



Pleanáil agus Feidhmíocht
Planning and Performance

Planning and Performance for Impact: *Looking Back to the Future*

National Clinical Programmes Conference
September 18, 2024

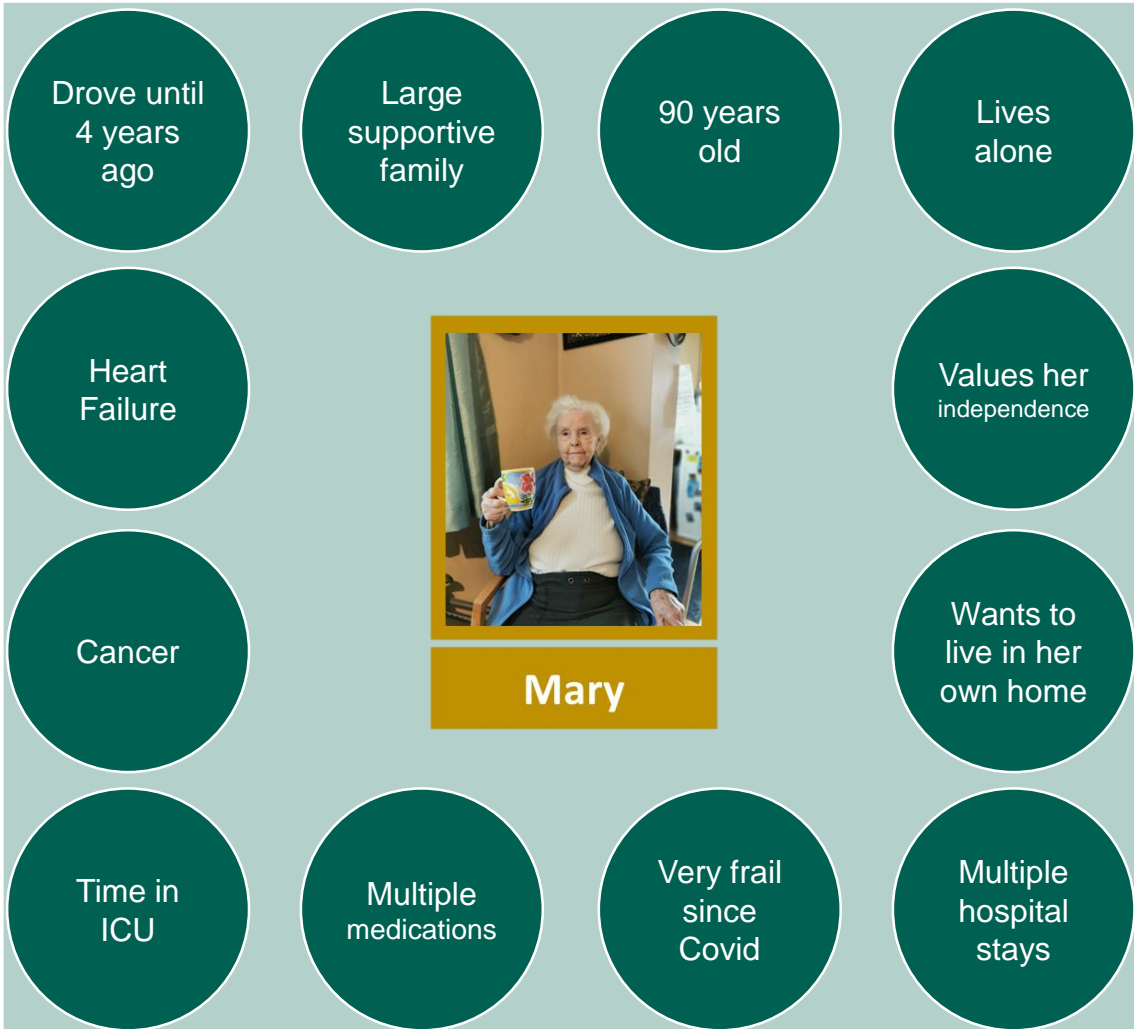
Miin Alikhan, Assistant National Director, Planning
Sonya Cotter, Assistant National Director, Performance



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I. General Overview: Planning & Performance Directorate

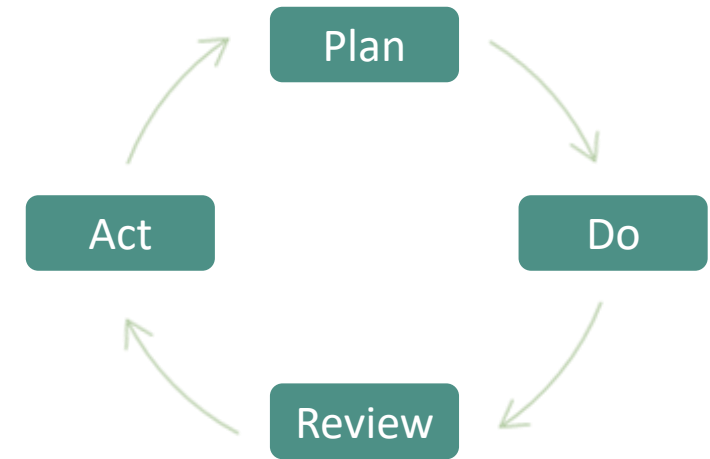
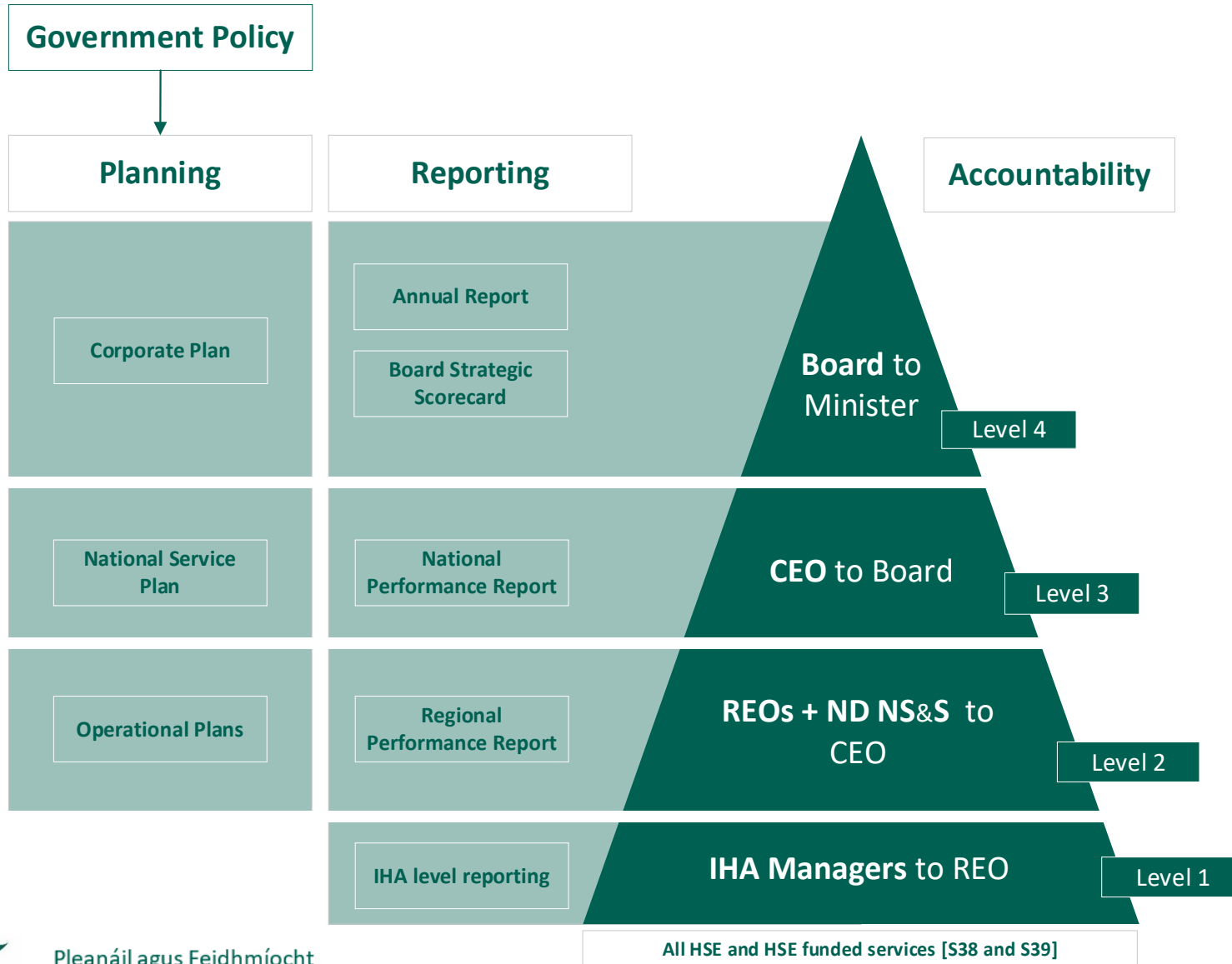




