2.3	2.0	-	4.3
Clinical Strategy & Programmes Funding	0.6	0.9	-	1.5
Total	**101.0**	**117.4**	**(5.8)**	**212.5**

Note: The figures in table 3 above have been rounded for illustrative purposes

Appendix 2: HR Information

Health and Wellbeing Workforce Numbers by Staff Category

Division	Medical / Dental	Nursing	Health and Social Care	Management / Admin	General Support Staff	Patient and Client Care	WTE Sept 2016	Projected Dec 2016
Health and Wellbeing	**164**	**36**	**670**	**414**	**12**	**60**	**1,355**	**1,390**
Total Health Service Staffing	**9,587**	**35,534**	**15,109**	**16,554**	**9,444**	**19,658**	**105,886**	**106,600**
% Total	**1.71%**	**0.1%**	**4.43%**	**2.5%**	**0.13%**	**0.31%**	**1.26%**	**1.28%**

Source: Health Service Personnel Census. These figures have been adjusted to reflect the project December outturn and may be adjusted again upon the completion of the Pay and Numbers modelling exercise underway.

Note: All figures expressed as whole-time equivalents.

Appendix 3: National Scorecard

Quality and Safety

All Divisions
- Serious reportable events (SREs): investigations completed within 120 days
- Complaints investigated within 30 working days

Health and Wellbeing
- Environmental Health: food inspections

Community Healthcare
Primary Care services
- Community Intervention Teams
- Child Health

Mental Health services
- CAMHs: admission of children to CAMHs inpatient units
- CAMHs: bed days used

Social Care services
- Safeguarding and screening
- HIQA inspection compliance

National Ambulance Service
- ECHO and DELTA: allocation of resource within 90 seconds
- ROSC

Acute Hospitals
- HCAI rates: Staph. Aureus and C. Difficile
- ED experience: patients who leave before completion of treatment
- Urgent colonoscopy: within four weeks
- Patient Safety: NEWS, iMEWS and Maternity Safety Statements
- Readmission rates: surgical, medical
- Surgery: timely treatment of hip fracture
- LOS: surgical, medical
- Cancer: radiotherapy commencement of treatment $\leq$ 15 working days

Access

Health and Wellbeing
- Screening (breast, bowel, cervical and diabetic retina): uptake

Community Healthcare
Primary Care services
- Medical card: turnaround within 15 days
- Therapy waiting lists: access within 52 weeks
- Palliative services: inpatient and community services
- Substance misuse: commencement of treatment for under and over 18 years of age.

Mental Health services
- CAMHs: access to first appointment with 12 months
- Adult mental health: time to first seen
- Psychiatry of old age: time to first seen

Social Care: Services for Older People
- Home care services
- NHSS: no. of persons funded
- Delayed discharges

Social Care: Disability Services
- Disability service: 0-18 years
- *Disability Act* compliance
- Congregated settings
- Supports in the community: PA hours and home support

National Ambulance Service
- Response times (ECHO and DELTA)

Acute Hospitals
- Routine colonoscopy: within 13 weeks
- Elective laparoscopic cholecystectomy
- Emergency department patient experience time - PET
- Waiting times for procedures
- Delayed discharges
- Cancer: urgent breast cancer referrals seen within two weeks
  Lung cancer referrals seen within 10 working days
  Prostate cancer referrals seen within 20 working days

National Ambulance Service and Acute Hospitals
- Ambulance: timely clearance from hospitals

Finance, Governance and Compliance

All Divisions
- Pay and non-pay control
- Income management
- Service arrangements
- Audit recommendations (internal and external)
- Reputational governance and communications stewardship

Workforce

All Divisions
- Staffing Levels
- Absence

Acute Hospitals / Mental Health services
- EWTD shifts: < 24 hour
- EWTD: < 48 hour working week

