



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

December 2008

Fact Sheets Planning in the HSE

Fundamental to ensuring effective governance and accountability within the Health Services Executive (HSE), is a shared understanding of the strategic inputs to service planning and how these are translated into sound business planning practices, supported by rigorous performance monitoring and measurement control mechanisms.

These Fact Sheets have been developed to provide you with information on the broad principles of planning within the HSE and to give you a better understanding of our governance arrangements and the complex planning environment within which the HSE operates. There are 5 Fact Sheets in all, the first 4 covering the various components of our planning framework and the fifth outlining indicative timeframes for planning in the HSE:

1. Overview of Planning in the HSE
2. Strategic Planning in the HSE
3. Service / Business Planning
4. Performance Monitoring and Measurement
5. Indicative Timeframes – Planning in the HSE

Our organisation is facing into a time of restructuring and it will be necessary that these Fact Sheets be reviewed and updated to ensure that staff are kept informed of changes in the HSE planning process. However, the following is a brief overview of the role and current organisational structure of the HSE.

Role of HSE

The HSE was established in January 2005 as a single body with statutory responsibility for the management and delivery of health and personal social services in the Republic of Ireland. As outlined in the Health Act 2004, the objective of the Executive is *'to use the resources available to it in the most beneficial, effective and efficient manner to improve, promote and protect the health and welfare of the public'*. It is the responsibility of the HSE to ensure that money spent delivers the maximum possible return in terms of the quality of the services we provide.

Organisational Structure

The HSE currently delivers health and personal social services through:

- The provision of acute hospital and ambulance services which are currently delivered through 8 hospital networks, comprising 50 acute hospitals and supported by 93 ambulance bases.
- A wide range of services in the community, through 32 Local Health Offices (LHOs).
- Promoting and protecting the health of the entire population through implementation of a Population Health Model of Care

These arrangements are supported by services necessary to enable the organisation to operate efficiently and effectively, which include Office of CEO, Human Resources, Finance, Information and Communication Technology, Estates, Procurement and Corporate Planning and Control Processes.

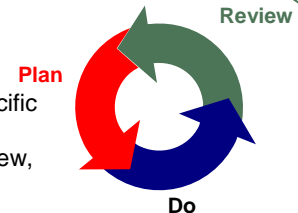
An Evolving Organisation

Further improvements and organisational modifications are being implemented to ensure maximum effectiveness and efficiency in delivering more integrated care to our service users. These modifications will mean local responsibility and authority within defined national parameters, more robust area structures and greater clinical involvement in the design and management of health and personal social services.

“Planning is bringing the future into the present so that you can do something about it now”
Alan Lakein,

What is planning?

Planning is part of the process of management, essential to identifying needs, setting specific goals, developing objectives and mapping how these objectives will be accomplished. Successful planning is a continuous cyclical process of planning, implementation and review, often referred to as “Plan – Do – Review”.



Strategic planning is the process by which an organisation determines its long term strategy, or direction. It involves a review of where the organisation is and where it wants to be within a given timeframe (**its strategic objectives**), identifies specific areas of focus (**key result areas**) to achieve those objectives and specifies how it will measure that achievement (**key performance indicators**). Under the Health Act 2004, the Health Services Executive (HSE) is required to prepare a formal strategic plan every 3 years, known as the **Corporate Plan**.



Service / business planning is the means by which the organisation implements its Corporate Plan on an annual basis. Strategic planning determines organisational goals, service / business planning defines how to achieve those goals on an annual basis, i.e. how will the organisation put its strategic plan into action?



Performance monitoring is an essential part of the planning cycle. It enables us to review progress against what we set out to achieve and sets the baseline for developing our corporate and annual plans.

HSE's legal obligation

The **Health Act 2004** sets out the HSE's legal reporting requirements, which include the preparation and submission, within specific time frames, to the Minister for Health and Children of:

- A Corporate Plan every 3 years
- An annual National Service Plan (21 days after the publication by the Government of the Estimates for Supply Services for that financial year, or such other period as the Minister may allow)
- A Code of Governance for the HSE
- An Annual Report which reports on the performance of the HSE's functions during the preceding year

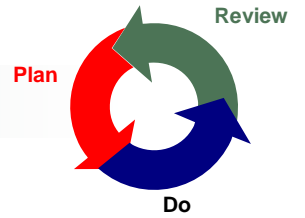
Health Act 2004 available on www.dohc.ie

HSE Vote

The annual financial allocation (budget) voted by Government to each Government Department is known as “the Vote”. On its establishment in 2005, the Health Vote was transferred from the Department of Health and Children to the HSE. The Chief Executive Officer is now the Accounting Officer, with responsibility to the Oireachtas for the utilisation of the Vote.

HSE governance arrangements

The HSE Board is the governing body of the organisation, with the Chief Executive Officer (CEO) as the Accounting Officer. In using our finite resources, the Accounting Officer has a responsibility to ensure the proper and appropriate management of public monies. The CEO is supported by a Senior Management Team, comprising National Directors of all delivery and support services.

