Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

2017

National Service Plan

Building a Better Health Service

CARE COMPASSION TRUST LEARNING


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

National Service Plan 2017

The National Service Plan 2017 (NSP 2017) sets out the type and volume of health and personal social services to be provided by the Health Service Executive (HSE) in 2017, within the funding available to the HSE. It also seeks to balance priorities across all of our services that will deliver on our *Corporate Plan 2015–2017.* Priorities of the Minister for Health and Government as set out in *A Programme for a Partnership Government* are also reflected.

NSP2017 provides detail in relation to what we will deliver across the full range of service areas. It also recognises that underpinning all of these actions is the goal of improving the health and wellbeing of the population and of ensuring that the services we deliver are safe and of high quality.

In 2017 the HSE will be in receipt of €13,948.5m funding from Government. This €458.6m or 3.4% increase in funding is provided as part of the Government's commitment to placing the health service on a sustainable financial footing.

The health service continues to deliver its services in an environment where the population is growing, the number of people seeking to access services is higher than ever before and where public expectations for quality services continue to increase. There will be an ongoing and significant management challenge to balance demands and needs within the funding available to the HSE.

In addition to its primary purpose of setting out the type and volume of services to be provided in 2017 within the available resources, NSP 2017:

- Outlines the journey the health service is on to improve its services. The section on **Building a Better Health Service** sets out strategic approaches being developed to better meet the needs of people who use our services
- Focuses on our **Workforce** of more than 105,000 who are fundamental to delivering care across the country. Their contribution and commitment, much of which was showcased in our Achievement Awards 2016, is at the heart of an effective health service
- Describes the **Financial Framework** that supports the Plan. It details the expenditure limits for the HSE at national level and also sets out specific areas of investment in 2017. It provides details on priorities, actions and the type and volume of service that will be provided by our operational service areas which include: **health and wellbeing, primary care, mental health, social care, pre-hospital emergency care and hospital care**
- Outlines the priorities of the key functions that **support** our services
- Lists the **performance indicators** against which performance will be measured. These indicators are dependent on the type and volume of services being provided and the underlying assumptions about the level of demand for our services, access arrangements and efficiency, including intended improvements.

The NSP is also supported by our Performance and Accountability Framework, the focus of which is on recognising good management and outcomes while continually improving the performance within our services. This Framework, which has been adopted by the HSE Directorate, sets out how the HSE, the national divisions, Hospital Groups, Community Healthcare Organisations (CHOs), the National Ambulance

Service (NAS) and individual managers will be 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 effectively harnessing the efforts of our *Workforce*.

We acknowledge the work currently being undertaken by the All Party Committee on the Future of Healthcare which is expected to shape our service plans in the coming years.

The NSP2017 will be:

- Accompanied by the HSE Capital Plan and ICT Capital Plan
- Underpinned by operational plans for each of our service divisions, Hospital Groups, CHOs and the NAS.

Risks to the delivery of the National Service Plan 2017

There are a number of risks to the successful delivery of NSP 2017. While every effort will be made to manage these risks, it may not be possible to eliminate them in full and they may impact on planned levels of service delivery or achievement of targeted performance. Particular management focus will be required to mitigate risk in the following areas:

- Increased demand for services beyond the funded levels
- Meeting the level of changing needs and emergency placements in disability services, supporting complex paediatric discharges within primary care and responding to increasing levels of demand for acute hospital unscheduled care services
- Regulatory requirements in public long-stay residential care facilities, the disability sector, mental health and hospital services which must be responded to within the limits of the revenue and capital funding available
- Control over pay and staff numbers at the same time as managing specific safety, regulatory, demand and practice driven pressures while seeking to ensure recruitment and retention of a highly skilled and qualified workforce, particularly in high-demand areas and specialties
- Managing within the limitations of our clinical, business information, financial and HR systems to support an information driven health service
- Managing the scale of change required to support new models of service delivery and structures while supporting innovation
- Our capacity to invest in and maintain our infrastructure and address critical risks resulting from ageing medical equipment and physical infrastructure
- Our ability to meet the demand for new drug approvals within funded levels
- The scale of financial management required within Primary Care Reimbursement Service (PCRS) in line with the numbers availing of schemes, including medical cards.

Tony O'Brien
Director General
Chairman of the Directorate
25th November 2016

Building a Better Health Service

Introduction

The health service is on a journey of improvement and change and many of its priorities are set out throughout this Plan. **Building a Better Health Service** sets out strategic approaches being developed to better meet the needs of people who use our services. In 2017 we will continue to implement the strategic priority areas set out below.

Improving the quality and safety of our services

Every person who uses our health service should receive a safe service which is person-centred and of a high quality. We are establishing a three-year National Safety Programme to develop and oversee the implementation of national safety priorities and initiatives across all parts of the health system and will work with the National Patient Safety Office to deliver on its priorities:

- Develop the capacity of Hospital Groups, CHOs and the NAS to manage safety, risk and improve quality including implementing the National Safety Programme priorities at service level
- Plan, oversee and ensure clinical leadership for targeted safety initiatives in areas such as the deteriorating patient, early warning systems and clinical handover, medication safety, pressure ulcers, falls prevention, healthcare associated infection (HCAI) and the implementation of related National Clinical Guidelines and Standards for Clinical Practice Guidance
- Implement the new *National Standards for the Conduct of Reviews of Patient Safety Incidents 2016*, continuing to build the organisation's capacity to manage safety incidents including serious reportable events. This will include the development and implementation of enhanced approaches to the review of these incidents and will be supported by the further roll-out of the *National Open Disclosure Policy*.
- Implement the revised Integrated Risk Management Policy 2016
- Strengthen the accountability for safety, risk and quality by building capacity for gathering and analysing safety information and audit, including clinical audit.

In addition we will:

- Implement the *Framework for Quality Improvement* with a particular focus on working with front line staff on innovative ways in which they can improve care where they work, strengthening engagement with the users of our services, patients and families to ensure our services are focused on their needs
- Progress a programme to embed a culture of person-centred care in our services with an initial focus on intellectual disability services
- Learn from feedback provided by patients and service users by implementing the first annual national patient experience survey, further developing the systems for making complaints, appeals and protected disclosures and supporting the HSE's Confidential Recipient
- Establish the National Independent Review Panel for People with Disabilities and continue to implement the HSE's Safeguarding Policy.

Improving the health and wellbeing of the population

Life expectancy in Ireland has increased and is above the EU average at 83 years for a woman and 79 years for a man. We are living longer through advances in medicine, technology and improved models of care. The population will grow by 34,800 (0.7%) people between 2016 and 2017, up to 19,800 (3.2%) more people over 65 years, 8,940 (5.7%) more people between the ages of 70 and 75 years and 2,600 (3.7%) more people over 85 years.

The *Healthy Ireland* Framework sets out a vision for how people can live fulfilled lives and be as healthy as they can. In 2017 we will:

- Continue to assess the health needs of the population as part of designing services to promote good physical and mental health
- Integrate illness prevention, early detection and self-management into our services
- Implement programmes to reduce the burden of chronic disease by promoting an increase in active living, positive ageing and positive mental health, healthy eating and reductions in smoking levels and alcohol consumption
- Deliver *Healthy Ireland* actions in all services through implementation plans for Hospital Groups and CHOs.

Providing care in a more integrated way

Our aim is to provide a health service which is available to people where they need it and when they need it. We should provide people with the best outcomes that can be achieved. The national clinical and integrated care programmes are central to this approach, and clinical leadership is at the core of reform and service improvement to support better health outcomes. In 2017 we will:

- Continue to implement integrated care programmes for chronic disease prevention and management, older people, children, and patient flow
- Continue to work with service users, medical colleges and nursing and therapy leads to develop and implement processes that will improve the way in which care is provided.

Health Service Improvement

Health services are provided across the country in large urban centres and smaller local communities. It is essential that these services are organised in a way that ensures they are capable of responding to the needs of these communities. We are devolving decision-making and accountability as close as possible to front line services through the development of Hospital Groups, CHOs and the NAS.

The Programme for Health Service Improvement will be key to enabling a more integrated care delivery model. Appropriately trained programme management staff, expert specialist support and direct project management support for the health service improvement programme of work will be put in place. This is aligned with the change management programme for national functions under the National Centre Transformation Programme and supported by interconnected development programmes within HR, eHealth, finance, communications, HBS and quality and safety services.

In 2017 actions across the health system and within the health service improvement programme will:

- Progress the implementation of the Hospital Groups, CHOs, the National Centre Transformation Programme, NAS and enabling service programmes
- Develop structures and processes for Hospital Groups, CHOs, NAS and the National Centre reflecting the developing accountable and autonomous nature of these organisations
- Support the decisive shift of service to primary care and associated strengthening of the primary care teams and networks
- Support the development and implementation of the National Patient Safety Programme
- Support local service improvement programmes, prioritising quality and patient safety and implementing integrated models of care
- Continue the development of the new Children's Hospital
- Develop programme offices in each of the service delivery organisations which will provide local implementation support to the integrated care programmes. In addition it will support other strategic programmes including quality and safety, *eHealth Ireland*, service specific improvement programmes, including the emergency department (ED) task force and the Performance and Accountability Framework improvement programmes
- Continue to develop the way in which our corporate 'centre' relates to Hospital Groups, CHOs and the NAS. This will be achieved through the development of an operating model, at the heart of which will be a comprehensive 'commissioning' cycle aimed at empowering, resourcing and supporting the delivery of quality services
- Work in partnership with the International and Research Policy Unit of the Department of Health (DoH) and the enterprise and health sectors to plan the development of the National Health Innovation Hub initiative utilising the €260,000 allocated for 2017.

Developing a performing and accountable health service

We will continue to focus on improving the performance of our services and our accountability for those services 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*.

With the goal of improving services, our Performance and Accountability Framework 2017 sets out the means by which the HSE and in particular the national divisions, Hospital Groups, CHOs, NAS, PCRS, and individual managers are held to account for their achievable performance. 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
- Establish a Performance Management Unit to support implementation of the Performance and Accountability Framework including addressing the requirement to create optimum performance conditions
- Measure and report on performance against the key performance indicators (KPIs) set out in the NSP as part of the monthly performance reporting cycle

- Continue to strengthen and oversee the HSE's Governance Framework with its funded section 38 and section 39 agencies through the national Compliance Unit and strengthen the management of the HSE's relationship with its funded agencies at CHO and Hospital Group level
- Develop data gathering, reporting processes and systems to support the Performance and Accountability Framework.

Developing our business supports and infrastructure

Our Health Business Services (HBS) will continue to grow and develop using a shared model of delivery for a range of critical business support services to both the statutory and voluntary sectors (funded under section 38 / section 39 of the *Health Act 2004*). This best practice approach drives value for money, efficiency, compliance and service quality objectives and will maximise the use of digital opportunities. Health service improvement is supported through the continuing development of our infrastructure. In addition to our ongoing infrastructural programme in 2017 we will continue the development of the:

- New Children's Hospital
- National forensic mental health hospital
- Radiation oncology programme
- Primary care centres
- Social care residential accommodation programmes
- Assessment of our overall estate to set out the investment required to address the backlogs in replacement and upgrade of our built infrastructure
- Commencement of the preparation for a mid-term review.

Implementing *eHealth Ireland*

A modern Irish health service will depend upon high quality information and digital technology. We have published a *Knowledge and Information Plan* to support implementation of the *eHealth Ireland* strategy with the objectives of:

- Knowing our patients: by providing access to data when and where it is legitimately needed most, to identify what is happening and predict what will happen next
- Engaging the population: by connecting patients to their care teams to better manage care delivery and engage people individually in their health and wellbeing
- Managing our services: by putting data into action to improve outcomes, manage demand and optimise service delivery, maximising value and better service the population.

Details of associated projects are provided in the Supporting Service Delivery chapter of this NSP.

Finance

Budget 2017 versus budget 2016

The Letter of Determination, dated 25th October 2016, provides for a net revenue budget for the HSE in 2017 of €13,912m. This represents an increase of €422.1m (3.1%) year on year (2016: €13,489.9m).

In addition, a further sum of €36.5m is being held by the DoH for additional service initiatives which will be released during the year as specific implementation plans are agreed. This will bring the total revenue budget available in 2017 to €13,948.5m. This represents an overall increase of €458.6m (3.4%) year on year.

Budget 2017 versus costs 2016

The Oireachtas provided an additional €500m for health and social care services as part of the revised 2016 estimate approved on 7th July 2016. This has allowed achievable pay and non-pay expenditure targets to be set for 2016 for the operational service areas while also providing additional funding to meet pressures in pensions and demand-led areas including payments to the State Claims Agency and PCRS. Current projections indicate that while there will be surpluses and deficits within the individual operational service areas, overall they are broadly on track to deliver a breakeven position by year end.

Significant pressures are evident within the pensions and demand-led areas with expenditure expected to exceed available funding particularly in relation to payments to the State Claims Agency and to a lesser extent pensions. These areas are difficult to forecast and are not amenable to performance management given that costs are primarily driven by the operation of the legal system, public service-wide pension rules and eligibility as set out in policy / legislation. Any available opportunities to mitigate or offset these costs will be pursued.

While the financial pressures outlined above will give rise to significant service challenges in a small number of areas in 2017, we fully acknowledge the requirement to operate within the limits of the funding that has been notified. We will prioritise efforts around developing the most efficient models of service delivery, extending controls around the pay bill and other significant cost categories and increasing productivity in order to contain the annual growth in costs that is typical of healthcare systems in Ireland and internationally. This plan has been finalised in advance of the completion of the 2016 financial year. The HSE will continue to engage with DoH to address any issues that are determined via the Annual Financial Statement process and crystallised in 2017.

Budget summary 2017

	€m	€m	€m
2016 Budget brought forward to 2017			13,489.9
(€12,928.4m NSP 2016 – See Table 2, page 54 for increases during 2016			
Full year impact of 2016 new developments			
Acute Hospitals	22.4		
National Ambulance Service and Emergency Management	1.6		
Health and Wellbeing	11.8		
Primary Care	3.0		

	€m	€m	€m
Disability Services	11.8		
National Cancer Control Programme	3.9		
Clinical Strategy and Programmes	9.0		
Quality Assurance and Verification	0.8		
Quality Improvement	0.9		
National Services	7.7	72.9	
Non-pay and demographic related costs			
Acute Hospitals	41.4		
Health and Wellbeing	(3.0)		
Primary Care	10.6		
Social Inclusion	1.5		
Palliative Care	0.4		
Disability Services	53.2		
Services for Older People	3.8		
National Cancer Control Programme	3.0		
National Services	3.0		
Pensions	58.5		
State Claims Agency	26.0		
Primary Care Reimbursement Service	(15.1)		
Local Demand-Led Schemes	3.0	186.3	
2017 Pay rate adjustments *(supports existing staffing levels)*			
HRA / LRA – Pay rate cost in 2017[(i)]	100.1		
HRA / LRA Chairman's notes - Support interns	3.3		
HRA / LRA Chairman's notes - Student rate	3.7		
Labour Relations Commission - Sleepovers	9.8		
Community Mental Health	1.2	118.1	
Funding available to maintain existing level of services in 2017			377.3
Funding available to expand existing / develop new services in 2017			
Acute Hospitals		9.0	
National Ambulance Service and Emergency Management		1.0	
Primary Care		12.0	
Social Inclusion		1.5	
Mental Health *(as part of plan that will be funded at €35m for full year)*		15.0	
Disability Services		11.8	
Services for Older People		10.0	
National Services		1.0	
Primary Care Reimbursement Service		20.0	
Total funding available to expand existing / develop new services in 2017			81.3
2017 Budget			13,948.5

(i) This funding includes a provision of €5.3m for pension-related funding adjustments

Existing level of service

The cost of maintaining existing services increases each year due to a variety of factors including:

- Incremental costs of developments commenced during 2016
- Impact of national pay agreements
- Increases in drugs and other clinical non-pay costs
- Inflation-related price increases
- Additional costs associated with demographic factors.

Full year effect of 2016 developments - €72.9m

The incremental cost of developments and commitments approved in 2016 is €72.9m. This includes the cost of providing services, which commenced part way through 2016, over a full year in 2017.

Pay rate funding (including *Lansdowne Road Agreement*) - €118.1m

This funding is provided in respect of the growth in pay costs associated with the *Lansdowne Road Agreement* (LRA), Labour Relations Commission recommendations and other pay pressures. It is provided to offset the increased cost of employing existing levels of staff and does not allow for an increase in staff numbers.

It is noted that some unavoidable pay-related costs, identified as part of the estimates process, were not funded within the overall allocation. The most significant of these relate to the net cost of increments, which must be paid in line with approved public pay policy, which has been estimated at €27.5m for 2017.

A breakdown of the pay rate funding allocation by division is provided at Appendix 1, Table 3, Column E.

Non-pay and demographic related costs - €186.3m

Additional funding of €186.3m has been received to off-set increases in non-pay costs and the impact of demographics on maintaining services in 2017. Of this amount €113.9m (61%) is allocated to operational service areas performance managed by the HSE and €72.4m (39%) is allocated to pensions and other demand-led areas. Costs in these areas are primarily driven by eligibility, legislation and similar factors and therefore cannot be directly controlled by the HSE.

Expanding existing services / developing new services - €81.3m

Within the total allocation of €13,948.5m, funding of €81.3m will be applied to enhance or expand existing services, including responding to demographic pressures, and to commence new approved service developments.

Full year cost in 2018 of NSP 2017

In addition to some costs funded within the €81.3m referenced above, a number of additional initiatives are funded on a part-year basis within NSP 2017. The full-year cost of all of these investments represents an additional funding requirement of €88.7m in 2018 upon which this plan is predicated. The full-year cost and additional funding requirement of these investments is detailed at Appendix 1, Table 4.