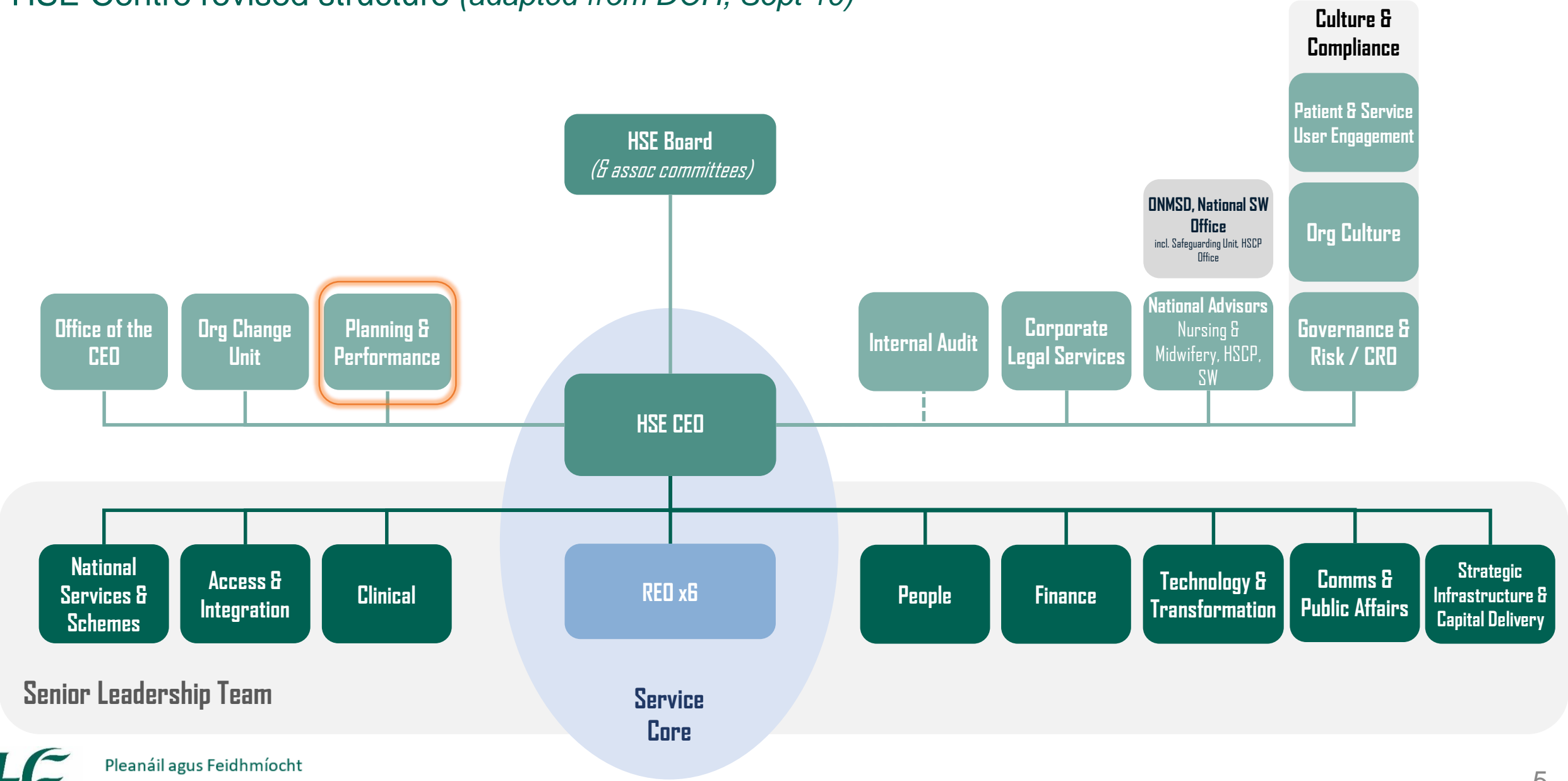
Why we do what we do

1. How are we planning (and is it effective) for the right care in the right place at the right time?
2. How well are we performing?

