



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Corporate Plan

2008-2011

Easy Access • Public Confidence • Staff Pride

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Our Values and Mission

Values:

Respect

Valuing patients / clients and each other. Recognising the fundamental worth of people through trust, courtesy, mutual communication and collaboration.

Fairness and Equity

Providing health and personal social services based on need and striving for an equitable health service.

Excellence

Striving for the highest level of achievement in all aspects of our work.

Leadership

Directing the future of the HSE.

Accountability and Responsibility

Honesty, consistency and accountability in decisions, words and actions.

Mission:

To enable people to lead healthier and more fulfilled lives.

Our Strategic Objectives

Health and Wellbeing

We will invest in preventing illness; supporting, encouraging and empowering people to pursue independent, healthy and fulfilling lifestyles to reduce the likelihood of illness.

We will ensure that early diagnosis, treatment and care options are available, if required.

Sustainable Services

We will reconfigure our services to develop sustainable hospital and community services that provide the care people need now, and in the future. By delivering the majority of care in the community, we will enable hospitals to focus on improving accessibility to deliver more efficient acute and planned care.

Operational Excellence

We will achieve operational excellence using processes and systems that are efficient, easy for service users to access and understand, evidence based and deliver value for money.

Unlocking Our Potential

We will actively support and encourage all staff to achieve their full potential and deliver quality care. In partnership, we will recognise and celebrate achievements and encourage staff to work responsibly, manage challenges and take pride in their contribution to the services they provide on behalf of the organisation.

Quality and Safety

We will ensure the quality and safety of our services. By developing a transparent quality and safety culture and adapting our work practices, we will ensure that continuous quality and safety improvement is integral to all that we do.

Trust and Confidence

We will build the public's trust and confidence in our health services through the provision of timely, well integrated, professional and accessible services. We will make it easier for people to access the right service, in the right place, at the right time.

Foreword from the Chairman of the Board



Mr. Liam Downey, Chairman,
Health Service Executive (HSE)

AM PLEASED to introduce the second Corporate Plan of the Health Service Executive (HSE), developed in consultation with the Department of Health and Children.

Guided by our Mission, Vision and Values, this Plan sets out the HSE's overall strategic direction for the three year period 2008 – 2011. It provides a focus and framework for the planning and management of health and personal social services in order to achieve a world class health service for the people of the Republic of Ireland.

The Corporate Plan defines 'what the HSE is about' and sets out the strategic objectives that reflect our mission and common purpose. The Plan provides clarity, in particular, regarding the role that the HSE will play in delivering health and personal social services for our population. It provides the overarching framework within which the organisation will take forward key activities and gives guidance on where we will focus the efforts of our staff and the targeting of resources.

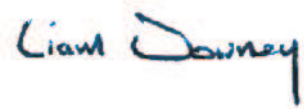
It is our intention to conduct all our activities in accordance with our core Values and to the highest standards of corporate governance. In all of these activities, sustainability will be a common theme for us to address.

While we do not underestimate the significant work that has been undertaken already in both the former Health Board era and since the establishment of the HSE, we still have substantial gains to make in order to achieve our Vision, and to compete in an ever more demanding operating environment with increased demands for access to quality services and new technology.

The success of this Plan cannot be achieved in isolation and therefore at the heart of this Plan is an ongoing commitment to partnership - partnership both within the HSE through participation by all staff and externally with our other partners.

We will face many challenges over the period of this Plan and we will be faced with difficult decisions. However, we believe that this Plan provides a blueprint for each of us, and our partners, to engage with, to support and to actively participate in its delivery.

Working together, we can build on our strengths, exploit opportunities for the benefit of those using our services and strive to minimise risks and threats. Our core Values will guide our day-to-day work, personal standards and professionalism as we strive to achieve our Vision: Easy Access, Public Confidence and Staff Pride.



Mr. Liam Downey

Chairman,

Health Service Executive (HSE)

Introduction and Message from the Chief Executive Officer



Professor Brendan Drumm, Chief Executive Officer,
Health Service Executive (HSE)

THIS IS THE HEALTH SERVICE EXECUTIVE (HSE) second Corporate Plan. The first Plan was published in 2005, shortly after the HSE was established and the process to create a cohesive national health service from a complex structure of Health Boards and agencies began. It has been developed to meet our legal requirements under Section 29(2)(c) of the Health Act 2004 and completed in consultation with the Department of Health and Children.

Having put in place the key building blocks during the past three years, our challenge now is to build a sustainable health service: one that has patient safety and quality care at its core, is transparent, fully meets its obligations, can flex to meet changing demands, can sustain improvements and provide increasing value in terms of both cost and health outcomes.

The Plan sets out our agreed strategic direction and our six **Strategic Objectives** which target our overall health and wellbeing, building trust and confidence, delivering sustainable services, ensuring quality and safety along with staff development and operational excellence.

Corporate Plan 2008 – 2011 is an important reference point for planning, determining priorities and measuring progress and performance. Evidence from other international health services has been used in its preparation to ensure that the direction Ireland's public health service is taking in its quest for excellence is the right one.

Central to this direction is ensuring people have access to health care services they need, when they need it. This will involve the development of hospital and community services that are integrated both within each area and across each area. In tandem with this, our focus is on shifting as much care as possible from acute hospitals to community based facilities. For our service users, the result should be health and social care services that are well connected and their journey from one service to the next is seamless and delay-free.

Inevitably, the resources available each year are finite. Maximising their impact on the health and well being of the community is also a key focus and challenge for us, just as it is for health services internationally. This Plan will be implemented over the period in line with approved annual Estimates for Supply Services under Vote 40. The use of resources and improving the quality of care and outcomes are complementary and by linking them we can concentrate on services that, based on evidence, will deliver the best possible patient outcomes. Developing strong and transparent risk and quality assurance systems and processes will be central to this.

This Plan sets out our **Key Result Areas (KRAs)** for the next three years and identifies the impact of implementing actions to achieve results, or **Key Outcomes**. A significant number of **Key Performance Indicators** have been identified. Work is ongoing to develop more targeted and meaningful measures relative to our corporate objectives. We look forward to working with our other partners and the Department of Health and Children to accomplish this.

Our **Transformation Programme (TP)** is our main vehicle to make change happen. This programme will support us in radically changing the way we organise our services and the way we deliver them. Transformation is a long term investment. Month on month progress is being achieved, at every level in the system. I am confident that the implementation of our Human Resource Performance Planning and Review (PPR) system will help us at team and individual level to clarify direction, set goals and monitor our performance throughout the year. This process will be used in conjunction with our other planning and monitoring systems.