Funding held by Department of Health – €36.5m

Within the total funding shown as available to the HSE in 2017 a sum of €36.5m is being held at the DoH in respect of specific service initiatives. This funding will be released to the HSE on approval of implementation plans and commencement of specific developments. Funding is being held to support the following:

- Primary Care – €18.5m for service developments including reduced prescription charges for >70s
- Mental Health – €15m to initiate new developments in 2017 with a recurring full year value of up to €35m
- Social Inclusion – €3m to invest in services relating to addiction.

The effect of the funding held at DoH on the opening 2017 divisional budgets is illustrated at Appendix 1, Table 3, Column H.

Approach to financial challenge 2017

Delivering the maximum amount of services, as safely and effectively as possible, within the limits of the available funding will remain a critical area of focus and concern in 2017. Each National Director, Hospital Group CEO, CHO Chief Officer and other senior managers will face specific challenges in respect of ensuring the type and volume of safe services are delivered within the resources available. However, the scale of the challenge will present particular difficulties within disability services in the areas of emergency placements, de-congregation and HIQA compliance, as well as in primary care services particularly in terms of responding to the growing numbers of complex paediatric discharges. There will also be significant pressures within acute hospitals in 2017 including in relation to responding to emergency presentations, costs of maintaining appropriate staffing levels, the additional demands of treating an ageing population and the growing cost of drugs and medical technologies.

The key components of our approach to addressing the financial challenge will be applied to our overall base budget. This will involve pursuing increased efficiency, value for money and budgetary control and will include:

- Governance – continued focus on budgetary control through the Performance and Accountability Framework, which covers the four domains of *Access* to services, the *Quality and Safety* of those services, doing this within the *Financial resources* available and effectively harnessing the efforts of our *Workforce*
- Pay – adherence to the Pay and Numbers Strategy for 2017
- Non-pay – implement targeted cost-containment programmes for specific high-growth categories
- Income – sustain and improve wherever possible the level of income generation achieved in 2016 – in the first instance we will seek to deal with any income shortfalls within income with a view to mitigating any need to impact pay / non-pay costs. The income targets include a residual amount related to the acute hospital historic accelerated income target, which we will seek, to manage on a cash basis pending a more long term solution
- Activity – use the activity based funding (ABF) model progressively as part of the performance management process with hospitals
- Reprioritisation – consideration will be given to opportunities to reprioritise existing activities where relevant.

The HSE will prioritise its requirement to plan for an overall breakeven across the totality of the resource available. However it is our assessment that pressures exist in a number of areas and, similar to previous years, it has not been possible to identify a contingency amount that can be held in the event that costs exceed what is planned. Accordingly it is not expected that overruns in one area can be offset against surpluses in other areas to any great extent beyond what has already been factored in and this plan is prepared and approved on that basis.

Exceptional cost pressures within disability and acute hospital services

There is an overriding requirement for the HSE to maximise the provision of essential services within the totality of the funding available. There is a pressing need to ensure an appropriate response to the growing need for residential places for people with a disability and to maintain funded levels of personal assistant and home support hours. To meet this need the HSE, has reprioritised a total of €35m in funding from within the indicative allocations for acute hospital services (€10m), PCRS (€5m) and SCA (€20m) to support disability services.

It has also been necessary to provide for stretched savings and income targets within both disability services and acute hospitals in order to support the delivery of services albeit these carry a high delivery risk.

Costs related to new drugs and medicines or new indications for existing medications

The 2016 Framework Agreement on the Supply and Pricing of Medicines with the Irish Pharmaceutical Healthcare Association (IPHA) is beneficial in terms of mitigating the annual growth in the cost of drugs and medicines and therefore facilitating access for patients to necessary medicines. Savings targets related to the agreement have been factored into this plan primarily in the area of PCRS and acute hospitals. In the event that any savings above those planned are delivered the HSE will engage with the DoH as to the application of such savings with the expectation being that new drugs / medicines and / or new indications would be the likely priority. It is noted that the savings targets are based primarily on the analysis of community and hospital drug costs commissioned as part of the preparation for the discussions which led to the framework agreement.

The 2016 Framework Agreement on the Supply and Pricing of Medicines sets out the principles and process for the assessment of new medicines in Ireland. The HSE will be required to notify DoH and seek its guidance in 2017 in cases where a new drug or new indication is deemed effective and appropriate for reimbursement at the available price but the HSE does not have sufficient funds to meet the cost.

The HSE is committed to continuing to pursue and deliver sustainable access for patients to drugs and medicines that represent value in the context of the overall resource available for health services. The HSE will co-ordinate these efforts through its national drug management programme including:

- Implementing the Framework Agreement within community and hospitals
- Developing hospital pharmacy data and analytics
- Supporting the HSE's national clinical programme for medicines management with a view to influencing prescribing practices
- Implementing, via a national drugs management system, revised clinical access protocols developed by the HSE's neurology clinical programme in respect of multiple sclerosis

- Planning for the development of appropriate pharmacy capacity within the HSE at both national and service delivery level.

Pensions

The Letter of Determination received by the HSE required that the overall budget for statutory and voluntary sector pensions increased by no less than €58m. Taking into account pensions and pension-related funding adjustments, the total resource available to the HSE in 2017 has increased by €62.8m. This will allow the HSE to fund the 2017 rollover cost of 2016 retirees in addition to an estimated 2,850 new retirees, across both the statutory and voluntary sectors, in 2017.

There is a strict requirement on the health service, as is the case across the public sector, to ring-fence public pension-related funding and to identify pension-related funding and costs separately to mainstream services. This includes pension payments, lump sum payments, superannuation contributions and the pension related deduction.

Funding has been fully provided against the current forecast expenditure in this area. In the event that expenditure is higher, the HSE will seek, with the DoH, solutions which do not adversely impact services.

State Claims Agency

This funding relates to the cost of managing and settling claims which arose in previous years which is a statutory function of the State Claims Agency (SCA). As part of NSP 2017 and in line with the letters of determination received, an additional €26m has been assigned to SCA bringing the total budget available in 2017 to €224m. It is noted that the cost growths in this area in recent years are driven primarily by the operation of the legal system and not by factors under the control of the HSE and its services.

In the event that expenditure is higher, the HSE will seek, with the DoH, solutions which do not adversely impact services.

Health service improvement programme

The HSE will continue to support the health service improvement programme in 2017 through a continuation of the commitment to make in excess of €15m available from within existing resources.

Capital funding 2017

Separately, a provision of €439m in capital funding will be made available to the HSE in 2017, comprising €384m for building, equipping and furnishing of health facilities and €55m for ICT.

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Workforce

The Health Service *People Strategy*

The health service has a workforce of over 105,000 whole-time equivalents who deliver care across the country, 365 days a year. The *People Strategy 2015–2018* was developed in recognition of the vital role our workforce plays in delivering safer better healthcare. It is a strategy that extends to the entire health sector workforce and managers at all levels. The strategy is underpinned by a commitment to engage, develop, value and support our workforce. In 2017 we will:

- Implement actions from the *People Strategy 2015–2018*
- Undertake the annual staff survey and develop and implement staff engagement and staff health and wellbeing programmes in response to what staff have told us
- Implement the health service Diversity, Equality and Inclusion Action Plan
- Advance the health service Leadership Academy
- Implement an Integrated Workforce Planning Framework to support and enable the recruitment and retention of the right mix of staff
- Implement a revised Performance Achievement System
- Monitor the implementation of the Pay and Numbers Strategy 2017
- Ensure greater connectivity with service delivery units and partners across the health service through implementation of the HR Operating Model
- Develop streamlined HR data gathering, reporting processes and systems to meet the requirements of the Performance and Accountability Framework and assist in service reform.

Pay and Numbers Strategy 2017 and funded workforce plans

The Pay and Numbers Strategy 2017 is a continuation of the strategy that was approved in July 2016, central to which is compliance with allocated pay expenditure budgets. Overall pay expenditure, which is made up of direct employment costs, overtime and agency will continue to be monitored, managed and controlled. This will ensure compliance with allocated pay budgets as set out in annual funded workforce plans at divisional and service delivery unit level that are required to:

- Take account of any first charges in pay overruns that may arise from 2016
- Operate strictly within allocated pay frameworks, while ensuring that services are maintained to the maximum extent and that service priorities determined by Government are progressed
- Comply strictly with public sector pay policy and public sector appointments
- Identify further opportunities for pay savings to allow for re-investment purposes in the health sector workforce and to address any unfunded pay cost pressures.

Pay and staff monitoring, management and control at all levels will be an area of significant focus in 2017 in line with the Performance and Accountability Framework. Early intervention and effective plans to address any deviation from the approved funded workforce plans will be central to maximising full pay budget adherence at the end of 2017.

There is a continuous review of the cost and reliance on agency staff to ensure that the level used is appropriate to meet the needs of service delivery and that agency use is reduced or service need met by the recruitment of staff paid directly when this is suitable.

Particular attention will be paid to the further development and implementation of measures to support the recruitment and retention of nursing and midwifery staff in light of identified shortages.

The Lansdowne Road Public Service Stability Agreement 2013–2018

The LRA, which represents an extension of the *Haddington Road Agreement* (HRA), was negotiated between Government and unions in May 2015 and will continue until September 2018. The agreement is endorsed by the majority of health sector unions and provides for the commencement of a phased approach towards pay restoration, targeted primarily at those on lower pay scales.

Strategic Review of Medical Training and Career Structure (MacCraith Report)

The outstanding recommendations of this report will continue to be implemented and in particular the issue of friendly flexible working arrangements will, service dependent, be supported. The task transfer initiative will be concluded and implementation of revised work practices shall be prioritised.

Outstanding recommendations on training, workforce planning and the consultant appointment process will be implemented.

European Working Time Directive

We are committed to maintaining and progressing compliance with the requirements of the European Working Time Directive including non-consultant hospital doctors (NCHDs) and staff in the social care sector. Key indicators of performance agreed with the European Commission include a maximum 24 hour shift, maximum average 48 hour week, 30 minute breaks every six hours, 11 hour daily rest / equivalent compensatory rest and 35 hour weekly / 59 hour fortnightly / equivalent compensatory rest. We will continue to progress improved performance against these targets within the overall parameters of the service plan.

Staff health and wellbeing and occupational health

Staff will be enabled to become healthier in their workplaces through improved staff engagement, accreditation of staff support services and updating of key national policies. Safer workplaces will be created and in 2017 we will:

- Review and revise the HSE's *Corporate Safety Statement*
- Develop key KPIs in health and safety management and performance
- Launch a new statutory occupational safety and health training policy
- Develop and commence a national proactive audit and inspection programme.

Service Delivery

Cross cutting priorities

A multi-year system-wide approach

These system-wide priorities will be delivered across the organisation. Further detail on 2017 actions will be reflected in Operational Plans 2017 for each of the relevant service areas.

Promote health and wellbeing as part of everything we do

- Implement the *Healthy Ireland in the Health Service Implementation Plan 2015–2017*
- Implement actions in support of national policy priority programmes for tobacco, alcohol, healthy eating active living, healthy childhood, sexual health, positive ageing and wellbeing and mental health
- Progress implementation of Making Every Contact Count
- Implement *Connecting for Life*
- Increase support for staff health and wellbeing.

Quality, safety and service improvement

- Implement integrated care programmes, with an emphasis on chronic disease and frail elderly
- Implement priorities of the national clinical programmes
- Implement the National Safety Programme initiatives including those for HCAI and medication safety
- Implement the HSE's Framework for Improving Quality
- Measure and respond to service user experience including complaints
- Carry out patient experience surveys and implement findings.
- Continue to implement open disclosure and assisted decision-making processes
- Implement *Safeguarding Vulnerable Persons at Risk of Abuse – National Policy and Procedures*
- Report serious reportable events and other safety incidents and undertake appropriate reviews or investigations of serious incidents
- Implement programmes of clinical audit
- Implement National Clinical Effectiveness Guidelines
- Continue to implement the *National Standards for Safer Better Healthcare*
- Carry out the Programme for Health Service Improvement
- Put *Children First* legislation into action
- Implement *eHealth Ireland* programmes.

Finance, governance and compliance

- Implement the HSE's Performance and Accountability Framework
- Comply with governance arrangements for the non-statutory sector
- Implement and monitor internal and external audit recommendations
- Progress the new finance operating model and further embed activity based funding
- Implement the Protected Disclosures legislation
- Put in place standards / guidelines to ensure reputational and communications stewardship.

Workforce

- Implement the 2017 priorities of the *People Strategy*
- Implement the Pay and Numbers Strategy 2017
- Carry out a staff survey and use findings
- Progress the use of appropriate skill mix across the health service.

Health and Wellbeing

Introduction

	2017 Budget €m	2016 Budget €m
Health and Wellbeing	233.3	223.9

Full details of the 2017 budget are available in Appendix 1 Table 3, pages 55-56

Improving the health and wellbeing of the population is a cornerstone of the health reform programme. The implementation of *Healthy Ireland*: *A Framework for Improved Health and Wellbeing 2013–2025* is key to this improvement. Health and wellbeing is about helping people to stay healthy and well, reducing health inequalities and protecting people from threats to their health and wellbeing. Services delivered include the national screening service, health promotion and improvement, environmental health, public health and knowledge management.

Much of the *Healthy Ireland* agenda is delivered through services, Hospital Groups and CHOs with the support of health and wellbeing. For a number of priority areas in 2017, implementation will be on a phased basis within resources and underpinned by quality partnerships with key stakeholders.

Priorities and priority actions 2017

Implement *Healthy Ireland*

- Complete the development of *Healthy Ireland* implementation plans in the remaining three Hospital Groups and all CHOs
- Progress the implementation of Making Every Contact Count through Hospital Groups and CHOs as part of the integrated care programme for the prevention and management of chronic disease
- Progress the implementation of the self-management support framework through Hospital Groups and CHOs as part of the integrated care programme for the prevention and management of chronic disease
- Implement an organisational development plan for health promotion and improvement services
- Implement an organisational development plan for public health services
- Improve research capability and build on the *Planning for Health* series of publications in support of a consistent approach to the measurement of population health need and service demand.

Reduce chronic disease and improve health and wellbeing of the population

- Finalise the standardised chronic disease pathway
- Establish national undergraduate curricula in all higher education institutes on health behaviour change for the prevention and management of chronic disease
- Implement actions in support of national policy priority programmes for tobacco, alcohol, healthy eating active living, healthy childhood, sexual health, positive ageing and wellbeing and mental health
- Implement priority actions from the *National 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

- 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 Active Living Programme including the appointment of a clinical lead in obesity
- Plan for the provision of enhanced community-based, weight-management programmes and specialist treatment services
- Progress implementation of the *Breastfeeding in a Healthy Ireland - Health Service Breastfeeding Action Plan 2016–2021*
- Build a network of local and national partnerships under the Dementia UnderStandTogether campaign to increase awareness and create compassionate inclusive communities for people with dementia and their carers
- Implement current phase of age-extension for the BreastCheck Programme to eligible women and maintain uptake amongst the eligible population within the overall programme
- Maintain the uptake of screening amongst relevant eligible populations through CervicalCheck, BowelScreen and Diabetic RetinaScreen Programmes.

Population health protection

- Enforce HSE environmental health tobacco control statutory responsibilities focusing on areas of greatest non-compliance and new tobacco control legislation
- Implement the Food Safety Authority of Ireland Contract 2016–2018
- Undertake a sun bed test purchase and mystery shopper inspection programme under the *Public Health (Sunbeds) Act 2014*
- Prepare for the enforcement of the Public Health (Alcohol) Bill
- Prepare for the enforcement of the Health and Wellbeing (Healthy Workplaces and Calorie Posting) Bill 2016
- Complete implementation of the rotavirus and meningococcal B vaccination programmes within available resources
- Improve immunisation and influenza uptake rates within relevant target populations including staff
- Provide overall co-ordination across the health service for capacity building for the prevention, surveillance and management of HCAIs and antimicrobial resistance (AMR) and the implementation of an agreed action plan for HCAIs in line with new governance structures and available resources
- Support the development and implementation of Ireland's forthcoming Global Action Plan for AMR
- Support 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) ensuring that the essential clinical leadership is in place
- Develop an improved model of care for tuberculosis control
- Contribute to the development of a health sector climate change adaptation plan.

Cross-sectoral partnerships to improve health outcomes and address health inequalities

- Improve co-ordination and input to multi-agency partnerships / committees to ensure joined up approaches to public health priorities.

Volume of services in 2017 includes:

Health and Wellbeing			
Area of service provision	NSP 2016 Expected Activity	Projected Outturn 2016	Expected Activity 2017
National Screening Service BreastCheck No. of women in the eligible population who have had a complete mammogram	149,500	144,500	155,000
CervicalCheck No. of unique women who have had one or more smear tests in a primary care setting	255,000	250,000	242,000(i)
BowelScreen No. of clients who have completed a satisfactory BowelScreen FIT test	106,875	110,500	106,875
Diabetic RetinaScreen No. of Diabetic RetinaScreen clients screened with final grading result	87,000	87,000	87,000
Environmental Health No. of initial tobacco sales to minors test purchase inspections carried out	384	384	384
No. of test purchases carried out under the *Public Health (Sunbeds) Act, 2014*	32	32	32
No. of mystery shopper inspections carried out under the *Public Health (Sunbeds) Act, 2014*	32	32	32
No. of official food control planned, and planned surveillance, inspections of food businesses	33,000	33,606	33,000
Tobacco No. of smokers who received intensive cessation support from a cessation counsellor	11,500	14,500	13,000
No. of frontline staff trained in brief intervention smoking cessation	1,350	1,350	1,350
Chronic Disease Management No. of people who have completed a structured patient education programme for diabetes	2,200	2,200	2,440
Public Health No. of infectious disease (ID) outbreaks notified under the national ID reporting schedule	660	494	500
(i) Introduction of HPV testing in colposcopy and HPV triage for some clients has reduced the frequency of screening tests required. There is no reduction in population coverage of the programme.			

