Health & Wellbeing Division operational plan 2016

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Health & Wellbeing Division

Operational Plan 2016

HSE Values, Vision & Mission

HSE Corporate Goals

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

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

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

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

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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Executive Summary

This is the third Operational Plan for the Health and Wellbeing Division since its establishment in 2013. It continues the successful advancement of key priorities set out in previous plans in areas such as the implementation of the *Healthy Ireland* Framework, the reconfiguration of Health and Wellbeing services and functions and the strengthening and further development of external partnerships to support joined up approaches to address the key modifiable risk factors for ill-health.

As with last year, the approach we have taken is designed to show how our collective efforts and expertise are being directed towards addressing our priorities. Much of the focus of this plan is in support of the continued implementation of HSE's *Healthy Ireland in the Health Services National Implementation Plan 2015-2017* which specifically focuses on the HSE, our workforce, our services and the people to whom we provide services. This year will see the further embedding of these priorities across a greater number of service areas and within local plans and services, particularly Hospital Groups and Community Healthcare Organisations (CHOs).

A range of critical service developments and reforms will be delivered in 2016. These include new developments such as the continued implementation of the BreastCheck age extension programme to women aged 65 to 69.

The Division will continue to develop and refine its approach to Risk Management and Quality within its own services and functions and leverage its expertise to support the Quality Improvement Division (QID) in strengthening the organisational response to patient safety and quality. We will also review the current organisational approach to HCAI and antimicrobial resistance in collaboration with QID.

Through shared management arrangements with the Clinical Strategy and Programmes Division, Health and Wellbeing will lead and support key aspects of work on the integrated care programmes focussing on, inter alia, the continued integration of prevention, early detection and self-management supports within new and existing programmes.

We will also progress key strategic projects from within our current resources that further develop the Healthy Ireland agenda across the organisation. This includes the continued work of national policy priority programmes in areas such as Tobacco Free Ireland, Healthy Eating and Active Living (HEAL), Healthy Childhood Programme, Alcohol, Wellbeing and Mental Health, Positive Ageing and Sexual Health.

We will build on work undertaken last year and further develop our reporting capabilities, broaden our research and information base and build greater capacity to support a culture of high performance. This will be done in the context of the implementation of the overall Accountability Framework in place within HSE and its application within the Health and Wellbeing Division.

2016 will also see the continuation of the structural reforms initiated over the last couple of years. Whilst health and wellbeing approaches and activities are a key aspect of this development, the Division itself will need to consider its role, function and inter-operability in the context of the reform programme. Developing a new operating model for the Health and Wellbeing Division will be an important undertaking this year.

103 actions are set out in this plan to support the delivery of our core objectives commensurate with available funding, with some being prioritised and phased during 2016. 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.

It is an ambitious programme of work, dependent on the efforts, dedication and expertise of the senior management team and staff of the Health and Wellbeing Division and the collaboration and co-operation of colleagues from across the HSE, wider health system and beyond.

I look forward to working with all our staff, and our other stakeholders in 2016 to help improve the health and wellbeing of our patients and service-users, our staff in the health service and the wider population.

Dr. Stephanie O'Keeffe
National Director
Health and Wellbeing

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, the *Healthy Ireland (HI) Framework* was adopted by the Irish Government. This commitment is also reflected in the HSE's Corporate Plan, *Building a high quality health service for a healthier Ireland 2015-2017*, which identifies the promotion of 'health and wellbeing as part of everything we do' within its five over-arching Corporate Goals.

Within the HSE, the Health and Wellbeing Division 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 third Operational Plan for the Health and Wellbeing Division since its establishment in 2013 and it continues the advancement of key priorities set out in previous plans. As with last year's plan, 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:

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

The enabling role of Health and Wellbeing in translating *the HI Framework* into tangible and impactful actions across the HSE remains a key priority for the Division this year. A major milestone in formulating the health services response to the *HI Framework* was achieved in 2015, with the publication of our *Healthy Ireland in the Health Services National Implementation Plan 2015-2017 (HI Implementation Plan)* which specifically focuses on the HSE, our workforce, our services and the people to whom we provide services (see below).

This year will see the further embedding of these priorities across a greater number of service areas and within local plans and services, particularly Hospital Groups and Community Healthcare Organisations (CHOs). Staff delivering services within the Health and Wellbeing Division will have responsibility for driving this agenda on a partnership basis, building on the work already undertaken in 2014/15. The strengthening of the health service response to specific policy priority areas will be a key feature of 2016 and its areas of focus are set out in this Operational Plan.

2016 will also see the continuation of the structural reforms initiated over the last couple of years, with the consolidation and further development of Hospital Groups and CHOs. Whilst health and wellbeing approaches and activities are a key aspect of this, the Division itself will need to consider its role, function and inter-operability in the context of these developing organisations and within a reformed 'Centre' for the health services. Developing a target operating model for the Health and Wellbeing Division, consistent with the work underway to frame a clear and coherent vision for the service delivery system will be an important undertaking in 2016.

Implementation of the actions set out in this plan will be commensurate with available funding, with some being prioritised and phased during 2016. 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 Healthy Ireland vision.

Health and Wellbeing Developments and Reform Priorities 2016

Improving the health and wellbeing of Ireland's population is a Government priority and is one of four pillars of healthcare reform. The implementation of the HSE's *HI Implementation Plan* is key to the creation of a more sustainable health and social care service and to the rebalancing of health priorities towards chronic disease prevention and population health improvement.

The HSE's *HI Implementation Plan* has identified three clear strategic priorities for action, because in one way or another, every part of the health service is engaged in improving health and wellbeing. These will be progressed in 2016 with a sector-wide focus on

- **System Reform** - ensuring that we deliver the significant reforms which are underway to support a better health system
- **Reducing Chronic Disease** - the biggest risk to our population's health and our services
- **Staff Health and Wellbeing** - ensuring we have a resilient and healthy workforce

In addition, a significant programme of change is underway to enable and drive the establishment of Hospital Groups and CHOs with the aim of delivering integrated services and better outcomes for service users. The appointment of a Head of Health and Wellbeing to the Senior Management of each CHO in 2016 will be a significant enabler to the translation of the goals and actions set out in the *HI Implementation Plan* within communities. A range of other critical developments and reforms will be delivered in 2016. They include:

- The continued, phased implementation of the BreastCheck age extension programme to women aged 65 to 69 within our National Screening Service

- Within the Child Health area, the augmentation of the current Primary Childhood Immunisation (PCI) schedule to address agreed public health priorities. In addition, the implementation of the revised evidence-based universal child health screening and development programme will commence on a phased basis as will the key components of the Nurture, Infant Health and Wellbeing Programme

- The completion of a National Brief Intervention Framework for implementation

- Achievement of key milestones in workforce plans for Health and Wellbeing service

- The continued support for the development of care pathways for key chronic conditions

- Progression of the transition of library services to the Health and Wellbeing Division

- Review of the governance of the National Emergency Management Function.

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 well being of our staff. Many actions from the plan are outlined in this document, with a focus on delivery in 2016. These will be taken forward through the continued work of national policy priority programmes in areas such as Tobacco Free Ireland, Healthy Eating and Active Living (HEAL), Healthy Childhood Programme, Alcohol , Wellbeing and Mental Health, Positive Ageing and Sexual Health.

In 2016 Hospital Groups, CHOs and Corporate Divisions will develop and commence the implementation of *Healthy Ireland in the Health Services*. The Saolta Hospital Group who published their HI Saolta Implementation Plan 2015 – 2017 last year will continue their implementation across all the hospitals in this group. Oversight of this work will be provided through a Cross-Divisional Steering Group chaired by the National Director, Health and Wellbeing on behalf of the Director General.

The Division will also prioritise a range of projects which will advance the overall objectives set out in the *HI Implementation*, focussing on, *inter alia,* initiatives to support Staff Health and Wellbeing and the concept of 'Making Every Contact Count' by using every clinical and healthcare contact to reduce modifiable risk factors for chronic disease.

To support Health and Wellbeing in its continued roll-out of the reform programme, 2016 will see the development of a Programme Management Office (PMO) to better support and co-ordinate health and wellbeing reform priorities within the Division and across other services. This will support us in our work to develop a new operating model for Health and Wellbeing.