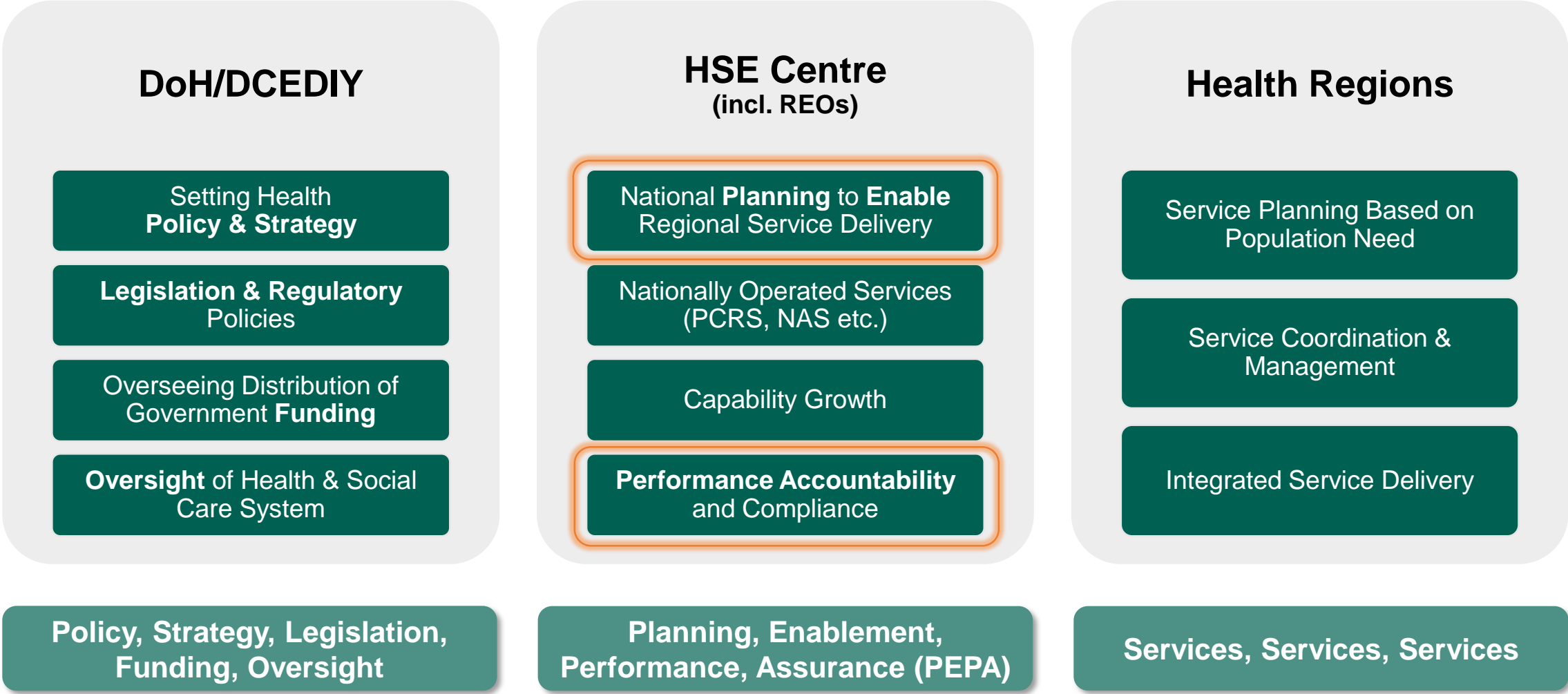
Planning & performance translates into commitments w/i an integrated framework & cts feedback loop



HSE Centre revised structure (adapted from DOH, Sept 10)



Key roles & responsibilities (adapted from DOH, Sept 10)

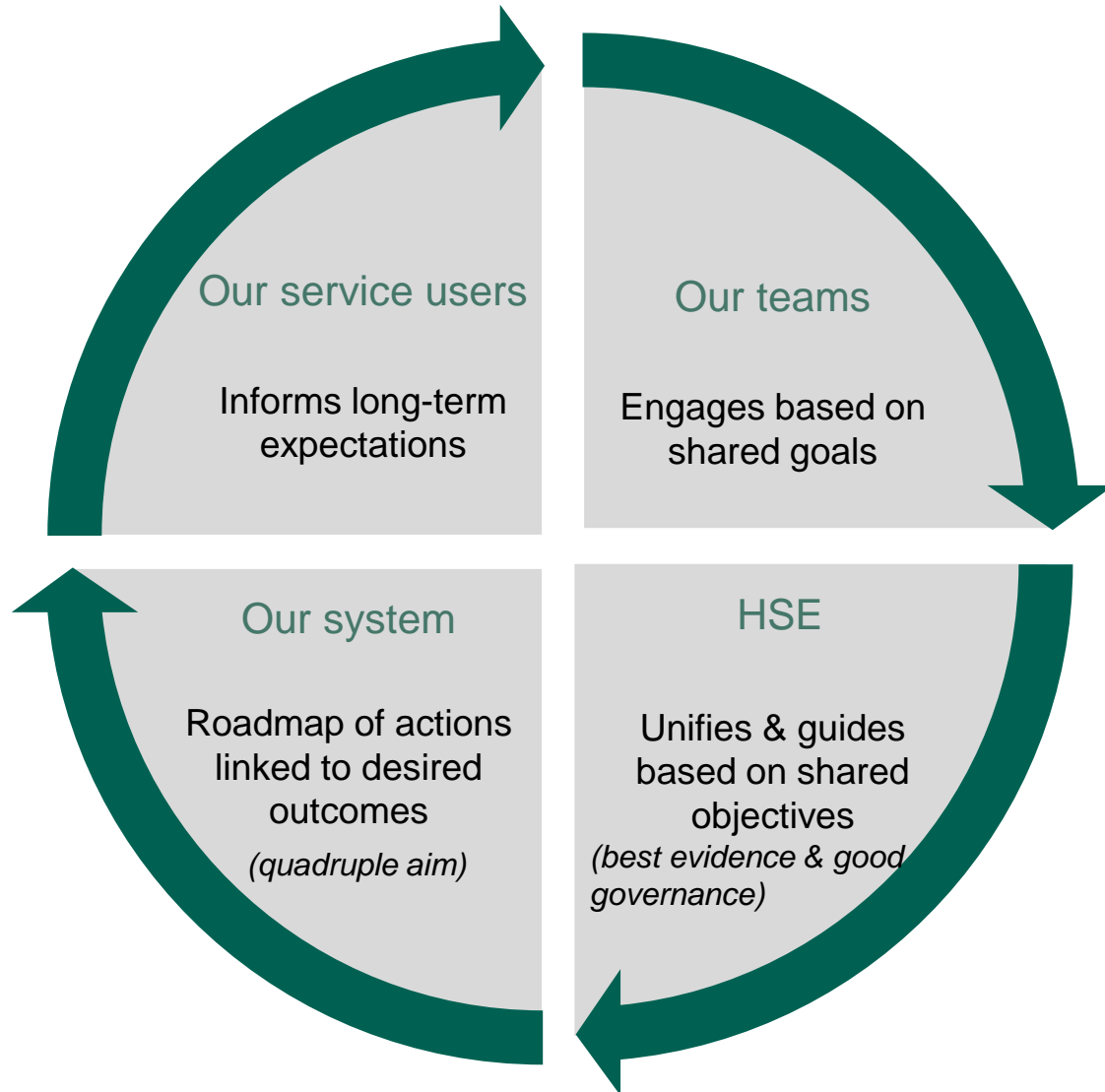




II. Planning:

- a. the why, what & how
- b. a snapshot of our emergent draft strategic (corporate) plan