Health and Wellbeing			
Area of service provision	Target Population	Target % Uptake Rate 2017	Expected No. of People Vaccinated 2017
Primary childhood immunisation programme – five GP visits and 14 vaccinations	66,500	95%	63,200
Primary school immunisation programme – two vaccinations	75,600	95%	71,800
Second level school immunisation programme – four vaccinations	65,100	90%	58,600
Seasonal influenza vaccination programme – persons aged 65 years and older	625,000	75%	468,750
Seasonal influenza vaccination programme – healthcare workers	110,000	40%	44,000

Community Healthcare

Primary Care

Introduction

The development of primary care services is a key element of the overall health reform programme. A decisive shift to primary care in the Irish health system is required to bring about improvements to the health and wellbeing of the population and better integrated health services. The key objective is to achieve a more balanced health service by ensuring that the vast majority of patients and clients who require urgent or planned care are managed within primary and community based settings, while ensuring that services are:

- Safe and of the highest quality
- Responsive and accessible to patients and clients
- Highly efficient and represent good value for money
- Well integrated and aligned with the relevant specialist services.

	2017 Budget €m	2016 Budget €m
Primary Care	808.1	777.3
Social Inclusion	133.3	129.9
Palliative Care	76.5	75.6
Sub-total	*1,017.8*	*982.7*
PCRS	2,560.7	2,555.6
Local Demand-Led Schemes	249.6	246.6
Sub-total	*2,810.4*	*2,802.3*
Total	3,828.2	3,785.0

Full details of the 2017 budget are available in Appendix 1 Table 3, pages 55-56

PCRS budget figures take account of the Framework Agreement with IPHA

Primary care services include primary care teams (PCTs), community healthcare network services, general practice, schemes reimbursement, social inclusion and palliative care services.

Priorities and priority actions 2017

Improve quality, safety, access and responsiveness of primary care services to support the decisive shift of services to primary care

- Deliver integrated care programmes for chronic disease prevention and management in primary care
- Strengthen and expand Community Intervention Team (CIT) / Outpatient Parenteral Antimicrobial Therapy (OPAT) services
- Consolidate the provision of ultrasound and minor surgery services in primary care sites and expand provision of direct access to x-ray services within existing resources
- Strengthen governance arrangements to support packages of care for children discharged from hospital with complex medical conditions to funded levels
- Implement the recommendations of the GP Out of Hours, Primary Care Eye Services and Island Services Reviews

- Develop and implement integrated models of hepatitis C treatment across community and acute settings, ensure that treatment is offered to all state-infected patients by the end of 2017 and progress the recommendations of the national clinical guidelines on hepatitis C screening (when published) within available funding
- Improve waiting times for therapy services by implementing a revised model of care for children's speech and language therapy services and psychology services and develop new models for physiotherapy, occupational therapy and lymphodema services
- Implement the mental health and primary care initiative to enhance counselling services with a focus on enhanced counselling interventions for children and adolescents
- Improve access to children's oral health services and improve access to orthodontic services for children
- Implement primary care actions aligned to the action plan for HCAIs in line with new governance arrangements (resource-neutral) and ensure governance structures are in place in CHOs to drive improvement and monitor compliance for HCAIs and AMR targets
- Support Ireland's Global Action Plan for AMR due to be published in 2017.

Improve health outcomes for the most vulnerable in society including those with addiction issues, the homeless, refugees, asylum seekers, Traveller and Roma communities

Addiction services

- Improve access to addiction treatment services for adults and children, with a particular focus on services for the under 18s
- Implement the recommendations of the *National Drugs Rehabilitation Framework*
- Establish a pilot supervised injecting facility in Dublin
- Expand access to naloxone to approximately 600 new clients
- Increase access to buprenorphine naloxone and buprenorphine products
- Provide 25 more addiction residential treatment beds and 142 additional treatment episodes.

Homeless services

- Improve health outcomes for people experiencing or at risk of homelessness, particularly those with addiction and mental health needs, by providing key worker, case management, general practitioner (GP) and nursing services
- Implement the health actions set out in *Rebuilding Ireland, Action Plan for Housing and Homelessness,* on a phased basis, in order to provide the most appropriate primary care and mental health services to those in homeless services and improve their ability to sustain a normal tenancy.

Traveller, refugees, asylum seeker and Roma communities

- Deliver targeted programmes to support Travellers to manage chronic conditions such as diabetes, asthma and cardiovascular disease
- Expand primary care health screening and primary care services for refugees, asylum seekers and Roma communities.

Domestic, sexual and gender-based violence

- Implement health related actions in line with *National Strategy on Domestic, Sexual and Gender-based Violence 2016–2021.*

Improve access, quality and efficiency of palliative care services

- Increase the specialist palliative care bed numbers in CHO 4
- Implement the model of care for adult palliative care services
- Implement a standardised approach to the provision of children's palliative care in the community.

Reimburse contractors in line with health policy, regulations and within service level arrangements governing administration of health schemes

- Improve quality assurance by developing and expanding the PCRS quality assurance function.

Implement *Programme for a Partnership Government* priorities including:

- Provide medical cards for children in receipt of Domiciliary Care Allowance
- Reduce prescription charge for those over 70 years of age from €2.50 per item to €2 and reduce the monthly cap on prescription charges for those over 70 years of age from €25 to €20
- Extend access to free GP care for children aged up to 12 years subject to negotiations under the Framework Agreement (subject to legislative change).

Implement the provisions of the Framework Agreement on the Supply and Pricing of Medicines including:

- Realign downward the price of all qualifying medicines on the 1st July 2017
- Reduce the price of patent-expired, non-exclusive, non-biologic medicines where first generic products become available
- Reduce the price of patent-expired, non-exclusive, biologic medicines where first biosimilar products become available
- Collect the rebate of 5.25%, as provided for in the Framework Agreement
- Assess and reimburse applications in relation to new drugs and new uses of existing drugs in 2017 in accordance with the procedures outlined in the Framework Agreement on the Supply and Pricing of Medicines.

Process applications for eligibility (under the PCRS) within agreed timelines

- Process 96% of completed medical / GP visit card applications within 15 days.

Strengthen accountability and compliance across all services and review contractor arrangements

- Strengthen accountability within primary care and ensure compliance with service and probity arrangements and internal and external audit findings
- Progress and implement policy and value for money projects for community demand-led schemes in relation to aids and appliances, respiratory products, orthotics, prosthetics and specialised footwear, incontinence wear, urinary, ostomy and bowel care, nutrition, bandages and dressings
- Use the Optimising Primary Care Pharmaceutical Programme to ensure quality, safety and value for money

- Ensure medicines are procured, provided and used in a cost-effective, efficient and rational manner across the health service
- Review contractor arrangements, including the GP contract under the Framework Agreement in relation to GP contracts, the Dental Treatment Services Scheme and the Primary Care Ophthalmic, Optometry and Dispensing Optician Contracts
- Engage with the GP representatives and other stakeholders to develop appropriate contractual arrangements
- Finalise the service level agreement on the training programme for GPs.

Volume of services in 2017 includes:

Primary Care			
Area of service provision	NSP 2016 Expected Activity	Projected Outturn 2016	Expected Activity 2017
Primary Care			
Community Intervention Teams			
No. of referrals	24,202	27,033	32,861
Admission avoidance (includes OPAT)	914	949	1,187
Hospital avoidance	12,932	17,555	21,629
Early discharge (includes OPAT)	6,360	5,240	6,072
Unscheduled referrals from community sources	3,996	3,289	3,972
GP Activity			
No. of contacts with GP Out of Hours Service	964,770	1,053,996	1,055,388
Therapies / Community Healthcare Network Services			
Total no. of patients seen	1,249,772	1,508,664	1,549,256(i)
Physiotherapy			
No. of patients seen	597,177	613,320	613,320
Occupational Therapy			
No. of patients seen	329,991	335,988	338,705
Speech and Language Therapy			
No. of patients seen	-	247,536	265,182
Podiatry			
No. of patients seen	71,407	74,640	74,952
Ophthalmology			
No. of patients seen	75,444	86,988	97,150
Audiology			
No. of patients seen	50,659	47,988	56,834
Dietetics			
No. of patients seen	84,215	64,308	65,217
Psychology			
No. of patients seen	40,879	37,896	37,896
Nursing			
No. of patients seen	898,944	663,300	898,944
Paediatric Homecare Packages			
No. of packages (based on average cost per package of €0.075m)	-	474	514

Primary Care			
Area of service provision	NSP 2016 Expected Activity	Projected Outturn 2016	Expected Activity 2017
GP Trainees No. of trainees	157	172	187
National Virus Reference Laboratory No. of tests	-	799,881	627,684[ii]
Social Inclusion			
Opioid Substitution No. of clients in receipt of opioid substitution treatment (outside prisons)	9,515	9,560	9,700
Needle Exchange No. of unique individuals attending pharmacy needle exchange	1,731	1,647	1,647
Homeless Services No. of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed within two weeks of admission	1,311	1,022	1,272
Traveller Health No. of people who received health information on type 2 diabetes and cardiovascular health	3,470	3,481	3,481
Palliative Care			
Inpatient Palliative Care Services No. accessing specialist inpatient bed (during the reporting month)	New 2017	New 2017	3,555
Community Palliative Care Services No. of patients who received specialist palliative care treatment in their normal place of residence in the month	3,309	3,517	3,620
Children's Palliative Care Services No. of children in the care of the children's outreach nurse	New 2017	New 2017	269
No. of children in the care of the specialist paediatric palliative care team in an acute hospital setting (during the reporting month)	New 2017	New 2017	20
Primary Care Reimbursement Service[iii]			
Medical Cards No. of persons covered by medical cards as at 31st December	1,675,767	1,697,081	1,672,654
No. of persons covered by GP visit cards as at 31st December	485,192	478,541	528,593
Sub-total	2,160,959	2,175,622	2,201,247
No. of long term illness claims	2,125,507	2,138,583	2,407,912
No. of drug payment scheme claims	2,177,935	2,223,070	2,411,929
No. of prescriptions (GMS)	17,780,183	19,164,342	18,811,508
No. of high tech drugs claims	533,824	603,576	660,125
No. of dental treatments	1,272,954	1,256,417	1,256,417
No. of community ophthalmic services treatments	832,933	857,617	857,617
General Medical Services Scheme Total no. items prescribed	-	58,929,932	57,821,617
Average dispensing fee (€) per item	-	5.49	5.49
Average ingredient cost (€) per item (gross cost)[iv]	-	11.56	11.55
Long Term Illness Scheme Total no. items prescribed	-	7,611,368	8,657,750
Average dispensing fee (€) per item	-	4.32	4.32

Primary Care			
Area of service provision	NSP 2016 Expected Activity	Projected Outturn 2016	Expected Activity 2017
Average ingredient cost (€) per item (gross cost) (iv)	-	21.17	21.25
Drug Payment Scheme Total no. items prescribed	-	7,440,900	8,305,797
Average dispensing fee (€) per item	-	1.88	1.88
Average ingredient cost (€) per item (gross cost) (iv)	-	6.79	6.82

(i) Includes new patients seen for initial assessment as part of speech and language therapy service improvement initiative. Additional activity arising from psychology development initiative not included

(ii) Reduction of costs and activity targeted through revised governance arrangements and efficiency measures

(iii) The PCRS budget and activity profile has been framed with reference to current working assumptions in relation to the levels of schemes eligibility and the value of savings to be achieved in 2017

(iv) The gross cost is prior to any price reductions from the Framework Agreement on the Supply and Pricing of Medicines, manufacturers' rebates and the netting off of prescription charges

Mental Health

Introduction

	2017 Budget €m	2016 Budget €m
Mental Health	853.1	828.6

Full details of the 2017 budget are available in Appendix 1 Table 3, pages 55-56

Mental health describes a spectrum that extends from positive mental health through to severe and disabling illness. Over 90% of mental health needs can be successfully treated within a primary care setting, with less than 10% being referred to specialist community based mental health services. Of this number, approximately 1% are offered inpatient care and nine out of every ten of these admissions are voluntary.

Specialist mental health services are provided by mental health services based in community healthcare areas. These are made up of acute inpatient services, community based mental health teams (child and adolescent mental health, general adult and psychiatry of old age), day hospitals, outpatient clinics and community residential and continuing care settings. There are also sub-specialty services including rehabilitation and recovery, liaison psychiatry and perinatal psychiatry. A national forensic mental health service is also delivered.

The expected increase in the population aged over 65 years and 85 years and over will have significant implications for the psychiatry of old age (POA) services. Many people develop mental illness for the first time over the age of 65 years and older adults with mental health difficulties have special needs. There is an increase in the number of older people with dementia which can be associated with significant behavioural and psychotic symptoms where psychiatry of old age services are required. The population of children is also expected to increase by 8,530 between 2016 and 2017 potentially creating an additional demand on child and adolescent mental health services (CAMHs).

Our vision for mental health services is to support the population to achieve their optimal mental health through five strategic multi-annual priorities which build capacity for sustained service improvement and mental health reform, in line with *A Vision for Change - Report of the Expert Group on Mental Health Policy (2006)*. The recovery approach is central to the delivery of quality evidenced based person-centred mental health services.

The net opening budget allocation for 2017 of €838.1m, inclusive of 2016 *Programme for Government* (PfG) funding, plus the additional *Programme for a Partnership Government* (PfPG 2017) funding of €15m, represents an increase of €24.5m or 3% compared to the equivalent net closing budget figure in 2016. The 2017 funding provides for additional spending for enhanced services up to €35m on a full year basis. This will enable further improvements to services across a number of age groups and specialties, and assist the continuing development of integrated approaches to youth mental health and suicide reduction initiatives. As projects initiated in 2017 will require certain lead-in times to achieve full scale operation, an allocation of €15m is set aside for these services in 2017. In addition to the PfPG 2017 funding, the full resources above should continue to address the multi-year strategic priorities including a continued focus on prevention and recovery oriented models of care as outlined in the key actions below. The national forensic mental health service will also receive the benefit of significant capital investment in 2017.

Priorities and priority actions 2017

Mental health strategic priority 1 – Promote the mental health of the population in collaboration with other services and agencies including reducing the loss of life by suicide

- Develop structures for implementation of *Connecting for Life – Ireland's National Strategy to Reduce Suicide 2015–2020* recommendations in mental health services across all CHOs
- Deliver evaluated evidence-based programmes through non-governmental organisations including services for priority groups in line with *Connecting for Life*
- Develop enhanced suicide bereavement support services in line with agreed standards and practices
- Ensure knowledge transfer for those working in suicide prevention
- Implement the National Training Plan for suicide reduction
- Implement agreed actions arising from the work of the National Youth Mental Health Taskforce
- Develop guidelines on physical activity and referral pathways for mental health service users in partnership with the Irish College of General Practitioners
- Ensure appropriate pathways are in place to support the physical health needs of mental health service users
- Continue the roll-out and development of *www.yourmentalhealth.ie* and the *#littlethings* campaign.

Mental health strategic priority 2 – Design integrated, evidence-based and recovery focused mental health services

- Design and develop perinatal mental health services capacity
- Complete the recruitment of individual placement support workers in line with the clinical programme for early intervention in psychosis (EIP)
- Complete the model of care for clinical programme for eating disorders
- Continue the clinical programme for the assessment and management of self harm presentations in EDs
- Continue to develop the clinical programme for attention deficit hyperactivity disorder in children and adults
- Continue to develop the clinical programme for dual diagnosis (mental illness and substance misuse including alcohol).

Mental health strategic priority 3 – Deliver timely, clinically effective and standardised safe mental health services in adherence to statutory requirements

- Embed existing 10 Jigsaw sites to full capacity and develop new sites in Cork, Dublin and Limerick
- Establish cross divisional governance arrangements for the development and delivery of primary care based counselling services for those aged under 18 years
- Ensure appropriate access by older adolescents to specialist mental health services and, for those requiring acute admission, their continued appropriate placement and care in child and adolescent-specific settings
- Further develop counselling / therapeutic supports for those with mental illness
- Improve out of hours liaison and seven day response in mental health services

- Develop specialist eating disorder capacity in CAMHs and adult services in line with the eating disorders clinical programme
- Develop hub teams in line with the clinical programme for EIP
- Further develop high observation units
- Further develop low secure, high dependency rehabilitation services for service users with severe mental illness and complex presentations
- Increase capacity in Central Mental Hospital beds for those admitted under section 21(2) and increase prison in-reach services
- Recruit and establish CAMHs community based forensic mental health teams
- Expand provision of services for the homeless and Travellers with mental health needs through improved multi-agency approach
- Embed Advancing Recovery in Ireland supports in all mental health teams in each CHO and recruit and train 20 whole time equivalent (WTE) peer support workers
- Continue the development of adult and child mental health intellectual disability teams
- Further enhance the community mental health team capacity for CAMHs, general adult and psychiatry of old age at a consistent level across all areas within available resources
- Implement the HIQA and Mental Health Commission (MHC) patient safety incident standards
- Roll out the mental health quality and safety standards framework across services
- Develop national compliance reporting and monitoring framework for MHC regulatory framework
- Develop and implement a framework of assurance for incident management
- Implement a service-wide learning framework, providing targeted products and support to address priority issues identified such as physical health monitoring and management.

Mental health strategic priority 4 – Ensure that the views of service users, family members and carers are central to the design and delivery of mental health services

- Develop national standards for mental health engagement for all stakeholders and enhance service user and carer engagement
- Appoint a lead for mental health engagement in each CHO
- Develop a standardised approach to inclusion of family members in care planning for service users
- Progress the implementation of the *National Carers' Strategy – Recognised, Supported, Empowered* as it relates to mental health services
- Develop plan for establishing access to advocacy for people using CAMHs.