Health and Wellbeing and the Clinical and Integrated Care Programmes

The provision of care across the spectrum of primary, community, pre-hospital and hospital services should be person-centred and coordinated. Its goal must be to provide better, easier access to high quality services which are close to where people live and are delivered in a joined up way, placing their needs at its core. It is a long term programme of improvement and change and will involve people at every level of the health services working together to create improved experiences and outcomes for the people in their care.

In 2016 the clinical and integrated care programmes will lead a number of priority programmes to design, develop and progressively implement models of care to support better outcomes for our patients. Through shared management arrangements with the Clinical Strategy and Programmes Division, Health and Wellbeing will lead and support aspects of this work focussing on the continued integration of prevention, early detection and self-management supports within new and existing programmes and through the further consolidation of demonstrator projects (diabetes, COPD, asthma and heart failure) in this area. It will finalise a framework and commence implementation of the Health Behaviour Change framework 'Make Every Contact Count' and will develop a National Framework and Implementation Plan for self-management support.

Health Inequalities

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 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 Services' operations and services can directly shape and influence this through its day to day work and help achieve

greater health equity. It 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.

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. The updating, wider dissemination and use of published County Profiles developed in 2015 will help support this work locally within the HSE and more widely through our collaborative work on the Local Community Development Committees (LCDC) and Children and Young People's Services Committees (CYPSC).

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. A number of common support business services are now delivered on a shared basis. This allows operational services to focus management attention on core service provision and also enables compliance with National EU Directives, legislation and regulation.

Relationships will be further enhanced during 2016 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. The National Service Plan 2016 sets out in detail all corporate support service priorities and actions for 2016.

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. The risks identified to this Plan are:

- 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 workforce, particularly in high-demand professions such as radiographers
- 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 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 staff increments
- The capacity and resources to meet HSE's legal obligations under the Health (Fluoridation of Water Supplies) Act 1960 and the Fluoridation of Water Supplies Regulations 2007
- 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

The HSE Corporate plan places a significant emphasis on quality and safety from a patient and service user perspective and seeks to ensure that people's experience is not only safe and of high quality, but is also caring and compassionate. There are clear links between what is needed to be done to drive safer, higher quality services and improved health and wellbeing. Key actions identified for 2016 include commitments around:

- Including health and wellbeing indicators when measuring patients' needs, experiences and outcomes of care
- Involving patients in the development of programmes and initiatives to improve health and wellbeing
- Developing a Quality Profile framework for application within all Health & Wellbeing services ensuring all relevant sub-divisions and business units have appropriate governance structures in place to address quality and safety issues
- Developing and implementing quality indicators in 2016 building on the work undertaken to date
- Managing risk within health and wellbeing through the ongoing development of risk management processes
- Working collaboratively to enhance the capacity and capability of staff in relation to the management of risk through education and training
- Ensuring a systematic programme of Clinical Audit across Public Health
- Developing formal Quality Assurance Plans for each Screening programme
- Developing a Quality Assurance Programme which will feature a series of coordinated audits across the suite of Environmental Health activities.

The Division plays a coordinating role in the management and control of Healthcare Acquired Infection (HCAI) across the health service. In 2016, we will review the organisational approach to HCAI and antimicrobial resistance in collaboration with the Quality Improvement Division and all stakeholders to produce an updated plan for addressing work in this area. The Division will also leverage its expertise to support the overall Quality Improvement function in the strengthening of organisational responses to quality and patient safety.

Financial Framework

The operating budget of the Health and Wellbeing Division for 2016 is approximately €221.7m. This represents a budget increase of 5% on 2015 levels. The overall budget includes approximately €18.3m which has transferred out to hospitals who provide commissioned screening services on behalf of the National Screening Service (NSS).

New Initiatives Funding 2016
The total allocation of new funding to the Division in 2016 is €4m. The funding is to provide for:

- Continued and phased implementation of the Breast Check age extension programme to women aged 65 to 69 (€1.5m)
- Augment the current Primary Childhood Immunisation schedule to address agreed public health priorities (€2.5m).

Additional Funding 2016
Additional funding of €7.8m has been provided to fully fund developments initiated in 2015, to support existing levels of service and facilitate the growth of new screening programmes within the Division. This funding will provide for, inter alia:

- Maintenance and growth of the BowelScreen programme, supporting the introduction of a two-year screening round
- Maintenance and growth of Diabetic RetinaScreen programme to provide for additional numbers screened and treated
- Unavoidable costs related to price increases in areas such as vaccinations and Hydrofluosilicic Acid (HFSA)
- Addressing the full year costs of developments initiated in 2015 across pay and non-pay headings.

The Division will also prioritise a range of projects which will advance the overall objectives set out in the *Healthy Ireland in the Health Services Implementation Plan* 2015 – 2017, focussing on, inter alia, initiatives to support Staff Health and Wellbeing and the concept of 'Making Every Contact Count'.

A further €0.115m has been provided to the Division to support the implementation of the Lansdowne Road Agreement

In addition, the HSE will utilise approximately €1.5m from expected time related savings related to the €58.5m held monies for new initiatives on a once off basis to facilitate entering into an Advanced Purchase Agreement in 2016. The ongoing costs of this will be dealt with by DoH as part of the 2017 estimates / service planning process.

Cost Pressures / Risk Areas

Review of the Operational Costs of Drinking Water Fluoridation
A review of drinking water fluoridation costs with all stakeholders will conclude with Irish Water. Further discussions will be required in relation to addressing an approach to any consequent financial challenge.

Other Unavoidable Costs
The nature of some of the services provided within Health and Wellbeing (Vaccinations; Emergency Management) may necessitate separate discussions in relation to budget provision should a pandemic or

major emergency occur. Similarly, the National Screening Service operate, for the most part, demand-led population based screening programmes and are therefore susceptible to the patterns of attendance and associated costs in a given time period. Accurately predicting uptake, particularly in the newer programmes, carries a degree of uncertainty.

Savings Targets
The majority of the non pay expenditure in the Division is under procurement contracts. As a result the potential for savings is limited. However the Division will continue to monitor and review all other non-pay expenditure.

Pay and Pay Related Savings including Agency and Overtime
During 2015, a revised governance process was put in place within the Division to support recruitment decisions for the remainder of the year. This was to ensure adherence to the Paybill Management and Control Framework and assist the services in transitioning from the concept of employment ceilings to an employment threshold, driven by pay envelope allocation.

The Division will continue this focus on Paybill Management in 2016, building on the work initiated last year and will focus on:

- Continued monitoring of all pay costs
- Adherence to recruitment, review and sanction processes
- Reviewing skill mix and implementing changes identified through the workforce planning exercises underway
- Continued agency conversion.

Implementation of phased recruitment will continue in 2016 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.

Table 1: Health and Wellbeing Budget

2016 Budget by Service / Function	€m	€m	€m	€m
Service/Function	Pay	Non Pay	Income	Net Expenditure
Environmental Health and Tobacco	33.632	8.258	3.685	38.205
National Screening Service	19.541	40.516	0.627	59.430
Public Health and Surveillance	17.797	2.845	0.250	20.392
Health Protection	0.890	33.940	0.007	34.823
Health Promotion & Improvement	10.490	14.969	0.361	25.098
Emergency Management	1.000	0.480	0.314	1.166
Health Intelligence	0.609	0.775	-	1.384
Office of the National Director	5.697	9.065	-	14.762
Health and Wellbeing Community	7.160	2.008	0.914	8.253
Total Net Expenditure Budget*	**96.816**	**112.856**	**6.157**	**203.515**

**Note: Table 1 reflects a total non-capital allocation of €203.5m for Health & Wellbeing. Final funding allocations by Health & Wellbeing service/function and category are pending the conclusion of discussions in early 2016.*

Workforce

At the end of 2015, there was approximately 1,300 WTE staff working in the Health and Wellbeing Division. Those working in Health and Wellbeing are its most valuable resource in achieving its goals. 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.

2016 will see a focus on the *Health Services People Strategy 2015 -2018 – Leaders in People Services* which has been developed 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, supporting the achievement of performance. The Health and Wellbeing Senior Management Team will 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 2016 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.

There will be a continued emphasis on performance management and engagement at all levels within the Division with a focus on increasing the frequency of line manager / staff meetings to 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 continued roll-out of the Performance Review Cycle (PRC) will be essential in clarifying goals and objectives for staff.

In November 2015, a survey of staff working in the Health and Wellbeing Division was carried out to determine their health and wellbeing status. In 2016 the Division will review and address the messages from the survey. This survey was undertaken in the context of the overall HSE staff engagement survey conducted last year. The learning garnered through these surveys will help inform the development of the next national survey and will aid the development of a bespoke section on staff wellbeing.