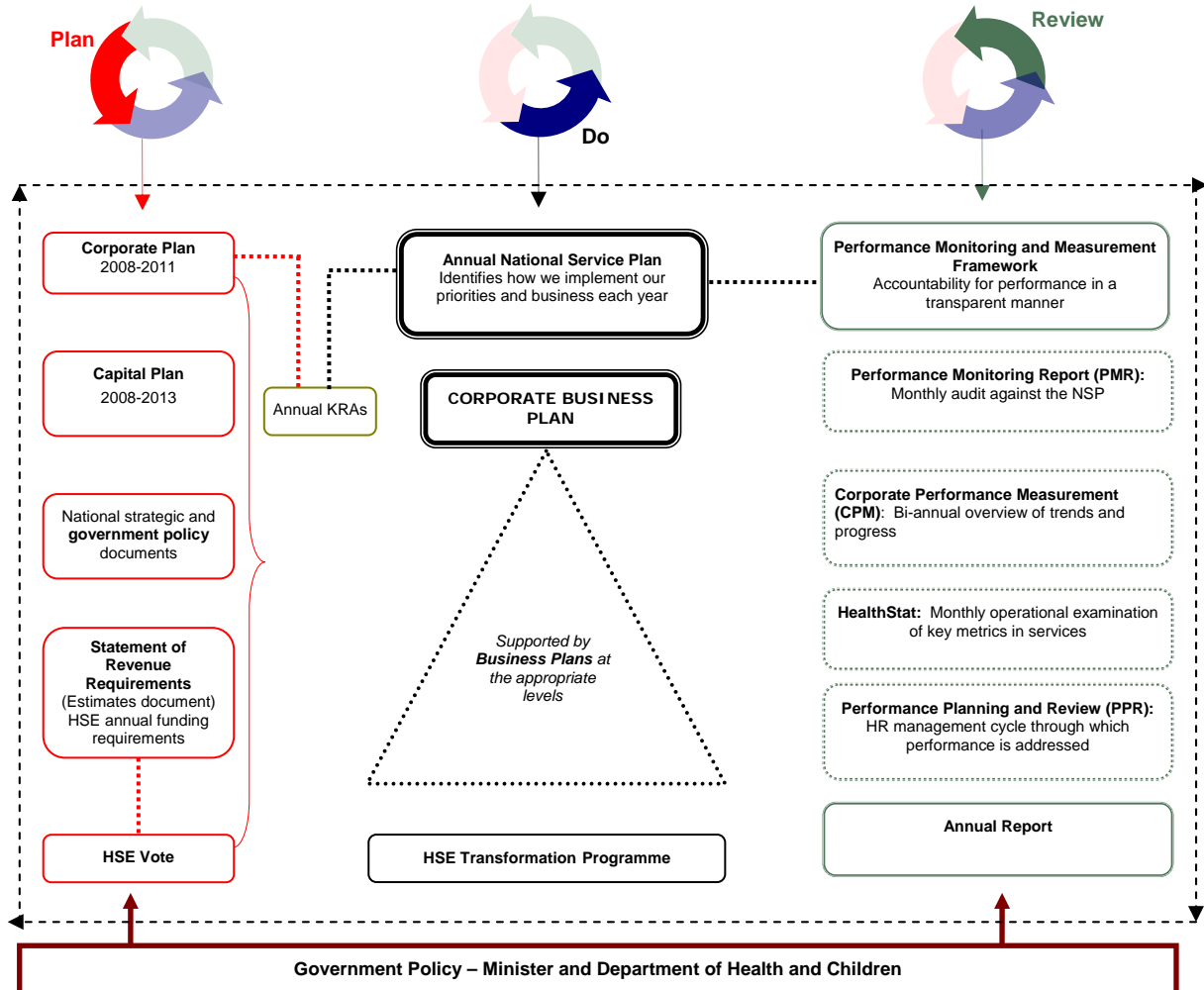


PLAN: Guided by our Mission, Vision and Values the HSE's **Corporate Plan** sets the strategic direction for our organisation for the three year period. It provides a focus and framework for the planning and management of health and personal social services in Ireland. The objectives identified in our Corporate Plan are translated into actions in our annual National Service Plan (NSP).

DO: The **National Service Plan (NSP)** is the annual agreement between the Minister for Health and Children and the HSE. It is the action plan for the year to deliver on our corporate objectives. It outlines how we will deliver the country's public health and personal social services for the year and is the benchmark against which performance is measured throughout and at the end of the year. The NSP is implemented at all levels in the organisation through the **Directorate's Business Plans**.

REVIEW: Monitoring and measuring performance happens at many different levels. For example, performance measurement occurs against the Corporate Plan and Transformation Priorities through the *bi-annual* **Corporate Performance Measurement (CPM)** reports, against the National Service Plan through the *monthly* **Performance Monitoring Reports (PMRs)** and against the key strategic objectives of Access, Integration and Resources through the *monthly* **Healthstat** reports. Through the HSE's **Annual Report** the Executive provides an annual progress report on the implementation of the Corporate Plan and its National Service Plan for the given year.

Business Model How we plan, monitor and measure



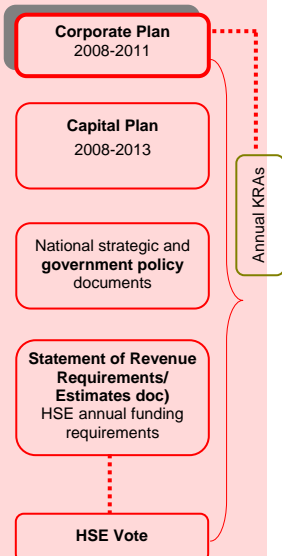
Planning Governance Group (PGG)

A consistent coherent approach to our service planning, business planning and performance monitoring arrangements is implemented across the organisation through the Planning Governance Group (PGG) whose membership includes senior planning representatives from each of the Directorates.