Mental health strategic priority 5 – Enable the provision of mental health services by highly trained and engaged staff and fit for purpose infrastructure

- Continue to support the design and implementation of mental health performance and quality indicators
- Further develop mental health workforce plans
- Implement the postgraduate nursing programme, develop postgraduate non-nursing programme and increase undergraduate nursing numbers

- Continue to develop a comparative resource model by developing an agreed mental health framework for the governance of devolved budgets
- Maximise the equitable allocation of resources aligned to population and deprivation
- Develop the communications capacity to ensure more effective delivery of our programmes
- Progress the implementation of the national mental health ICT framework programme
- Strengthen accountability with funded voluntary agencies including accountability for the clinical services they are mandated to provide
- Participate in the development of a HSE-wide programme for the implementation of the assisted decision-making legislation in mental health services delivery
- Commission a survey of mental health capital stock to scope future infrastructural needs.

Volume of services in 2017 includes:

Mental Health			
Area of service provision	NSP 2016 Expected Activity	Projected Outturn 2016	Expected Activity 2017
CAMHs No. of children attending CAMHs	-	17,794	18,496
No. of CAMHs referrals seen by mental health services	-	12,415	14,365
No. of CAMHs inpatient units	-	4	4
No. of CAMHs inpatient beds	-	74	74
No. of admissions to CAMHs acute inpatient units	-	306	335
Total no. to be seen for a first appointment at the end of each month	2,449	2,643	2,599
Total no. to be seen 0-3 months	1,308	1,344	1,546
Total no. on waiting list for a first appointment waiting > 3 months	1,141	1,299	1,053
Total no. on waiting list for a first appointment waiting > 12 months	0	235	0
General Adult No. of adult referrals seen by mental health services	-	28,875	39,321
No. of adult inpatient units, including psychiatry of old age	-	31	31
No. of adult inpatient beds, including psychiatry of old age	-	997	1,002
No. of admissions to adult acute inpatient units	-	13,104	13,104
Psychiatry of Old Age No. of psychiatry of old age referrals seen by mental health services	-	8,908	10,013
All No. of external placements	-	194	194
Forensics No. of forensic inpatient beds	-	93	97(i)
No. of admissions to forensic inpatient beds	-	31	32(i)
No. of referrals seen by community forensic teams	-	100	120
No. of patient reviews by prison in-reach services	-	5,132	5,234
Counselling No. of adults seen by Counselling in Primary Care Service	-	8,680	8,897
No. of adults seen by National Counselling Service	-	3,030	3,090
(i) Planned opening of additional beds which may provide for further admissions			

Social Care

Introduction

Social care services are focused on:

- Enabling people with disabilities to achieve their full potential, living ordinary lives in ordinary places, as independently as possible while ensuring that the voice of service users and their families are heard and that they are fully involved in planning and improving services to meet their needs
- Maximising the potential of older people, their families and local communities to maintain people in their own homes and communities, while delivering high quality residential care when required
- Reforming our services to maximise the use of existing resources and developing sustainable models of service provision with positive outcomes for service users, delivering best value for money.

	2017 Budget €m	2016 Budget €m
Disability Services	1,688.6	1,592.2
NHSS	940.0	940.0
Services for Older People	765.4	738.7
Total	3,394.0	3,270.9

Full details of the 2017 budget are available in Appendix 1 Table 3, pages 55-56

Priorities and priority actions 2017

Safeguarding Vulnerable Persons at Risk of Abuse

- Advance implementation of training programme for awareness for designated officers and frontline staff
- Achieve training and awareness-raising target of 17,000 people
- Implement plan to ensure outcome of review of policy
- Analyse national database of safeguarding concerns to inform practice development and assurance of policy alignment
- Finalise policy review
- Establish a national independent review panel for disability services.

Assisted Decision-Making

- Establish team to implement the *Assisted Decision-Making (Capacity) Act 2015.*

HCAIs and AMR

- Implement an agreed action plan for HCAIs and AMR in line with new governance structures and available resources.

Volume of services in 2017 includes:

Social Care Services			
Area of service provision	NSP 2016 Expected Activity	Projected Outturn 2016	Expected Activity 2017
Safeguarding Total no. of preliminary screenings for adults under 65 years	New 2017	New 2017	7,000
Total no. of preliminary screenings for adults aged 65 and over	New 2017	New 2017	3,000

Disability Services

In Ireland one in 10 adults of working age (13% of the population) report at least one disability (*Census 2011*). Volume of demand across all types of services including residential and respite has increased. In excess of 36% of residential service users are aged 55 years or older. This has increased from 17% in 1996. Of residential service users aged 35 years, 49% present with moderate, severe and profound disability. This has increased from 38% in 1996. National databases indicate a requirement to change or upgrade 14,996 existing supports, over two-thirds of which are required in day services. To address the actual increase in the number of people living with disability, the increase in age and life expectancy of those with a disability, it is necessary to design and implement a more affordable and sustainable model of service.

Building on the work undertaken to date, NSP 2017 continues the focus on the implementation of the reform programme, *Transforming Lives* - the programme which sets out the recommendations of the *Value for Money and Policy Review of Disability Services in Ireland* and provides the framework for the implementation of the recommendations of key reports – *Time to Move on from Congregated Settings* in respect of residential centres, the *New Directions* programme to improve day services, and *Progressing Disability Services for Children and Young People*, which is focused on improving therapy services for children.

Priorities and priority actions 2017

Person-Centred Care

Transforming Lives

- Progress implementation of *Transforming Lives* - the programme for implementing the *Value for Money and Policy Review of Disability Services in Ireland* which reports through the national steering group
- Support the work of the Taskforce on Personalised Budgets, arising from *A Programme for a Partnership Government*
- Continue the positive work underway through the Service Improvement Team (SIT) to increase the efficiency and effectiveness of services and achieve greater value for money, in collaboration with the voluntary sector representative bodies and individual service providers
- Select and commence implementation of a standardised assessment tool for disability services
- Participate in cross-sectoral strategies, including the National Disability Inclusion Strategy and the *Comprehensive Employment Strategy for People with Disabilities 2015–2024*, as well as enhanced cross-sectoral working on children's disability issues.

Time to Move On from Congregated settings

- Complete the move of 223 people from large institutional settings to community based models, reducing the total number of people identified in the *Time to Move On from Congregated Settings Report (2009)* from 4,099 to 2,518 in 2017
- Enhance service improvements that will focus on compliance with regulatory standards and agreed priority sites in conjunction with HIQA
- Progress implementation of the recommendations of the *McCoy Review – Áras Attracta*
- Implement plans to meet housing requirements for those transitioning to the community with approved housing bodies, housing authorities and HSE Estates.

New Directions

- Provide day service supports for approximately 1,500 young people leaving school or graduating from rehabilitative training programmes
- Establish *New Directions* implementation groups in CHOs
- Develop quality improvement plans to continuously address service gaps in line with the standards and planning framework
- Develop training package to support the person-centred planning framework and finalise a schedule of person-centred planning training
- Develop a rehabilitation training transition programme.

Progressing Disability Services for Children and Young People (0–18) Programme

- Reconfigure 0–18s disability services into children's disability network teams
- Implement the National Access Policy in collaboration with primary care to ensure one clear pathway of access for all children with a disability into their local services
- Evaluate the effectiveness of the national policy on access to services for children with a disability or developmental delay in collaboration with primary care
- Improve *Disability Act* compliance for assessment of need with a particular emphasis on putting in place improvement plans for CHOs that have substantial compliance operational challenges.

Neuro-Rehabilitation Strategy

- Finalise and progress the implementation of the framework for neuro-rehabilitation strategy and establish an innovative pilot day service aimed at supporting people with severe acquired brain injuries.

Enhance governance and management

- Strengthen the overall process management regarding emergency places
- Develop IT based residential bed management / tracking system for capturing residential services and emergency places across all CHOs
- Improve efficiency and effectiveness of HSE and provider services with the focus on management and administration costs, transport and other non-frontline service costs including mergers and other collaborative partnerships where necessary to support sustainable models of service

- Target plans to implement conversion and reduction of agency, management of overtime and more effective skill mix and rostering arrangements
- Develop a national protocol with HIQA to improve compliance with national standards.

Enhance governance for service arrangements

- Implement the improvements from the findings / signposts of the completed SIT based reports
- Embed effective governance and accountability for section 38 and section 39 agencies
- Build capacity in CHOs to respond innovatively to existing and changing levels of support requirements
- Complete comparative analysis of section 38 and section 39 service providers to deliver enhanced understanding for CHOs and organisations in relation to capacity to meet existing, new and changing levels of support requirements
- Continue the development of the Oversight and Development Group.

Volume of services in 2017 includes:

Social Care – Disability Services			
Area of service provision	NSP 2016 Expected Activity	Projected Outturn 2016	Expected Activity 2017
Residential Places No. of residential places for people with a disability	8,271	8,171	8,371[(i)]
200 emergency places provided in 2016	0	200	0
Total residential places	8,271	8,371	8,371
New Emergency Places and Supports Provided to People with a Disability No. of new emergency places provided to people with a disability, 200 in 2016 included above	0	200	185
No. of new home support / in home respite supports for emergency cases	0	0	210
Total no. of new residential emergency and support places	0	200	395
Congregated Settings Facilitate the movement of people from congregated to community settings	160	97	223[(ii)]
Respite Services No. of day only respite sessions accessed by people with a disability	35,000	41,100	41,100
No. of overnights (with or without day respite) accessed by people with a disability	180,000	182,506	182,506
No. of people with a disability in receipt of respite services (ID / autism and physical and sensory disability)	5,274	6,320	6,320
Disability Act Compliance No. of requests for assessments received	5,539	5,856	6,234
Progressing Disability Services for Children and Young People (0–18s) Programme No. of Children's Disability Network Teams established (total of 129 by the end of 2017)	129	56	129
Day Services including School Leavers No. of people with a disability in receipt of work / work-like activity services (ID / autism and physical and sensory disability	3,253	3,253	3,253
No. of people (all disabilities) in receipt of rehabilitation training (RT)	2,870	2,870	2,870

Social Care – Disability Services			
Area of service provision	NSP 2016 Expected Activity	Projected Outturn 2016	Expected Activity 2017
No. of people with a disability in receipt of other day services (excl. RT and work / work-like activities) (adult) (ID / autism and physical and sensory disability)	16,832	17,752	18,672
Personal Assistance (PA) No. of PA service hours delivered to adults with a physical and / or sensory disability	1.3m	1.5m	1.4m
No. of adults with a physical and / or sensory disability in receipt of a PA service	2,186	2,357	2,357
Home Support Service No. of home support hours delivered to persons with a disability	2.6m	2.9m	2.75m
No. of people with a disability in receipt of home support services (ID / autism and physical and sensory disability)	7,312	7,447	7,447
(i) The residential placements take account of an increase of 200 emergency places during 2016 together with a reduction of 100 places in congregated settings due to vacancies in congregated settings not being replaced to improve compliance with HIQA standards *(ii) The 223 includes the 63 places not completed at the end of 2016 which will transfer to community living in Q1 2017, together with 160 additional transfers in 2017 subject to completion of house purchases, refurbishment and HIQA registration within the required timeframes*			

Services for Older People

The population aged 65 years and over is growing, leading to an increased need for services. In 2017 there will be almost 30,000 carers aged 65 years or older providing informal care with the biggest rise in the over 75 years age group. This group is at the greatest risk of developing health problems and greater support is required. Those aged over 65 in acute hospitals display more complex needs, and in acute hospital transition require more specific services including rehabilitation, home care, day care and reablement programmes to support them to live well and independently in their own homes and communities. The provision of appropriate home care and community based services can prevent unnecessary admissions to acute facilities and delay long stay care admission. In this regard, the 2016 / 2017 winter initiative programme will continue to provide enhanced services over the January / February 2017 period through additional transitional care beds for five specific acute hospitals and 300 additional home care packages, to 10 acute hospitals and maintain this enhanced home care service for the remainder of the year. This specific winter initiative provision, together with mainstream home care, residential care and transitional care will support discharges from acute care as well as assisting others to remain at home.

Priorities and priority actions 2017

Provide older people with appropriate supports following an acute hospital episode focusing on delayed discharges

- Continue to provide dedicated home care supports to 10 acute hospitals as part of the 2016 / 2017 winter initiative to end of February 2017
- Prioritise transition care resources to support acute hospital discharge

- Maintain maximum of four week waiting time for funding for the Nursing Homes Support Scheme (NHSS).

Home care service improvement plan

- Develop approved model of home care and finalise the 3–5 year implementation plan
- Progress proposals for regulation of homecare
- Develop national standard service delivery processes to support model of home care.

Irish National Dementia Strategy

- Deliver nationwide support and social media campaign in association with health and wellbeing services
- Adopt the learnings and outcomes from the HSE / Genio supported dementia specific initiatives
- Complete a mapping of services for people with dementia and carers.

Integrated care programme for older people

- Transfer learning from pioneer sites established in 2016 to other locations
- Evaluate pioneer sites in delivering wholly integrated systems of care and complex care.

Nursing Homes Support Scheme (NHSS) review implementation

- Improve access to clear information for the public in relation to NHSS
- Improve efficiency and responsiveness by reducing the number of Nursing Homes Support Offices.

Single Assessment Tool (SAT)

- Work with providers to establish a greater capacity of SAT assessments across services
- Optimise the use of SAT in influencing service delivery and planning for older people.

Volume of services in 2017 includes:

Social Care – Services for Older People			
Area of service provision	NSP 2016 Expected Activity	Projected Outturn 2016	Expected Activity 2017
Home Care Packages (HCPs) Total no. of persons in receipt of a HCP including delayed discharge initiative HCPs	15,450	16,450	16,750
Intensive HCPs: Total no. of persons in receipt of an intensive HCP including Atlantic Philanthropies funded IHCPs	130	181	190
Home Help Hours No. of home help hours provided for all care groups (excluding provision of hours from HCPs)	10.437m	10.570m	10.570m
No. of people in receipt of home help hours (excluding provision of hours from HCPs)	47,800	49,000	49,000
Nursing Homes Support Scheme (NHSS) No. of persons funded under NHSS in long term residential care at year end	23,107[iii]	23,107	23,603
No. of NHSS beds in public long stay units	5,255	5,150	5,088

Social Care – Services for Older People			
Area of service provision	NSP 2016 Expected Activity	Projected Outturn 2016	Expected Activity 2017
No. of short stay beds in public long stay units	2,005	1,921	1,918
Average length of stay for NHSS clients in public, private and saver long stay units	3.2 years	3 years	2.9 years
Transitional Care Average weekly transitional care beds available to acute hospitals	109	152	152
Additional weekly transitional care beds winter plan (October 16 – February 17)	-	15	15
No. of people at any given time being supported through transitional care in alternative care settings	450	600	600
No. of persons in acute hospitals approved for transitional care to move to alternative care settings	5,450	7,820	7,820
(iii) Previous figure of 23,450 amended in agreement with DoH during 2016			

Pre-Hospital Emergency Care

Introduction

	2017 Budget €m	2016 Budget €m
NAS	155.0	151.4

Full details of the 2017 budget are available in Appendix 1 Table 3, pages 55-56

The National Ambulance Service is currently developing a strategic plan, *National Ambulance Service Vision 2020 Patient Centred Care 2016–2020*. Through its implementation, the service will move towards a more multi-dimensional urgent and emergency care provision model which is safe and of the highest quality. This is in accordance with international trends, the desire to implement the recommendations of the various reviews into the service and the ultimate aim of improving patient outcomes whilst ensuring appropriate and targeted care delivery. A detailed action plan is in place to support implementation.

Priorities and priority actions 2017

Improve operational performance and outcomes for patients

- Implement improved response times in targeted areas with the recruitment and training of additional staff
- Continue to expand the Intermediate Care Service to support Hospital Groups in inter-hospital transfers
- Continue the development of patient retrieval services (neonatal, paediatric and adult) in support of clinical networks and in line with national policy
- Progress the implementation of the Road Safety Authority Emergency Services Driving Standards
- Implement an emergency management function within the NAS.

Provide a flexible, safe, responsive and effective service to meet planned alternative models of patient care

- Progress the development of alternative care pathways Clinical Hub (Hear and Treat)
- Develop protocols for the transport of patients to facilities other than EDs where clinically appropriate
- Further develop a comprehensive national programme of Community First Responder schemes
- Implement a clinical directorate model within NAS
- Commence implementation of NAS Operating Model.

Enhance clinical competencies and governance arrangements to improve quality of care and patient safety

- Implement the Electronic Patient Care Record (ePCR)
- Progress the introduction of a clinical support capacity
- Develop an appropriate set of KPIs for pre-hospital care services and a framework for implementation.

Play an active role in improving the health needs of the population

- Participate in the delivery of community based education / training programmes.

Deploy the most appropriate resources safely, quickly and efficiently

- Commence implementation of our fleet and equipment plan.

Volume of services in 2017 includes:

National Ambulance Service			
Area of service provision	NSP 2016 Expected Activity	Projected Outturn 2016	Expected Activity 2017
Total no. of AS1 and AS2 (emergency ambulance) calls	300,000	309,485	315,000
No. of clinical status 1 ECHO calls activated	5,350	5,472	5,589
No. of clinical status 1 ECHO calls arrived at scene (excludes those stood down en route)	5,107	5,187	5,290
No. of clinical status 1 DELTA calls activated	121,560	123,515	125,985
No. of clinical status 1 DELTA calls arrived at scene (excludes those stood down en route)	118,050	119,764	122,159
Total no. of AS3 calls (inter-hospital transfers)	25,000	29,656	30,503
No. of intermediate care vehicle (ICV) transfer calls	22,500	26,320	26,846
Aeromedical service (Department of Defence) – Hours	480	480	480
Irish Coast Guard (Department of Transport, Tourism and Sport) – Calls	144	362	144

Hospital Care

Introduction

	2017 Budget €m	2016 Budget €m
Acute Hospitals	4,367.0	4,248.6

Full details of the 2017 budget are available in Appendix 1 Table 3, pages 55-56

The demand for acute hospital services continues to increase in line with a growing and ageing population. The Hospital Groups continue to implement the *Securing the Future of Smaller Hospitals: A Framework for Development.* This will ensure that all hospitals, irrespective of size, work together in an integrated way to meet the needs of patients and staff, with an increased focus on small hospitals managing routine or planned care locally and more complex care managed in the larger hospitals.