Managing the Workforce: Pay and Staff Numbers Strategy

Government policy focuses on ensuring that the numbers of people employed are within the pay budgets available. The management of funding for human resources in 2016 will be based on the Paybill Management and Control Framework referenced earlier. This approach sees a transition from moratorium to an accountability framework designed to support creation of annual and multi-annual workforce plans that will deliver services within allocated pay resources. 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 vacancies in the context of workforce composition, skill mix, cost and capacity to deliver services.

Maximising labour cost reductions, efficiencies, and value for money
There was a particular focus in 2015 on agency conversion, intended to reduce direct expenditure and release funding to invest in essential posts. This focus will continue in 2016, with pay costs managed and monitored through our funded workforce plan.

The Division will continue to monitor and review agency and overtime costs whilst implementing initiatives to reduce costs, such as redeployment, skill mix review, and changes in work practices. Oversight and governance arrangements as set out in the Lansdowne Road Public Service Stability Agreement will support implementation and interpretation in the event of a dispute or issue requiring clarification.

2015 / 16 New Service Developments and other Workforce Additions
Health and Wellbeing will continue to roll out a range of service developments commenced in 2015, supported by the completion of the recruitment process for key staff for these projects. In addition, recruitment to support the BreastCheck age extension and other developments referenced earlier will continue.

'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 2016. Key steps include the appointment of a National Health Service Librarian in Quarter 1, and the creation of a national governance structure which provides for management of library services on a national basis.

The Lansdowne Road Public Service Stability Agreement 2013-18
The Lansdowne Road agreement 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 involve skill mix initiatives, systematic review of rosters, de-layering of management structures, restructuring and redeployment of 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.

Workforce Planning
The start of 2016 will see the completion of the 1st phase of the workforce planning initiative within the Health Promotion and Improvement Service with a proposed organisation structure identified and agreed at Senior Management level. Staff engagement on the revised structure will commence in quarter 1 2016.

Public Health workforce planning initiatives (that commenced in 2014) will continue in 2016. The reconfiguration process that commenced in 2015 within the Environmental Health Services will conclude. The review of the workforce planning requirements and appropriate governance arrangements for the Emergency Management function will conclude.

The Health and Wellbeing Division will work in cross-divisional collaboration in the initiation and development of a workforce planning project for community services during 2016. 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 Division will work with the National Leadership Development Unit to support new, emerging senior teams and to build managerial and leadership capacity. There will be a focused emphasis on performance management and engagement at all levels across the Division with frequent manager/staff meetings in developing a culture of teamwork, communication and innovation.

Attendance Management
Health & Wellbeing will continue to build on progress made over the past year in improving attendance levels. The performance target for 2016 remains at 3.5% staff absence rate. Monitoring of attendance will be further enabled by new reporting arrangements whereby absenteeism will be reported by Division rather than on a combined basis for non-acute services.

Code of conduct for Health and Social Care providers
The Code of Conduct will be implemented in line with HSE policy in 2016.

Health and Safety at Work
In 2016 there will be a corporate emphasis on: reviewing and revising the Corporate Safety Statement, developing key performance indicators (KPIs) in Health and Safety Management and Performance, launching a new statutory Occupational Safety & Health training policy, and developing and commencing a national proactive audit and inspection programme. Staff will be supported to become healthier in their workplaces and an Occupational Health Business Unit will be established.

Accountability

The Health and Wellbeing Division must have accountability processes in place at each level of the system which will facilitate us with a clear view of how we are doing against our 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 2016. These reporting requirements comprise an overall Performance Management Framework for Health and Wellbeing.

Over the course of 2015, significant effort was expended in developing additional performance measures and indicators which reflect the breadth and nature of the work of the Division. A number of these have been reflected in the National Service Plan 2016 (NSP 2016), and are all included in the appendix to this Operational Plan. The Division will build on the strong start made last year in developing robust processes for review and evaluation of performance data, capitalising on the greater visibility and understanding available to it at national level with regard to the operation of its services and functions. In 2016, we will further develop our reporting capabilities, broaden our information base and build greater capacity to support a culture of high performance.

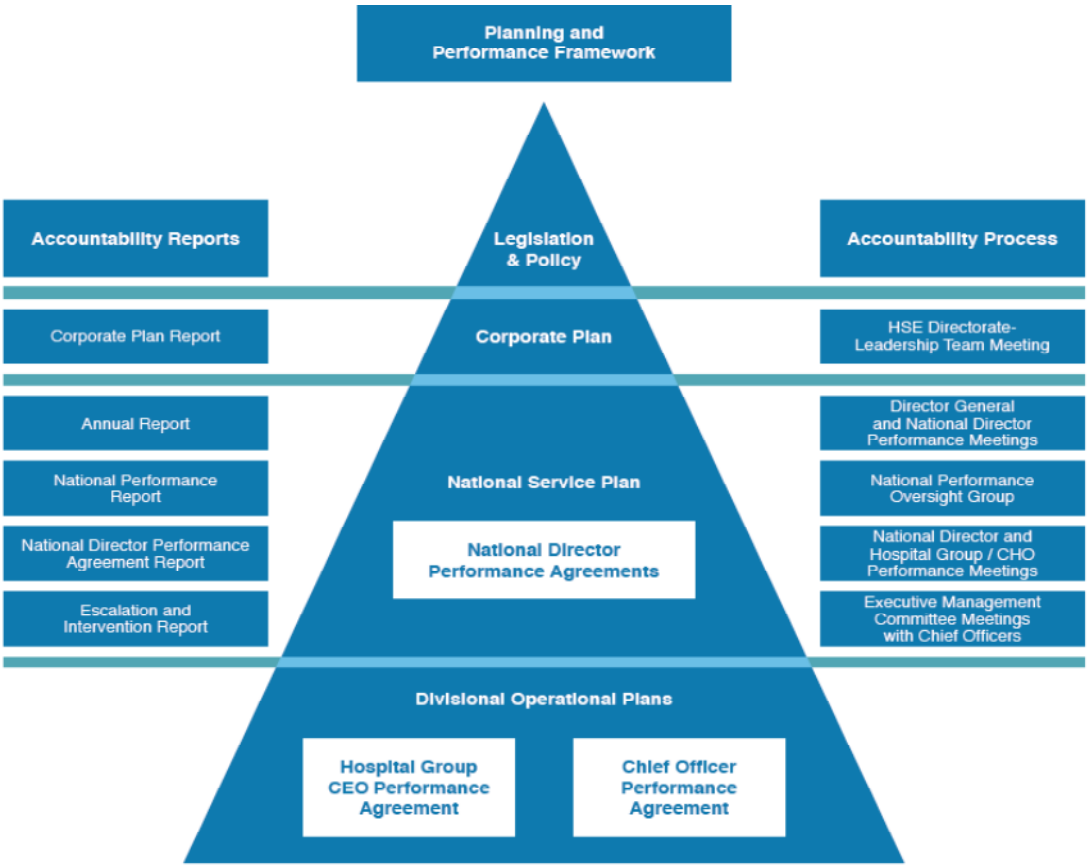
The HSE NSP 2016 sets out the overall accountability framework which will support the consolidation of the new health service structures. 2015 was the first year of operation of the new Accountability Framework for the health services which set out strengthened performance management arrangements including the introduction of formal Performance Agreements between the Director General and the National Directors and the newly appointed Hospital Group CEOs and CHO Chief Officers and the introduction of formal escalation, support and intervention processes for underperforming services. This has been applied within Health and Wellbeing, through its own line and in monthly engagements with CHOs. This will continue in 2016.

A formal review of the Framework was commissioned and completed in 2015, focusing on the implementation of the Framework during its first year of operation. Proposed recommendations for further enhancement from the review will be implemented early in 2016.

The overall monitoring framework underpinning the HSE's *HI Implementation Plan 2015 – 2017* will be further developed next 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. A further priority is to complete a HSE *Healthy Ireland* Outcomes Framework, detailing a range of indicators that will measure progress.