"If you don't know where you are going, you are certain to end up somewhere else"
 (Yogi Berra)

Introduction

Strategic planning is the process by which an organisation determines its long term strategy, or direction. It involves a review of where the organisation is at now and where it wants to be within a given timeframe (**its strategic objectives**), identifies specific areas of focus (**key result areas**) to achieve those objectives and specifies how it will measure that achievement (**key performance indicators**). Under the Health Act 2004, the Health Services Executive (HSE) is required to prepare a formal strategic plan every 3 years, known as the **Corporate Plan**. The HSE's first Corporate Plan was developed in 2005 and this informed our strategic direction over the following three years. Our second Corporate Plan sets out the Health Service Executive's overall strategic vision, key commitment areas and key actions to achieve results for the three year period 2008 - 2011.



Our Strategic Direction - Corporate Plan 2008 - 2011

Our strategic direction, as outlined in our Corporate Plan, is informed by the needs of our population and builds on progress in meeting the objectives in the HSE's first Corporate Plan 2005 – 2008. Governed by the policy directions outlined in the DoHC's Statement of Strategy 2008-2010, the Corporate Plan reflects government policy, the National Health Strategy 'Quality and Fairness', the HSE Transformation Programme priorities and our Key Result Areas (KRAs) 2008, as well as various key strategic and policy documents relating to service provision (see more detail on these overleaf).

The Corporate Plan defines 'what the HSE is about'; sets strategic aims that reflect our mission and common purpose and gives guidance on where we will focus the efforts of our staff and the targeting of resources. Our Corporate Plan is supported by six Corporate Objectives.

Six Strategic Objectives



Key Result Areas

In order for us to achieve our corporate objectives, we have identified high level Key Result Areas (KRAs) to be achieved or actioned over the next three years. We will be setting out in our annual National Service Plans (NSPs) and Business Plans how we plan to achieve these on a year by year basis and will be monitoring our progress through our monthly / bi-annual and annual performance monitoring reports, as appropriate.

Key Outcomes

Key outcomes identify the impact these KRAs will achieve. It is recognised that a three year programme will take us only part of the way to fulfilling our goals. Some outcomes, specifically in relation to health outcome, have a considerably longer time span to deliver results.

Key Performance Indicators

To measure our progress Key Performance Indicators (KPIs) have been identified. Corporate KPIs have been developed and will be monitored through the bi-annual Corporate Performance Measurement Reports. More detailed service measures in our NSP will be monitored through our monthly Performance Monitoring Reports (PMRs). (See Fact Sheet 4 for further details)

Corporate Plan 2008 – 2011 (available on <http://hsenet.hse.ie>)

Capital Plan

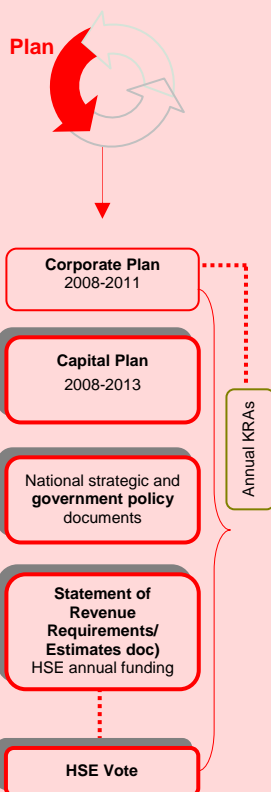
In addition to our Corporate Plan, and in line with stated aims and objectives of the Irish Government's National Development Plan, a HSE Capital Plan 2008 – 2013 has also been developed to support the service planning agenda for the Irish health services. This should be read in conjunction with our Corporate Plan.

(Following Government approval, the Capital Plan will be available on www.hse.ie)

Key policies and strategies that govern our strategic direction

Governed by the policy directions outlined in the DoHC's Statement of Strategy 2008 – 2010 and the Annual Output Statement for the Health Group of Votes, our corporate objectives reflect and support:

- *National Health Strategy 'Quality and Fairness', A Health System for You (DoHC 2001)* which is the overarching strategy that provides vision and strategic direction for the provision of health and personal social services and sets out the key objectives for the health system up to 2010 (www.dohc.ie)
- *National Development Plan 2007-2013 (Government Publications 2007) 'Transforming Ireland, A Better Quality of Life for All'* which is the roadmap for sustainable economic expansion, social justice and a better quality of life for the people of Ireland. (www.irlgov.ie)
- *HSE Capital Plan 2008 – 2013* (currently with the Minister for Health and Children for approval – once approved will be available on www.hse.ie)
- *Transformation Programme 2007 – 2010 (HSE, 2006)*. While not the only driver for change, the Transformation Programme is the primary mechanism and framework for change management across the HSE.
- Various key strategic and policy documents relevant to health, for example:
 - *Towards, 2016 – Ten year framework social partnership agreement 2006 to 2016*. A strategic framework for economic and social development in Ireland, focusing on the needs of children, young adults, people of working age, older people and people with disabilities (www.taoiseach.gov.ie)
 - *Primary Care Strategy, A New Direction, Quality and Fairness: A Health System for You, (Health Strategy DoHC, 2001)*. This comprehensive strategy provides a blueprint for the planning and development of primary care over a ten year period (www.dohc.ie)
 - *A Strategy for Cancer Control in Ireland, Department of Health and Children, Dublin, 2006: A comprehensive cancer control policy that focuses substantially on reform and reorganisation of the way we deliver cancer services in Ireland to ensure future services are consistent and associated with a high-quality experience for patients and carers* (www.dohc.ie)
 - *A Vision for Change" Report of the Expert Group on Mental Health, (Government Publications 2006)* (www.dohc.ie)
 - *Ireland: Take Heart (Cardiovascular Strategy), Audit of Progress on the Implementation of Building Healthier Hearts 1999-2005 (HSE, 2007)* (www.hse.ie)
 - *The National Disability Strategy (Government Publications 2004)* (www.irlgov.ie available under the Department of Justice, Equality and Law Reform – Equality/Disability)