Acute hospital services will continue to respond to demographic and demand driven cost pressures in 2017. An estimated increase of 1.7% in costs associated with increasing population and age profile is predicted for acute hospitals in 2017 compared with 2016. In addition, an increase in ED presentations of 5% is evident at the end of 2016, compared to the same period in 2015. Acute services will monitor this activity closely and manage the potential impact on elective services.

Priorities and priority actions 2017

Ensure Hospital Groups have clear structures to govern and deliver quality care

- Embed robust structures within Hospital Groups to provide direct support to the smaller hospitals in the groups in line with development of Hospital Group strategic plans
- Enhance and build capacity of quality and patient safety across hospitals
- Develop additional performance indicators on falls management and medication safety and ensure reporting commences during 2017
- Continue to develop a system to report hospital patient safety statements in conjunction with Hospital Group CEOs and Clinical Directors
- Advance the appointment of national clinical leadership for early warning systems and clinical handover in collaboration with clinical strategy and programmes and quality improvement services
- Improve compliance with the use of the sepsis screening tools and national Clinical Guideline (No. 6) Sepsis Management and (No. 5) Clinical Handover in Maternity Services.

Monitor and control healthcare associated infections (HCAIs)

- Ensure governance structures are in place in Hospital Groups to drive improvement and monitor compliance with targets of HCAIs / AMR.

Increase critical care capacity

- Improve access to adult critical care services in Cork University Hospital.

Improve inpatient flow with continued focus on delayed discharges in partnership with social care services

- Implement the Patient Flow Project in collaboration with the integrated programme for patient flow in pioneer sites, and implement the *Winter Initiative Plan 2016 / 2017*.

Continue to improve patient experience times in EDs

- Deliver targets under the winter initiative, implement the winter plans and continue to drive implementation of the ED taskforce action plan recommendations
- Target a 5% improvement in patient experience time (PET) aspiring to 100%
- Eliminate ED waiting times of >24 hours for patients
- Co-operate with the roll-out of the integrated care programme for older people in acute hospital demonstrator sites.

Improve access to urgent and planned care by increasing efficiencies, streamlining processes and maximising capacity in hospitals

- Open new 75-bed replacement ward block in Galway University Hospital
- Open University of Limerick Hospital ED
- Open phase 2 of acute medical assessment unit (AMAU) in Midland Regional Hospital Portlaoise
- Actively manage waiting lists for inpatient and day case procedures to ensure no patient is waiting >18 months and to meet targets set for those waiting <15 months
- Work with the National Treatment Purchase Fund (NTPF), in relation to the funding of €15m allocated to the NTPF, to implement waiting list initiatives, reduce waiting times and provide treatment to those patients waiting longest
- The HSE will work with the DoH to develop proposals to address public hospital capacity issues within key specialties where there are significant outpatient and inpatient waiting times in light of the availability of €50m for this purpose in 2018
- Implement the *Strategy for the Design of Outpatient Services 2016–2020*. The *Outpatient Services Performance Improvement Programme 2016–2020* will continue to be implemented in the context of eHealth initiatives
- Improve access to GI endoscopy by developing guidelines and providing support via the endoscopy clinical programme
- Implement the recommendations of the *Independent Clinical Review of Provision of a Second Catheterisation Laboratory at University Hospital Waterford* (Herity Report)
- Achieve target donation and transplant rates by developing improved organ donation and transplantation infrastructure
- Continue to progress the capital project for the new Children's Hospital and the programme of integration of services in the Children's Hospital Group as part of the transition of services to the satellite centres
- Support the development of a governance structure and implementation plan for the national models of care for paediatric and neonatal healthcare services, in collaboration with the integrated care programmes

- Continue to develop the All Island Paediatric Cardiology Service in conjunction with health partners in Northern Ireland
- Prepare for the implementation of the forthcoming policy on a trauma system in Ireland
- Support the pilot and further implement phase 1 of the Framework for Staffing and Skill Mix for Nursing in General and Specialist Medical and Surgical Care in Acute Hospitals
- Implement the next phase of the ABF programme as set out in the *ABF Programme Implementation Plan 2015–2017*
- Support implementation of phase 1 targeted hip ultrasound screening for infants at risk of developmental dysplasia of the hip
- Continue to support the paediatric consultant delivered services pilot project in University Hospital Waterford
- Support the designated Centres of Expertise, especially in the context of their involvement with European Reference Networks for Rare Diseases
- Implement the provisions of the Framework Agreement on the Supply and Pricing of Medicines.

National Women and Infants Health Programme

The HSE will establish the National Women and Infants Health Programme in 2017. The programme will develop an action plan for the implementation of the *National Maternity Strategy* and provide high level co-ordination of maternity, gynaecology and neonatal services nationally.

Implement the *Creating a Better Future Together National Maternity Strategy 2016–2026*

- Establish the National Women and Infants Health Programme to develop an action plan for the implementation of the *National Maternity Strategy*
- Publish maternity safety statements for all maternity units / hospitals monthly
- Improve access to antenatal anomaly screening in all maternity units
- Roll out the maternal and newborn clinical management system in phase 1 hospitals and commence phase 2 preparation and roll-out
- Progress plans for the relocation of Dublin maternity hospitals and University of Limerick Maternity Hospital
- Implement a range of improvement actions based on the *National Standards for Bereavement Care following Pregnancy Loss and Perinatal Death* across all 19 maternity units
- Continue to support the Guideline Development Group for the National Clinical Effectiveness Committee Intrapartum Care Guidelines.

Volume of services in 2017 includes:

Acute Services			
Area of service provision	NSP 2016 Expected Activity	Projected Outturn 2016	Expected Activity 2017
Discharges Activity[(i)] Inpatient	621,205	635,414	635,414
Day case (includes dialysis)	1,013,808	1,044,192	1,056,792

Acute Services			
Area of service provision	NSP 2016 Expected Activity	Projected Outturn 2016	Expected Activity 2017
Total inpatient and day case	1,635,013	1,679,606	1,692,206
Emergency inpatient discharges	408,885	424,659	424,659
Elective inpatient discharges	95,430	94,587	94,587
Maternity inpatient discharges	116,890	116,168	116,168
Emergency Care New ED attendances	1,102,680	1,141,437	1,168,318
Return ED attendances	94,948	94,483	94,225
Injury unit attendances	New 2017	81,141	81,919
Other emergency presentations	New 2017	49,029	48,895
Births Total no. of births	65,977	63,420	63,247
Outpatients (OPD) Total no. of new and return outpatient attendances	3,242,424	3,342,981	3,440,981
(i) Full detail of activity targets for inpatient and day cases will be provided in terms of weighted units in Hospital Group operational plans			

Cancer Services

The National Cancer Control Programme (NCCP) will lead the implementation of the new cancer strategy 2016–2025. This will involve providing leadership across the continuum of care, from diagnosis and treatment to appropriate follow-up and support, in both the hospital and community setting.

The main area of focus will continue to be the diagnosis and treatment of cancer. Further progress will be made in the consolidation of surgical oncology services into the cancer centres to ensure that optimal treatment is provided and outcomes are improved. Service improvements will be underpinned by evidence, best practice and continued development of national clinical guidelines. Services will be monitored against agreed performance parameters.

Priorities and priority actions 2017

Implement the new cancer strategy

- Work with the DoH and other stakeholders on the implementation of the National Cancer Strategy 2016–2025
- Lead on service developments such as cancer prevention, early diagnosis, survivorship and performance monitoring
- Work with Hospital Groups to implement the recommendations of the performance improvement plan for the rapid access clinics for breast, prostate and lung cancers
- Roll out the medical oncology clinical information system on a phased basis across the 26 systemic anticancer therapy hospital sites
- Continue to support expansion of the national programme for radiation oncology
- Continue the development of cancer clinical guidelines.

Volume of services in 2017 includes:

National Cancer Control Programme			
Area of service provision	NSP 2016 Expected Activity	Projected Outturn 2016	Expected Activity 2017
Symptomatic Breast Cancer Services No. of patients triaged as urgent presenting to symptomatic breast clinics	16,800	19,502	18,000
Lung Cancers No. of patients attending the rapid access lung clinic in designated cancer centres	3,300	3,372	3,300
Prostate Cancer No. of patients attending the rapid access clinic in cancer centres	2,600	2,626	2,600

Supporting Service Delivery

Supporting Service Delivery

Delivery of this NSP 2017 is dependent on a number of key enablers which strengthen service delivery. In conjunction with front line services, the provision of a modern and efficient healthcare system is enabled by these essential support services. As well as those areas set out in the overview of our strategic approach within the chapter on Building a Better Health Service, key services are delivered by Finance, Clinical Strategy and Programmes, the Office of the Chief Information Officer, Health Business Services (HBS), Emergency Management, Communications, Planning and Business Information, the Compliance Unit and Internal Audit.

Finance

Finance provides strategic and operational financial support, direction and advice to services within the HSE to achieve the organisational goals of providing high quality, integrated health and personal social services. The objectives of the finance team are to support the HSE to secure and account for the maximum appropriate investment in health and social care and to support our services to deliver and demonstrate value for money in the widest sense of that phrase (including safe, effective and efficient services).

Priorities for 2017

- Implement the Finance Reform Programme including development of a single national financial and procurement system (IFMS)
- Improve corporate reporting and budgeting capacity
- Improve controls and compliance
- Further implement ABF within hospitals including the development of a standardised outpatient collection system to support the introduction of ABF in OPD on a phased basis
- Further develop national central capacity and expertise to forecast and analyse pay (in line with the Pay and Numbers Strategy) as well as income and non-pay
- Progress a community costing framework, including drafting an initial approach to the development of funding models to promote and support integrated care
- Support the development of a commissioning framework for health and social care services.

Clinical Strategy and Programmes

Clinical Strategy and Programmes lead the development of integrated care across the health system. This is a long term programme of improvement and change and involves people at all levels of the health services working together to create improved experiences and outcomes for people in their care.

Priorities for 2017

- Continue the establishment and development of the integrated care programmes for older people, prevention and management of chronic disease, patient flow and children

- Develop further clinical programme models of care and support implementation of these across Hospital Groups and CHOs (specific actions on national clinical programmes can be seen throughout all sections of this NSP)
- Ensure mental health actions are included in all integrated care programmes and clinical programmes
- Develop and implement the Patient Narrative Project to guide the delivery of integrated services in order to create improved patient experience and outcomes.

Office of Nursing and Midwifery Services

- Support and progress initiatives from recent and forthcoming policy developments through engagement with the office of the Chief Nursing Officer, DoH, including the roll-out of the Framework for Staffing and Skill Mix for Nursing
- Provide education to increase to 940 the number of nurses and midwives with authority to prescribe medicines
- Provide education to increase to 310 the number of nurses and midwives with authority to prescribe ionising radiation (x-ray)
- Implement incrementally the Nursing and Midwifery Quality Care-Metrics system nationally
- Expand implementation of the Caring Behaviours System for Ireland (CBAS-1) to additional sites.

Office of the Chief Information Officer

eHealth Ireland is based on the principle of 'no more IT projects'; it is a business change programme across the health services supported by digital technology and enhanced information. Technology will be based on patient and clinical benefit and implemented through measurable cultural change. Success will mean people using their own health information to stay fit and healthy, tools for clinicians and a borderless healthcare system to deliver integrated care.

Priorities for 2017

- Develop, with the DoH, governance and oversight arrangements to enable the *eHealth* programme to progress in an agile manner
- Continue to build the foundations for the implementation and integration capability of an EHR for Ireland and implement the maternity hospital electronic health record as part of the wider EHR programme
- Deliver phase 1 of the patient portal for the individual health identifier (IHI)
- Connect 50% of health user systems to the IHI service
- Continue the development of the digital new Children's Hospital and satellite centres programme
- Develop our Ireland Health Cloud infrastructure including the migration of legacy systems to the Cloud, involving the migration of HealthLink solutions to allow for the secure transmission of clinical patient information between hospitals, healthcare agencies and GPs
- Further develop the national laboratory information system, the national imaging and diagnostics system, eReferrals, national medical oncology information systems, ePharmacy, summary care records, ePrescriptions in primary care, the integrated financial management system and support the eRostering solutions currently being deployed

- Progress the three Lighthouse Projects in the areas of epilepsy, bi-polar and haemophilia with careful consideration for lessons that can be learned and applied to the wider EHR programme
- Develop the framework for a single information services function for health including business intelligence tools, and analyse and deploy the next phase of the data governance programme in conjunction with the DoH needs and requirements as well as the HSE's own capability.

Health Business Services

HBS is the business shared service provider in health, encompassing estates, procurement, finance, HR and HR and payroll systems. All divisions of the HSE including the CHOs and Hospital Groups are required to use HBS to ensure that we achieve optimal value in the delivery of services. The HBS Strategy 2017–2019 is supported by a focus on customer relationship management and a collaborative approach taken in partnership with customers.

The construction Capital Plan is €384m for 2017 and will be prudently managed to remain within this capital envelope. All projects being progressed which are not in construction at the beginning of January will be progressed to pre-tender stage and construction work will only be tendered if it is clear that funding is available to allow for completion of the project. Priorities in 2017 include the new Children's Hospital, the national forensic mental health hospital, the radiation oncology programme, the primary care centre programme and the social care residential accommodation programmes.

Priorities for 2017

- Develop and commence the implementation of a national HR and payroll business service programme
- Continue to work in partnership with corporate finance and other stakeholders to design and implement the integrated financial management system
- Develop a strategic plan for healthcare physical infrastructure
- Implement the three-year Procurement Sourcing Plan
- Continue the implementation of the National Distribution Centre
- Implement the Pensions Improvement Plan
- Continue to implement the Recruitment Strategy with corporate HR and other stakeholders
- Source and commence implementation of customer relationship management technology.

Emergency Management

The emergency management function provides advice and support to services across the HSE to prepare and implement emergency contingency plans. It works on an inter-agency and inter-departmental basis as part of national planning to respond to emergency situations.

Priorities for 2017

- Facilitate the development of major emergency plans for acute hospitals and CHO areas
- Implement management commitments under the National Framework for Emergency Management and meet all requirements under relevant legislation.

Communications

The HSE Communications service works with health service teams all over the country to deliver the health service's internal and public communications, creating communications programmes that support a healthier nation and build trust and confidence in our health services. Communication is a fundamental part of how our patients, service users, staff and the public experience the health services, from personal face to face encounters to accessing information online. Improvements in our health services cannot be achieved without significant changes in how we communicate both within the health services and with the public.

Priorities for 2017

- Develop our internal communications assets and resources to meet the needs of services in engaging with staff during a time of change
- Continue to invest in developing our digital assets and capabilities to deliver better user experiences online to meet the growing expectations of the public and our staff
- Continue to develop our multi-channel public information and signposting service, @*HSELive*, to improve how people can access health information and services online
- Implement the *Official Languages Act 2003*
- Develop a plan for reputational governance and communication stewardship.

Planning and Business Information

The planning function co-ordinates and oversees the development of key organisational planning processes at national level including corporate and national service planning across all divisions and the production of the annual report.

Business information collects and collates the information required to report performance as set out in the NSP and operational plans. It provides monthly performance reports which support performance oversight through the National Performance Oversight Group and performance management by the Director General. Monthly performance data and an overview of areas in escalation and actions planned are also provided to the DoH and the Minister.

Priorities for 2017

- Review the HSE's overall planning framework and develop a model for future planning
- Prepare a Corporate Plan for the period 2018–2020 which supports the recommendations of the All Party Committee on the Future of Healthcare
- Put in place a governance process for the identification, development and reporting of key performance indicators
- Implement the recommendations of the data governance review
- Complete the development of a data repository for reporting performance
- Provide a web based performance reporting interface at national and divisional level

Compliance Unit

The Compliance Unit is responsible for the programmatic oversight of the governance arrangements in place between the HSE and its funded agencies under section 38 and section 39 of the *Health Act 2004*.

Priorities for 2017

- Ensure that service arrangements and grant aid agreements are in place with all section 38 and section 39 service providers
- Support the operational system to implement the Governance Framework including progressing, with CHOs, a feasibility assessment for the development of contract management support units within CHOs
- Complete the 2016 annual compliance statement process for all section 38 providers
- Extend the annual compliance statement process to the large section 39 service providers
- Complete the programme of external reviews of all section 38 service providers.

Internal Audit

The work of internal audit identifies risks and control issues which may have systemic implications for the HSE. Through its audit reports and recommendations to strengthen controls, it provides assurance to the Director General, the Directorate and Leadership Team on the adequacy and degree of adherence to our procedures and processes. Implementation by management of internal audit recommendations is an essential part of the HSE's governance mechanisms.

The HSE's Performance and Accountability Framework is supported by the overall work of internal audit.

Priorities for 2017

- Ensure approval of annual Audit Plan by the Audit Committee
- Conduct and complete a comprehensive programme of audits within the HSE and agencies funded by the HSE
- Track the status of implementation of audit recommendations
- Provide advice to senior management on controls and processes, including ICT security and assurance
- Conduct special investigations including fraud related topics as required.