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, 2016

HSE Accountability Framework



Priorities & Actions 2016

Delivery of Services

Corporate Goal	NSP 2016 Priority	No.	DOP Action 2016	Measure of Performance	Target / Expected Activity 2016	Completion Date
Goal 1	Healthy Ireland	1	Complete the development of HI Implementation Plans in Hospital Groups and Community Healthcare Organisations on a phased basis	No. of Hospital Groups (6) and CHOs (4) who have completed HI Implementation Plans	10 (6 + 4)	Q4
		2	Further develop the overall monitoring framework underpinning *Healthy Ireland in the Health Services 2015 – 2017* and complete a HSE *Healthy Ireland* Outcomes Framework detailing a range of indicators that will measure progress	Increase in the availability of data that reflects progress in HI implementation Completion of Outcomes Framework	Availability Increased Publication of Framework	Q4 Q4
		3	Continue the work of national policy priority programmes in areas such as: Tobacco Free Ireland, Healthy Eating and Active Living (HEAL), Healthy Childhood Programme, Alcohol, Wellbeing and Mental Health, Positive Ageing and Sexual Health	No. of policy priority programmes that have developed an implementation plan	5	Ongoing
		4	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	(i) Development of resources (ii) Convening of networking events	(i) Resources developed (ii) 2 workshops convened	Q1-Q4 Q1 & Q3
		5	Work with LCDC representatives, CHOs, and other stakeholders to ensure actions that address the broader determinants of health are included in Local Economic and Community Plans (LECPs)	No. of LECPs that include actions which address broader health determinants	33	Q4

Corporate Goal	NSP 2016 Priority	No.	DOP Action 2016	Measure of Performance	Target / Expected Activity 2016	Completion Date
		6	Finalise Framework for Brief Intervention/Health Behaviour Change, develop Implementation Plan and commence implementation	(i) Completion of Framework (ii) Development of Implementation Plan (iii) Commencement of Implementation	(i) Framework completed and communicated (ii) Implementation Plan developed (iii) Implementation commenced	Q4
		7	Engage with under graduate training bodies to develop a Behaviour Change module on training programmes for medical, nursing and allied health professional staff	Development of Behaviour Change module	Behaviour Change module developed	Q4
		8	Develop implementation plan for risk factor recording in agreed ICT systems in partnership with relevant Divisions and Services	Development of implementation plan	Implementation Plan developed	Q4
		9	Co-ordinate the planning, implementation and evaluation of Structured Patient Education delivery for Diabetes including the expansion of the centralised database developed for Diabetes Education	Expansion of centralised database for diabetes education	Every newly diagnosed diabetic offered a place on next available SPE course	Q4
		10	Finalisation of a Self Management Support Framework for Diabetes, Asthma, COPD, and Cardiovascular Disease following consultation and develop an implementation plan	Finalisation of framework Development of implementation plan	Framework finalised Implementation plan developed	Q4
		11	Development of Information Hub for Self Management Support	Development of prototype website	Prototype of website developed	Q4
		12	Complete Needs Assessment for Cardiac Rehabilitation	Completion of needs assessment	Needs assessment completed	Q3

Corporate Goal	NSP 2016 Priority	No.	DOP Action 2016	Measure of Performance	Target / Expected Activity 2016	Completion Date
		13	Implement a feasibility study for "Making Every Contact Count" Demonstration Project with GPs in Carlow / Kilkenny	Completion of an evaluation / report on the project	Evaluation / report completed	Q4
		14	Develop a standardised Chronic Disease Pathway	Development of a standardised Chronic Disease Pathway	Standardised Chronic Disease Pathway developed	Q4
	Reform Programme	15	Establish a Programme Management Office (PMO) to direct and co-ordinate health and wellbeing reform priorities within the Division and across other services and support the development of a new operating model for the Health and Wellbeing Division	Establishment of PMO	PMO established	Q4
	Tobacco Control & the Implementation of Tobacco Free Ireland	16	Carry out sales to minors test purchase inspections	No. of inspections completed	384	Q4
		17	Implement the provisions of the Tobacco Product Directive within resources	Establishment of reporting mechanism	Reporting mechanism established	Q4
		18	Support the continued roll out of the Tobacco Free Campus Policy in Mental Health, and Social Care (Older Persons and Disability)	% of new and existing sites with tobacco free campus policy implemented in Mental Health, Social Care	Residential units for older people (1-49, 50-99 and 100+ bed units) – 75% Mental health approved centres – 100% Mental health community residencies (High, medium, low support and continuing care) – 50% Residential Disability services – 25%	Q4

Corporate Goal	NSP 2016 Priority	No.	DOP Action 2016	Measure of Performance	Target / Expected Activity 2016	Completion Date
		19	Build capacity among frontline healthcare workers to screen and support smokers to quit	No. of BISC training courses planned, delivered and no. of staff trained	1,350 staff trained	Q4
		20	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) 11,500 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
		21	Continue to support the planning and delivery of QUIT campaign	(i) No. of clients enrolling in QUIT programme (ii) No. of contacts to QUIT Team (iii) No. of QUITkits distributed	Increase contacts across all channels by 5%	Q4
		22	Complete Development and Implementation of the Patient Management System for Cessation Services	Patient Management System developed in conjunction with IT	Implementation of a Patient Management System for Cessation Services	Q4

Corporate Goal	NSP 2016 Priority	No.	DOP Action 2016	Measure of Performance	Target / Expected Activity 2016	Completion Date
	Healthy Eating & Active Living	23	Support implementation of calorie posting in all Hospital Groups and Community Health Organisations	Implementation support provided to CHOs and Hospital Groups	(i) 100% of Hospital Groups have implemented calorie posting (ii) Mapping of CHO facilities completed and target agreed (iii) 2x Training days to be provided to targeted staff in HG/CHO settings (iv) Audit tool developed in conjunction with QPS to monitor compliance with calorie posting	Q4
		24	Develop and support the implementation of a HSE Healthy Hospital Food and Nutrition Policy including a National Clinical Guideline for identification and management of under-nutrition	(i) Development of National Hospital and Patient Food Policy and toolkit to support implementation (ii) % of HGs implementing the Hospital and Patient Food Policy	(i) National Hospital and Patient Food Policy and supporting toolkit developed. (ii) 100% of HG implemented the National Hospital and Patient Food Policy	Q4

Corporate Goal	NSP 2016 Priority	No.	DOP Action 2016	Measure of Performance	Target / Expected Activity 2016	Completion Date
		25	Provide education and dietetic support to staff and clients to improve nutrition by: (i) Providing structured patient education programmes for Diabetes in Primary Care	(i) No. of patients attending patent education programmes	(i) 2,200 people attend patient education programme for diabetes through dieticians in each CHO setting	Q4
			(ii) Supporting the delivery of structured community based cooking programmes	(ii) Total No. of participants attending HSE funded community cooking programmes	(ii) Target 4,400 participants nationally	
			(iii) Delivering training in each CHO on the Nutrition Reference Pack for infant 0-12 months to all PHNs	(iii) % of PHNS with an infant caseload attending training	(iii) 50% of all PHNs (approx 728 PHNs)	
		26	Implement agreed priority actions from the National Physical Activity Plan (NPAP)	Implementation of priority actions	Priority actions implemented	Q4
		27	Develop HEAL Programme Implementation Plan (incorporating actions from National Obesity Policy and National Physical Activity Plan)	Development of HEAL Implementation Plan	HEAL Implementation Plan developed	Q4
		28	Scope and develop a model of delivery for a National Exercise Referral Framework (NERF)	Development of a Model of delivery for a NERF agreed	(i) Model of delivery for NERF developed	Q4
					(ii) Submission made to 2017 Estimates process for roll-out of model	Q3

Corporate Goal	NSP 2016 Priority	No.	DOP Action 2016	Measure of Performance	Target / Expected Activity 2016	Completion Date
		29	Develop a model of care for community-based prevention and management of overweight and obesity in children	Development of model of care	Model of care developed	Q4
	Healthy Childhood	30	Breastfeeding: Support the phased implementation of the action plan for breastfeeding 2016-2021	(i) Completion of Review of Baby Friendly Hospital Initiative (BFHI) (ii) Primary Care Teams and Community Healthcare settings supported in implementation of Breastfeeding Policy	(i) Baby Friendly Hospital Initiative (BFHI) review completed (ii) Breastfeeding Policy implemented by Primary Care Teams and Community Healthcare settings	Q4
		31	Healthy Schools: Contribute to the development of an Action Plan for all schools to participate in Healthy Ireland agenda by 2020 in conjunction with Department of Health (DOH) and Department of Education and Skills (DES)	Contribution to the development of an Action Plan for all schools	Contribution made	Q4
		32	Maintain and further develop the Triple P (Positive Parenting Programme) with internal and external partners in line with available resources	No. of Triple P Seminars and workshops delivered and numbers attending	Uptake on training places for parents (approx. 4,000)	Q1-Q4
		33	Commence the phased implementation of the revised Universal Child Health & Wellbeing Programme	(i) Agree Framework for implementation (ii) No. of training modules revised (iii) No. of revised training modules delivered and staff	(i) Framework for implementation agreed (ii) Training modules revised (iii) Training modules delivered and staff attending	Q1-Q4