Statement of Revenue Requirements (Estimates Document)

The HSE sets out its service priorities and funding requirements for the following year through the Estimates Process which is one of the key steps in the overall annual planning cycle for the HSE. (For more detail on the Estimates process please see Fact Sheet 3)

The Corporate Plan sets the strategic direction for the HSE, and although the plan is over a three year period the funding required to implement its objectives is allocated on an annual basis. This funding is received through Vote 40 (see HSE Vote below).

HSE Vote

The annual financial allocation (budget) voted by Government to each Government Department is known as "the Vote". On its establishment in 2005, the Health Vote was transferred from the Department of Health and Children to the HSE. The Chief Executive Officer is now the Accounting Officer, with responsibility to the Oireachtas for the utilisation of the Vote.

“Vision without action is a dream. Action without vision is simply passing the time. Action with vision is making a positive difference” (Joel Barker)



Annual National Service Plan
Identifies how we implement our priorities and business each year

CORPORATE BUSINESS PLAN

Supported by
Business Plans
at the appropriate
levels

HSE Transformation Programme

Introduction

The National Service Plan (NSP) is the annual agreement between the Minister for Health and Children and the Health Services Executive (HSE), outlining how we will deliver the country's health and personal social services for the year within the allocated funding (Vote). This annual allocation from Government is influenced by our annual Statement of Revenue Requirements (see below).

Our NSP is the action plan for the year to deliver on our corporate objectives and is the benchmark against which performance is measured throughout and at the end of the year. The NSP is implemented at all levels in the organisation through the Directorate's Business Plans.

This fact sheet details the various components of the annual NSP cycle and timeframes for their preparation as follows:

- 3.1: Statement of Revenue Requirements (commonly known as the annual estimates document)
- 3.2: National Service Plan
- 3.3: Business Plans

3.1 Statement of Revenue Requirements (Estimates Document)



Why have an estimates process?

As outlined in Fact Sheet 1, the annual financial allocation (budget) voted by Government to each Government Department is known as the 'Vote'. As Vote holder and the principal statutory body responsible for management of the country's health services, the HSE must have in place a robust mechanism to influence the overall government process in terms of funding required on an annual basis. We have such a mechanism in the estimates process.

What is the estimates process?

The annual Government Estimates process starts in the second quarter of the year, with a broad direction from the Minister for Finance to each Minister, setting out the parameters for public spending compared to the previous year. Individual Government Departments then put forward initial spending proposals, prepared within the general parameters set by Government. Departments also indicate any new policy areas which need to be addressed. Following bilateral exchanges with the Department of Finance, financial estimates for individual Government Departments are agreed.

In order to ensure that we can influence this process, the HSE prepares an annual internal planning document known as our **Statement of Revenue Requirements** which sets out our critical funding requirements for the year ahead. This high level statement is usually submitted to the Department of Health and Children (DoHC) in time to inform the Department of Finance during the formulation of the Government Estimates.

The estimates process is the first stage of our annual planning cycle, where we identify and articulate our key priorities for service delivery and development for the following and subsequent years. It enables us to build up a view of the services and their needs whereby we can reflect our financial and WTE requirements for the year ahead.

The process is not necessarily all about additional money. It also enables us to internally examine 'what we do and why we do it' for the existing funding allocated in the Vote. As part of this examination, it is vital that we review existing services to identify where improvements are needed. We need to determine if things can and should be done differently to free up resources in order to make those improvements, before making a bid for additional funding.



Annual National Service Plan
Identifies how we implement our priorities and business each year

CORPORATE BUSINESS PLAN



HSE Transformation Programme

How we manage the process

The preparation of the estimates document is a two step process.

Step 1: A detailed internal planning document is prepared, which sets out our organisational requirements for the year ahead. To make this happen, managers review existing local services to identify needs for service development and improvement. Following review by Senior Management, based on agreed planning principles, these needs are prioritised by each Directorate for inclusion in a document which outlines our revenue requirements for the following year.

Step 2: Having completed our detailed statement of revenue requirements, a more high level statement is prepared for submission to the DoHC, specifying the critical funding requirements for the following year.

Indicative timeframes for Estimates process

- Mar** - Guidelines on agreed estimates process & templates distributed to Directorates (mid March)
- Apr** - Prioritised internal document submitted by Directorates (early April)
- Review of internal document & preparation of high level statement - Statement of Revenue Requirements (mid April)
- May** - First draft considered by Management Team and redrafted as appropriate (April/May)
- Jun** - Statement of Revenue Requirements issued to the Board (June/July)
- Jul** - Statement of Revenue Requirements submitted to DoHC (July)

See Fact Sheet 5 for full annual planning timeframes

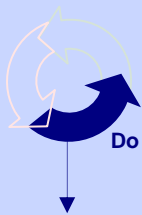
3.2 National Service Plan



What is the National Service Plan?