Appendix 3: Health and Wellbeing Balanced Scorecard

Health and Wellbeing				
Indicator	Reporting Frequency	NSP 2016 Target	Projected Outturn 2016	NSP 2017 Target
National Screening Service **BreastCheck** % BreastCheck screening uptake rate	Q	> 70%	70%	> 70%
% women offered hospital admission for treatment within three weeks of diagnosis of breast cancer	Bi-annual	> 90%	93.1%	> 90%
CervicalCheck % eligible women with at least one satisfactory CervicalCheck screening in a five year period	Q	> 80%	78.9%	> 80%
BowelScreen % of client uptake rate in the BowelScreen programme	Q	> 45%	40%	> 45%
Diabetic RetinaScreen % Diabetic RetinaScreen uptake rate	Q	> 56%	56%	> 56%
Tobacco % of smokers on cessation programmes who were quit at one month	Q	45%	49%	45%
Immunisation % of healthcare workers who have received seasonal flu vaccine in the *current influenza season (acute hospitals) ** The current influenza season is Sept '16 to Apr '17*	A	40%	22.5%	40%
% of healthcare workers who have received seasonal flu vaccine in the *current influenza season (long term care facilities in the community) ** The current influenza season is Sept '16 to Apr '17*	A	40%	26.6%	40%
% uptake in flu vaccine for those aged 65 and older with a medical card or GP visit card	A	75%	55.4%	75%
% children aged 24 months who have received three doses of the 6-in-1 vaccine	Q	95%	94.9%	95%
% children aged 24 months who have received the measles, mumps, rubella (MMR) vaccine	Q	95%	92.7%	95%
% of first year girls who have received two doses of HPV vaccine	A	85%	70%	85%