Day in, day out our staff are working to develop and deliver quality services right across the country and I want to take this opportunity to thank them for their conscientiousness and commitment.



Professor Brendan Drumm

Chief Executive Officer,
Health Service Executive (HSE)

1. The Health Service Executive – the Organisation and its Governance

Introduction

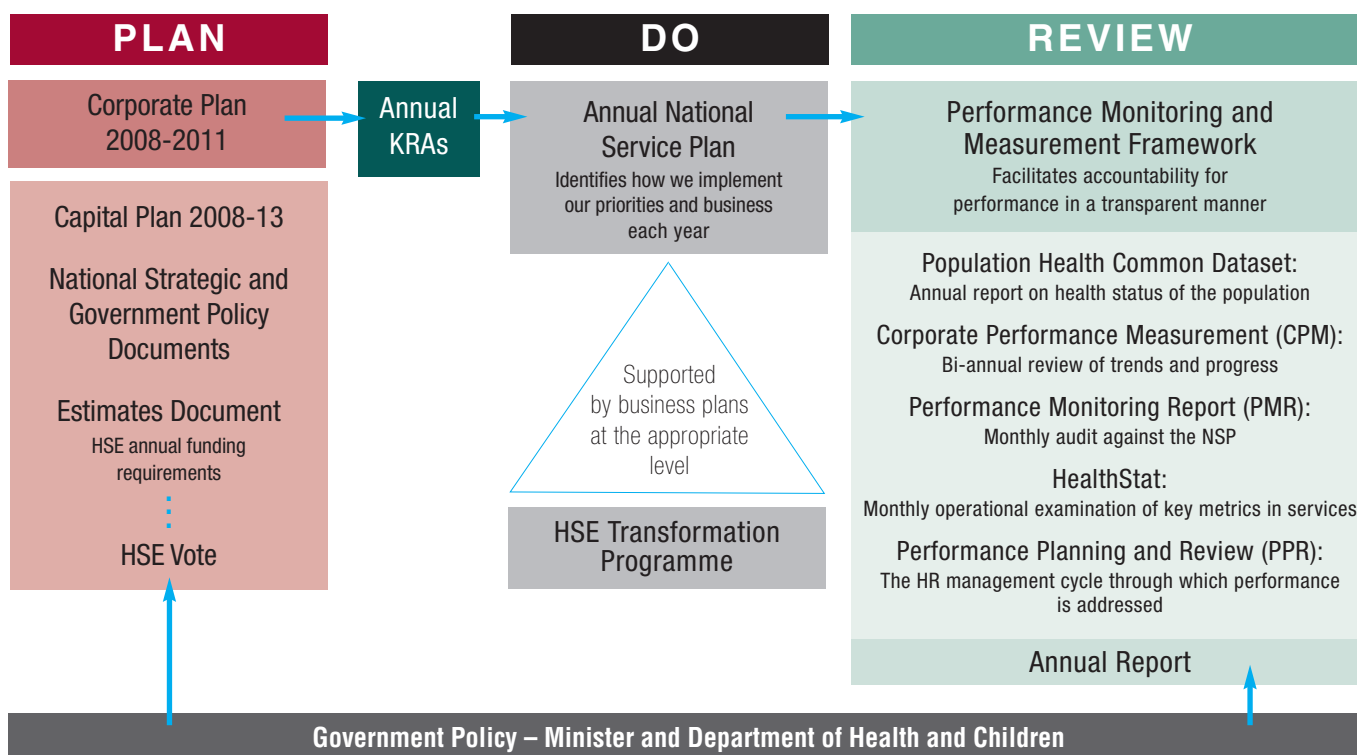
The Health Service Executive (HSE) was established in January 2005 as the single body with statutory responsibility for the management and delivery of health and personal social services in the Republic of Ireland. As outlined in the Health Act, 2004 the objective of the Executive is *'to use the resources available to it in the most beneficial, effective and efficient manner to improve, promote and protect the health and welfare of the public'*.

A Corporate Plan sets the strategic direction for an organisation and underpins its total planning structure. The HSE's Corporate Plan uses a population health approach, which promotes and protects the health of the population, with particular emphasis on reducing health inequalities. The priorities identified in our Corporate Plan are translated into actions, targets, outputs and outcomes in our annual

National Service Plan (NSP). The NSP sets out in a comprehensive, integrated statement the type and volume of health and personal social services to be provided by the Executive for the population of the Republic of Ireland, within the voted allocation (Vote) of the Oireachtas for that year and the approved employment levels set out in Government policy. In line with legislative requirements, the Minister for Health and Children approves the NSP on an annual basis.

The NSP is translated into implementation in the Directorate's Business Plans at all levels in the organisation. The HSE monitors its actions through a Planning, Monitoring, Performance Measurement and Management Framework, which is explained in Chapter 6. Each year the Annual Report sets out how the organisation performed in that year. Figure 1 shows the relationships and linkages in the framework.

Figure 1: HSE Planning, Monitoring, Performance Measurement and Management Framework



Our annual budget is approximately €15 billion. Our health services are funded through Vote 40, published by the Minister for Finance in the Pre Budget Outlook annually each October. Additional service development funding can also be allocated on Budget Day (in early December each year).

The HSE is the largest employer in the public sector. We have approximately 130,000 people employed directly or indirectly (111,505 whole time equivalent [WTE]). In accordance with public service wide policy on employment, the HSE has a responsibility to operate within an employment control framework ('employment ceiling') and ensure that staff costs are controlled and managed to best effect. The availability of motivated, competent staff who are engaged in the delivery of high quality patient centred services is vital to our organisation.

All services work within a clear system of control which seeks to balance the requirements of financial management with the requirements of governance and quality and risk management. It is only by achieving this balance that we can be assured that we are supplying quality services within the resources allocated.

Governance Arrangements

The HSE Board is the governing body of the organisation (supported by a Code of Governance), 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.

The Health Act 2004 put in place a statutory framework which ensures we are accountable for our performance to the Minister for Health and Children, Government, and ultimately the people of Ireland. The Department of Health and Children (DoHC) is responsible for evaluating the performance of existing policies and service delivery, policy development and provision of a legislative framework that supports the development of health and personal social services.