Section 31 of the Health Act, 2004 stipulates that the HSE must adopt and submit a service plan '21 days after the publication by the Government of the Estimates for Supply Services for the Financial Year'. The National Service Plan (NSP) is the annual agreement between the Minister for Health and Children and the HSE for the type and volume of services to be provided for the monies allocated by Government. It outlines how we will deliver the country's public health and personal social services for the year and is the benchmark against which performance is measured throughout and at the end of the year.

The NSP reflects the objectives in the Corporate Plan and sets out our annual agenda for implementation of our Key Result Areas (KRAs) to achieve these objectives. The NSP is the "Do" element of our overall planning cycle. The NSP 09 is a more concise one than in previous years and this is to reflect DoHC requirements. The new format has significantly reduced the level of detail included regarding services which fall outside of the "activity driven" type and volume and our support functions. To ensure good governance, a Corporate Business Plan (CBP) was developed in order for the HSE to plan and account for the totality of its resources in 2009 (see 3.3). The CBP is the action plan for the year to deliver on our corporate objectives and is the basis from which we develop our detailed business plans right throughout the system.



Annual National Service Plan
Identifies how we implement our priorities and business each year

CORPORATE BUSINESS PLAN

Supported by
Business Plans
at the appropriate levels

HSE Transformation Programme

External Perspective

The NSP is the contract between the HSE and the Minister for Health and Children for the type and volume of services to be provided for the monies allocated to the HSE in the Government's Estimates for the supply of services in that financial year.

Internal Perspective

From the HSE's perspective, the NSP is not just the contract with the Minister – together with the CBP, it is the basis from which we develop our detailed business plans right through the system. It is our annual translation of what we have committed to in the HSE's Corporate Plan and Transformation Programme. It is also the tool which services use to plan and monitor the delivery of their services, and how we hold our own system to account.

There is a requirement to provide assurance to the CEO, the Board and the Minister that robust structures and processes are in place to drive appropriate governance and accountability throughout the organisation.

It is therefore incumbent upon each National Director to ensure that business plans, which are deliverable within the financial and employment control limits, as notified by the National Directors of Finance and Human Resources, are in place to implement the NSP, and to facilitate compliance with the monitoring and measurement requirements.

Notification of Government Funding

The notification of funding to us by Government is in mid October of each year. This means the NSP must be completed, approved by our Board and submitted to the Minister within 21 days of this date.

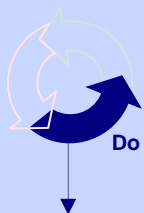
If additional funding is to be made available to enhance the development of specific services for the following year, this is normally announced on Budget Day. The HSE responds by preparing an Addendum to the NSP. Following the same process, the Addendum is prepared for consideration by the HSE Board at their January meeting and subsequently submitted to the Minister for Health and Children for approval.

What is the process for preparing our National Service Plan?

During the first part of the year, the format and general content of the NSP is agreed between the HSE and Department of Health and Children (DoHC). Following this, guidance notes and timelines are issued to all Directorates.

Based on these guidelines, between July and September each Directorate prepares and submits its first draft of the NSP taking account of the following essential components:

- ⌘ Objectives and priorities in the HSE Corporate Plan 2008 – 2011
- ⌘ NSP 2008
- ⌘ Health and demography of our population and the key health challenges (including demographic shifts) outlined in the Corporate Plan
- ⌘ HSE Capital Plan 2008 - 2013
- ⌘ Statement of Revenue Requirements 2009 (Estimates) and the HSE Vote (Including 2008 financial outturn)
- ⌘ Transformation Programme and the introduction of an Integrated Health and Social Care Model
- ⌘ Government priorities, as laid out in Government's Statement of Strategy 2008 – 2010
- ⌘ Towards 2016: Review and Transitional Agreement, 2008 – 2009, and
- ⌘ Various National strategic and policy documents.



Annual National Service Plan
Identifies how we implement our priorities and business each year

CORPORATE BUSINESS PLAN



HSE Transformation Programme

Indicative timeframes for preparation of NSP

Jul	- Guidelines on agreed process and templates distributed to Directorates (July)
Aug	- Directorates prepare first drafts of their NSP for submission by early September
Sept	First integrated draft NSP considered by Management Team (end September)
Oct	- Draft NSP, as approved by Management Team submitted to Board (early October) - Notification of Government funding (mid October) - Draft NSP finalised to reflect Government funding and approved by Management Team (end October)
Nov	- Final draft NSP adopted by the Board and submitted to the Minister within 21 days of notification of Government funding (towards end November)
Dec	- Preparation of Corporate Business Plan - Preparation of addendum if HSE is in receipt of additional funding, for the following year, on Budget Day

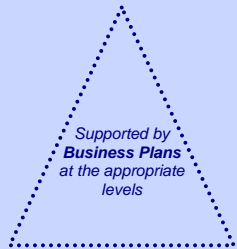
See Fact Sheet 5 for full annual planning timeframes

3.3 Corporate Business Plan



Annual National Service Plan
Identifies how we implement our priorities and business each year

CORPORATE BUSINESS PLAN



HSE Transformation Programme

DoHC requirements for preparation of National Service Plan (NSP 09) directed that it be more concise than service plans in previous years, focussing on **type and volume of services**, incorporating greater and more explicit links between funding, staffing and service activity and including more specific empirical targets and clearly defined timescales.

This new format has significantly reduced the level of detail included in our NSP regarding services which fall outside of this 'activity driven' type and volume (e.g. health promotion, health intelligence, environmental services) and our support functions. To ensure good governance, it was recognised **that all services and support functions should be planned for in the same framework** and to support its implementation a **Corporate Business Plan (CBP)** was developed in order for the HSE to plan and account for the **totality** of its resource in 2009.