Appendix 4: Performance Indicator Suite

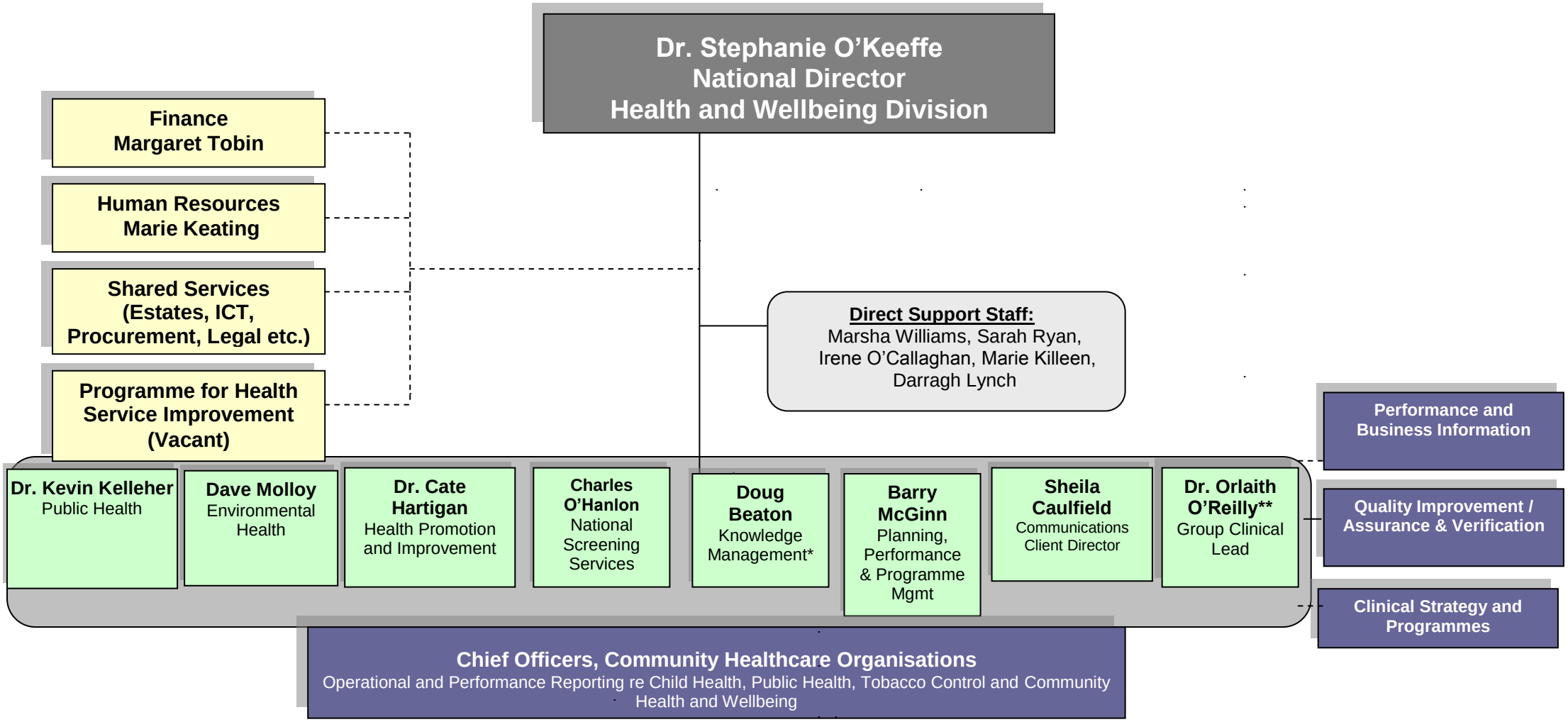
Health and Wellbeing

Key Performance Indicators (KPIs)	Reporting Frequency	NSP 2016 Target	Projected Outturn 2016	NSP 2017 Target
No. of women in the eligible population who have had a complete mammogram	Monthly	149,500	144,500	155,000
No. of women aged 50-64 who have had a complete mammogram	Monthly	144,000	131,976	144,000
No. of women aged 65+ who have had a complete mammogram	Monthly	5,500	12,418	11,000
No. of initial women who have had a complete mammogram	Monthly	No target	23,518	No target
No. of subsequent women who have had mammogram screening	Monthly	No target	120,982	No target
% BreastCheck screening uptake rate	Quarterly 1 Qtr in arrears	>70%	>70%	>70%
% women offered an appointment for Assessment Clinic within 2 weeks of notification of abnormal mammographic result	Quarterly 1 Qtr in arrears	>90%	97.6%	>90%
% women offered hospital admission for treatment within 3 weeks of diagnosis of breast cancer	Bi Annually 1 Qtr in arrears	>90%	93.1%	>90%
% of initial women recalled for assessment following mammogram screening	Monthly	<7%	9.8%	<7%
% of subsequent women recalled for assessment following mammogram screening	Monthly	<5%	3.4%	<5%
% eligible women invited for screening within 24 months	Monthly 1 Mth in arrears	New KPI 2017	New KPI 2017	>90%
No. of unique women who have had one or more smear tests in a primary care setting	Monthly	255,000	250,000	242,000
% eligible women with at least one satisfactory CervicalCheck screening in a 5 year period	Quarterly 1 Qtr in arrears	>80%	78.9	>80%
% of clients who are issued CervicalCheck results within 4 weeks	Quarterly	>90%	69.2%	>90%
% urgent cases offered a Colposcopy appointment within 2 weeks of receipt of letter in the clinic	Monthly	>90%	100.0%	>95%
Average high grade times from referral to first offered colposcopy appointment within 4 weeks	Monthly	>90%	90.0%	>90%
Average low grade times from referral to first offered colposcopy appointment within 8 weeks	Monthly	>90%	93.0%	>90%
No. of clients who have completed a satisfactory BowelScreen FIT test	Monthly	106,875	110,500	106,875
% of client uptake rate in the BowelScreen programme	Quarterly 1 Qtr in arrears	>45%	>40%	>45%
No. of Diabetic RetinaScreen clients screened with final grading result	Monthly	87,000	87,000	87,000
% Diabetic RetinaScreen uptake rate	Quarterly 1 Qtr in arrears	>56%	>56%	>56%
% of clients who are issued a Diabetic RetinaScreen result within 3 weeks	Quarterly	>95%	100%	>95%