Their Statement of Strategy 2008 – 2011, sets their agenda for strategic action over this time period, which the HSE responds to in terms of service delivery priorities. The DoHC Annual Output Statement for Health Group of Votes reports on the strategic impacts and outputs achieved, for the financial and staff resources for the financial year.

Improving health outcomes for the people of Ireland is not just a matter for the HSE and DoHC. Close cooperation between other Government Departments and agencies is also required to influence and support our strategic direction.

The regulatory environment in which we operate is complex and evolving, with a range of policy and legislative requirements directing how health and personal social services are provided. The establishment of the Health Information and Quality Authority (HIQA) under the Health Act 2007, signals a new and increased emphasis on quality and safety. HIQA's objective is to

1. The Health Service Executive – the organisation and its governance continued

promote safety and quality in the provision of health and personal social services for the benefit of the health and welfare of the public. HIQA is developing a Quality and Safety Framework, which will include a number of high level core standards that will apply to all health and social services and to which the HSE will respond. HIQA will set specific standards where appropriate, review compliance against standards and report on the current state of compliance.

Although the roles of the organisations are different, both the HSE and HIQA strive to achieve safe and effective services for the public. We will work in a consultative manner on a wide range of activities to achieve this.

Corporate Plan – the Legal Framework

Section 29(2)(c) of the Health Act 2004 requires the HSE to submit a Corporate Plan to the Minister ‘*at the end of the 3 year period since the last corporate plan was submitted.*’ The inaugural Plan for the HSE was submitted six months after its establishment in 2005.

The Health Act states that ‘*the plan must be prepared in a form and manner in accordance with any directions issued by the Minister*’ and must specify:

- The key objectives of the Executive for the 3 year period concerned and the strategies for achieving those objectives
- The manner in which the Executive proposes to measure its achievement of those objectives, and

- The uses for which the Executive proposes to apply its resources.

The Plan must also take into account the policies of the Government or Minister as they relate to the functions of the Executive.

Organisational Structure – An Evolving Organisation

Since our establishment, supported by its corporate functions, the HSE has operated through three areas of service delivery; primary, community and continuing care, hospitals and acute services and population health services. An early objective for the 3 year period of the Plan will be to make further improvements and organisational modifications to ensure maximum effectiveness and efficiency in delivering more integrated care to our service users.

These modifications will mean more local responsibility and authority within defined national parameters, more robust area structures and more clinical involvement in the design and management of health and personal social services.

The services we provide in the community:

- Health promotion and health protection services
- Primary and community care services (including social welfare allowances)
- Services for children and families
- Services for older people, palliative care and persons with chronic illness
- Mental health services
- Social inclusion services
- Services for persons with disabilities
- Emergency planning and environmental health services, and
- Services provided by independent contractors (e.g. general practitioners, pharmacists, optometrists, dentists), non-statutory, voluntary and community groups on behalf of the HSE.

The services we provide in our hospitals:

- A comprehensive range of assessment, diagnosis, treatment and rehabilitation services on a regional, supra-regional or national basis
- Ambulance and emergency response services, and
- Hospitals also provide undergraduate and post graduate training; the education of medical and health service professionals and essential clinical and related research with universities.

On a typical day in the HSE there are:

- 11,898 inpatients in our acute hospitals
- 2,363 day case attendances
- 12,100 people attending outpatient departments
- 570 emergency ambulance calls
- 3,136 people attending Emergency Departments
- 192 births
- 49,432 home help hours delivered
- 2,278 calls to GP out of hours services
- 7,200 people receiving methadone treatment
- 7,100 people in sheltered work
- 5,322 children in care
- 2,929 people in rehabilitation training
- 2,773 patients accessing palliative services in their home, and
- 221 calls received on the Information Line. (Callsave 1850 241 850).

2. Key Health Challenges for 2008 – 2011

Introduction

Internationally the environment in which health and social services operate has changed rapidly over the past decade, exerting many pressures on health systems across the world. Significant developments in technology, matched by radically different expectations within the population and changing lifestyles, have all contributed to these pressures.

In Ireland, the past decade has particularly been a time of rapid change in Irish society. This change has taken place against the backdrop of significant demographic change and economic growth and has resulted in increased expectations of public services. It is also marked by unprecedented improvements in health status and life expectancy. In taking on the role of delivering a world class health service, there are many challenges that we have to address.

Our People

A key factor in the demand for health and personal social services over the coming years will be the structure of the population and how that is expected to change. Key demographic issues include:

- Our population is at an all time high since 1864. There are now 4,339,000 people living in the Republic of Ireland (10.8% increase in last five years). The Irish population is estimated to be in excess of five million by 2025.
- Between 1996 and 2006, Ireland had the largest population growth rate in the EU at nearly 17%.
- Over the last 10 years births have increased on average, by over a thousand births per year. There were over 70,000 babies born in 2007.
- Across the EU, Ireland continues to have the highest proportion of children in the population, which has implications for the provision of childcare services.
- Older people account for 11% of the overall population. It is predicted that by 2011 the number of those aged over 65 years will have increased to 16%, rising to 40% by 2016. A larger and older population places greater demands upon the health system now and in the future. A significant challenge will be to ensure that these people enjoy their extra years of life as healthy and disability free as possible.

Health Status of Our Population

We will continue to work to improve the overall **Health and Wellbeing** of the population. To facilitate this objective, there is a constant focus on how to integrate service delivery to achieve maximum health and social gain. Many factors outside of our control also impact on the health status of our population and must be taken into account. It is internationally accepted that the wider determinants of health will continue to have the greatest impact on health.

Key health status issues include:

- The death rate for Ireland continues to fall steadily. In 2006 just over a third of all deaths were due to circulatory diseases, 29% of all deaths were from cancer,

14% were from respiratory diseases and deaths from injury and poisoning, including road traffic accidents, accounted for 5%.

- In 2005, life expectancy at birth was estimated at 81.8 yrs for Irish women and 77.1 yrs for Irish men.
- Almost 394,000 persons in Ireland are reported as having a long lasting health problem or disability.
 - 58% of persons with a disability are aged 50 yrs or older, and
 - Approximately one-third of people aged over 65 with a disability, live alone.
- Worldwide, there is an increasing incidence and prevalence of chronic illnesses; these include diabetes, heart failure, kidney disease, some cancers, chronic obstructive pulmonary disease, dementia, asthma, arthritis and a range of disabling neurological conditions. The incidence of such diseases increases with age and many older people are living with more than one chronic illness.
- Success in treating what were previously fatal diseases, such as heart disease, respiratory diseases and some cancers is also a factor that has led to the increase in chronic illnesses. Ireland has achieved major success in heart health status in the past 15 years, with a 40% reduction in deaths from heart disease.
- An analysis of the Irish Hospital Inpatient Enquiry (HIPE) System shows that only 5% of inpatients account for over 35% of all inpatient bed days.
- In 2006 some 409 deaths were identified as suicide. Deliberate self-harm is also a significant problem. Over 11,000 cases of

deliberate self-harm are seen in the emergency departments of our hospitals annually.