Therefore, **while the NSP is our contract with the Minister, the CBP is the basis from which we do our business and develop our detailed business plans for each and every directorate**, cascading the business objectives down the system, developing more detailed business plans at each appropriate level in order to translate and meet those objectives at the service level.

The CBP includes details of those support services which do not, because of the changed focus of the NSP, appear in NSP 2009, but which are essential support functions for the organisation. The other key component of the CBP is the detailing of the business actions which need to be undertaken at corporate and at each directorate level, in order to deliver on the legal commitments made in the NSP. These actions include how we are going to address delivering services within Vote, how we are going to manage VFM and how we are going to reconfigure services to allow us to evolve the business and meet our short term objectives set out in NSP 09, and longer term objectives in Corporate Plan (CP).

CBP 2009 ensures that Directorates are clear in terms of their planning assumptions on how services will operate in 2009 and enable business plans to be finalised at each level of the system. The CBP should be finalised by December of each year and its finalisation is managed corporately by CPCP based on submissions received as part of the preparation of the NSP.

The CBP is a high level management tool for directorates. There is a requirement to monitor and track if the business decisions we have made and set out in the CBP, work and impact on the business as intended. This information will inform our control processes, holding our system to account through our monthly PMRs (see fact sheet 4).

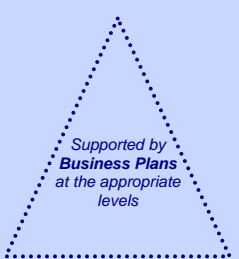
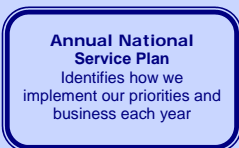
3.4 Business Plans

What are our Business Plans?

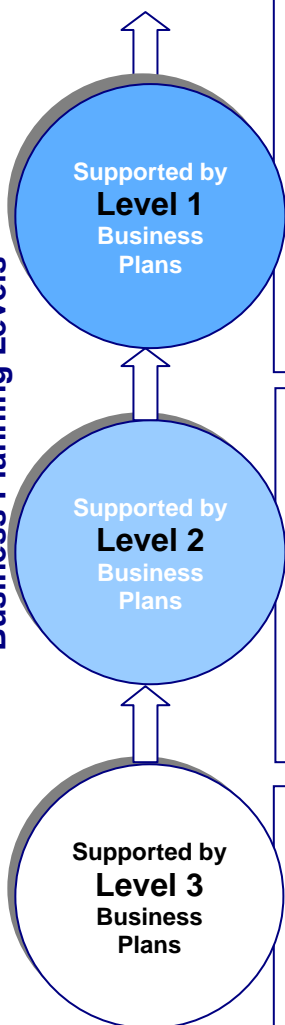
Business plans are the way in which we action out in detail, at local level, what we have committed to in the NSP (the actions outlined in the NSP are referred to as 'Deliverables') and Corporate Business Plan. Business plans are used at the relevant levels of the organisation (see below) and provide a consistent approach for all Directorates to ensure that the national agenda is translated into local action. The adoption of a consistent business model allows us to plan and monitor the delivery of services and is how the system is held to account at each level of the health delivery system.

Levels within the Business Planning Process

Business plans are prepared at varying levels of the organisation, from high level business plans prepared at Area / Network level to more detailed operational plans at service department level. Actions (or deliverables) outlined in high level business plans are monitored through the preparation of more detailed business plans specifying timeframes and assigning responsibility prepared at Area / Network level. To provide more clarity on business planning levels and to get a better understanding of the breakdown of actions (or 'deliverables') from the NSP through the various levels, the following is an illustrative sample based on delivery by NHO on one of its KRAs in support of the NSP 2009 KRA.



Business Planning Levels



NATIONAL SERVICE PLAN

NSP 2009 KRA: Reconfiguration of our Acute Hospital System.
Reorganise acute services to ensure the provision, within each network, of both comprehensive 24/7 medical and surgical services and planned activity for comprehensive day case and diagnostic workloads.

NHO Deliverables 2009 - Enabling measures for service reconfigurations in Cavan and Monaghan completed.
- Detailed project planning for reconfiguration of services in Louth and Meath completed.

Level 1 Business Plans translate the HSE's deliverables as set out in the NSP into actions to be taken by each Area / NHO Network level. They also identify the broad timeframes associated with completion of these deliverables and actions.

Example of North East Hospitals Network Level 1 Business Plan Deliverables

Deliverable 2009	Timescale	Person responsible
Develop Medical Assessment Unit (MAU) at Cavan General Hospital based on agreed model	Q1	Local Transformation Implementation Team
Commence the delivery of pre hospital thrombolysis by advanced paramedics	Q1	Local Transformation Implementation Team
Reduce average length of stay / improve discharge planning / provide home care packages	Q1	Local Transformation Implementation Team
<i>Etc. (i.e. any other additional required deliverables)</i>		

Level 2 Business Plans further detail the actions set out in the Level 1 Business Plans, at LHO / individual hospital, while also identifying the key responsible people for ensuring that this work takes place, within specified timeframes.

