Planning in the HSE

- HSE Planning and Performance Cycle and Framework
- Corporate Plan
- National Service Plan
- Regional Service Plans
- Illustrative example
HSE Planning and Performance Cycle

**INFORM / PLAN**
- Corporate Plan 2008 – 2011
- Capital Plan 2010 – 2014
- Government Policy & National Strategies
- Governments Estimates
- HSE Vote

**EVALUATE / REVISE**
- DoHC / DoF Reviews
- HSE Board
- Management Team/Performance Monitoring Control Committee
- Performance Management Review (Regional level)

**DO**
- National Service Plan
  - Supported by: Regional Service Plans (x4) and Localised Business Plans

**REVIEW**
- Corporate Performance Report
- Annual Report
- Monthly Performance Reports (National & Regional), including Balanced Score Card
- HealthStat

**HR Performance Management**
Team and individual Personal Performance Reviews and Development Plans are aligned with service plans and performance targets. These are agreed, implemented and reviewed as part of the normal management cycle.

*HealthStat is a National focused review of operational metrics which are used to measure and drive performance at hospital and ISA level.*
HSE Corporate Plan

HSE's 3 Year Strategic Plan
Legal requirement [under Health Act 2004 Section 29 (1)] whereby the HSE is required to prepare a formal strategic plan every 3 years (known as the Corporate Plan).

The Corporate Plan

- sets out the HSE’s strategic objectives and priorities over the 3 year period
- provides an overarching framework within which the HSE will address its priority areas over the 3 years
- gives guidance on where we will focus the efforts of staff and the targeting of resources.
HSE Corporate Plans to date..

- **First** Corporate Plan developed in 2005 in line with the establishment of the HSE.

- **Second** Corporate Plan outlines the priorities for HSE for the years 2008 – 2011.

- **Third** Corporate Plan will provide direction for the organisation from 2011 – 2013.
Developing the HSE Corporate Plan

Developing the Corporate Plan involves:

- **Consultation with:**
  - Key stakeholders
  - Directorate, Care Group, National and Programme Leads
  - Patient representative groups and service users
  - External Stakeholders including professional bodies, Health Information and Quality Authority (HIQA), Non Governmental Organisations (NGOs) etc.
  - HSE Board
  - Department of Health and Children (DoHC) and other Government Departments

- **Literature review** (national / international)

- **Analysis** of internal and external drivers impacting on the organisation

- **Measuring progress** against existing Corporate Plan.
HSE National Service Plan

Annual translation of HSE’s 3 year Corporate Plan
Health Act 2004 Section 31 (1) and (2) states that within 21 days after the publication by Government of the Estimates for supply services for the financial year or such other period as the Minister may allow, the Executive shall:

a) Prepare in accordance with this section, a service plan for the financial year or any other period as may be determined by the Minister, and

b) Adopt the plan so prepared and submit it to the Minister for approval.
What is the Estimates Process?

- First step in the Annual Planning Process

- The National Service Plan (NSP) cannot be finalised until notification of budget and WTE ceiling is received from Government

- To influence the identification of budget allocation for Health, the HSE annually undertakes a review of its resources and communicates its requirements to the DoHC.
Estimates Process within HSE

- Each year, based on government direction and the economic environment, the CEO and Management Team establish a process and accountability route to identify financial and human resource requirements for the following year for the totality of the organisation. This typically includes:

  ● Existing Levels of Service
    - Identification of resources to support existing levels of service. This always assumes a breakeven position at year end and no change in eligibility policies.

  ● Service Priorities
    - Identification of key priorities and key pressure areas which will either be unavoidable and therefore will require to be funded, or to not proceed with will cause significant risk for the organisation. The priority list is cross referenced with the Corporate Risk Register.
HSE National Service Plan – Estimates (contd..)

- **Government Policy**
  - Consideration of government policy in relation to public services (e.g. Public Service Agreements, McCarthy and Considine Reports 2010).

- **Strategic Direction of HSE**
  - Consideration of the organisation's strategic direction and requirements for the reconfiguration of services if required.

- **Service efficiencies / initiatives**
  - Identification of additional service efficiencies and value for money initiatives.