- There is concern as to the number of road deaths, particularly young men aged 15-24 who accounted for almost a third of all such deaths in 2006.
- Ireland now has one of the highest alcohol consumption rates in the EU. Patterns of alcohol misuse among young people in Ireland are particularly a cause for concern.
- Illicit drug use causes health problems, social problems, family disruption and economic deprivation. The pattern of increasing illicit drug use, particularly of cocaine, poses a challenge and highlights the need for services to be delivered in primary health care settings by multi-disciplinary teams.
- The problem of obesity is at epidemic proportions among adults and children in Ireland and looks set to continue growing at a rate of 1% every year. Approximately 39% of Irish adults are overweight and 18% are obese.

2. Key Health Challenges for 2008 – 2011 continued

Key Health Challenges

While there are many challenges facing the health services, those prioritised for action in the 3 years 2008 to 2011 are:

- The integration of services across the service spectrum from disease prevention through primary and community care to hospital care, to allow the service user to be managed at the most appropriate level for their care needs.
- The prevention and management of chronic diseases.
- Cancer prevention and provision of quality assured treatment services.
- Promotion of mental health and provision of support and interventions for those with mental health problems.
- Promotion of patient self care and provision of information for service users.
- Control of health care acquired infections (HCAI).
- Supporting people with disabilities to achieve their full potential, including living as independently as possible.
- Enhancing the quality of life of older persons, supporting them in their homes and communities and, where this is not possible, providing them with access to appropriate residential accommodation.
- Promoting and protecting the health and well being of children and families.

3. Our Strategic Objectives

Introduction

Our strategic direction 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 – 2011 and the Annual Output Statement for the Health Group of Votes, it reflects:

- The National Health Strategy 'Quality and Fairness', long term goals for each stage of the lifecycle framework in Towards 2016, the HSE Transformation Programme priorities and our Key Result Areas for 2008, as well as various key strategic and policy documents relating to service provision.

Our Corporate Plan has also been benchmarked against other international health care systems to ensure that the direction we are taking is in line with other worldwide health care strategies. Our strategic direction articulates the three year direction for the HSE, incorporating both service delivery and supportive or enabling functions.

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 our website www.hse.ie)

Our Strategic Objectives

Health and Wellbeing

We will invest in preventing illness; supporting, encouraging and empowering people to pursue independent, healthy and fulfilling lifestyles to reduce the likelihood of illness. We will ensure that early diagnosis, treatment and care options are available, if required.

Sustainable Services

We will reconfigure our services to develop sustainable hospital and community services that provide the care people need now, and in the future. By delivering the majority of care in the community, we will enable hospitals to focus on improving accessibility to deliver more efficient acute and planned care.

Operational Excellence

We will achieve operational excellence using processes and systems that are efficient, easy for the service users to access and understand, evidence based and deliver value for money.

Unlocking Potential

We will actively support and encourage all staff to achieve their full potential and deliver quality care. In partnership, we will recognise and celebrate achievements and encourage staff to work responsibly, manage challenges and take pride in their contribution to the services they provide on behalf of the organisation.

Quality and Safety

We will ensure the quality and safety of our services. By developing a transparent quality and safety culture and adapting our work practices, we will ensure that continuous quality and safety improvement is integral to all that we do.

Trust and Confidence

We will build the public's trust and confidence in our health services through the provision of timely, well integrated, professional and accessible services. We will make it easier for people to access the right service, in the right place, at the right time.

4. Translating our Strategic Objectives into Service Delivery

Introduction

Based on the challenges and strategic objectives described earlier it is essential that the HSE focuses on helping people stay healthy and is able to provide a seamless, integrated range of services when people need them. This Plan sets out the overall direction within a three year timeframe. Each year our **National Service Plan (NSP)** sets out what we will do and what we will achieve (outputs and deliverables) for the year to deliver on this Plan. We recognise that it will take a lot longer than three years to achieve the longer term vision; however during the life of this Plan, there are very tangible objectives that will be delivered. We will work on:

- Reconfiguring health and personal social services to achieve sustainability. This will include increasing productivity and efficiency to maintain existing service levels.
- Systematically improve the quality of our services, improve delivery and patient care.
- Managing the balance of slow down of economic growth with increasing needs and demands placed on the services.
- Further developing our quality and risk management processes.
- Maintaining the performance of the organisation within budget and Vote.
- Strengthening the HSE Planning, Monitoring, Performance Measurement and Management Framework, and
- Organisational modifications to ensure maximum effectiveness and efficiency in delivering more integrated care to our service users.

Our six Strategic Objectives provide the organisation with a framework for the next three years:

Health and Wellbeing

We will address the health challenges to our population to improve the overall **Health and Wellbeing** of our people. Improved health outcomes for the majority of conditions / illnesses will not be visible for many years. A constant focus on how to integrate service delivery to achieve maximum health and social gain will be maintained.

Sustainable Services

Achieving **Sustainable Services** is a major objective for us. We need to continue to work towards a stronger, more integrated, quality driven and safe health service. The development of an **integrated health and social care model** for Ireland is essential. By moving to an integrated system we can improve the quality of our services in a sustainable way. International best practice evidence indicates that acute, complex healthcare, particularly for emergency medicine, complex surgical services and critical care services, should be provided in large high volume hospitals. There is considerable evidence that indicates the need for a reconfiguration of Irish health-care delivery which includes changes in the current hospital structures and a move towards enhanced healthcare services based in the community.

At an operational level the biggest challenge facing us is the speed with which reliance on hospitals can be reduced and capacity to deliver care within the community setting

can be built. This emphasis must be changed by building a fully integrated and responsive local health and personal social service, so that people are confident that the vast majority of their health needs can be provided outside hospitals. As community-based services are strengthened, the barriers that currently exist between

hospital care and community care will begin to dissolve and the gap between the two services will disappear. The traditional role of the hospital will also change. This fundamental change will take time, certainly beyond the life of this Plan. In the interim, our priorities will concentrate on removing the barriers as soon as possible.