Corporate Goal	NSP 2016 Priority	No.	DOP Action 2016	Measure of Performance	Target / Expected Activity 2016	Completion Date
				attending		
		34	Commence the implementation of Nurture Programme – Infant Health & Wellbeing Programme	(i) Agreement on framework and implementation plans (ii) Number of training modules developed	(i) Framework and implementation plan agreed (ii) Training modules developed	Q1 - Q4
		35	Engage with key internal and external stakeholders to position Child Health and Wellbeing as a key aspect of public policy	(i) Dissemination of Child Health Profiles (ii) Engagement with HSE CYPSC representatives to develop common child health agenda	(i) Profiles disseminated (ii) HSE CYPSC representative forum convened	Q1 - Q4
		36	Support the establishment of the integrated care programme for children and associated work streams	Provision of support	Support provided	Ongoing
	Alcohol	37	Develop and prepare the enforcement provisions of the Public Health (Alcohol) Bill in partnership with the Department of Health	Completion of guidance documents for industry, public and EHS	Guidance documents for industry, public and EHS completed	Q4
		38	Further progress a co-ordinated approach to prevention and education issues through: (i) The community mobilisation on alcohol initiatives with Drug and Alcohol Task Forces (ii) The REACT award and accreditation scheme in the third level sector, which recognises and rewards an institutions efforts to reduce alcohol related harm amongst its students	(i) Development of 5 additional area alcohol action plans (ii) Number of 3rd level institutions participating in REACT project	(i) 5 additional area alcohol action plans developed (ii) 20% (No.=6) 3rd level institutions participating in REACT project	Q4

Corporate Goal	NSP 2016 Priority	No.	DOP Action 2016	Measure of Performance	Target / Expected Activity 2016	Completion Date
		39	Develop a 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	Development of three year alcohol implementation plan	Implementation plan developed and implementation commenced	Q4
		40	Increase awareness amongst the public of alcohol-related harm by building on the 2015 communication campaign	Development of new HSE alcohol website. Delivery of digital advertising campaign	Website and digital media campaign launched	Q4
	Mental Health and Wellbeing	41	Connecting for Life: Complete a scoping exercise and commence the development of a National Mental H&WB Promotion plan in collaboration with Department of Health	Completion of a scoping exercise. Commence the development of a National Mental H&WB Promotion Plan	Scoping exercise completed. Development of a National Mental H&WB Promotion Plan commenced	Q4
		42	Continue the development of mental health promotion programmes with and for priority groups, including Travellers and the youth sector	Develop and support for Mental Health Programmes for priority groups	Training sessions delivered (9)	Ongoing
	Positive Ageing	43	Publish the findings of the Healthy and Positive Ageing Initiative (HaPAI) surveys to assist and inform future policy and service planning	No. of surveys published	19	Q4
		44	Support the development of a National Implementation Plan to promote positive ageing and improve physical activity levels in partnership with social care.	Development of Implementation Plan	Implementation Plan developed	Q4
		45	Develop and launch a national communications campaign to change attitudes towards dementia so that we can better support people living with dementia and their families	Development and launch of national campaign	National campaign developed and launched	Q3

Corporate Goal	NSP 2016 Priority	No.	DOP Action 2016	Measure of Performance	Target / Expected Activity 2016	Completion Date
	Sexual Health	46	Implement and monitor the Sexual Health Strategy Action Plan 2015-2016 and develop further plans for the period 2017-2020	(i) Implementation of the Sexual Health Strategy Action Plan 2015-2016 (ii) Development of plans for 2017-2020	(i) Sexual Health Strategy Action Plan 2015-2016 implemented (ii) Further plans for 2017-2020 developed	Q4
	Deliver and Expand our Screening Programmes	47	BreastCheck: Deliver subsequent round screening in line with available resources	Number of eligible women screened aged 50-64 years	144,000	Q4
		48	BreastCheck age extension: Continued phased implementation to eligible women aged 65-69 years	Number of eligible women screened aged 65-69 years	5,500	Q4
		49	BreastCheck: Maximise the uptake of breast screening among the eligible population	% screening uptake rate	>70%	Q4
		50	All 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
		51	CervicalCheck: Deliver subsequent round screening in line with available resources	Number of women screened in primary care (at least one smear test in a primary care setting)	255,000	Q4

Corporate Goal	NSP 2016 Priority	No.	DOP Action 2016	Measure of Performance	Target / Expected Activity 2016	Completion Date
		52	CervicalCheck: Maximise the coverage of cervical screening among the eligible population	Coverage (proportion of target population screened in a rolling 5-year period)	>80%	Q4
		53	CervicalCheck: All women who have had a management recommendation of urgent referral to Colposcopy are given an appointment within two weeks	Time to appointment from receipt of referral by colposcopy clinic (weeks)	>90%	Q4
		54	BowelScreen: Deliver first year of a 2 year screening round to eligible population 60-69 years	Number of eligible population screened aged 60-69 years	106,875	Q4
		55	BowelScreen: Maximise the uptake of bowel screening among the eligible population	% screening uptake rate	>45%	Q4
		56	Diabetic RetinaScreen: Continue annual screening for eligible population within available resources	Number of eligible population screened with final grading result aged 12+ years	87,000	Q4
		57	Diabetic RetinaScreen: Maximise the uptake of retinal screening among the eligible diabetic population	% screening uptake rate	>56%	Q4
		58	Develop NSS Research Strategy for all Screening Programmes	Development and implementation of an NSS research strategy across all screening programmes on a phased basis	Research strategy developed	Q1-Q4

Corporate Goal	NSP 2016 Priority	No.	DOP Action 2016	Measure of Performance	Target / Expected Activity 2016	Completion Date
		59	Review, resource, design and deliver high impact, evidence-based communication and education campaigns to encourage key target audiences to avail of our screening services	Delivery of campaign	Campaign delivered	Q1-Q4
	Immunisation Programmes	60	Immunisation: Continue to implement recommendations from 2014 review of models of delivery and governance of immunisation services	Action Plan agreed, Governance System in place, Stakeholder support	Ongoing implementation of review recommendations	Q4
		61	Improve national primary childhood immunisation uptake rates in partnership with Primary Care and all CHOs	PCI uptake rates at 12 and 24 months – 6:1, PCV, MMR,Hib, MenC	95% (For all CHOs	Q4
		62	Improve national school immunisation uptake rates with Primary Care and all CHOs	Vaccine uptake rates, 4:1 + MMR, HPV, Tdap	95% (4 in 1 + MMR, Tdap) and 85% (HPV) (For all CHOs)	Q4
		63	Improve influenza uptake rate amongst persons aged 65 and over	Vaccine uptake in those aged 65 and older with medical or doctor only cards	75%	Q4
		64	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)	Vaccine uptake in staff	40%	Q4
		65	Augment the current Primary Childhood Immunisation schedule to address agreed public health priorities	Uptake rates at 12 and 24 months	95% (uptake rates will not be available until 2017 and 2018)	Q4
	Healthcare Associated Infections (HCAI)	66	Review organisational approach to HCAI and antimicrobial resistance in collaboration with the Quality Improvement Division and all stakeholders to produce an updated plan	Review and update plan	Plan reviewed and updated	Q1

Corporate Goal	NSP 2016 Priority	No.	DOP Action 2016	Measure of Performance	Target / Expected Activity 2016	Completion Date
		67	Execute real time surveillance of emerging AMR threats in line with international benchmarks	% of labs participating in alert system	80%	Q4
	Communication	68	Deliver, maintain and build on existing high impact evidence-based communication and education campaigns to enable and support people to make healthier lifestyle choices	No. of campaigns delivered	Campaigns delivered	Q1-Q4
		69	Develop and introduce new campaigns including: Positive Ageing and Dementia, Alcohol, Physical Activity and Wellbeing	No. of new campaigns developed	New campaigns developed	Q1-Q4
	Health Protection	70	Provide epidemiological expertise, advice and support to Hospital Groups and Community Healthcare Organisations	Number of Hospital Groups and Community Health Organisations supported	100%	Q4
		71	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	N/A	Ongoing
		72	Provide responses and increase capacity to address public health incidents including outbreaks of infectious disease, chemical , radiation and environmental incidents	Monthly number of outbreaks of infectious disease, and number of outbreak cases, notified under the Infectious Diseases Regulations 1981	No. of outbreaks of infectious disease notified	Ongoing
		73	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	Ongoing