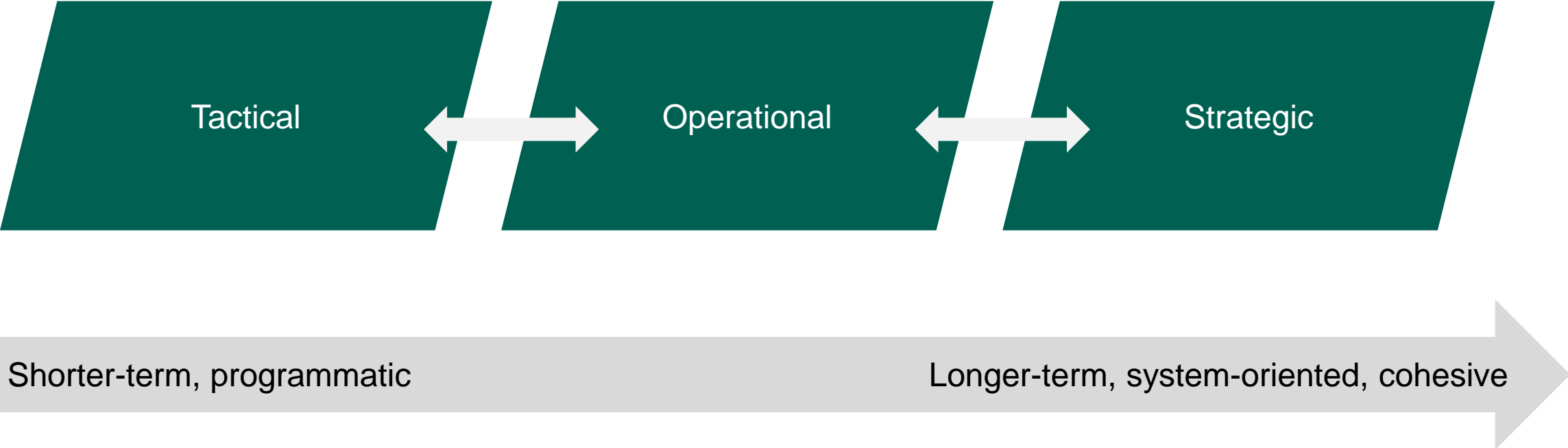
Why is planning important anyway?



Every system is perfectly designed to get the results it gets....

*Dr. Paul Batalden
Dartmouth, Institute of Healthcare Improvement*

Planning exists across a spectrum



Shifting from current to an ideal state; shared view for informed decisions → agility, outcomes, best value

Multiple HSE Planning Areas
(Partial View; Specific Aims;
Variable Governance Lines)



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Integrated (National) Planning
(Shared, Whole-of-System View; Reports to CEO)



- Synthesises expert intelligence into a whole system view that can be used to collectively inform & enable more local planning & implementation efforts
- Shared baseline of knowledge & insights on which local adaptations can be based
- Horizon scanning
- Identifies overall gaps & opportunities in a systematic & standardised approach
- Shared learning & continuous improvement

Shifting from current to an ideal state; shared view for informed decisions ➔ agility, outcomes, best value

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(Partial View; Specific Aims; Variable Governance Lines)