**Process commences around May and is normally completed by August of each year**

**Corporate Planning and Corporate Performance (CPCP) Directorate is responsible for co-ordinating the Estimates Process on behalf of the HSE**
The NSP must

- Indicate the *type and volume* of health and personal social services to be provided
- Indicate any capital plans proposed
- Contain an estimate of the number of employees of the Executive for the period
- Contain any other information specified by the Minister
- Comply with directions issued by the Minister under Section 10
- Accord with the policies and objectives of the Minister and the Government
- Have regard to the approved Corporate Plan in operation at the time.
HSE National Service Planning – Information Flow

‘Scene’ identified top down
Corporate plan, organisational priorities, service pressures, funding, government direction, Board, Management Team, etc (Prescriptive)

*System informed of the planning assumptions based on above*

NSP developed bottom up
All Directorates identify how they will provide services based on planning assumptions

*From unit level, through to LHO’s and hospitals, areas and networks identify their level of service provision*
HSE National Service Plan – How is it produced?

- The *Planning Function* within CPCP manages the production of the NSP in collaboration with all stakeholders.

- Based on guidelines and a template (designed and issued by CPCP), each Directorate nominee prepares and submits a first draft for its section taking account of the following essential components:
  - Planning assumptions, organisational priorities, DoHC requirements
  - Objectives and priorities in the HSE Corporate Plan
  - Previous years NSP
  - Health and demography of our population and the key health challenges as outlined in the Corporate Plan
  - HSE Capital Plan
  - Statement of Revenue Requirements for the year in question (Estimates), HSE Vote, previous year’s financial outturn
  - Integrated Services Programme / Transformation Programme
  - Government priorities, as laid out in Government’s Statement of Strategy for the period
  - Various national strategic and policy documents.
## Indicative timeframes in preparation of NSP

<table>
<thead>
<tr>
<th>Event Description</th>
<th>Timeframe</th>
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<tbody>
<tr>
<td>Initial communication with DoHC regarding their requirements in development of NSP</td>
<td>Mid Jun – Mid July</td>
</tr>
<tr>
<td>Management Team agree planning assumptions and process</td>
<td>End June</td>
</tr>
<tr>
<td>Management Team discuss and agree priorities</td>
<td>End Aug/ Early Sept</td>
</tr>
<tr>
<td>Guidance notes on development of NSP issued by CPCP to Care Group / National Leads</td>
<td>Early Sept</td>
</tr>
<tr>
<td>Interaction between HSE and DoHC line division on identifying specific priorities</td>
<td>Sept</td>
</tr>
<tr>
<td>Return of first draft NSP submissions by Directorates to CPCP</td>
<td>Beginning October</td>
</tr>
<tr>
<td>First draft to Management Team</td>
<td>Mid-October</td>
</tr>
<tr>
<td>Briefing paper to HSE Board</td>
<td>Mid-October</td>
</tr>
<tr>
<td>Pre-budget Draft considered by Management Team</td>
<td>End November</td>
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<tr>
<td>Pre-budget Draft submitted to HSE Board</td>
<td>End November</td>
</tr>
<tr>
<td>Budget Day</td>
<td>1st week in December</td>
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<tr>
<td>Special Management Team workshops to finalise NSP post Budget</td>
<td>2nd week in December</td>
</tr>
<tr>
<td>Final NSP considered by Special Board Meeting</td>
<td>3rd week in December</td>
</tr>
<tr>
<td>Final NSP submitted to Minister</td>
<td>End December</td>
</tr>
<tr>
<td>Final NSP approved by the Minister</td>
<td>21 days after receipt of NSP</td>
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</table>

**Estimates process** (first step in the annual planning process) commences in May and is normally completed by August of each year.

Ongoing consultation by CPCP with all Directorates
HSE Regional Service Plan

Regional translation of the HSE’s annual National Service Plan
HSE Regional Service Plans – How they are produced

- Concurrent with National Service Plan (NSP) preparation, Regional Management Teams led by the Regional Directors of Operations (RDOs) prepare Regional Service Plans. Plans are finalised post DoHC approval of the NSP.

- Regional Service Plans are produced through:
  - Negotiation between senior managers / service leads and RDO’s, taking into account the planning parameters placed on the plan by the NSP.
  - Linkages with National Directors / Assistant National Directors / National Leads to ensure plans line up with agreed national priorities.
Regional Service Plans focus on:

- Giving effect to range of priorities i.e. implementation of the Acute Medicine Programme (AMP) in 2011
- Identifying the quantum of service to be provided within available resources target setting - day case versus inpatient
- Content of Service Level Agreements (SLAs)
- Profiling of targets
- Service efficiencies and Value for Money (VFM) initiatives
- Reconfiguration of services
- Specific regional priorities i.e. implementation of Vision for Change, Ryan report
- Complying with employment control requirements.
Regional Service Plans are monitored by:

- RDO and Regional Management Team
- Performance Management Review via monthly Regional Performance Reports (including Balanced Score Card)
- Taking cognisance of monthly National Performance Report.
Illustrative Example

National and Regional translation of the Corporate Plan 2008 - 2011
**Key Result Areas** (Mental Health Services)

**Corporate Plan 2008 - 2011**

**Key Result Areas**

**11. Mental Health Services**

We will promote positive mental health and work with the National Office for Suicide Prevention to reduce levels of suicide and deliberate self-harm. We will provide services with an emphasis on partnership with persons with mental health needs, their families, carers, statutory, non-statutory, voluntary and locally based community groups.