Corporate Goal	NSP 2016 Priority	No.	DOP Action 2016	Measure of Performance	Target / Expected Activity 2016	Completion Date
	Health Protection	74	Carry out inspections of establishments under the Public Health (Sunbeds) Act 2014	No. of establishments inspected	200	Q4
		75	Implement the service contract with the Food Safety Authority of Ireland	No. of inspections completed	33,000	Q4
	Sustainability	76	Implement Pilot Sustainability Project within Health & Wellbeing	Implementation of Pilot Project	Pilot project implemented	Q4
	Knowledge Management	77	Provide knowledge Management supports for key stakeholders for Health & Wellbeing priorities to including the execution and commissioning of specialised analyses of health data Increase the number of formal research partnerships in support of Health & Wellbeing Policy Priority Programmes and progress an ongoing research schedule	(i) Provision of required support (ii) Establishment of Research Partnerships	(i) Facilitate access to and use of data and evidence. (ii) Research Partnerships established	Q4
		78	Support the work of the DoH in relation to: the Outcomes Framework; the annual Healthy Ireland Survey; and the implementation of a National Research, Data and Innovation Plan	Provision of required support	(i) Outcomes Framework supported (ii) Annual Healthy Ireland Survey support (iii) National Research, Data and Innovation Plan supported	Q4
		79	Adopt an existing evaluation framework and promote its availability and use in HSE	Identification of Evaluation Framework	Evaluation Framework made available in the HSE	Q3-Q4

Corporate Goal	NSP 2016 Priority	No.	DOP Action 2016	Measure of Performance	Target / Expected Activity 2016	Completion Date
	Knowledge Management	80	Complete and enable the implementation of further modules of the Health Atlas System including the Health Tracker module, Healthy Ireland Outcomes Framework Module, and further NQAIS modules	Implementation of modules	Modules implemented	Q4
		81	Progress transition of library services to the Health and Wellbeing Division	Completion of Staged Transition	Transition process completed	Ongoing
		82	Produce annual health information paper to inform service planning	Production of annual paper	Annual paper produced	Q4
		83	Enable the further development and dissemination of health and wellbeing profiles at county level (and other geographies) to enable work of community and hospital based health and social care services e.g. LCDCs, Children & Young People's Services Committees and Age Friendly County Programmes etc.	Enhancement of Area Profile features of Health Atlas	Area Profiles features of Health Atlas enhanced	Q4
		84	Produce data via the Health Atlas, to support national and local population needs assessment to support services with planning, resource allocation and evaluation	Enhancement of Health Atlas	Health Atlas data enhanced to support population needs assessment	Q4
		85	Update and disseminate County Profiles (34), developed during 2015	Updating and dissemination of Profiles	34	Q4
	Emergency Management	86	Develop a standardised Major Emergency Plan (MEP) template for the CHOs and support the launch and implementation of this template	Development of a standardised MEP template for CHOs	Standard template for CHO is developed and implementation is supported	Q4
		87	Engage with the Principal Response Agencies (PRA)s on the implementation of the annual interagency work programme as agreed by the Interagency National Working group	Implementation of relevant actions from the Interagency work programme	HSE relevant actions implemented	Q4

Corporate Goal	NSP 2016 Priority	No.	DOP Action 2016	Measure of Performance	Target / Expected Activity 2016	Completion Date
	Emergency Management	88	Support the implementation of the Major Emergency Plan Template for Acute Hospitals	Development of template and support implementation	Template developed and implementation supported	Q4
		89	Development of an External Plan for all newly designated Seveso sites within the specified timeframe and review, update and exercise plans due for review in 2016	(i) No. of newly designated Seveso sites with External Plans developed (ii) No. of plans reviewed and exercised in 2016	(i) External Plans developed (ii) Plans reviewed and exercised	Q4
		90	Approve a Medical Plan for events that require a Licence as per HSE Guidance and requirement for Large Crowd Events	No. of Medical Plans approved in compliance with DECLG legislation 2001-2015.	Medical Plans approved for Large Crowd Events	Q4
		91	Complete HSE Major Emergency Management (MEM) Annual Risk Assessment	Completion of HSE MEM Risk assessment and support provided for the inter-agency annual risk assessment	HSE MEM Annual Risk Assessment completed and interagency Risk assessment supported	Q4
		92	Develop a standardised National Ambulance Service (NAS) Major Emergency Plan template in conjunction with the NAS and support the NAS in the launch and implementation of this Template	Development of a standard MEP template for NAS	Standard MEP template for NAS developed	Q4

Corporate Goal	NSP 2016 Priority	No.	DOP Action 2016	Measure of Performance	Target / Expected Activity 2016	Completion Date
Goal 3	Quality and Patient Safety	93	Develop, disseminate and implement a Quality Profile Framework for Health and Wellbeing services and functions	Development of Quality Profile Framework	Quality Profile developed	Q4
		94	Increase the no. of Quality KPIs developed and used in partnership with the Quality Improvement Division	No. of additional KPIs	Increase in the no. of Quality KPIs	Q2
		95	Implement uniform system for recording, collating and reporting Complaints and Compliments across Health & Wellbeing and its services	Implementation of recording system in HWB	Recording system implemented	Q2
	Performance Management	96	Update Health and Wellbeing Performance Management Framework to reflect learning from 2015 and revised reporting arrangements planned for 2016	Revision of Performance Management Framework	Revised Framework updated and disseminated	Q1
		97	Continue the development of measures and indicators across Health and Wellbeing to facilitate a more comprehensive view of performance and support service improvement, building on the work undertaken in 2015	Increase in the availability of data within published performance reports	Availability increased	Q3
Goal 4	Staff Health & Wellbeing	98	Support HR in the development of a Staff Health and Wellbeing Strategy	Development of Strategy	Strategy developed	Q4
		99	Develop and implement a National *Healthy Ireland* Workplace Physical Activity Challenge across the HSE as part of an overall approach to improving staff health and wellbeing levels	No. of staff participating	Uptake rates	Q4
		100	Contribute to the development of *Healthy Ireland* Workplace framework in partnership with the DoH	*Healthy Ireland* Workplace Framework developed in partnership with DoH	Completion of Health Ireland Workplace Framework in partnership with DoH	Ongoing

Corporate Goal	NSP 2016 Priority	No.	DOP Action 2016	Measure of Performance	Target / Expected Activity 2016	Completion Date
	Workforce Planning, Capacity Building and Staff Engagement	101	Implementation of workforce planning recommendations in Health Promotion and Improvement	Phased implementation with targets agreed and achieved	Targets are achieved	Ongoing
		102	Finalise and disseminated Public Health Workforce Plan	Finalisation and dissemination of Public Health Workforce Plan	Plan finalised and disseminated	Q2
	National Child Health Information System	103	National Child Health Information System: Progress Phase I of the systems lifecycle - design, data migration, planning, in preparation for the National Child Health and Immunisation Information System (NICIS) Implementation	Completion of peer review	Peer review completed	Q2

Appendices

Appendix 1: Financial Tables

Table 1: 2016 Funding

2016 Funding	€m
ELS Funding	7.8
Extension of BreastCheck screening programme to women aged 65 – 69 years of age	1.5
Augmentation of Childhood immunisations programme	2.5
Net Budget cuts applied	(0.4)
Total:	**11.4**

Table 2: 2016 Financial Allocations

Division	2015 NSP €m	2015 Movement €m	2015 Closing Budget €m	2015 Once Off Funding Returned €m	2016 Opening Budget €m	2016 Pay funding €m	2016 Non Pay Funding €m	Full year Costs 2015 Commitments €m	2016 Savings Measures €m	Additional VFM/ Savings €m	2016 new Initiatives €m	2016 NSP Budget €m	% Increase
Health and Wellbeing	201.2	(9.2)	192.0	18.3	210.3	0.1	4.4	3.4	(0.1)	(0.4)	4.0	221.7	5.4%

Note * Base 2016 includes internally commissioned services within other Divisions. This gives a net budget €203.5m for the Division

Table 3: Financial Position

Income and Expenditure 2016 Allocation	Pay** €m	Non-Pay** €m	Gross Budget €m	Income** €m	Net Budget €m
Health and Wellbeing	96.8	112.9	209.7	(6.2)	203.5

Appendix 2: HR Information

All information in tables has been rounded to nearest WTE

Paybill Management and Control Framework 2015

Service	WTE* Dec 2014	WTE Nov 15	Projected Outturn Dec. 2015	End 2015 Employment Ceiling
Health and Wellbeing	1,234	1,303	1,308	1,279

Note* WTE expressed on an ECF basis excludes specified grades (circa 5% of WTE), agency and overtime (circa 8% combined).