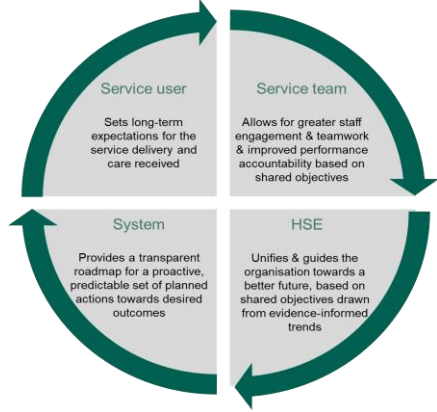


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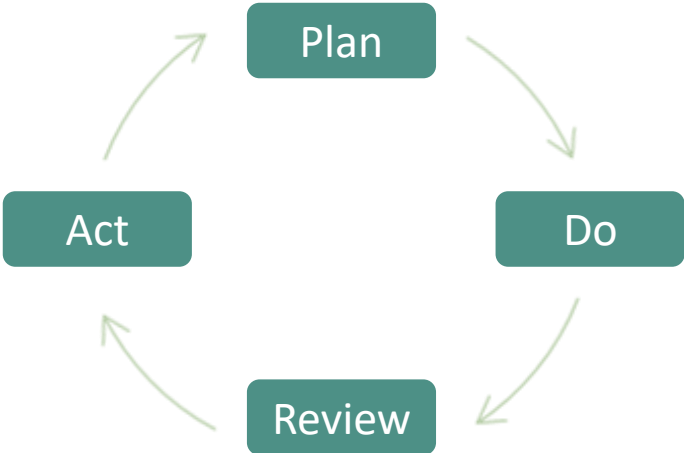
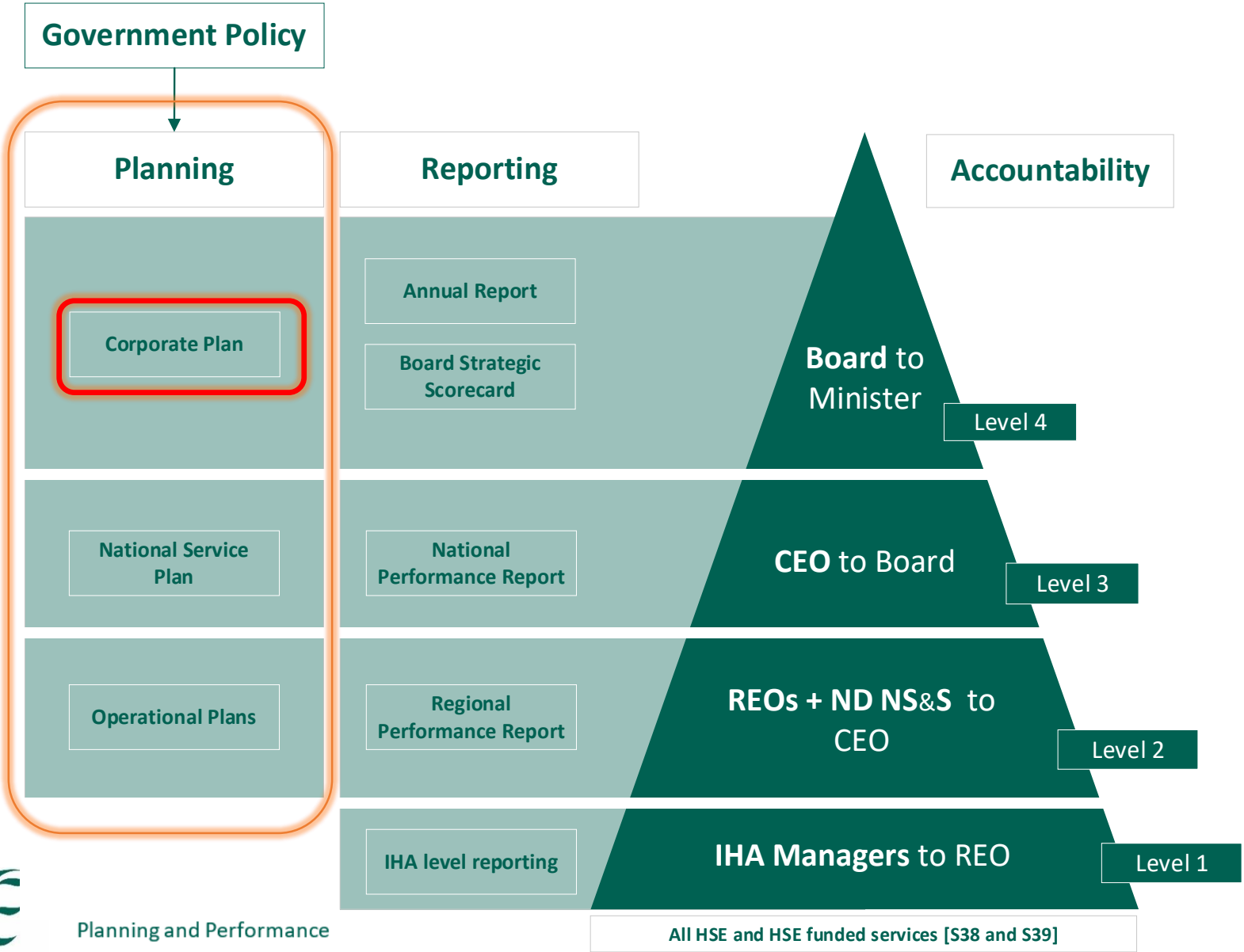
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Foresight/Scenarios
As Part of Integrated Planning
(Same + Wider View; Scenarios for Impact)

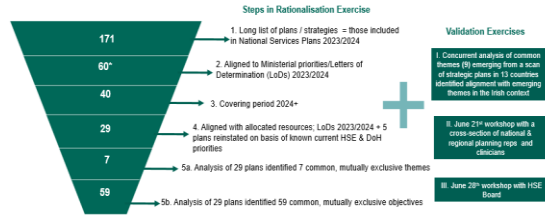


- Insights & foresight to be more proactive, agile & future-forward; anticipate emerging risks & opportunities
- For **future development** to ensure a wider lens:
 - Patient Partner Advisory Planning Council
 - Strengthened partnerships with:
 - Voluntary sector
 - Academic/research institutes
 - Government
 - Central Statistics Office
 - Economic, Social and Research Institute
 - Local authorities

Planning currently manifests as corporate commitments w/i an integrated framework & cts feedback loop

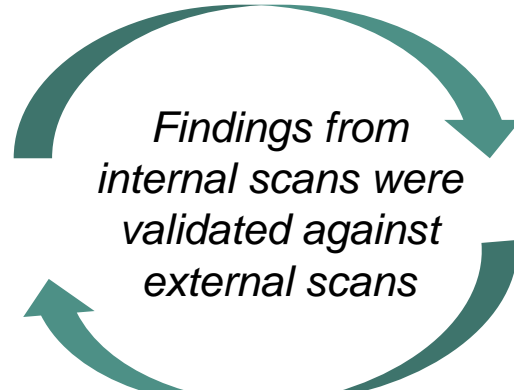


A deeper dive snapshot: our new Corporate (Strategic) Plan – builds on our foundation of ‘knowns’



Analysis of known HSE commitments; 171 plans/strategies rationalised to common themes & objectives

Patients & Service Users		Staff	
Partnership and collaboration <ul style="list-style-type: none"> Partners in their own care Improve services and health outcomes Inclusion of disadvantaged groups Follow through on feedback 	Overall patient experience <ul style="list-style-type: none"> Respect and dignity Trust and confidence in staff Staff to be empowered to build service excellence for patients Highest complaints in Your Service Your Say relate to safe and effective care 	Partnership and collaboration <ul style="list-style-type: none"> Involvement in decision making Communication of important information Act on staff feedback 	Staff wellbeing <ul style="list-style-type: none"> Work related stress Promotion of positive work life balance Staff assault, verbal or physical from patients / service users
Access to information <ul style="list-style-type: none"> What services are available Access to their health teams Better communication prior to hospital discharge / transfer Access to health records at any time 	Access to health services <ul style="list-style-type: none"> 24 / 7 services Continuity of care Urgent care and virtual care Appropriate acute mental health services Better links between mainstream and specialist disability services 	Developing our workforce <ul style="list-style-type: none"> Develop staff to their full potential Access to training and technology to do their work 	



Thematic analysis of 45k voices in 11 stakeholder engagement outputs

Category	Corporate Plan (2015-2017)	Corporate Plan (2017-2021)	Highlights/Issues Identified	Opportunities/Considerations for Workshop
1. Strategic Context in Wider Ecosystem	Major emphasis on health services, workforce, digital, HSE change function, HSE Board not in evidence, COVID-19 exposed strategic failures	Added for digital, HSE Board established in 2018, COVID-19 exposed strategic failures, HSE Board not in evidence, COVID-19 exposed strategic failures	Need for digital, HSE Board established in 2018, COVID-19 exposed strategic failures, HSE Board not in evidence, COVID-19 exposed strategic failures	Need for digital, HSE Board established in 2018, COVID-19 exposed strategic failures, HSE Board not in evidence, COVID-19 exposed strategic failures
2. Stakeholder Key Features	A health system with high quality health services valued by all	A health system with the right care, at the right time and in the right place	Explicit articulation and labelling of a vision to be achieved, covering the mission and aspiration (i.e. the 'why') for strategic operational planning	Be explicit & consider alignment with core messages in wider system
3. Tag line/Brand over	Building a high quality health service for Ireland	Building a high quality health service for Ireland	Tag line reflects the health of our people & our system	Be explicit
4. Mission	Strategic vision articulated in 2015 included: People in Ireland are empowered to achieve the best care and outcomes for themselves and their families, communities and quality care when they need it and when they want it. People in Ireland are empowered to achieve the best care and outcomes when they need it and when they want it. People in Ireland are empowered to achieve the best care and outcomes when they need it and when they want it.	Strategic vision articulated in 2017 included: People in Ireland are empowered to achieve the best care and outcomes for themselves and their families, communities and quality care when they need it and when they want it. People in Ireland are empowered to achieve the best care and outcomes when they need it and when they want it. People in Ireland are empowered to achieve the best care and outcomes when they need it and when they want it.	Clear articulation inside with staff adoption and provide clear measurement of ambition to service users	Be explicit & consider alignment with core messages in wider system