Example of Cavan Monaghan Hospitals Group Level 2 Business Plan Deliverables in support of the North East Hospitals Network Level 1 Business Plan

Deliverable 2009	Timescale	Person responsible
Identify and upgrade space in Cavan	Q1	Local Transformation Implementation Team
Agree staffing requirements based on agreed model of service delivery	Q1	Local Transformation Implementation Team/ relevant Manager
<i>Etc. (i.e. any other additional required deliverables)</i>		

Level 3 Business Plans further detail the actions, set out in the Level 2 Business Plans, at individual service / department level, identifying key responsible people for ensuring this work takes place, within specified timeframes.

Example of Cavan Monaghan Hospitals Joint Department of Medicine Level 3 Business Plan Deliverables in support of the Cavan Monaghan Hospitals Group Level 2 Business Plan

Deliverable 2009	Timescale	Person responsible
Develop rota for NCHD Support to MAU	Q1	Clinical Lead – joint Dept of Medicine/Med. Manpower Mgr.
Develop referral, admission and discharge criteria	Q1	GP/Bed Mgr/Practice Nurse development
<i>Etc. (i.e. any other additional required deliverables)</i>		

PREPARING YOUR BUSINESS PLAN

Context

The Minister for Health and Children has 21 days, following submission of the NSP by the HSE, to accept or reject it or indeed to recommend changes to it. However, pending the Minister's approval, services need to progress with the development of their Business Plans. It is essential that on 1st January each year services know what their budgets are, understand their service commitments and have their WTE ceilings available to them. This ensures that services are in a position to commence the year with total clarity through the system and also ensures monitoring mechanisms commence immediately in terms of implementation of business plans. It is important to note that Managers will be held accountable for their performance against budget and in respect of service delivery.

Steps in preparation

The CBP will ensure directorates are clear in terms of the planning assumptions in place on how services will operate in 2009 and enable business plans to be finalised to ensure this happens at each level of the system. This is managed for you by your relevant Assistant National Director for planning or your planning representative at national level.

The CBP will include:

- Overall Directorate financial breakeven plan for the year in question and the assumptions and implications therein
- Details of the Directorate specific actions in relation to VFM
- Developments that can proceed, and the assumptions around these decisions
- Directorate specific instructions in relation to the deliverables in the NSP

Format

Business Plans should be prepared to reflect the overall format of the NSP **but be customised to suit local demographics and configurations and deliverables within financial and employment control limits appropriate to your relevant area.**

Your Business Plan should reflect the following:

• Introduction

In the NSP this briefly outlines the legal and policy framework and identifies the key underlying planning assumptions, considerations, strategic objectives, etc. It describes the proposed accountability and governance arrangements to ensure delivery (monitoring arrangements).

This sets the scene for your business plan. Where you have local strategies or policies relevant to the delivery of your business plan, these should be included here.

The NSP and CBP includes a health status piece which outlines the population health priorities which have been used to guide its preparation. Where local demographic or health status information is available, this should also be included within your Business Plan

• Service delivery / service area

In the NSP and CBP, this is the main body of the document. It sets out the context, key result areas, output for the previous year, targets for the year in question, timescale, owner, high level deliverables or actions per programme / care group, linking funding / staffing / activity / and the capital plan implications for that programme or care group.

This format needs to be repeated within your Business Plan but customised to suit your local service.

It is important that you contact your service planning representative within your Directorate for guidelines and templates on the completion of your Business Plan, as although the key components of what should be included will remain the same, the format may differ slightly from Directorate to Directorate.

• Value for Money

VFM is a significant component of how we manage our overall financial envelope for the year in question in terms of both cost containment and driving value. Specific initiatives planned for each year are included within the NSP and CBP. Your business plan should reflect, where appropriate, implementation of these deliverables at a local area and where your service has identified additional ones specific to your area, these should also be included.



Annual National Service Plan
Identifies how we implement our priorities and business each year

CORPORATE BUSINESS PLAN

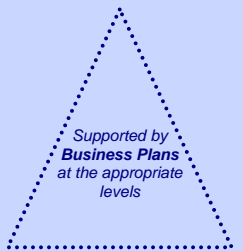
Supported by
Business Plans
at the appropriate
levels

HSE Transformation Programme



Annual National Service Plan
Identifies how we implement our priorities and business each year

CORPORATE BUSINESS PLAN



HSE Transformation Programme

Timeframes for preparing your Business Plans

Business plans should be finalised and approved by the appropriate Assistant National Director / Network Manager, Local Health Office Manager / Hospital Manager, or designated officer within Directorates, as appropriate to the level of the business plan.

Dec - Level 1 Business Plan in place (no later than 3rd week in December)

Jan - Level 2 and Level 3 Business Plans in place (no later than mid-January of the following year)

See Fact Sheet 5 for full annual planning timeframes

Performance Monitoring and Measurement in the HSE

"Measurement is the first step that leads to control and eventually to improvement. If you can't measure something you can't understand it. If you can't understand it, you can't control it. If you can't control it, you can't improve it" (H. James Harrington)

Introduction

Performance Monitoring and Measurement assists and influences us in taking both operational and strategic decisions. It is about ensuring that as an organisation we are doing what we set out to do. In other words, that we are achieving the objectives and targets which we have set ourselves. Monitoring assists in examining the way in which things are done and in taking corrective action where necessary.

A consistent approach to performance monitoring and measurement must occur at each level of the health delivery system and this is managed through our Business Model (referred to previously in Fact Sheet 1). It is how we hold our own system to account at each level of the health delivery system.

This ensures that we are reporting on achievement against our objectives, within allocated resources and approved employment levels and taking the necessary corrective action as appropriate. It also ensures that implementation of the NSP is in accordance with our legal obligations in accounting to the Minister for Health and Children for the provision of services as specified in our Plan.