What is an integrated health and social model?

An integrated health and social care model develops services with the service user at the centre and services as close to home as is reasonably possible. Patients / clients in an integrated system are more likely to receive the type and quality of care they need, when they need it, in the most appropriate setting and from the most appropriate health professional. It is based on a way of delivering health and personal social care that enables staff to maximise their skills and the care they provide. It also promotes greater accountability, transparency and value for money.

What will implementing an integrated health and social model achieve?

A shift towards prevention and better self care rather than a focus on acute care and treatment –

This will require strong illness prevention initiatives, health promotion and population health strategies and the development of a chronic illness management framework.

The right balance between inpatient, day case and community based care –

Reconfiguring our acute hospital and community services to provide appropriate care in the right setting will deliver optimal and cost effective results. Within our hospitals, it will optimise use of resources to support high quality care, reduce patient delay and maximise use of bed capacity.

Services more accessible locally, centred around the patient, rather than centred around hospitals –

This will require increasing diagnostics available via general practice and expanding community services to enable more people to be treated at home through the multidisciplinary Primary Care Teams (PCTs). This is essential to avoid unnecessary admissions to acute care, facilitate earlier discharge and return to independence.

Improved patient outcomes – This will be achieved through delivering less invasive procedures, reducing length of stay, lowering risk of hospital acquired infections, disease management strategies and reorganisation of major services e.g. the establishment of the National Cancer Control Programme (NCCP).

More efficient use of resources and more transparent accountability – Achieved through the introduction of simplified patient pathways, multidisciplinary team working across services and settings, VFM initiatives, developing a performance improvement culture with clear lines of responsibility and accountability and bringing our performance right across the organisation more in line with international best practices.

4. Translating our Strategic Objectives into Service Delivery continued

The first Corporate Plan in 2005 was the foundation layer in our strategic direction. Building on this foundation, progress has been achieved in reconfiguring our services particularly with the introduction of a major reform initiative, the **Transformation Programme (TP)**, launched in late 2006. Through this change mechanism vehicle, the reconfiguration of our services will be further progressed over the coming years.

Major re-engineering projects to drive change have been prioritised as part of TP:

- The National Children's Hospital Project.
- Co-Location of private hospitals on public hospital sites.
- Maintaining an 80:20 Public-Private mix ratio in hospitals where appropriate.
- Developing specialist centres for hospitals and laboratory services.
- National Cancer Control Programme.
- Changing work practices with the implementation of new consultants' contract.
- Review of the roles of external service contractors, including GPs, dentists and pharmacists.
- Providing more home based services for older people and increasing the number and quality of residential care places.
- Rolling out additional Primary Care Teams in line with Towards 2016.
- North East Transformation Plan, and
- Strengthening our Planning, Monitoring, Performance Measurement and Management Framework.

Change will be required at the core of the organisation, at all levels and within our core processes, for example, integrated team working, the development of care pathways and prescribing protocols.

While there are some challenging structural and process issues to address, the day to day work continues. Every day, there are thousands of people delivering and receiving outstanding services around the country. A client survey conducted in 2007 indicated that 93% of patients said they were satisfied with the service they received during their hospital stay.

Financial Sustainability

There is a need to think more strategically about how we resource our services and how we sustain them. We know that, over the period of this Plan, the Irish economy will be more restrained than we have been used to in recent years. In conjunction with Government, developing and implementing a sustainable health resource allocation mechanism requires us to examine why the level of differential between cost growth and funding has occurred, what value can be delivered in targeting focused behaviour and how to shift the emphasis to driving productivity.

Value for money (VFM) is defined as the correct balance between economy, efficiency and effectiveness – relatively low costs, high productivity and successful outcomes. We know that obtaining VFM is good practice and common sense. Assessing VFM, particularly in the public sector where delivery of value is more challenging to measure and report, is very complex.

During the period 2007 – 2010 and through a VFM framework, we have set ambitious targets which will result in a saving of €500 million. Savings of €63 million were realised during 2007 and an additional €55m for the first 4 months of 2008. These were achieved mainly through effective procurement and contracts management as well as value generated in delivering increased levels of service at higher costs.

VFM is not just about cost savings initiatives. As a provider of services we are conscious that quality and safety are more important than costs, but we are also acutely aware that health service funding is a finite resource. Our framework balances cost savings with identifying the relevance, (are we doing the right thing), performance in terms of economy (are resources / inputs well utilised), efficiency (are service outputs achieved in an affordable manner) and effectiveness (the extent to which service objectives have been achieved). This will allow us to deliver better quality services within what are always finite resources.

Over the period of the Plan, qualitative and quantitative analysis of our VFM performance will be undertaken to identify:

– Cost Containment

Demonstrate quantitative savings in terms of reduced costs e.g. procurement savings.

– Productivity Gains

Demonstrate quantitative savings in terms of the same outputs for less inputs e.g. same service less staff, or more outputs with the same inputs i.e. improved service while maintaining current costs.

– Value Gains

Demonstrate qualitative savings in terms of the same or better outcomes for less or the same inputs respectively.

– Benchmarking

Produce “benchmarked” standards or resource levels relative to our population and their needs and set them alongside existing staffing and funding levels.

Health Technology Assessments (HTA) play a key role in the achievement of VFM by informing decisions in relation to which technologies deliver best results for the resources allocated. HIQA will provide guidance to the HSE in carrying out HTA’s to maximise the potential to achieve savings.

Operational Excellence

In addition to planning our delivery of health and personal social services through our operational service settings, the role and function of our Support Services are paramount if we are to implement change successfully and achieve **Operational Excellence**. These vital supports have a major role to play in forming, supporting and implementing our strategic direction. The role and function of Support Services is constantly evolving and developing. A number of Transformation Programmes and projects, identified in Chapter 5, relate to infrastructure and capabilities transformation. The development of Information and Communication Technology (ICT) in particular, will have a major role as an enabler of change and in supporting decision making at frontline delivery of care. ICT and data management systems are becoming ever more sophisticated. We must be in a position to capitalise on the

4. Translating our Strategic Objectives into Service Delivery continued

integral data and information it generates and collects to support ongoing assessment of need, service planning and evaluation of our services.