Comparative analysis of past 2 HSE Corporate Plans

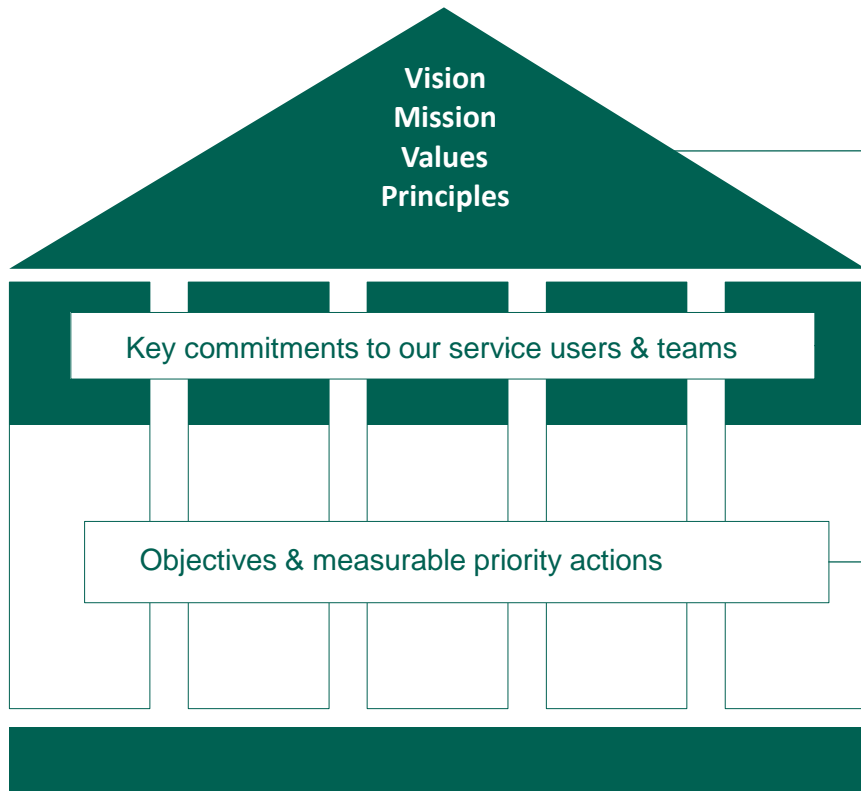
1. Adding more life to years
2. High needs/ high impact
3. Aligning focus on productivity with capability to deliver high value care
4. Addressing root causes of access challenges
5. Future proofing in a world of exponential change
6. Intentional design to attract, retain & develop teams in a digital workplace

Analysis of 6 macro trends: challenges & opportunities identified

Jurisdiction	Time period	Vision	Objectives	Service planning	Finance	Performance indicators	Key learnings
Australia	2019 - 2023	Better health and wellbeing for all Australians	<ul style="list-style-type: none"> Improving access Supporting hospitals & insurance reform Mental and preventative health Aging well 	Emphasis on staff gaps, rising cost & demand from demographic change	Detailed budget statement	Comprehensive KPI framework tied to objectives	KPI framework is applicable to Irish context with minimal adaption
British Columbia (Canada)	2022 - 2023	Respect, compassion, innovate partnerships and purpose	<ul style="list-style-type: none"> Affordable Delivering services Sustainable 	Focus on internal operations reflects status as relatively new agency	Detailed expenditure breakdown provided	Consistent KPI framework used since 2017. Indicators tied to specific objectives	Use of core set of KPIs allows easy visualisation of progress over time.
England	2019 - 2028	To make the NHS fit for the future	<ul style="list-style-type: none"> Devolved decision making Workforce development Digital health Preventative care & tackling inequalities Efficiency 	Driven by: <ul style="list-style-type: none"> Workforce Carbon footprint rising multi-morbidity 	One year budget statement	Core set of national indicators. Used alongside regional priorities.	Strong focus on digital health and climate action exemplified through NHS app roll out and climate strategy
Finland	n/a	A cohesive society and sustainable well-being	<ul style="list-style-type: none"> Safeguard wellbeing Effective services Reduce inequalities Promote non-discrimination 	Not discussed	Not discussed	Not discussed	Limited insights applicable to HSE

Review of 13 current international healthcare strategies

Draft structure of our new Plan



Measures of success :
 Answering the question of :
'How will our patients/ service users experience our system differently ?'

A small number of key measures per objective

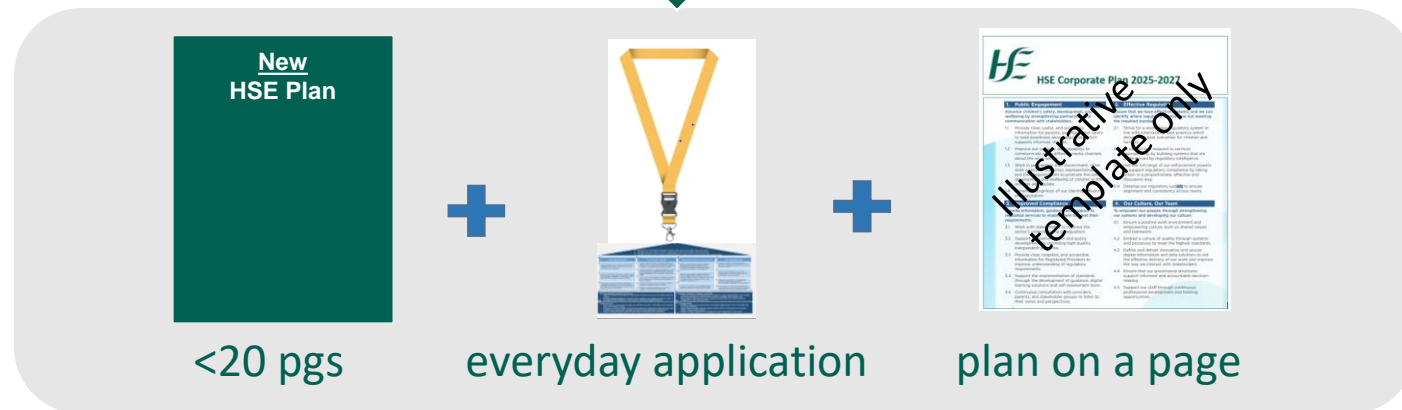
The HSE's vision is for a healthier Ireland, with a high-quality health service valued by all.