Divisional breakdown of staff category (as at November 2015)

Service	Medical / Dental	Nursing and Midwifery	Health and Social Care Professionals	Management / Admin.	General Support Staff	Other Patient and Client Care	Total	Projected Outturn Dec 2015
Health and Wellbeing	160	42	600	427	12	59	1,300	1,308

Note 1: Source – Health Services Personnel Census.

Note 2: All figures are expressed on a 2015 ECF basis as whole-time equivalents.

HR Indicators of Performance

HR	Expected Activity / Target 2016
Absence • % of absence rates by staff category*	≤ 3.5%
Staffing Levels and Costs • % variance from funded staffing thresholds	≤ 0.5%
• **Health and Safety** No. of calls that were received by the National Health and Safety Helpdesk during the quarter**	15% increase

Notes

* The Division will continue to work with Workforce Planning, Performance & Informatics in developing a robust staff dataset to record absenteeism.

**Health and Safety reporting is subject to the requisite data being made available to the Health & Wellbeing Division.

Appendix 3: Performance Indicator Suite Balance Scorecard

Quality	Expected Activity / Target 2016	Access	Expected Activity / Target 2016
Service User Experience • % of complaints investigated within 30 working days of being acknowledged by the complaints officer	75%	**National Screening Service** • BreastCheck: % BreastCheck screening uptake rate	> 70%
Safe Care • % of Serious Reportable Events being notified within 24 hours to the Senior Accountable Officer and entered on the National Incident Management System (NIMS)	99%	• CervicalCheck: % eligible women with at least one satisfactory CervicalCheck screening in a 5 year period	> 80%
• % of investigations completed within 120 days of the notification of the event to the Senior Accountable Officer	90%	• BowelScreen: % of client uptake rate in the BowelScreen programme	> 45%
National Screening Service • BreastCheck: % women offered hospital admission for treatment within 3 weeks of diagnosis of breast cancer	> 90%	• Diabetic RetinaScreen: % Diabetic RetinaScreen uptake rate	> 56%
• CervicalCheck: % urgent cases offered a Colposcopy appointment within 2 weeks of receipt of letter in the clinic	> 90%	**Health Promotion and Improvement – Tobacco** • No. of smokers who received intensive cessation support from a cessation counsellor	11,500
Public Health – Immunisation • % of healthcare workers who have received seasonal Flu vaccine in the 2015-2016 influenza season (acute hospitals and long term care facilities in the community)	40%	**Environmental Health Service – Food Safety** • No. of official food control planned, and planned surveillance inspections of food businesses	33,000
% children aged 24 months who have received 3 doses of the 6 in1 vaccine	95%		
• % children aged 24 months who have received the Measles, Mumps, Rubella (MMR) vaccine	95%		
Effective Care **Health Promotion and Improvement** • Tobacco: % of smokers on cessation programmes who were quit at one month	45%		
Public Health • Child Health: % of children reaching 10 months within the reporting period who have had child development health screening on time or before reaching 10 months of age	95%		
• Immunisation: % uptake in Flu vaccine for those aged 65 and older with a medical card or GP visit card	75%		
• Child Health: % of newborn babies visited by a PHN within 72 hours of discharge from maternity services	97%		
Finance	**Expected Activity / Target 2016**	**HR**	**Expected Activity / Target 2016**
Budget Management including savings **Net Expenditure variance from plan (within budget)** • Pay – Direct / Agency / Overtime	0.33%	**Absence** • % of absence rates by staff category	≤3.5%
• Non-pay	0.33%	**Staffing Levels and Costs** • % variance from funded staffing thresholds	≤ 0.5%
• Income	0.33%	**Health and Safety** • No. of calls that were received by the National Health and Safety Helpdesk during the quarter	15% increase
Service Arrangements / Annual Compliance Statement • % of number of Service Arrangements signed	100%		
• % of the monetary value of Service Arrangements signed	100%		
• % of Annual Compliance Statements signed	100%		
Capital • Capital expenditure versus expenditure profile	100%		
Key Result Areas – Governance and Compliance (Development focus in 2015)			

Audit • % of internal audit recommendations implemented by due date	75%		
• % of internal audit recommendations implemented, against total number of recommendations, within 12 months of report being received	95%		

Health and Wellbeing				
Indicator	**Reporting Frequency**	**NSP 2015 Expected Activity / Target**	**Projected Outturn 2015**	**Expected Activity / Target 2016**
National Screening Service **BreastCheck** No. of women in the eligible population who have had a complete mammogram	M	New PI 2016		149,500
No. of women aged 50-64 who have had a complete mammogram	M	140,000	140,000	144,000
No. of women aged 65+ who have had a complete mammogram	M	New PI 2016		5,500
% BreastCheck screening uptake rate	Q	New PI 2016		> 70%
% women offered an appointment for Assessment Clinic within 2 weeks of notification of abnormal mammographic result	Q	New PI 2016		>90%
% women offered hospital admission for treatment within 3 weeks of diagnosis of breast cancer	Bi-annual	New PI 2016		> 90%
CervicalCheck No. of unique women who have had one or more smear tests in a primary care setting	M	271,000	260,000	255,000
% eligible women with at least one satisfactory CervicalCheck screening in a 5 year period	Q	New PI 2016		> 80%
No. of women referred to colposcopy	Q	New PI 2016		19,500
% of clients who are issued CervicalCheck results within 4 weeks	Q	New PI 2016		>90%
% urgent cases offered a Colposcopy appointment within 2 weeks of receipt of letter in the clinic	M	New PI 2016		>90%
Average high grade times from referral to first offered colposcopy appointment within 4 weeks	M	New PI 2016		> 90%
Average low grade times from referral to first offered colposcopy appointment within 8 weeks	M	New PI 2016		> 90%
BowelScreen No. of clients who have completed a satisfactory BowelScreen FIT test	M	New PI 2016	New PI 2016	106,875
% of client uptake rate in the BowelScreen programme	Q	New PI 2016	New PI 2016	> 45%
Diabetic RetinaScreen No. of Diabetic RetinaScreen clients screened with final grading result	M	78,300	78,300	87,000
% Diabetic RetinaScreen uptake rate	Q	New PI 2016	New PI 2016	> 56%
% of clients who are issued a Diabetic RetinaScreen result within 3 weeks	Q	New PI 2016		>95%
Environmental Health No. of tobacco sales to minors test purchase inspections carried out	Q	480	460	384
% of tobacco test purchases carried out which had compliant inspection outcome	Q	New PI 2016		79%
No. of establishments inspected under the *Public Health (Sunbeds) Act*	Q	400	400	200
No. of test purchase inspections completed (Sunbeds) Act	Q	New PI 2016		32
No. of mystery shopper inspections completed (Sunbeds) Act	Q	New PI 2016		32
No. of official food control planned, and planned surveillance inspections of food businesses.	Q	33,000	35,882	33,000
% of official food control planned inspections and planned surveillance inspection outcomes which were unsatisfactory	Q	New PI 2016		<25%