We will continue to improve on the information we make available to our population. There is a need for international standards for health information including coding, classification, terminology and electronic health records. In conjunction with DoHC and HIQA we will develop a Health Information Framework to include governance standards and to inform how data is compiled, protected and used, while ensuring security and confidentiality. The efficient and effective management and interpretation of timely, accurate and relevant data are essential. Working with DoHC and HIQA, the development and implementation of a Health Information Portal and national ICT Strategy to keep pace with technological innovations is one of our KRAs over the next few years.

Unlocking Our Potential

The delivery of health services is heavily reliant on human resources; our staff are therefore a very important resource. We employ approximately 111,500 WTE staff directly and indirectly, with a wide range of careers in both clinical and non clinical areas / roles. In planning our future health and personal social services, we must take into consideration who will deliver them and how. Meeting our objective **Unlocking Our Potential** will be crucial in this regard.

Workforce planning provides an opportunity to anticipate future workforce change and needs, taking into account the size and configuration of the workforce, developments in technology, demand for services,

vacancies, numbers in training, shortage of qualified staff, impact of family friendly policies etc. We will continue to ensure workforce planning is high on our strategic agenda.

Quality and Safety / Trust and Confidence

Improving the **Quality and Safety** of health and personal social services and minimising risks of all kinds, including risks relating to achievement of the objectives set out in this Plan, are major imperatives for us.

Internationally, the issue of the safety and quality of services has been recognised as a key issue in healthcare delivery. Much of the work in this area has been prompted by a number of high profile events that have resulted in harm to service users. The health service in Ireland is no different to its international counterparts and the importance of quality and safety in the planning, provision and review of health and social services is increasingly being recognised. This requires a fundamental change in the way in which we deliver services, putting service users at the heart of service planning and delivery and developing systems to ensure that we do the right thing, every time, for every patient. The value of having systems and processes in place to prevent incidents occurring and to review and learn from incidents that do occur, has been identified as a priority area in order to build **Trust and Confidence** in our health services.

We are committed to the development of a robust system of quality and risk management that is embedded as part of the overall management process in all areas of our operations. This includes:

- Development of Serious Incident Management Policy and Procedure.
- Implementation of a Quality and Risk Management Standard - Compliance with the requirements set out in the standard is fundamental to improving performance across all our activities and functions, and in demonstrating accountability for use of public resources, and
- Optimise our operational capability by addressing issues such as:
 - Robust governance and management structures, processes and procedures.
 - Clear reporting relationships and lines of accountability.
 - Having permanent top level managers in key posts.
 - Good systems of delegation, and
 - A strong sense of corporate identity which permeates all levels of the organisation.

A Commission on Patient Safety and Quality Assurance has been established by the Minister for Health and Children with the objective of developing clear and practical recommendations to ensure quality and safety of care for patients within the healthcare system. They will develop proposals for a service wide system of governance (public and private health sectors) based on corporate accountability for the quality and safety of health services. The publication of the Commission report and the subsequent actions required will be key to informing our future strategic approach.

5. Corporate Priorities – Key Result Areas (KRAs)

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

To measure our progress **Key Performance Indicators** have been identified. An urgent objective is to strengthen the HSE Planning, Monitoring, Performance Measurement and

Management Framework. Working with the DoHC, a process has commenced to develop more targeted and meaningful measures relative to our corporate and operational objectives.

The annual HSE **National Service Plan (NSP)** is the 'how' and 'what' we achieve each year – our action plan. It translates our priorities into actions and should be read each year in conjunction with the Corporate Plan. (Available on our website www.hse.ie)

Note: TP = Transformation Programme.

KEY RESULT AREA (KRA)

1. Population Health Strategy

We will develop and implement a Population Health Strategy. The Population Health Strategy will define how we will take the Population Health approach to provision of health and health services, to maintain and improve the health of the entire population. (TP 4)

To achieve this we will:

- Develop a framework document for the population health strategy (Stage 1), and
- Finalise the strategy in Stage 2.

2. Health Promotion

Building on progress, we will develop and implement health promotion programmes in a variety of settings in partnership with key government and non-governmental agencies. The HSE will proactively engage in the development of integrated health public policy working with the DoHC, other Government Departments, statutory agencies and the community and voluntary sector.

To achieve this we will:

- Introduce effective preventative interventions to keep people healthy, and
- Deliver health promotion training across the organisation and to non statutory agencies as appropriate.

3. Health Protection

We will closely conduct surveillance of, manage and control infectious diseases.

To achieve this we will:

- Continue to deliver National Immunisation / Vaccination Programmes.
- Undertake surveillance on infectious diseases in accordance with infectious disease legislation.
- Undertake the control and management of infectious disease incidence, and Target campaigns at specific Health Care Associated Infection (HCAI). (KRA 08)

4. Patient Self Management Support

We will develop a patient information and self management support system for patients, particularly those with chronic or long term illnesses.

To achieve this we will:

- Develop a framework for patient self management support
- Examine existing patient education and support services for chronic disease, and
- Develop an integrated self management support programme.

5. Early Diagnosis

We will develop services to allow patients receive an early diagnosis of illness, adhering to best medical practice and ensuring accurate communication of results.

To achieve this we will:

- Support GPs and multi-disciplinary teams in the provision of early diagnosis / preventative services through the continued development of Primary Care Teams (PCTs), focussing on the holistic needs of discrete populations, and
- Deliver an agreed contractual framework for GMS and other publicly funded services involving GPs and other primary care professionals.

6. Health Inequalities

We will reduce health inequalities by adopting a population health approach to health improvement and delivery of health services.

To achieve this we will:

- Develop and implement a health inequalities framework
- Continue to collect and analyse socioeconomic data on service users to better target the provision and development of services to reduce health inequalities
- Ensure that services and information provided to the public meet national health literacy standards.
- Prioritise development of primary care in areas of disadvantage, and
- Take a leadership and advocacy role in ensuring that other sectors, which impact more directly on the determinants of health, seriously consider the impact of their policies on the health status of the population.

7. Emergency Planning

In partnership with other agencies, we will ensure that there are appropriate plans in place for the management of all types of emergencies including floods, stadium disasters, civil disturbances, fires, terrorist attacks, transport accidents and public health emergencies such as pandemic influenza.

To achieve this we will:

- Develop and test plans (through simulated exercise) at national and local level for Pandemic flu and other major emergencies.