Our mission: is to ensure that people in Ireland

- I. are supported by health and social care services
- II. can get safe, compassionate and quality care when they need it
- III. can be confident that we make the most effective use of our resources to deliver the best health outcomes and value

Our Values:

- I. Care
- II. compassion
- III. Trust
- IV. learning



Development, implementation & evaluation: phases



Mar- June

June-Aug

Sept-Nov

Dec

Jan '25

2025-2027

National Service Plan 2025 development process

May be structured to reflect Year 1 of our Corporate/Strategic Plan



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III. Performance



What we measure

Currently approximately **350** Key Performance Indicators [KPIs] and targets in the **National Service Plan [NSP]** and **Board Strategic Scorecard [BSS]**.

- New KPIs are added with no process for retiring KPIs

The **National Scorecard** is a sub-set of KPIs.

- Intended to serve as a Balanced Scorecard
- The BSS also contains a separate Balanced Scorecard with a different set of KPIs.

The large number of KPIs, the current nature of the NSP National Scorecard and BSS Balanced Scorecard makes it difficult to communicate the priorities we need to focus on.



Actions

- Identify core set of primary indicators [Aiming for 50]
- Develop new National Balanced Scorecard with four performance lenses - **Quality** includes safety, **Access** includes Integration, **People** and **Money**
- Data on all other indicators will continue to be collected and reported
- Process underway with DOH with the aim of rationalising and agreeing full suite of KPIs

KPIs on a page [under development]



1 Quality	Readmissions Surgical + Medical rate	Ambulance ED handover < 20 mins Emergency response times	Vaccination MMR < 24 months HC workers Flu % Flu vaccine >65s %	3 People
	Urgent colonoscopy < 4 weeks	Incidents Reviews < 125 days Extreme/ Major % of all	HCAIs Staph Aureus + C Diff	
2 Access	Hospital activity Attendances Admissions Discharges	Waiting list Total active Removals/ Admissions > 3 years or at risk IP + DC < 12 weeks OPD < 10 weeks GI scopes < 12 weeks	Primary Care W/Ls Physiotherapy Occupational Therapy Speech and Language Ophthalmology Audiology Dietetics Psychology	3
	EDs Trolleys 8am < 320 75 yrs > 99%	Cancer urgent Breast < 2 weeks Lung < 10 days Prostate < 20 days	OPD New to Return ratio 1:2	
	DTOC 350	Screening Breast, Cervical, Bowel, Diabetic Retinopathy	Disability AON % within time # in receipt respite Move from congregated	4 Money
ALOS > 14 days	Older persons # HS hours # HS people	Social Inclusion Homeless asses < 2 wks Substance [U18] < 1 wk	Mental Health Adult < 12 weeks	
			CAMHS Urgent < 3 days Appointment < 12 weeks	4

- Absence rates
- Turnover rates
- WTE control limit
- Agency/ Overtime
- € control limits
- Savings targets



Bringing data together

The HSE is data rich. It depends on accurate, timely data and information to allow for effective management. Currently:

- **480** data collectors across 9 CHOs with > **66,000** data points collected monthly/ Acute BIU collate > **100,000** data points monthly/ HPO holds **1,862,133** HIPE records with 274 data items in each record which means there are **half a billion** data items
- Multiple data sources with data collected daily, weekly, monthly and quarterly
- Data reported through different channels and to different locations in the HSE & DoH
- While hospital data collection largely automated, community data is generally collected manually and reported manually
- This leads to considerable complexity and it is difficult to form a *'single source of truth'*

Actions

- **Mapping** of data sources
- Ensuring all data for NSP reported into the Planning and Performance [Business Intelligence Units] and forms part of the **HSE's Data Lake** [Repository of data]
- Complete work on the **National Bed Management System**
- Establishing a **demand modelling project** [in advance of modelling work to be completed by ESRI in 2025]

Improving reporting



200 + performance type reports produced on a monthly basis

- Multiple dashboards available for different types of data
- Reports and dashboards produced by different teams for different purposes.
- No single view of system performance with ‘accredited’ reports that have the authority of the organisation
- There isn’t a consistent way of reporting on performance from service to Board level
- Risk of inaccurate reporting inherent in manual processes

This complexity makes it very difficult to navigate overall performance

Significant time and resources [often using external consultants] is consumed with duplication which could otherwise be applied to higher value activities.



Improving reporting



Actions

▪ Simplify reporting

- **Single** ' accredited' National Performance Report [with analysis by Region] with mirror Regional Reports with same structure and format as National Report.
- Reports will include targets, performance data, trends comparing in-year and previous year and RAG ratings. **[Target: Reporting of July data by end of August]**
- CHOs currently being mapped to IHAs to allow for IHA level view

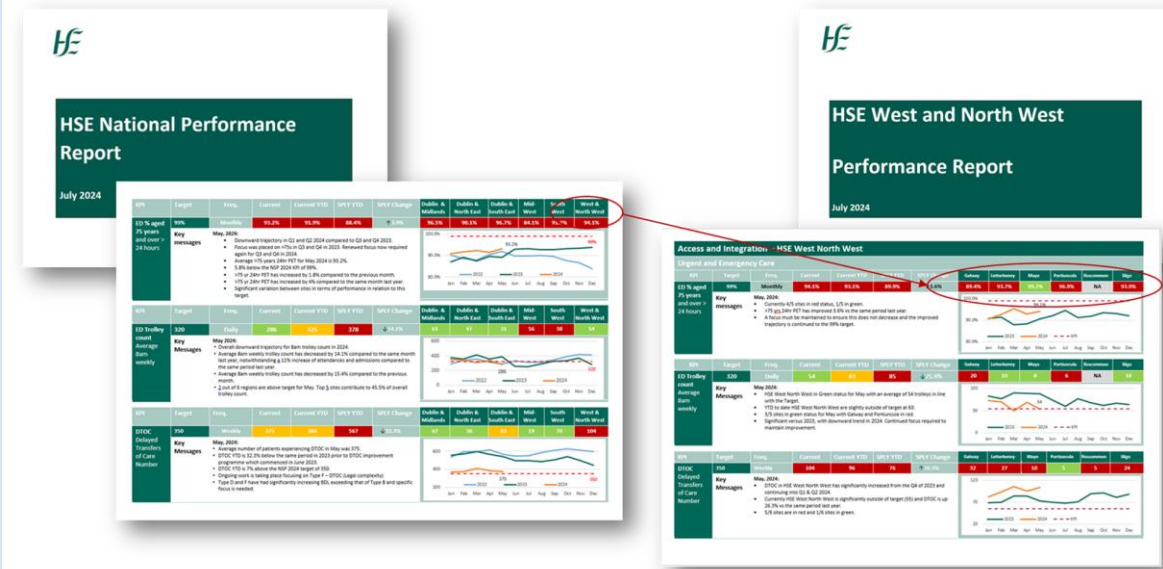
[Target: i] Complete mapping feedback end of September [Dependency on regional teams engagement and IIS] **[ii]** September to December will be required to build the reporting environment for 2025. **[iii]** Fully automated reporting for January report 2025]