Monitoring internally

Monitoring our performance occurs internally at various levels in the organisation, from service delivery, to Corporate and Board level. When cascaded down to each level of accountability by means of the business plans, it also provides a vital tool to enable managers to plan, manage and monitor performance against a targeted set of objectives and measures specific to their area of responsibility.

Monitoring Externally

Externally we are accountable to Government through the Minister for Health and Children. We are also continually monitored by the public we are here to serve. In addition, different users of performance information have different requirements.

How we currently monitor and measure our performance

There are a number of mechanisms currently in place which enable us to monitor our performance. In whatever reporting format, we are committed to measuring and communicating our performance in an open and transparent way. In recognition of the multiplicity of both audiences and requirements, we are continuing to streamline, as much as possible, demands on all our stakeholders for information.

The following is a sample of some of our current monitoring mechanisms

Performance Monitoring Reports

Performance Monitoring Reports (PMRs) are prepared **monthly** and enable us to oversee the implementation of our NSP, meeting our legal obligations in accounting to the Minister for Health and Children.

These reports ensure that we are achieving what we set out to achieve in our NSP within allocated resources, approved employment levels and activity targets, at all levels of the system. Importantly they provide critical information, ensure an early warning system is in place and enable remedial or corrective action to be taken quickly, as required.

PMRs are discussed and approved at monthly control meetings, before issuing to the Board for their consideration. They are subsequently submitted to the DoHC, fulfilling our legal reporting obligations on reporting against the NSP.

The monthly PMRs are published on both the HSEnet and on the internet (www.hse.ie)



Review



Performance Monitoring and Measurement Framework

Facilitates that we account for our performance in a transparent manner

Corporate Performance Measurement (CPM):

Bi-annual overview of trends and progress in HSE

Performance Monitoring Report (PMR):

Monthly audit against the NSP

HealthStat:

Monthly operational examination of key metrics in services

Performance Planning and Review (PPR):

HR management cycle through which performance is addressed

Annual Report

Corporate Performance Measurement Reports

Corporate Performance Measurement (CPM) is the use of a targeted set of measures to portray how the organisation is meeting its major objectives as outlined in the corporate objectives and transformation priorities. It illustrates progress and trends over time. It is reported **bi-annually** and used to inform strategic planning.



HealthStat

HealthStat is a **monthly** performance system which provides an integrated statistical analysis drawn from the comprehensive pool of data in the HSE and presented in a data dashboard. It enables managers at local level to see what services are working well, where targets are being met, how comparable services are performing and where action may be needed. HealthStat data is discussed at a formal monthly HealthStat Forum meeting where the CEO and the Directors of Finance and HR meet with the appropriate National Service Directors and Senior Management Teams and agree the action required to improve performance.



Annual Report

The Annual Report sets out how the organisation performed in any given year. Under the Health Act 2004 the HSE is required to provide the Minister with progress on the implementation of the Corporate Plan and this is done through the Annual Report.

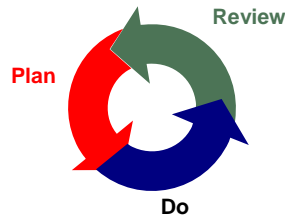


Our control mechanisms

Central to success is the relationship between responsibility, authority and accountability and how this forms the basis of our governance arrangements, from CEO to National Director and throughout the system.

By 1st January each year all managers will have received their budgets, their approved employment ceilings and their expected service delivery commitments. Managers are held accountable for their performance against budget and in respect of service delivery.

In addition to the performance management arrangements, an Executive Control Group is in place to review and validate organisational performance in the key areas of financial performance, human resource management and the achievement of targets identified in our NSP. This Control Group provides an early warning system for the CEO and the Management Team and proposes remedial action within an agreed consistent corporate approach.



Mar

Estimates Process

- Guidelines on agreed estimates process & templates distributed to Directorates (mid March)

Apr

Estimates Process

- Prioritised internal document submitted by Directorates (early April)
- Review of internal document & preparation of high level statement - Statement of Revenue Requirements (mid April)

May

- First draft considered by Management Team and redrafted as appropriate (April/May)

Jun

Estimates Process

- Statement of Revenue Requirements issued to the Board (June/July)
- Statement of Revenue Requirements submitted to DoHC (July)

Jul

National Service Plan

- Guidelines on agreed process and templates distributed to Directorates (June/July)

Aug

National Service Plan

- Directorates prepare and submit first drafts of their NSPs (August / September)

Sep

- First integrated draft NSP considered by Management Team (end September)

Oct

National Service Plan

- Draft NSP, as approved by Management Team submitted to Board (early October)
- Notification of Government funding (mid October)
- Draft NSP finalised to reflect Government funding and approved by Management Team (end October)

Nov

National Service Plan

- Final draft NSP adopted by the Board and submitted to the Minister within 21 days of notification of Government funding (towards end November)

Dec

National Service Plan / Corporate Business Plan

- Preparation of Corporate Business Plan
- Preparation of addendum if HSE is in receipt of additional funding, for the following year, on Budget Day

Business Plans

- Level 1 Business Plans in place (no later than 3rd week in December)

Jan

Business Plans & Performance Monitoring Arrangements

- Level 2 and Level 3 Business Plans in place (no later than mid-January)
- Sign off on Performance Monitoring arrangements to support the NSP (mid-January)
- Reporting on a monthly / bi-annual basis against NSP in place (commences January)

Feb