Appendices

Appendix 1: Financial Tables

Table 1: Income and Expenditure 2017 Allocation

Division / Service Area	2016 Budget €m	2017 Budget €m	Increase €m	Increase %	Gross Budget €m	Income €m	Net Budget €m
Operational Service Areas							
Acute Hospitals	4,248.6	4,367.0	118.4	2.8%	*5,352.1*	*(985.1)*	*4,367.0*
National Ambulance Service and Emergency Management	152.9	156.5	3.6	2.4%	*156.9*	*(0.4)*	*156.5*
Health and Wellbeing	223.9	233.3	9.4	4.2%	*239.1*	*(5.8)*	*233.3*
Primary Care							
Primary Care	777.3	808.1	30.8	4.0%	*828.3*	*(20.2)*	*808.1*
Social Inclusion	129.9	133.3	3.4	2.6%	*133.6*	*(0.3)*	*133.3*
Palliative Care	75.6	76.5	0.9	1.2%	*86.2*	*(9.7)*	*76.5*
Primary Care Total	982.7	1,017.8	35.1	3.6%	*1,048.0*	*(30.2)*	*1,017.8*
Mental Health	828.6	853.1	24.5	3.0%	*872.3*	*(19.2)*	*853.1*
Social Care							
Disabilities	1,592.2	1,688.6	96.3	6.1%	*1,781.6*	*(93.0)*	*1,688.6*
Nursing Homes Support Scheme (NHSS)	940.0	940.0	-	0.0%	*1,001.6*	*(61.7)*	*940.0*
Older Persons	738.7	765.4	26.7	3.6%	*1,148.3*	*(382.9)*	*765.4*
Social Care Total	3,270.9	3,394.0	123.1	3.8%	*3,931.6*	*(537.6)*	*3,394.0*
National Cancer Control Programme	71.5	78.4	6.9	9.7%	*78.4*	*-*	*78.4*
Clinical Strategy and Programmes	54.4	63.6	9.2	16.9%	*64.0*	*(0.4)*	*63.6*
Quality Assurance and Verification	3.2	4.0	0.8	24.9%	*4.0*	*-*	*4.0*
Quality Improvement	8.1	9.1	1.0	12.3%	*9.2*	*(0.1)*	*9.1*
National Services	299.1	313.8	14.7	4.9%	*315.9*	*(2.1)*	*313.8*
Total Operational Service Areas	10,144.0	10,490.7	346.7	3.4%	*12,071.5*	*(1,580.9)*	*10,490.7*

Division / Service Area	2016 Budget	2017 Budget	Increase	Increase	Gross Budget	Income	Net Budget
	€m	€m	€m	%	€m	€m	€m
Pensions and Demand-Led Services							
Pensions	502.6	565.4	62.8	12.5%	*729.1*	*(163.7)*	*565.4*
Pension Levy	- 171.0	- 156.0	15.0	-8.8%	*(0.0)*	*(156.0)*	*(156.0)*
Total Pensions	331.6	409.4	77.8	23.5%	*729.1*	*(319.7)*	*409.4*
State Claims Agency	198.0	224.0	26.0	13.1%	*224.0*	-	*224.0*
Primary Care Reimbursement Service	2,555.6	2,560.7	5.1	0.2%	*2,674.1*	*(113.4)*	*2,560.7*
Local Demand-Led Schemes	246.6	249.6	3.0	1.2%	*249.6*	-	*249.6*
Overseas Treatment	14.1	14.1	-	0.0%	*14.1*	-	*14.1*
Total Pensions and Demand-Led Services	3,345.9	3,457.8	111.9	3.3%	*3,890.9*	*(433.1)*	*3,457.8*
Total Budget	13,489.9	13,948.5	458.6	3.4%	*15,962.5*	*(2,014.0)*	*13,948.5*

Note 1: €13,489.9m is the final 2016 budget and is €561.5m higher than the budget of €12,928.4 shown in NSP 2016 - See table 2 on page 54 below for further details

Note 2: €13,912m is the amount notified to the HSE by the DoH in the formal letter of net non-capital determination dated 25th October 2016. The letter also notifies a further €36.5m which will initially be held by the DoH pending agreement of the relevant implementation details and brings the total that will be provided for 2017 to €13,948.5m

Note 3: The gross and income split of the 2017 budget is illustrative and should not be considered as final. This relative weighting between gross and income will change once the detailed operational planning process has been completed

Note 4: A number of HSE divisions, including National Cancer Control Programme, Health and Wellbeing (screening services) and Clinical Strategy and Programmes, utilise their budgets to 'commission' services internally from the Acute Hospitals Division and other Community Divisions. As part of our detailed operational planning work over the coming weeks, and subject to agreement between the relevant divisions, an element of these budgets may be reflected within the budget profile for both Acute Hospitals and other national divisions as part of the overall profiles to be submitted to DoH in December

Table 2: Finance 2016

Division / Service Area	NSP Budget 2016 €m	Additional Funding 2016 €m	2016 Budget €m
Operational Service Areas	Column A	Column B	Column C
Acute Hospitals	4,053.5	195.1	4,248.6
National Ambulance Service and Emergency Management	151.4	1.5	152.9
Health and Wellbeing	221.7	2.2	223.9
Primary Care			
Primary Care	764.8	12.5	777.3
Social Inclusion	127.1	2.8	129.9
Palliative Care	72.8	2.8	75.6
Primary Care Total	964.7	18.0	982.7
Mental Health	791.6	37.0	828.6
Social Care			
Disabilities	1,558.2	34.1	1,592.2
Nursing Homes Support Scheme (NHSS)	940.0	(0.0)	940.0
Older Persons	683.3	55.4	738.7
Social Care Total	3,181.5	89.5	3,270.9
National Cancer Control Programme	71.5	(0.0)	71.5
Clinical Strategy and Programmes	54.0	0.3	54.3
Quality Assurance and Verification	3.2	0.0	3.2
Quality Improvement	8.0	0.1	8.1
National Services	308.4	(9.2)	299.2
Total Operational Service Areas	9,809.5	334.6	10,144.0
Pensions and Demand-Led Services			
Pensions	493.1	9.5	502.6
Pension Levy	(170.8)	(0.2)	(171.0)
Total Pensions	322.3	9.3	331.6
State Claims Agency	128.0	70.0	198.0
Primary Care Reimbursement Service	2,417.1	138.6	2,555.6
Local Demand-Led Schemes	242.6	4.1	246.6
Overseas Treatment	9.1	5.0	14.1
Total Pensions and Demand-Led Services	3,119.0	227.0	3,345.9
Total Budget	12,928.4	561.5	13,489.9

Note: The additional funding provided during 2016, in addition to the €12,928.4m referenced in the NSP 2016, is made up of:

1. €58.5m funds flagged in NSP 2016 as held by the DoH and to be provided to the HSE in 2016 on foot of agreed plans - the bulk of this has now been allocated to the HSE with the remainder expected before the year end
2. €500m voted by Government on 5th July 2016 and published as part of the 2016 Revised Estimate Volume (REV) - this includes €40m for the 2016/2017 winter initiative for which funds are currently held within DoH but are expected to be formally allocated in the coming weeks to the HSE
3. €3m provided during 2016 as miscellaneous revised allocations from the DoH

Table 3: Finance Allocation 2017

Division / Service Area	2016 Budget €m	Full year impact of 2016 new developments €m	Full year impact of 2016 winter initiative €m	Non-pay and demographic related costs €m	2017 Pay rate adjustments €m	Funding to expand existing / develop new services in 2017 €m	2017 NSP Budget €m	2017 NSP Budget held at Dept. of Health €m	2017 Opening Budget €m
Operational Service Areas	Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I
Acute Hospitals	4,248.6	22.4	(1.3)	41.4	46.9	9.0	4,367.0		*4,367.0*
National Ambulance Service and Emergency Management	152.9	1.6	-	-	1.0	1.0	156.5		*156.5*
Health and Wellbeing	223.9	11.8	(0.6)	(3.0)	1.2	-	233.3		*233.3*
Primary Care									-
Primary Care	777.3	3.0	(3.7)	10.6	8.9	12.0	808.1	*(5.0)*	*803.1*
Social Inclusion	129.9	-	-	1.5	0.4	1.5	133.3	*(3.0)*	*130.3*
Palliative Care	75.6	-	-	0.4	0.5	-	76.5		*76.5*
Primary Care Total	982.7	3.0	(3.7)	12.5	9.8	13.5	1,017.8	*(8.0)*	*1,009.8*
Mental Health	828.6	-	-	-	9.5	15.0	853.1	*(15.0)*	*838.1*
Social Care									
Disabilities	1,592.2	11.8	-	53.2	19.6	11.8	1,688.6		*1,688.6*
Nursing Homes Support Scheme (NHSS)	940.0	-	-	-	-	-	940.0		*940.0*
Older Persons	738.7	-	5.5	3.8	7.4	10.0	765.4		*765.4*
Social Care Total	3,270.9	11.8	5.5	57.0	27.0	21.8	3,394.0	-	*3,394.0*
National Cancer Control Programme	71.5	3.9	-	3.0	-	-	78.4		*78.4*
Clinical Strategy and Programmes	54.4	9.0	0.1	-	0.1	-	63.6		*63.6*
Quality Assurance and Verification	3.2	0.8	-	-	-	-	4.0		*4.0*
Quality Improvement	8.1	0.9	-	-	0.1	-	9.1		*9.1*
National Services	299.1	7.7	-	3.0	3.0	1.0	313.8		*313.8*
Total Operational Service Areas	10,144.0	72.9	0.0	113.9	98.6	61.3	10,490.7	*(23.0)*	*10,467.7*

Division / Service Area	2016 Budget €m	Full year impact of 2016 new developments €m	Full year impact of 2016 winter initiative €m	Non-pay and demographic related costs €m	2017 Pay rate adjustments €m	Funding to expand existing / develop new services in 2017 €m	2017 NSP Budget €m	2017 NSP Budget held at Dept. of Health €m	2017 Opening Budget €m
Pensions and Demand-Led Services	Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I
Pensions	502.6	-	-	58.5	4.3	-	565.4		*565.4*
Pension Levy	(171.0)	-	-	-	15.0	-	(156.0)		*(156.0)*
Total Pensions	331.6	-	-	58.5	19.3	-	409.4	-	*409.4*
State Claims Agency	198.0	-	-	26.0	-	-	224.0		*224.0*
Primary Care Reimbursement Service	2,555.6	-	-	(15.1)	0.2	20.0	2,560.7	*(13.5)*	*2,547.2*
Local Demand-Led Schemes	246.6	-	-	3.0	-	-	249.6		*249.6*
Overseas Treatment	14.1	-	-	-	-	-	14.1		*14.1*
Total Pensions and Demand-Led Services	3,345.9	-	-	72.4	19.5	20.0	3,457.8	*(13.5)*	*3,444.3*
	13,489.9	72.9	0.0	186.3	118.1	81.3	13,948.5	*(26.3)*	*13,922.2*

Note 1: Clinical Strategy and Programmes (CSP) will make a total of €3m of funding available for a) Homeless Services, €1.5m and b) National Ambulance Service – initial investment specifically to address the capacity review and intermediate care services, €1.5m

Note 2: Mental Health Services will continue to make available to homeless services the €2m provided for in 2016

Note 3: Acute Division will make €1m of funding available to the National Cancer Control Programme in 2017 for the launch of the New Cancer Strategy

Table 4: 2018 Full Year Costs related to NSP 2017

Division / Service Area	Cost in 2017 €m	Cost in 2018 €m	2018 Incremental funding requirement €m
Acute Hospitals	9.0	17.0	8.0
National Ambulance Service and Emergency Management	1.0	4.0	3.0
Primary Care	12.0	19.0	7.0
Social Inclusion – Addiction Services *(Note 1)*	1.5	1.8	0.3
Mental Health	15.0	35.0	20.0
Disability Services	11.8	21.8	10.1
Services for Older People	10.0	10.0	-
eHealth Ireland Implementation	1.0	4.5	3.5
Primary Care Reimbursement Service	20.0	28.0	8.0
Total funding available to expand existing / develop new services in 2017	81.3	141.1	59.9
People Strategy Implementation	0.8	2.1	1.3
Acute Hospitals – Priority staffing to mitigate risk	10.0	20.0	10.0
Acute Hospitals – Ensuring availability of senior clinical decision makers	3.0	6.0	3.0
National Ambulance Service	1.5	3.0	1.5
Patient Safety Programme	1.0	3.0	2.0
Voluntary Provider - Contract compliance support for CHOs	0.5	2.0	1.5
Homeless - €4m Ministerial priority	1.5	4.0	2.5
Procurement Compliance and Sourcing Improvement	2.0	4.0	2.0
Expansion of Vaccine Programme (as per NSP 2016)	-	2.5	2.5
Activity Based Funding – Hospitals – Continued Development	1.0	3.5	2.5
Total Other Initiatives	21.3	50.1	28.8
Grand Total	102.6	191.2	88.7

Note 1: €3m new funding in 2017 has been provided for new developments for Addiction Services within Social Inclusion. €1.5m has been provided above and €1.5m has been provided as part of non-pay and demographic costs. See Column D, Table 3, pages 55-56

Table 5: Nursing Homes Support Scheme (NHSS)

Nursing Homes Support Scheme (NHSS)	€m
Gross Budget	1,001.7
Income	(61.7)
Total Nursing Homes Support Scheme (NHSS)	940.0

In 2017, the Gross budget for NHSS is €1,001.7m and the Income budget is €61.7m. Therefore the effective Net budget for 2017 is €940m

Appendix 2: HR Information

National Workforce Numbers by Staff Category

Hospital Group / Division	Medical / Dental	Nursing	Health and Social Care	Manage-ment / Admin	General Support Staff	Patient and Client Care	WTE Sept 2016	Projected Dec 2016
Children's Hospital Group	415	1,169	480	541	210	135	2,950	2,970
Dublin Midlands Hospital Group	1,240	3,611	1,546	1,502	860	1,140	9,899	9,966
Ireland East Hospital Group	1,535	4,103	1,301	1,630	1,320	903	10,792	10,865
RCSI Hospital Group	1,209	3,115	1,020	1,297	1,030	708	8,379	8,436
Saolta University Health Care Group	1,253	3,317	981	1,266	915	696	8,429	8,486
South / South West Hospital Group	1,372	3,824	1,133	1,402	1,220	501	9,453	9,517
University of Limerick Hospital Group	457	1,429	364	609	253	459	3,571	3,595
National Services	8	2	7	33		1	51	51
Total Acute Hospital Services	7,488	20,571	6,833	8,282	5,806	4,544	53,524	53,885
Mental Health	763	4,746	1,247	833	830	1,128	9,547	9,611
Primary Care	945	2,794	2,431	2,860	441	933	10,404	10,474
Social Care	195	7,243	3,903	1,823	2,032	11,388	26,585	26,764
Total Community Healthcare	1,904	14,783	7,581	5,516	3,303	13,449	46,535	46,849
Health and Wellbeing	164	36	670	414	12	60	1,355	1,364
National Ambulance Services	1			73	16	1,596	1,685	1,696
Corporate and HBS	29	144	26	2,270	308	10	2,786	2,805
Total Health Service Staffing	9,587	35,534	15,109	16,554	9,444	19,658	105,886	106,600
% Total	9.1%	33.6%	14.3%	15.6%	8.9%	18.6%	100%	

HSE / Section 38 Agencies Workforce Numbers

HSE / Section 38	Medical / Dental	Nursing	Health and Social Care	Manage-ment / Admin	General Support Staff	Patient and Client Care	WTE Sept 2016	Projected Dec 2016
HSE	6,151	23,378	8,466	11,550	5,745	11,855	67,146	67,598
Voluntary Hospitals	3,278	8,895	3,452	3,886	2,586	1,729	23,826	23,986
Voluntary Agencies (Non-Acute)	158	3,260	3,191	1,118	1,112	6,074	14,915	15,015
Section 38 Agencies	3,436	12,156	6,643	5,004	3,699	7,803	38,740	39,002
Total	9,587	35,534	15,109	16,554	9,444	19,658	105,886	106,600

Source: Health Service Personnel Census. These figures may be adjusted on completion of the Pay and Numbers modelling exercise underway

Note: All figures expressed as whole-time equivalents and exclude home helps

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

National Performance Indicator Suite

System-Wide				
Indicator	Reporting Frequency	NSP 2016 Target	Projected Outturn 2016	NSP 2017 Target
Budget Management including savings **Net expenditure variance from plan (within budget)** Pay	M	≤ 0.33%	To be reported in Annual Financial Statements 2016	≤ 0.1%
Non-pay	M	≤ 0.33%		≤ 0.1%
Income	M	≤ 0.33%		≤ 0.1%
Capital Capital expenditure versus expenditure profile	Q	100%	100%	100%
Audit % of internal audit recommendations implemented within 6 months of the report being received	Q	75%	75%	75%
% of internal audit recommendations implemented, against total no. of recommendations, within 12 months of report being received	Q	95%	95%	95%
Service Arrangements / Annual Compliance Statement % of number of service arrangements signed	M	100%	100%	100%
% of the monetary value of service arrangements signed	M	100%	100%	100%
% annual compliance statements signed	A	100%	100%	100%
Workforce % absence rates by staff category	M	≤ 3.5%	4.3%	≤ 3.5%
% adherence to funded staffing thresholds	M	> 99.5%	> 99.5%	> 99.5%
EWTD < 24 hour shift (acute and mental health)	M	100%	97%	100%
< 48 hour working week (acute and mental health)	M	95%	82%	95%
Health and Safety No. of calls that were received by the National Health and Safety Helpdesk	Q	15% increase	15%	10% increase
Service User Experience % of complaints investigated within 30 working days of being acknowledged by the complaints officer	Q	75%	75%	75%
Serious Reportable Events % of serious reportable events being notified within 24 hours to the senior accountable officer	M	99%	40%	99%
% of investigations completed within 120 days of the notification of the event to the senior accountable officer	M	90%	0%	90%
Safety Incident Reporting % of safety incidents being entered onto NIMS within 30 days of occurrence by Hospital Group / CHO	Q	90%	50%	90%
Extreme and major safety incidents as a % of all incidents reported as occurring	Q	New PI 2017	New PI 2017	Actual results to be reported in 2017
% of claims received by State Claims Agency that were not reported previously as an accident	A	New PI 2016	55%	40%