▪ Automate reporting

- Bring all data into HSE 'Data Lake' [Central repository] using Power BI tool to automate analysis, visualisation and reporting [increase speed and accuracy]
- Develop corresponding interactive dashboard to allow for further exploration of data

▪ Board Strategic Scorecard [BSS]

- BSS reporting will be developed in conjunction with Board and aligned to Corporate Plan



Performance process



Performance management: CEO, REOs and National Director NS&S responsible for performance management

Performance engagements

1. SLT replaces NPOG as primary performance oversight forum
2. CEO one to one performance meetings [REOs/ ND NS&S]
3. REOs and ND NS&S manage performance process within their areas
4. Monthly performance meeting with Assistant Secretaries in DOH
5. Monthly performance meeting with CEO and Secretary General
6. Quarterly meeting between the Board Chair and Minister

Supporting performance

- **Access and Integration** - primary Centre function engaging with regional teams for planning and understanding performance
- **Planning and Performance** - development and implementation of integrated planning and performance framework [including KPIs, Balanced scorecard, data collection, performance insights, reporting etc]

Actions

DOH engagement: For the remainder of 2024 HSE attendees at the DOH [Assistant Secretary] performance meeting will be at least two REOs and the National Directors P&P and A&I, CFO and CPO.

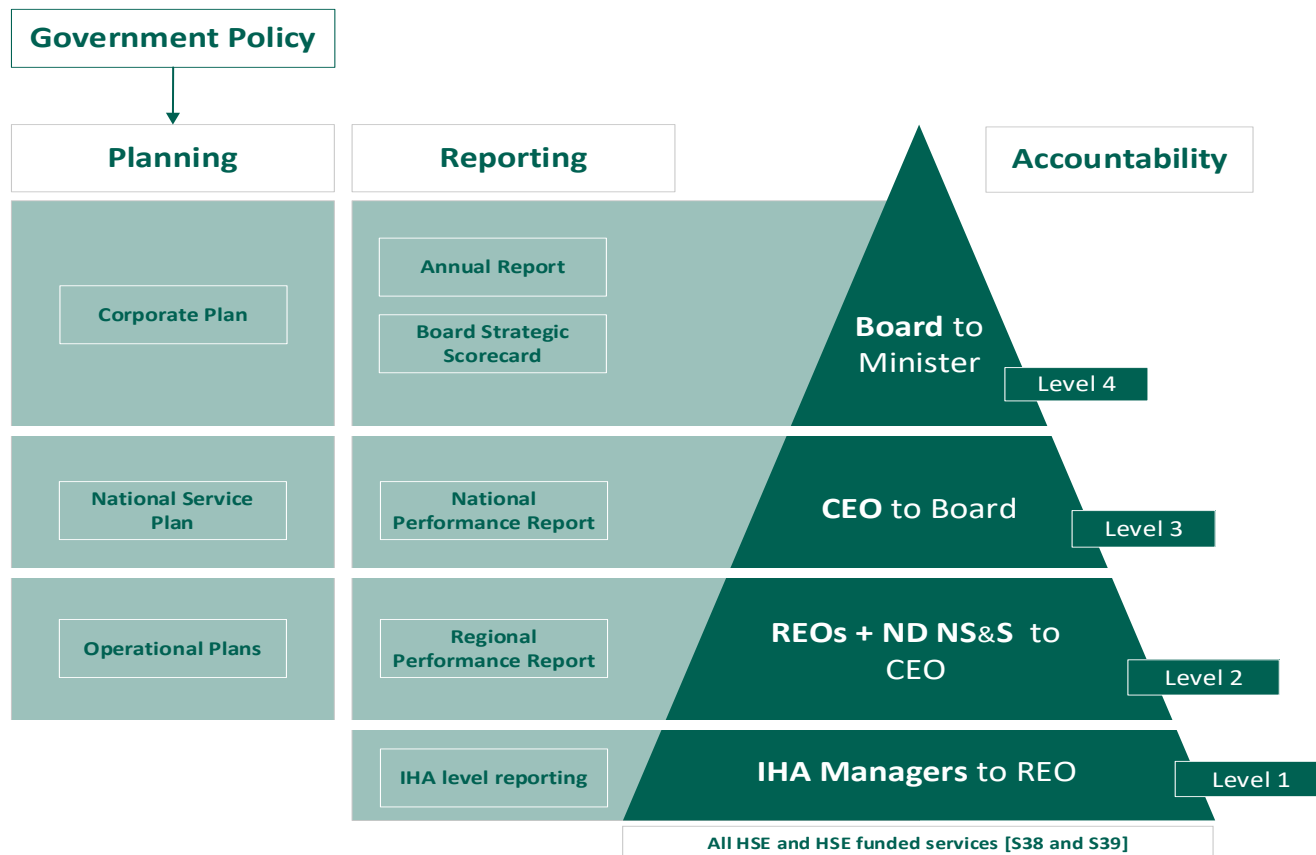
Interim HSE monthly meeting: In advance of Regional Directors P&P being appointed the following arrangements will pertain;

- A monthly meeting with the REO Group and the ND National Services that will focus on priority performance areas.
- The purpose will be to ensure shared performance 'insights' rather than performance oversight and to agree priorities for improvement to be supported by the Centre.
- That this Forum would allow for coordinated engagement with other Centre functions such as Finance, HR and CCO [as well as where required, functions such as Cancer Control]
- That this Forum will be convened by the National Director P&P



Escalation Framework

The current PAF describes 5 levels of escalation with performance issues to be addressed at the lowest level possible.



Actions

- Stand down the current areas of escalation based on the new accountability arrangements.
- Each REO to be provided with current Escalation Watch list. For them to decide what action, if any is required.
- Improvement is the responsibility of each REO and the NS NS&S. as such it will not be a national requirement for improvement plans to be prepared for oversight by the HSE Centre. The only exception to this will be where the CEO requires an improvement plan for areas of significant escalation.





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Thank You
Discussion