Health and Wellbeing				
Indicator	Reporting Frequency	NSP 2015 Expected Activity / Target	Projected Outturn 2015	Expected Activity / Target 2016
% of environmental health complaints from the public risk assessed within one working day	Q	New PI 2016		95%
Tobacco				
No. of smokers who received intensive cessation support from a cessation counsellor	M	9,000	11,000	11,500
No. of frontline staff trained in brief intervention smoking cessation	M	1,350	1,120	1,350
% of smokers on cessation programmes who were quit at one month	Q	New PI 2016		45%
Healthy Eating Active Living				
No. of 5k Parkruns completed by the general public in community settings	M	New PI 2016		150,000
No. of frontline healthcare staff who have completed the physical activity e-learning module	M	New PI 2016		486
No. of people who have completed a structured patient education programme for diabetes	M	New PI 2016		2,200
% of PHNs trained by dietician's in the Nutrition Reference Pack for Infants 0-12 months	Q	New PI 2016		50%
No. of people attending a structured community based healthy cooking programme	M	New PI 2016		4,400
% of preschools participating in Smart Start	M	New PI 2016		15%
% of primary schools trained to participate in the after schools activity programme - Be Active	M	New PI 2016		20%
Child Health				
% of children reaching 10 months within the reporting period who have had child development health screening on time or before reaching 10 months of age	M	95%	93.5%	95%
% of newborn babies visited by a PHN within 72 hours of discharge from maternity services	Q	97%	97.4%	97%
% of babies breastfed (exclusively and not exclusively) at first PHN visit	Q	56%	53.5%	56%
% of babies breastfed (exclusively and not exclusively) at 3 month PHN visit	Q	38%	34.6%	38%
% of total number of maternity hospitals with Baby Friendly Hospital designation	Bi-annual	New PI 2016		58%
Immunisations and Vaccines				
% children aged 12 months who have received 3 doses Diphtheria (D3), Pertussis (P3), Tetanus (T3) vaccine Haemophilus influenza type b (Hib3) Polio (Polio3) hepatitis B (HepB3) (6 in 1)	Q	95%	91.4%	95%
% children at 12 months of age who have received two doses of the Pneumococcal Conjugate vaccine (PCV2)	Q	95%	91.2%	95%
% children at 12 months of age who have received 1 dose of the Meningococcal group C vaccine (MenC2)	Q	95%	90.9%	95%
% children aged 24 months who have received 3 doses Diphtheria (D3), Pertussis (P3), Tetanus (T3) vaccine, Haemophilus influenza type b (Hib3), Polio (Polio3), hepatitis B (HepB3) (6 in 1)	Q	95%	95.0%	95%
% children aged 24 months who have received 3 doses Meningococcal C (MenC3) vaccine	Q	95%	87.2%	95%
% children aged 24 months who have received 1 dose Haemophilus influenza type B (Hib) vaccine	Q	95%	90.7%	95%
% children aged 24 months who have received 3 doses Pneumococcal Conjugate (PCV3) vaccine	Q	95%	91.5%	95%
% children aged 24 months who have received the Measles, Mumps, Rubella (MMR) vaccine	Q	95%	92.7%	95%
% children in junior infants who have received 1 dose 4-in-1 vaccine (Diphtheria, Tetanus, Polio, Pertussis)	A	95%	81.3%	95%
% children in junior infants who have received 1 dose Measles, Mumps, Rubella (MMR) vaccine	A	95%	81.3%	95%

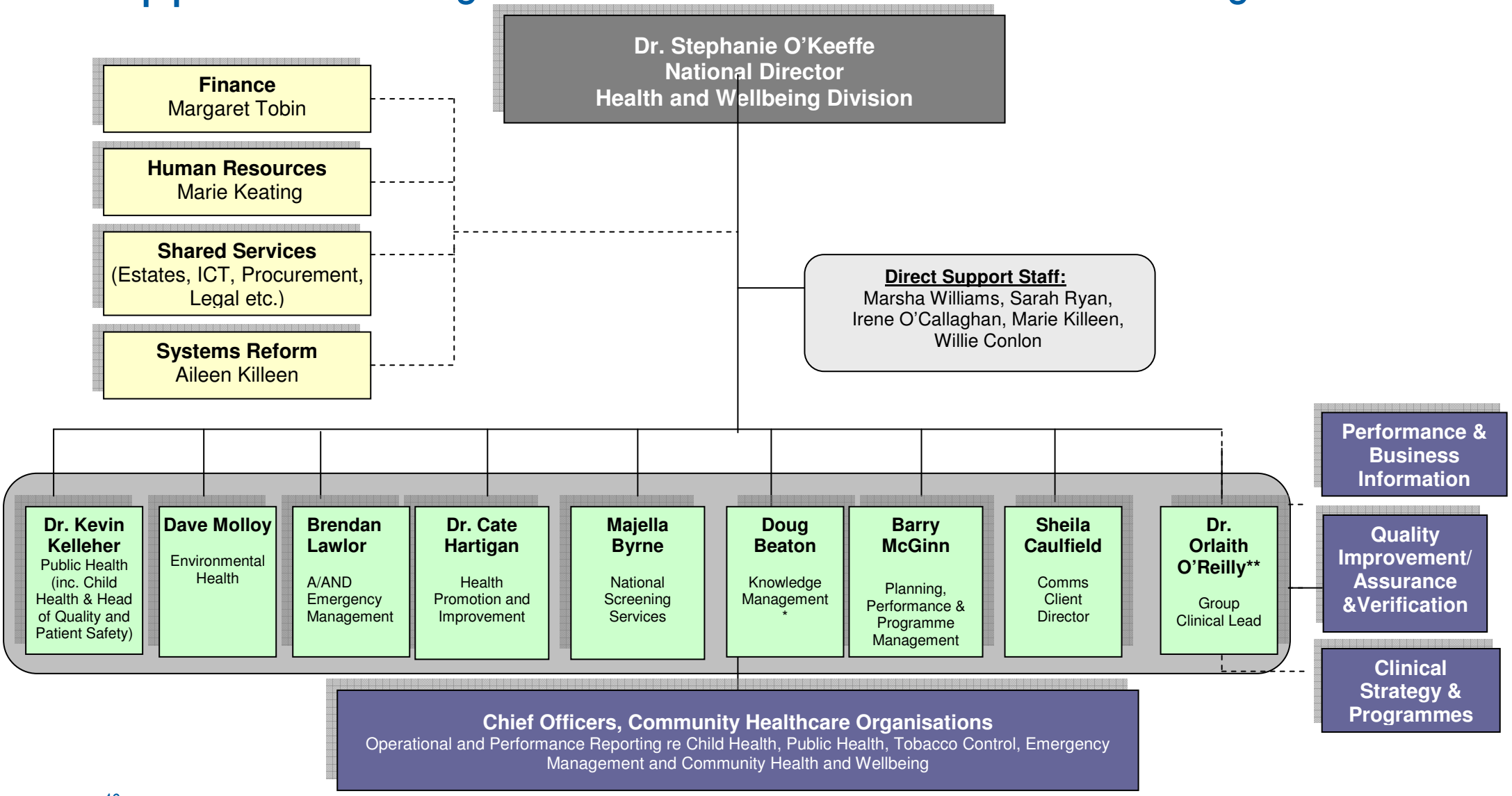
Health and Wellbeing				
Indicator	**Reporting Frequency**	**NSP 2015 Expected Activity / Target**	**Projected Outturn 2015**	**Expected Activity / Target 2016**
% first year students who have received 1 dose Tetanus, low dose Diphtheria, Acellular Pertussis (Tdap) vaccine	A	95%	88.4%	95%
% of first year girls who have received two doses of HPV vaccine	A	80%	85.0%	85%
% of first year students who have received one dose meningococcal C (MenC) vaccine	A	95%	86.8%	95%
% of healthcare workers who have received seasonal Flu vaccine in the 2015-2016 influenza season (acute hospitals)	A	40%	23.4%	40%
% of healthcare workers who have received seasonal Flu vaccine in the 2015-2016 influenza season (long term care facilities in the community)	A	40%	25.7%	40%
% uptake in Flu vaccine for those aged 65 and older with a medical card or GP visit card	A	75%	60.2%	75%
Public Health No. of infectious disease (ID) outbreaks notified under the national ID reporting schedule	Q	614	680	660
No. of individual outbreak associated cases of infectious disease (ID) notified under the national ID reporting schedule	Q	New PI 2016		7,500

Appendix 4: Capital Infrastructure

This appendix outlines capital projects that were completed in 2014/2015 but not operational, projects due to be completed and operational in 2016 and also projects due to be completed in 2016 but not operational until 2017

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replace-ment Beds	Capital Cost €m		2016 Implications	
						2016	Total	WTE	Rev Costs €m
Environmental Health Service	Fluoridation plant refurbishment					€0.3	€0.3		
National Screening Service	Equipment replacement					€2.7	€2.7		

Appendix 5: Organisational Chart – Health and Wellbeing



** 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*