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 2016-2017 influenza season (acute hospitals)	A	40%	22.5%	40%
% of healthcare workers who have received seasonal flu vaccine in the 2016-2017 influenza season (long term care facilities in the community)	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%

Primary Care				
Indicator	Reporting Frequency	NSP 2016 Target	Projected Outturn 2016	NSP 2017 Target
Primary Care				
Healthcare Associated Infections: Medication Management Consumption of antibiotics in community settings (defined daily doses per 1,000 population)	Q	< 21.7	27.6	< 21.7
Health Amendment Act: Services to persons with State Acquired Hepatitis C No. of *Health Amendment Act* Card Holders who were reviewed	Q	798	212	586
Nursing % of new patients accepted onto the caseload and seen within 12 weeks	M	New PI 2017	New PI 2017	100%
Physiotherapy % of new patients seen for assessment within 12 weeks	M	70%	81%	81%
% on waiting list for assessment ≤ 52 weeks	M	100%	98%	98%

Primary Care				
Indicator	Reporting Frequency	NSP 2016 Target	Projected Outturn 2016	NSP 2017 Target
Occupational Therapy % of new service users seen for assessment within 12 weeks	M	70%	72%	72%
% on waiting list for assessment ≤ 52 weeks	M	100%	82%	92%
Speech and Language Therapy % on waiting list for assessment ≤ 52 weeks	M	100%	97%	100%
% on waiting list for treatment ≤ 52 weeks	M	100%	85%	100%
Podiatry % on waiting list for treatment ≤ 12 weeks	M	75%	44%	44%
% on waiting list for treatment ≤ 52 weeks	M	100%	78%	88%
Ophthalmology % on waiting list for treatment ≤ 12 weeks	M	60%	28%	50%
% on waiting list for treatment ≤ 52 weeks	M	100%	71%	81%
Audiology % on waiting list for treatment ≤ 12 weeks	M	60%	41%	50%
% on waiting list for treatment ≤ 52 weeks	M	100%	85%	95%
Dietetics % on waiting list for treatment ≤ 12 weeks	M	70%	48%	48%
% on waiting list for treatment ≤ 52 weeks	M	100%	86%	96%
Psychology % on waiting list for treatment ≤ 12 weeks	M	60%	28%	60%
% on waiting list for treatment ≤ 52 weeks	M	100%	75%	100%
Oral Health % of new patients who commenced treatment within three months of assessment	M	80%	88%	88%
Orthodontics % of referrals seen for assessment within 6 months	Q	75%	60%	75%
Reduce the proportion of patients on the treatment waiting list waiting longer than four years (grade 4 and 5)	Q	< 5%	6%	< 5%
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%	94%	95%
% of newborn babies visited by a PHN within 72 hours of discharge from maternity services	Q	97%	98%	98%
% of babies breastfed (exclusively and not exclusively) at first PHN visit	Q	56%	57%	58%
% of babies breastfed (exclusively and not exclusively) at three month PHN visit	Q	38%	38%	40%
Note: The activity targets for therapy services are aligned to achievable levels based on 2016 existing levels of service. These targets will be reviewed in 2017 in association with service improvement initiatives in the therapy services				
Social Inclusion				
Substance Misuse % of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment	Q	100%	89%	100%

Primary Care				
Indicator	Reporting Frequency	NSP 2016 Target	Projected Outturn 2016	NSP 2017 Target
% of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	Q	100%	85%	100%
Opioid Substitution Average waiting time from referral to assessment for opioid substitution treatment	M	14 days	4 days	4 days
Average waiting time from opioid substitution assessment to exit from waiting list or treatment commenced	M	28 days	31 days	28 days
Homeless Services % of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed within two weeks of admission	Q	85%	68%	85%
Palliative Care				
Inpatient Unit – Waiting Times Access to specialist inpatient bed within seven days	M	98%	97%	98%
% of patients triaged within one working day of referral (inpatient unit)	M	90%	90%	90%
% of patients with a multi-disciplinary care plan documented within five working days of initial assessment (inpatient unit)	M	90%	90%	90%
Community Palliative Care Services Access to specialist palliative care services in the community provided within seven days (normal place of residence)	M	95%	92%	95%
% of patients triaged within one working day of referral (community)	M	New PI 2017	New PI 2017	90%
Primary Care Reimbursement Service				
Medical Cards % of completed medical card / GP visit card applications processed within 15 days	M	95%	95%	96%
% of medical card / GP visit card applications, assigned for medical officer review, processed within five days	M	90%	90%	91%
% of medical card / GP visit card applications which are accurately processed from a financial perspective by National Medical Card Unit staff	M	95%	86%	95%

Mental Health				
Indicator	Reporting Frequency	NSP 2016 Target	Projected Outturn 2016	NSP 2017 Target
General Adult Community Mental Health Teams % of accepted referrals / re-referrals offered first appointment within 12 weeks / three months by General Adult Community Mental Health Team	M	90%	93%	90%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks / three months by General Adult Community Mental Health Team	M	75%	73%	75%
%. of new (including re-referred) General Adult Community Mental Health Team cases offered appointment and DNA in the current month	M	18%	23%	20%

Mental Health				
Indicator	Reporting Frequency	NSP 2016 Target	Projected Outturn 2016	NSP 2017 Target
Psychiatry of Old Age Community Mental Health Teams % of accepted referrals / re-referrals offered first appointment within 12 weeks / three months by Psychiatry of Old Age Community Mental Health Teams	M	98%	99%	98%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks / three months by Psychiatry of Old Age Community Mental Health Teams	M	95%	97%	95%
%. of new (including re-referred) Old Age Psychiatry Team cases offered appointment and DNA in the current month	M	3%	2%	3%
CAMHs Admissions of children to Child and Adolescent Acute Inpatient Units as a % of the total no. of admissions of children to mental health acute inpatient units	M	95%	79%	95%
% of bed days used in HSE Child and Adolescent Acute Inpatient Units as a total of bed days used by children in mental health acute inpatient units	M	95%	96%	95%
% of accepted referrals / re-referrals offered first appointment within 12 weeks / three months by Child and Adolescent Community Mental Health Teams	M	78%	76%	78%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks / three months by Child and Adolescent Community Mental Health Teams	M	72%	66%	72%
% of new (including re-referred) child / adolescent referrals offered appointment and DNA in the current month	M	10%	14%	10%

Social Care				
Indicator	Reporting Frequency	NSP 2016 Target	Projected Outturn 2016	NSP 2017 Target
Social Care Services				
Safeguarding % of CHO Heads of Social Care who can evidence implementation of the HSE's *Safeguarding Vulnerable Persons at Risk of Abuse* policy throughout the CHO as set out in Section 4 of the policy	Q	100%	100%	100%
% of CHO Heads of Social Care that have established CHO wide organisational arrangements required by the HSE's *Safeguarding Vulnerable Persons at Risk of Abuse* policy throughout the CHO as set out in Section 9.2 of the policy	Q	100%	100%	100%
% of preliminary screenings for adults with an outcome of reasonable grounds for concern that are submitted to the safeguarding and protection teams accompanied by an interim safeguarding plan - Adults aged 65 and over - Adults under 65 years	Q	New PI 2017	New PI 2017	100%
Disability Services				
Service User Experience % of CHOs who have established a Residents' Council / Family Forum / Service User Panel or equivalent for Disability Services by Q3	Q	New PI 2017	New PI 2017	100%

Social Care				
Indicator	Reporting Frequency	NSP 2016 Target	Projected Outturn 2016	NSP 2017 Target
Quality % compliance with inspected outcomes following HIQA inspection of disability residential units	Q	75%	68%	80%
In respect of agencies in receipt of €3m or more in public funding, the % which employ an internationally recognised quality improvement methodology such as EFQM, CQL or CARF	Bi-annual	100%	39%	100%
Disability Act Compliance % of assessments completed within the timelines as provided for in the regulations	Q	100%	19.7%	100%
Progressing Disability Services for Children and Young People (0-18s) Programme % of Children's Disability Network Teams established	M	100%	43%	100%
School Leavers % of school leavers and rehabilitation training (RT) graduates who have been provided with a placement	A	100%	100%	100%
Transforming Lives – VfM Policy Review Deliver on VfM implementation priorities	Bi-annual	100%	100%	100%
Service Improvement Team Process Deliver on service improvement priorities	Bi-annual	100%	100%	100%
Services for Older People				
Service User Experience % of CHOs who have established a Residents' Council / Family Forum / Service User Panel or equivalent for Services for Older People by Q3	Q	New PI 2017	New PI 2017	100%
Service Improvement Team Process Deliver on service improvement priorities	Bi-annual	100%	100%	100%
Nursing Homes Support Scheme (NHSS) % of population over 65 years in NHSS funded beds (based on 2011 Census figures)	M	4%	4.1%	4%
% of clients with NHSS who are in receipt of ancillary state support	M	10%	10.9%	10%
% of clients who have Common Summary Assessment Reports (CSARs) processed within six weeks	M	90%	87%	90%
Home Care Packages % of clients in receipt of an intensive HCP with a key worker assigned	M	New PI 2017	New PI 2017	100%

National Ambulance Service				
Indicator	Reporting Frequency	NSP 2016 Target	Projected Outturn 2016	NSP 2017 Target
Clinical Outcome Return of spontaneous circulation (ROSC) at hospital in bystander witnessed out of hospital cardiac arrest with initial shockable rhythm, using the Utstein comparator group calculation	Q	40%	40%	40%
Audit National Emergency Operations Centre (NEOC) Tallaght and Ballyshannon - % of control centres that carry out Advanced Quality Assurance Audits (AQuA)	M	100%	100%	100%

National Ambulance Service				
Indicator	Reporting Frequency	NSP 2016 Target	Projected Outturn 2016	NSP 2017 Target
National Emergency Operations Centre (NEOC) Tallaght and Ballyshannon - % medical priority dispatch system (MPDS) protocol compliance	M	90%	90%	90%
Emergency Response Times % of clinical status 1 ECHO incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less	M	80%	78%	80%
% of clinical status 1 DELTA incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less	M	80%	65%	80%
% ECHO calls which had a resource allocated within 90 seconds of call start	M	85%	85%	85%
% DELTA calls which had a resource allocated within 90 seconds of call start	M	85%	85%	85%
Intermediate Care Service % of all transfers provided through the intermediate care service	M	80%	70%	80%
Ambulance Turnaround Times % of ambulance turnaround delays escalated where ambulance crews were not cleared nationally in 60 minutes (from ambulance arrival time through clinical handover in ED or specialist unit to when the ambulance crew declares readiness of the ambulance to accept another call) in line with the process/flow path in the ambulance turnaround framework	M	100%	90%	100%

Acute Services				
Indicator	Reporting Frequency	NSP 2016 Target	Projected Outturn 2016	NSP 2017 Target
Acute Hospitals and National Clinical Care Programmes				
Outpatients (OPD) New : Return ratio (excluding obstetrics and warfarin haematology clinics)	M	1:2	1:2.4	1:2
Activity Based Funding (MFTP) model HIPE Completeness – Prior month: % of cases entered into HIPE	M	> 95%	96%	100%
Inpatient, Day Case and Outpatient Waiting Times % of adults waiting < 15 months for an elective procedure (inpatient)	M	95%	88.1%	90%
% of adults waiting < 15 months for an elective procedure (day case)	M	95%	92.2%	95%
% of children waiting < 15 months for an elective procedure (inpatient)	M	95%	93%	95%
% of children waiting < 15 months for an elective procedure (day case)	M	95%	96.8%	97%
% of people waiting < 52 weeks for first access to OPD services	M	85%	84.3%	85%
Colonoscopy / Gastrointestinal Service No. of people waiting > four weeks for access to an urgent colonoscopy	M	0	0	0
% of people waiting < 13 weeks following a referral for routine colonoscopy or OGD	M	70%	51.5%	70%
Emergency Care and Patient Experience Time % of all attendees at ED who are discharged or admitted within six hours of registration	M	75%	68%	75%

Acute Services				
Indicator	Reporting Frequency	NSP 2016 Target	Projected Outturn 2016	NSP 2017 Target
% of all attendees at ED who are discharged or admitted within nine hours of registration *(goal is 100% performance with a target of ≥ 5% improvement in 2017 against 2016 outturn)*	M	100%	81.5%	100%
% of ED patients who leave before completion of treatment	M	< 5%	5.2%	< 5%
% of all attendees at ED who are in ED < 24 hours	M	100%	96.5%	100%
% of all attendees aged 75 years and over at ED who are discharged or admitted within six hours of registration	M	95%	44.5%	95%
% of patients 75 years or over who were admitted or discharged from ED within nine hours	M	100%	62.2%	100%
% of all attendees aged 75 years and over at ED who are discharged or admitted within 24 hours of registration	M	New PI 2017	New PI 2017	100%
Ambulance Turnaround Times % of ambulances that have a time interval of ≤ 60 minutes from arrival at ED to when the ambulance crew declares the readiness of the ambulance to accept another call (clear and available)	M	95%	93.4%	95%
Average Length of Stay (ALOS) ALOS for all inpatient discharges excluding LOS over 30 days	M	4.3	4.6	4.3
Medical Medical patient average length of stay	M	7.0	6.8	6.3
% of medical patients who are discharged or admitted from AMAU within six hours AMAU registration	M	75%	63.7%	75%
% of all medical admissions via AMAU	M	35%	35%	45%
% of emergency re-admissions for acute medical conditions to the same hospital within 30 days of discharge	M	New PI 2017	New PI 2017	11.1%
Surgery Surgical patient average length of stay	M	5.2	5.3	5.0
% of elective surgical inpatients who had principal procedure conducted on day of admission	M	75%	72.5%	82%
% day case rate for Elective Laparoscopic Cholecystectomy	M	> 60%	43.6%	> 60%
% of emergency hip fracture surgery carried out within 48 hours	M	95%	86.7%	95%
% of surgical re-admissions to the same hospital within 30 days of discharge	M	< 3%	2.1%	< 3%
Delayed Discharges No. of bed days lost through delayed discharges	M	< 183,000	200,774	< 182,500
No. of beds subject to delayed discharges	M	< 500	630	< 500
Healthcare Associated Infections (HCAI) % compliance of hospital staff with the World Health Organisation's (WHO) five moments of hand hygiene using the national hand hygiene audit tool	Bi-annual	90%	89.2%	90%
Rate of new cases of hospital acquired Staph. Aureus bloodstream infection	M	New PI 2017	New PI 2017	< 1/10,000 bed days used
Rate of new cases of hospital acquired C. Difficile infection	M	New PI 2017	New PI 2017	< 2/10,000 bed days used

Acute Services				
Indicator	Reporting Frequency	NSP 2016 Target	Projected Outturn 2016	NSP 2017 Target
Quality Rate of slip, trip or fall incidents as reported in the month to NIMS that were classified as major or extreme	M	New PI 2017	New PI 2017	Reporting to commence in 2017
Medication Safety Rate of medication errors incidents as reported in the month to NIMS that were classified as major or extreme	M	New PI 2017	New PI 2017	Reporting to commence in 2017
Patient Experience % of Hospital Groups conducting annual patient experience surveys amongst representative samples of their patient population	A	100%	Due to be reported Q4	100%
National Early Warning Score (NEWS) % of hospitals with implementation of NEWS in all clinical areas of acute hospitals and single specialty hospitals	Q	100%	96%	100%
% of all clinical staff who have been trained in the COMPASS programme	Q	> 95%	64.5%	> 95%
Irish Maternity Early Warning Score (IMEWS) % of maternity units / hospitals with full implementation of IMEWS	Q	100%	100%	100%
% of hospitals with implementation of IMEWS for pregnant patients	Q	100%	84%	100%
Clinical Guidelines % of maternity units / hospitals with an implementation plan for the guideline for clinical handover in maternity services	Q	New PI 2017	New PI 2017	100%
% of acute hospitals with an implementation plan for the guideline for clinical handover	Q	New PI 2017	New PI 2017	100%
National Standards % of hospitals who have completed first assessment against the NSSBH	Q	100%	90%	100%
% of hospitals who have completed second assessment against the NSSBH	Q	95%	50%	95%
% maternity units which have completed and published Maternity Patient Safety Statement and discussed same at hospital management team meetings each month	M	100%	100%	100%
Stroke % of patients with confirmed acute ischaemic stroke who receive thrombolysis	Q	9%	10.5%	9%
% of hospital stay for acute stroke patients in stroke unit who are admitted to an acute or combined stroke unit	Q	50%	65.9%	90%
Acute Coronary Syndrome % STEMI patients (without contraindication to reperfusion therapy) who get PPCI	Q	85%	89.7%	90%
% of reperfused STEMI patients (or LBBB) who get timely PPCI	Q	80%	70.8%	80%
HR – Compliance with EWTD EWTD Compliance for NCHDs - < 24 hour shift	M	100%	97.1%	100%
EWTD Compliance for NCHDs - < 48 hour working week	M	95%	81%	95%

Acute Services				
Indicator	Reporting Frequency	NSP 2016 Target	Projected Outturn 2016	NSP 2017 Target
National Cancer Control Programme				
Symptomatic Breast Cancer Services % of attendances whose referrals were triaged as urgent by the cancer centre and adhered to the national standard of two weeks for urgent referrals	M	95%	89%	95%
% of attendances whose referrals were triaged as non-urgent by the cancer centre and adhered to the national standard of 12 weeks for non-urgent referrals (% offered an appointment that falls within 12 weeks)	M	95%	79.4%	95%
Clinical detection rate: % of new attendances to clinic, triaged as urgent, that have a subsequent primary diagnosis of breast cancer	M	> 6%	11%	> 6%
Lung Cancers % of patients attending lung rapid clinics who attended or were offered an appointment within 10 working days of receipt of referral in designated cancer centres	M	95%	81.2%	95%
Clinical detection rate: % of new attendances to clinic, triaged as urgent, that have a subsequent primary diagnosis of lung cancer	M	> 25%	32.4%	> 25%
Prostate Cancer % of patients attending prostate rapid clinics who attended or were offered an appointment within 20 working days of receipt of referral in the cancer centres	M	90%	52%	90%
Clinical detection rate: % of new attendances to clinic, triaged as urgent, that have a subsequent primary diagnosis of prostate cancer	M	> 30%	41.5%	> 30%
Radiotherapy % of patients undergoing radical radiotherapy treatment who commenced treatment within 15 working days of being deemed ready to treat by the radiation oncologist (palliative care patients not included)	M	90%	86.4%	90%

These indicators are dependent upon the type and volume of services being provided and the underlying level of demand. We commit to continually improving our performance and many targets are set to stretch achievement therefore there may be a performance trajectory to full compliance.