5. Corporate Priorities – Key Result Areas (KRAs) continued

KEY OUTCOMES

- Increased immunisation / vaccination coverage will lead to improved health outcomes in the young and in the elderly population. Evidence shows that early childhood health and development will have a significant impact on the health outcomes achieved as adults. (75% influenza vaccine uptake by 2010; 95% childhood vaccine uptake by 2010)
- Development and testing of pandemic influenza and other major emergency plans will ensure effective response to an emergency situation and minimise risk
- A healthier population and a reduction in health inequalities
- Improved management of chronic disease through patient self management, and
- Improved timing in diagnosis will lead to more rapid access to treatment and a better chance of a positive outcome.

KEY PERFORMANCE INDICATORS

- Smoking prevalence
- Breastfeeding initiation rates
- Influenza vaccine uptake
- Childhood vaccine uptake, and
- Incidence of vaccine preventable communicable diseases.

KEY RESULT AREA (KRA)

8. Configure Primary, Community and Continuing Care services to deliver optimal and cost effective results

We will reconfigure our resources to provide a significant range of client services within local communities. We will provide services as close as possible to people's homes, while maintaining high quality safety standards. The emphasis will be on local delivery which will be met by local multidisciplinary teams and local diagnostic services. *(TP 2 and TP 3A)*

To achieve this we will:

- Progress implementation of the Primary Care Strategy in association with DoHC and other stakeholders.
- Progress the establishment of Primary Care Teams (PCTs) and Networks through re-organisation of existing resources and recruitment of additional support posts *(KRA 08)*.
- Progress the development of out-of-hours GP cooperatives until they are available to the whole population.
- Put in place mechanisms to support the prevention and early detection of illnesses, through increased access to diagnostics.
- Progress with the Schemes Modernisation Programme, and
- Agree new contractual framework for GMS and other publicly funded services involving GPs and primary care professionals.

KEY OUTCOMES

- Improved access to services with localised multi-disciplinary teams providing a full range of community services direct to a defined population.
- Improved access to out-of-hours GP services, and
- Service delivery shift from the hospital system to primary care setting.

KEY PERFORMANCE INDICATORS

- Percentage of the population who have access to structured urgent GP out of hours services.
- No. of PCTs in place, and
- Mean time between application and granting of medical card.

KEY RESULT AREA (KRA)

9. Older People Services

We will develop services for older people to support them to remain at home in independence for as long as is possible, or where this is not possible, in an alternative appropriate residential setting. We will abide by the principles of partnership, person centredness and empowerment of service users. Services will be provided across a continuum, from services at home and in the community through to high quality hospital and residential care services when required.

To achieve this we will:

- Provide home and community based services and supports such as home help services and home care packages, day services and sheltered housing, in addition to core community services aimed at maintaining older people in their own homes.
- In conjunction with the National Treatment Purchase Fund (NTPF) and DoHC, administer 'A Fair Deal' – new nursing home support scheme.
- Progress implementation of quality standards framework in readiness for registration with HIQA.
- Further implement programmes for additional and replacement long stay residential beds.
- Develop close working relationships with the newly established Office for Older People, DoHC.
- Meet obligations under the Health (Repayment Scheme) Act 2006, and
- Progress development of geriatrician-led teams in the community to meet the more complex needs of older people.

KEY OUTCOMES

- In order to live as independently as possible, older people will have access to the community based services that they are assessed as requiring.
- Older people will have access to quality residential care when needed, with not more than 4% of the population over 65 in residential care, and
- All older people services will be delivered in an equitable environment.

KEY PERFORMANCE INDICATORS

- No. and percentage of the population in residential care
- No. and percentage of the population in receipt of community services, and
- Number, or where appropriate, ratios of selected ambulatory care sensitive condition discharges for patients over 65. (Note: Ambulatory sensitive condition discharges are cases of inpatient hospitalisation which should be avoidable given ambulatory care).

KEY RESULT AREA (KRA)

10. Palliative Care Services

We will strive to achieve the best possible quality of life for our patients and their families, when their disease is no longer responsive to treatment. In conjunction with the voluntary sector, we will provide services across a broad range of settings: acute hospitals, specialist palliative care inpatient units, day care, and community based supports including intermediate level of inpatient care in community / district hospitals and bereavement supports.

To achieve this we will:

- Progress the implementation of recommendations in the Report of the National Advisory Committee on Palliative Care 2001 and Baseline Studies 2005 and 2007.
- Conduct a National Needs Assessment in 2008 and ensure this is reviewed and examined in association with DoHC and other stakeholders.
- Develop an Implementation Plan 2009 – 2013.
- Progress development of specialist inpatient palliative care services; specialist services in the community / home care; specialist care in acute general hospitals in line with the National Palliative Care Plan when completed.
- Roll out Integrated Care Pathway for specialist palliative services, and
- Implement Minimum Data Set for palliative care nationally.

KEY OUTCOMES

- Patients / clients at end stage of life will be afforded quality care and the appropriate supportive treatment to die in dignity, pain free and in the setting of their choice.

KEY PERFORMANCE INDICATORS

- Number of people accessing palliative care services.

KEY RESULT AREA (KRA)

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 and 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 Vision for Change' (*KRA 08*).
- Develop a minimum data set of key performance indicators for mental health services.
- Implement the recommendations of Reach Out – Suicide Prevention Strategy
- Respond to the DoHC review of the Mental Health Act 2001.
- Promote intersectoral working to underpin an integrated model of mental health service provision e.g. close linkage with the newly established Office for Disability and Mental Health, DoHC.
- Progress development of a physical infrastructure to underpin expansion of community mental health services, and
- Progress the development of a new Central Mental Hospital.

KEY OUTCOMES

- People who require support to maintain their mental health will be able to avail of services that meet their needs in an appropriate context.
- Further reductions in admissions to psychiatric hospitals and appropriate placement of residents in the community, and
- Fewer suicides with a 10% reduction in suicide by 2010 and 5% reduction in repeated self-harm by 2010 and further 5% in repeated self-harm by 2016.

KEY PERFORMANCE INDICATORS

- Suicide rate.
- Median length of stay in inpatient facilities.
- Acute inpatient admission rates including first ever admissions and repeat admissions, and
- Waiting times for assessment and treatment by Community Adolescent Mental Health Teams.

KEY RESULT AREA (KRA)

12. Disability Services

We will help people with disabilities to achieve their full potential and maximise their independence, including living as independently as possible. We will work with all agencies, including governmental, statutory and voluntary to achieve full implementation of the cross sectoral National Disability Strategy (2004).