Mental Health Services span all life stages and include services for children, adolescents, adults and older persons as well as rehabilitation, liaison and forensic psychiatric services.

To achieve this we will:
- Continue to progress the implementation of the recommendations in ‘A Well Changed’ (KRA 08).

**National Service Plan 2011**

**Key Result Area**

**Deliverable Output 2011**

**Target Completion**

- **Enhancing Service Provision through Structural Changes**
  - Completion of Executive Clinical Director (ECD) teams by:
    - Staff reconfigured to complete multidisciplinary ECD Management Teams.
    - Integrated clinical care pathways developed.
  - ICT:
    - External review conducted on the performance and functioning of WISDOM.
    - National ICT business requirements established.
  - Service user participation:
    - Increased participation in planning and delivering better mental health services with service users through existing partnerships.

**Regional Service Plan 2011** (South)

**Key Result Areas**

**The following Key Result Areas (KRAs) have been identified in the National Service Plan for delivery in 2011:**

**Key Result Areas**

**DELEGABLE OUTPUT 2011**

**Target Completion**

- **KRA: Enhancing Service Provision through Structural Changes / Changes in procedures and practices**
  - Completion of Executive Clinical Director (ECD) teams by:
    - Staff reconfigured to complete multidisciplinary ECD Management Teams.
  - HSE South:
    - Each extended Catchment Area across HSE South will work with National Lead and Assistant National Director in rolling out national programmes during 2011. This will be a key result area for the Regional Management Team in 2011.
    - Integrated clinical care pathways developed.
  - HSE South:
    - Each extended Catchment Area will participate, as appropriate, in the development of integrated clinical care pathways being overseen nationally by the Quality and Clinical Care Directorate.
    - Integrated clinical care pathways introduced in accordance with nationally agreed implementation plan.
Performance Indicators (Mental Health Services)

Corporate Plan 2008 - 2011

National Service Plan 2011

Regional Service Plan 2011 (South)
**Improving our Infrastructure** (Mental Health)

### Corporate Plan 2008 - 2011

<table>
<thead>
<tr>
<th>Management of Capital Programme</th>
<th>A capital programme to meet the recommendations of A Vision for Change is developed.</th>
</tr>
</thead>
<tbody>
<tr>
<td>- The HSE’s annual capital programme aligns with and supports the annual NSP by ensuring that:</td>
<td>- The National Paediatric Hospital (NPH) development is progressed to tender stage, and</td>
</tr>
<tr>
<td>- The annual capital allocation is drawn down in a timely and efficient manner.</td>
<td>- The Mater Adult Hospital meets the NPH programme.</td>
</tr>
<tr>
<td>- The Capital Programme addresses service needs and deficits.</td>
<td></td>
</tr>
<tr>
<td>- Accommodation provided for all PCTs and long stay beds are provided in line with the recommendations of Report on Residential Care for People.</td>
<td></td>
</tr>
<tr>
<td>Quality and Standards</td>
<td>Develop standards and design guidelines</td>
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</tbody>
</table>

| Residential Units for People. | |

### National Service Plan 2011

#### Capital Projects

- **Dublin Mid East**
  - St. Vincents, Fairview – provision of 6 additional beds
  - St. B’s – continuing care provision
  - Blanchardstown – high support hostel
  - St. Bodkin’s Lusk – refurbishment
  - Cavan – inpatient acute psychiatry unit

- **Dublin North East**
  - St. Vincent’s, Fairview – provision of 6 additional beds
  - St. B’s – continuing care provision
  - Blanchardstown – high support hostel

### Regional Service Plan 2011 (South)

#### Capital Projects

- **South**
  - Bessboro, Cork – Child and Adolescent Inpatient unit
  - Tipperary South – provision of residential unit, high support hostel and day hospital
  - St. John’s, Ennis – rehabilitation and Millview / Haven – high support hostels
  - Gorey – day hospital
  - Waterford – day hospital
  - Waterford City – day hospital
  - Dunmore – day hospital
  - Waterford City – day hospital
  - Waterford – day centre, refurbishment of regional hospital
  - Waterford – Centra Construction of 50 bed Community Nursing Unit to facilitate the transfer of patients from existing mental health facilities