Appendix 4: Capital Infrastructure

This appendix outlines capital projects that: 1) were completed in 2015 / 2016 and will be operational in 2017; 2) are due to be completed and operational in 2017; or 3) are due to be completed in 2017 and will be operational in 2018

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replace-ment Beds	Capital Cost €m		2017 Implications	
						2017	Total	WTE	Rev Costs €m
PRIMARY CARE									
CHO 1: Donegal, Sligo/Leitrim/West Cavan, Cavan/Monaghan									
Ballymote, Co. Sligo	Primary Care Centre, by PPP	Q4 2017	Q4 2017	0	0	1.60	1.60	0	0.00
CHO 2: Galway, Roscommon, Mayo									
Ballinrobe, Co. Mayo	Primary Care Centre, by PPP	Q3 2017	Q3 2017	0	0	1.30	1.30	0	0.00
Boyle, Co. Roscommon	Primary Care Centre, by PPP	Q3 2017	Q3 2017	0	0	0.10	0.10	0	0.00
Tuam, Co. Galway	Primary Care Centre, by PPP	Q4 2017	Q4 2017	0	0	1.60	1.60	0	0.00
Claremorris, Co. Mayo	Primary Care Centre, by PPP	Q3 2017	Q4 2017	0	0	1.30	1.30	0	0.00
CHO 3: Clare, Limerick, North Tipperary/East Limerick									
Borrisokane, Co. Tipperary	Extension of primary care facility	Q2 2017	Q3 2017	0	0	0.06	0.46	0	0.00
Lord Edward Street, Limerick City	Primary Care Centre, by PPP	Q4 2017	Q4 2017	0	0	1.10	1.10	0	0.00
CHO 4: Kerry, North Cork, North Lee, South Lee, West Cork									
St. Finbarr's Hospital, Cork	Audiology services, ground floor, block 2	Q1 2017	Q1 2017	0	0	0.96	1.50	0	0.00
St. Mary's, Gurranabraher, Cork City	Primary Care Centre	Q4 2017	Q4 2017	0	0	11.00	18.33	0	0.00
Ballyheigue, Co. Kerry	Primary Care Centre, refurbishment of existing health centre	Q1 2017	Q2 2017	0	0	0.14	0.14	0	0.00
Carrigaline, Co. Cork	Primary Care Centre, by lease agreement	Q3 2017	Q4 2017	0	0	0.00	0.00	0	0.00
University Hospital Kerry, Tralee, Co. Kerry	Palliative Care Development –15-bed inpatient unit funded and directly contracted by Kerry Hospice Association. Enabling works funded by HSE in 2015 (€0.4m)	Q2 2017	Q2 2017	15	0	0.21	6.11	42.8	3.00
CHO 5: South Tipperary, Carlow, Kilkenny, Waterford, Wexford									
Tipperary Town	Primary Care Centre, by lease agreement	Q4 2016	Q1 2017	0	0	0.30	0.30	0	0.00

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replace-ment Beds	Capital Cost €m		2017 Implications	
						2017	Total	WTE	Rev Costs €m
PRIMARY CARE *(contd.)*									
CHO 7: Kildare/West Wicklow, Dublin West, Dublin South City, Dublin South West									
Junction House, Kilnamanagh/Tymon, Dublin	Primary Care Centre, by lease agreement	Q3 2017	Q4 2017	0	0	0.00	0.00	0	0.00
Cashel Road/Walkinstown, Crumlin, Dublin	Primary Care Centre, by lease agreement	Q2 2017	Q3 2017	0	0	0.00	0.00	0	0.00
Springfield, Tallaght, Dublin	Primary Care Centre, by lease agreement (phased)	Q4 2016	Q1 2017	0	0	0.60	0.60	0	0.00
Celbridge, Co. Kildare	Primary Care Centre, by lease agreement	Q4 2016	Q1 2017	0	0	0.00	0.00	0	0.00
Blessington, Co. Wicklow	Primary Care Centre, by lease agreement	Q3 2016	Q1 2017	0	0	0.15	0.15	0	0.00
CHO 8: Laois/Offaly, Longford/Westmeath, Louth/Meath									
Mullingar, Co. Westmeath	Primary Care Centre, by lease agreement	Q2 2017	Q2 2017	0	0	0.00	0.00	0	0.00
Drogheda (North), Co. Louth	Primary Care Centre, by lease agreement	Q4 2017	Q1 2018	0	0	0.00	0.00	0	0.00
Tullamore, Co. Offaly	Primary Care Centre, by lease agreement	Q4 2017	Q1 2018	0	0	0.00	0.00	0	0.00
CHO 9: Dublin North, Dublin North Central, Dublin North West									
Balbriggan, Co. Dublin	Primary Care Centre, by lease agreement	Q1 2017	Q1 2017	0	0	0.00	0.00	0	0.00
Portmarnock, Co. Dublin	Primary Care Centre, by lease agreement	Q2 2017	Q3 2017	0	0	0.00	0.00	0	0.00
Grangegorman, Dublin	Primary Care Centre, to be developed on site in Grangegorman	Q1 2017	Q1 2017	0	0	2.00	13.18	0	0.00
	Relocation of Eve Holdings to Grangegorman Villas (1-5). Enabling works for PCC	Q3 2017	Q3 2017	0	0	0.45	0.75	0	0.00
MENTAL HEALTH									
CHO 2: Galway, Roscommon, Mayo									
University Hospital Galway	Provision of a replacement Acute MH Unit to facilitate the development of a radiation oncology facility on the campus	Q3 2017	Q4 2017	5	45	2.92	15.90	0	0.00
CHO 3: Clare, Limerick, North Tipperary/East Limerick									
Gort Glas, Ennis, Co. Clare	Refurbishment (at front of St. Joseph's Hospital) to provide a mental health day centre	Q1 2017	Q2 2017	0	0	0.51	1.50	0	0.00

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replace-ment Beds	Capital Cost €m		2017 Implications	
						2017	Total	WTE	Rev Costs €m
MENTAL HEALTH (contd.)									
CHO 4: Kerry, North Cork, North Lee, South Lee, West Cork									
University Hospital Kerry, Tralee, Co. Kerry	Refurbishment and upgrade of the acute mental health unit (phase 2)	Q3 2017	Q4 2017	0	34	1.50	2.10	0	0.00
CHO 9: Dublin North, Dublin North Central, Dublin North West									
Aislinn Centre, Beaumont Hospital	Commissioning of first floor and associated works	Q4 2016	Q1 2017	6	0	0.10	1.50	0	0.00
SOCIAL CARE – Services for Older People									
CHO 1: Donegal, Sligo/Leitrim/West Cavan, Cavan/Monaghan									
Oriel House, Castleblaney, Co.Monaghan	Refurbishment to (to achieve HIQA compliance)	Q2 2017	Q2 2017	0	21	0.63	0.75	0	0.00
Killybegs CNU, Co. Donegal	Minor refurbishment (to achieve HIQA compliance)	Q2 2017	Q2 2017	0	0	0.02	0.43	0	0.00
Buncrana CNU, Co. Donegal	Refurbishment (to achieve HIQA compliance)	Q4 2017	Q1 2018	0	0	3.10	3.44	0	0.00
Dungloe Community Hospital, Co. Donegal	Refurbishment (to achieve HIQA compliance)	Q4 2017	Q1 2018	0	0	1.40	1.67	0	0.00
Ballymote CNU, Co. Sligo	Refurbishment to (to achieve HIQA compliance)	Q4 2017	Q1 2018	10	20	0.08	0.08	0	0.00
CHO 2: Galway, Roscommon, Mayo									
Sacred Heart Hospital, Castlebar, Co. Mayo	Replacement 74-bed CNU	Q3 2017	Q4 2017	0	74	8.40	13.30	0	0.00
CHO 4: Kerry, North Cork, North Lee, South Lee, West Cork									
Bandon Community Hospital, Co. Cork	Extension and refurbishment (phase 1) - upgrade of existing beds	Q2 2017	Q3 2017	0	25	2.37	4.46	0	0.00
Dunmanway Community Hospital, Co. Cork	Refurbishment and upgrade (to achieve HIQA compliance)	Q4 2016	Q1 2017	0	0	0.03	0.26	0	0.00
Castletownbere Community Hospital, Co. Cork	Refurbishment and upgrade (to achieve HIQA compliance)	Q2 2017	Q2 2017	0	0	0.75	1.04	0	0.00
Cois Abhainn, Youghal, Co. Cork	Refurbishment and upgrade (to achieve HIQA compliance)	Q2 2017	Q2 2017	0	0	0.25	0.35	0	0.00
CHO 7: Kildare/West Wicklow, Dublin West, Dublin South City, Dublin South West									
Baltinglass, Co. Wicklow	Refurbishment and upgrade (to achieve HIQA compliance)	Q4 2016	Q1 2017	0	30	0.75	3.91	0	0.00

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replace-ment Beds	Capital Cost €m		2017 Implications	
						2017	Total	WTE	Rev Costs €m
SOCIAL CARE – Services for Older People (contd.)									
CHO 8: Laois/Offaly, Longford/Westmeath, Louth/Meath									
Offalia House, Edenderry, Co. Offaly	Refurbishment and upgrade (to achieve HIQA compliance)	Q4 2016	Q1 2017	0	28	0.77	3.27	0	0.00
Riada House, Tullamore, Co. Offaly	Refurbishment and upgrade (to achieve HIQA compliance)	Q3 2017	Q3 2017	0	35	0.29	0.55	0	0.00
St. Vincent's Hospital, Athlone, Co. Westmeath	Electrical upgrade	Q1 2017	Q1 2017	0	40	0.48	0.90	0	0.00
St. Oliver Plunkett Hospital, Dundalk, Co. Louth	Refurbishment and upgrade (to achieve HIQA compliance)	Q1 2017	Q1 2017	0	63	0.27	5.22	0	0.00
CHO 9: Dublin North, Dublin North Central, Dublin North West									
St. James's Hospital, Dublin (Mercer Institute for Successful Ageing)	Relocation of 31 existing beds within the main hospital and 116 existing beds within the new (MISA) building	Q4 2016	Q1 2017	0	147	1.00	31.70	0	0.00
SOCIAL CARE – Disability Services									
CHO 5: South Tipperary, Carlow, Kilkenny, Waterford, Wexford									
Co. Wexford – various locations	HIQA compliance works to 5 houses throughout the county	Q1 2017	Q1 2017	0	0	0.04	0.78	0	0.00
CHO 9: Dublin North, Dublin North Central, Dublin North West									
Swords, Dublin	Disability Day Activity Centre co-funded with Central Remedial Clinic	Q3 2017	Q3 2017	0	0	1.00	1.00	0	0.00
National									
National	47 units at varying stages of purchase and refurbishment to meet housing requirements for 165 people transitioning from congregated settings	Phased 2017	Phased 2017	0	0	20.00	100.00	0	0.00
NATIONAL AMBULANCE SERVICE									
Davitt Road, Drimnagh, Co. Dublin	Provision of a new Ambulance Base	Q1 2017	Q2 2017	0	0	2.50	7.50	0	0.00
ACUTE SERVICES									
RCSI Hospital Group									
Beaumont Hospital, Dublin	Provision of renal dialysis unit	Q4 2016	Q1 2017	0	34	1.69	13.22	0	0.00
Our Lady of Lourdes Hospital, Drogheda, Co. Louth	Ward block	Q3 2017	Q4 2017	58	0	2.00	25.00	0	0.00

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replace-ment Beds	Capital Cost €m		2017 Implications	
						2017	Total	WTE	Rev Costs €m
ACUTE SERVICES (contd.)									
Ireland East Hospital Group									
Wexford General Hospital	Provision of an early pregnancy assessment unit, a foetal assessment unit and a urodynamics laboratory (co-funded by the Friends of Wexford Hospital)	Q4 2017	Q4 2017	0	0	0.10	1.31	0	0.00
Dublin Midlands Hospital Group									
Midland Regional Hospital, Tullamore, Co. Offaly	Provision of a replacement MRI and additional ultrasound	Q2 2017	Q3 2017	0	0	3.04	5.43	0	0.00
South / South West Hospital Group									
Cork University Hospital	Paediatric outpatient department	Q4 2016	Q1 2017	0	0	0.30	9.40	0	0.00
	Laboratory Development – extension and refurbishment of existing pathology laboratory to facilitate management services tender (blood science project)	Q2 2017	Q2 2017	0	0	1.75	2.20	0	0.00
	Provision of a helipad	Q4 2017	Q1 2018	0	0	0.64	1.80	0	0.00
University Hospital Waterford	New decontamination unit	Q2 2017	Q3 2017	0	0	1.20	2.00	0	0.00
University Hospital Kerry, Tralee, Co. Kerry	Refurbishment of existing operation theatre fabric	Q1 2017	Q1 2017	0	0	0.50	0.50	0	0.00
South Tipperary General Hospital	Extension to radiology department	Q4 2016	Q1 2017	0	0	0.48	2.30	0	0.00
Saolta University Health Care Group									
Sligo University Hospital	Upgrade of boiler plant and boiler room	Q3 2017	Q3 2017	0	0	1.10	2.30	0	0.00
	Provision of a neuroscience facility in Molloway House, The Mall, Sligo Town (HSE owned). Funded by the North West Neurology Institute	Q1 2017	Q1 2017	0	0	0.05	0.05	0	0.00
	Provision of a diabetic centre to facilitate the commencement of a paediatric insulin pump service	Q3 2017	Q3 2017	0	0	0.05	0.65	0	0.00
	Upgrade of building fabric (roofs, windows, etc) and fire compartmentation works	Phased 2017	Phased 2017	0	0	0.33	1.33	0	0.00
University Hospital Galway	New clinical block to provide replacement ward accommodation. Initial phase is provision of a 75-bed block	Q1 2017	Q1 2017	0	75	1.75	17.85	0	1.00

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replace-ment Beds	Capital Cost €m		2017 Implications	
						2017	Total	WTE	Rev Costs €m
ACUTE SERVICES (contd.)									
Saolta University Health Care Group *(contd.)*									
Letterkenny University Hospital, Co. Donegal	Restoration and upgrade of the critical care unit, haematology and oncology units, damaged in 2013 flood (part-funded by insurance)	Q3 2017	Q3 2017	0	0	2.00	2.70	0	0.00
	Restoration and upgrade of underground service duct (and services) damaged in 2013 flood	Q4 2017	Q4 2017	0	0	1.40	2.46	0	0.00
Mayo University Hospital	Expansion of existing endoscopy suite to provide a new decontamination facility, also works to main concourse including replacement lift	Q1 2017	Q1 2017	0	0	0.09	1.80	0	0.00
University of Limerick Hospital Group									
Mid-Western Regional Hospital, Ennis, Co. Clare	Redevelopment of Mid-Western Regional Hospital, Ennis (phase 1) to include fit out of vacated areas in existing building to accommodate physiotherapy and pharmacy and development of a local (minor) injuries unit	Q4 2017	Q1 2018	0	0	0.85	1.65	0	0.00
University Hospital Limerick	Acute MAU and OPD reconfiguration. The AMAU will be accommodated in the (old) Ward 6A and adjacent areas	Q4 2017	Q1 2018	8 assessment spaces	12 assessment spaces	1.06	1.40	0	0.00
	Reconfiguration of former ICU to create a surgical and pre-operative assessment unit	Q3 2017	Q3 2017	14 assessment spaces	0	0.74	0.79	0	0.00
	Clinical education and research centre (co-funded with University of Limerick)	Q4 2016	Q4 2017	0	0	1.30	12.90	4	0.00
	New emergency department	Q1 2017	Q4 2017	0	0	8.75	24.00	93.5	1.40
Mid-Western Regional Hospital, Nenagh, Co. Tipperary	Ward block extension and refurbishment programme, incl. 16 single rooms and 4 double rooms (part funded by the Friends of Nenagh Hospital)	Q3 2017	Q3 2017	3	21	1.34	4.90	0	0.00
NATIONAL CANCER CONTROL PROGRAMME									
St. Luke's Hospital, Dublin	Provision of interim facilities, (phase 2 – radiation/oncology project)	Q2 2017	Q2 2017	0	0	2.02	8.35	13.5	0.18

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replace-ment Beds	Capital Cost €m		2017 Implications	
						2017	Total	WTE	Rev Costs €m
HEALTH BUSINESS SERVICES									
Manorhamilton, Co. Leitrim	Upgrade/refurbishment of area HQ Building, Manorhamilton	Q3 2017	Q3 2017	0	0	1.20	1.64	0	0.00
Procurement – National Distribution Centres, incl. Tullamore, Co. Offaly	Provision of a network of storage facilities to facilitate the reconfiguration of the HSE's logistics services	Q1 2017	Q1 2017	0	0	1.15	4.15	0	0.00

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