Health and Wellbeing				
Key Performance Indicators (KPIs) - continued	Reporting Frequency	NSP 2016 Target	Projected Outturn 2016	NSP 2017 Target
No. of initial tobacco sales to minors test purchase inspections carried out	Quarterly	384	384	384
% of initial tobacco test purchases carried out which had compliant inspection outcome	Quarterly	79%	88.1%	82%
No. of test purchase inspections completed *Public Health (Sunbeds) Act 2014*	Quarterly	32	32	32
No. of mystery shopper inspections completed *Public Health (Sunbeds) Act 2014*	Quarterly	32	32	32
No. of official food control planned, and planned surveillance inspections of food businesses	Quarterly	33,000	33,606	33,000
% of official food control planned inspections and planned surveillance inspection outcomes which were unsatisfactory	Quarterly	<25%	21.9%	<25%
% of environmental health complaints from the public risk assessed within one working day	Quarterly	95%	87.7%	95%
No. of drinking water samples taken to access fluoride parameter compliance	Quarterly	New KPI 2017	New KPI 2017	2,628
% of consultation requests by planning authorities for developments accompanied by an Environmental Impact Statement receiving a response	Quarterly	New KPI 2017	New KPI 2017	100%
% of electronic cigarette and/or refill container safety conformance and/or quality notifications actioned as required	Quarterly	New KPI 2017	New KPI 2017	100%
No. of smokers who received intensive cessation support from a cessation counsellor	Monthly	11,500	14,500	13,000
No. of frontline staff trained in brief intervention smoking cessation	Monthly	1,350	1,350	1,350
% of smokers on cessation programmes who were quit at one month	Quarterly 1 Qtr in arrears	45%	49.0%	45%
No. of 5k Parkruns completed by the general public in community settings	Monthly	150,000	266,376	240,000
No. of unique runners completing a 5k parkrun	Monthly	New KPI 2017	New KPI 2017	138,000
No. of unique new first time runners completing a 5k parkrun	Monthly	New KPI 2017	New KPI 2017	47,000
% of primary schools trained to participate in the after schools activity programme - Be Active	Quarterly	20%	20.8%	25%
% of preschools participating in Smart Start	Quarterly	15%	19.0%	20%
No. of people attending a structured community based healthy cooking programme	Monthly	4,400	6,364	4,400
% of PHNs trained by dieticians in the Nutrition Reference Pack for Infants 0-12 months	Quarterly	50%	0	50%
No. of people who have completed a structured patient education programme for diabetes	Monthly	2,200	2,200	2,440

Health and Wellbeing				
Key Performance Indicators (KPIs) - continued	Reporting Frequency	NSP 2016 Target	Projected Outturn 2016	NSP 2017 Target
% 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)	Quarterly 1 Qtr in arrears	95%	91.6%	95%
% children at 12 months of age who have received two doses of the Pneumococcal Conjugate vaccine (PCV2)	Quarterly 1 Qtr in arrears	95%	91.2%	95%
% children at 12 months of age who have received 1 dose of the Meningococcal group C vaccine (MenC1)	Quarterly 1 Qtr in arrears	95%	90.2%	95%
% children aged 24 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)	Quarterly 1 Qtr in arrears	95%	94.9%	95%
% children aged 24 months who have received 3 doses Meningococcal C (MenC3) vaccine (2 doses from Q3)	Quarterly 1 Qtr in arrears	95%	87.2%	95%
% children aged 24 months who have received 1 dose Haemophilus influenzae type B (Hib) vaccine	Quarterly 1 Qtr in arrears	95%	91.0%	95%
% children aged 24 months who have received 3 doses Pneumococcal Conjugate (PCV3) vaccine	Quarterly 1 Qtr in arrears	95%	91.4%	95%
% children aged 24 months who have received the Measles, Mumps, Rubella (MMR) vaccine	Quarterly 1 Qtr in arrears	95%	92.7%	95%
% children in junior infants who have received 1 dose 4-in-1 vaccine (Diphtheria, Tetanus, Polio, Pertussis)	Annual	95%	91.5%	95%
% children in junior infants who have received 1 dose Measles, Mumps, Rubella (MMR) vaccine	Annual	95%	91.4%	95%
% first year students who have received 1 dose Tetanus, low dose Diphtheria, Acellular Pertussis (Tdap) vaccine	Annual	95%	85.0%	95%
% of first year girls who have received two doses of HPV Vaccine	Annual	85%	70.0%	85%
% of first year students who have received one dose meningococcal C (MenC) vaccine	Annual	95%	90.2%	95%
% of health care workers who have received seasonal Flu vaccine in the current* influenza season (acute hospitals) * *The current influenza season is Sept '16 to Apr '17*	Annual	40%	22.5%	40%
% of health care workers who have received seasonal Flu vaccine in the current* influenza season (long term care facilities in the community) * *The current influenza season is Sept '16 to Apr '17*	Annual	40%	26.6%	40%
% uptake in Flu vaccine for those aged 65 and older with a medical card or GP visit card	Annual	75%	55.4%	75%
No. of infectious disease (ID) outbreaks notified under the national ID reporting schedule	Quarterly	660	494	500
No. of individual outbreak associated cases of infectious disease (ID) notified under the national ID reporting schedule	Quarterly	7,500	5,085	5,090
% of identified TB contacts, for whom screening was indicated, who were screened.	Quarterly 1 Qtr in arrears	New KPI 2017	New KPI 2017	>/= 80%

Appendix 5: Health and Wellbeing 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*

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