To achieve this we will:

- Progress implementation in relation to Equality Legislation, National Disability Act 2005 and EPSEN Act 2004 as they relate to health.
- Progress the development of community based residential, respite and day place services in line with Multi-annual Investment Programme 2006 – 2009.
- Commence implementation of the recommendations of the working group on congregated setting.
- Support the delivery of the recommendations of the national review of HSE funded adult day services.
- Reconfigure and improve the National Intellectual Disability Database and National Physical and Sensory Database.
- Progress Disability Awareness training.
- Provide a new National Rehabilitation Hospital, and
- Prepare for the registration of facilities and the implementation of the standards in relation to the delivery of services for people with disabilities.

KEY OUTCOMES

- People with disabilities will achieve their full potential and maximise their independence, including living as independently as possible, and
- Improvements in residential care.

KEY PERFORMANCE INDICATORS

- Compliance with timeframes for completed assessments as outlined in the Disability Act 2005 and pertaining to all age groups i.e. under 5s, 5-18s and adults.

KEY RESULT AREA (KRA)

13. Children and Families

In partnership with a range of statutory, non-statutory, voluntary and community groups we will promote and protect the health and well being of children and their families, particularly those at risk of abuse and neglect. In providing services we will seek to enable children's right to express themselves freely in all matters affecting them; we will develop our services on the basis of research and best practice; we will emphasise prevention and early intervention.

To achieve this we will:

- Work closely with the Office of the Minister for Children (OMC) in implementing the Agenda for Children's Services and other initiatives.
- Progress the development of adoption services in line with legislation and national policy.
- Continue to develop family support initiatives on the basis of evidence based needs assessment.
- Establish further Treatment Foster Care services for children with challenging behaviour within existing levels of service.
- Provide robust Pre-School Services Inspections.
- Provide effective community based services for separated children seeking asylum which will be developed as an integrated part of HSE Alternative Care services.
- Review HSE's implementation of the National Standards for Foster Care to ensure high standards of service provision.
- Enhance the HSE's Internet Children and Family services web page to ensure ready access of information to the public on all services, and
- Progress the implementation of standardised business processes for child protection assessments as part of the roll-out of the Childcare Information system.

KEY OUTCOMES

- Improved co-ordinated and integrated services and supports for children and their families.
- The views of children and young people are heard and taken into account on matters that affect them, and
- A greater understanding of children's issues.

KEY PERFORMANCE INDICATORS

- Admission rates to residential care for under 12s.
- Number and percentage of pre-schools to receive inspections.
- Number and percentage of children in care with a care-plan in place, and

KEY RESULT AREA (KRA)

14. Social Inclusion

We will improve access to mainstream and targeted health services, address inequalities in health between social groups and enhance the participation and involvement of socially excluded groups and local communities in the planning, design, delivery, monitoring and evaluation of health services. Services are provided in partnership with service users and a range of statutory, non-statutory, voluntary and community groups.

The following are within the remit of the HSE Social Inclusion services: homeless services, services for minority ethnic communities, Traveller health services, drug and alcohol services, services for lesbian, gay, bisexual, transsexual and transgender communities, community welfare services, community development, RAPID and CLÁR Programmes, and HIV / STI services.

To achieve this we will:

- Progress the implementation of the recommendations of the 2007 Report of the Working Group on Drugs Rehabilitation.
- Provide a National Addiction Training Programme.
- Progress the implementation of the National Intercultural Strategy and

develop performance indicators to support the identification of HSE progress in the rollout of the strategy.

- Progress the implementation the 2008 National Homeless Strategy.
- Complete the All Ireland Traveller Health Study.
- Advance the HSE RAPID and CLÁR Programmes.
- Develop the HSE strategy for provision of services to lesbian, gay, bisexual, transsexual and transgender communities.
- Support Primary Care Teams and Social Care Networks in the delivery of services to the Social Inclusion target groups, and
- Support the implementation of the Core Functions of the Health Service Report which includes:
 - Income Support and Maintenance Schemes together with associated resources to be transferred to the Department of Social & Family Affairs.
 - Special Housing Aid for the Elderly Scheme to be transferred to the Department of the Environment & Local Government, and
 - Treatment Benefit Scheme to be transferred from the Department of Social & Family Affairs to the HSE.

KEY OUTCOMES

- Improved access to HSE services for socially excluded groups and communities.
- Integrated seamless services for the Social Inclusion target groups available, and
- Local communities, service users and voluntary and community groups involved in the design and delivery of services.

KEY PERFORMANCE INDICATORS

- Number and percentage of substance misusers for whom treatment has commenced within one calendar month.
- Number and percentage of acute providers, including voluntary, hospitals, acute mental health units / psychiatric hospitals operating a formal discharge policy for homeless people, and
- Number and percentage of LHOs operating a formal Leaving and Aftercare Support service for young people leaving care.

KEY RESULT AREA (KRA)

15. National Cancer Control Programme (NCCP)

We will transform the way cancer services are organised, developed and delivered. (KRA 08)

To achieve this we will:

Organisational Design: The NCCP programmatic structure has been designed, and will be progressed within the structure of the HSE:

- Enhance the positioning of the NCCP within the HSE structure.
- Develop a NCCP Executive structure, and
- Deliver on key programme staff, including key clinical appointments.

Development of Dedicated Specialist Cancer Centres: The programme will deliver on the transfer of services into 8 designated cancer centres in 4 managed cancer control networks:

- Delivery on the cessation of low volume surgery outside the 8 centres.
- Manage the allocations for 2008 and 2009 to comply with standards of care for breast services.
- Develop a strategy with the NHO for transfer of cancer resources into the 8 centres, and

- Develop National Centres for the rarer low volume cancers.

2 Year Interim Plan: The programme will manage services over the next two years and move into 2010 with a new development and maintenance plan:

- Develop a strategic plan beyond end of year 2009 for the continued development and delivery of cancer services, and
- The close links with the National Cancer Screening Services (NCSS), National Cancer Registry (NCR), and the all Ireland Cancer Consortium will continue.

National Plan for Radiation Oncology (NPRO): The NPRO, within the structure of the NCCP, will progress the development of 4 large centres and 2 integrated satellite centres:

- Develop and implement the Capital programme for 2010 to add capacity into the Dublin region for radiation oncology.
- Develop the longer term Public Private Partnership Plan (PPP) for 6 major radiation oncology developments on 6 of the cancer centre sites to provide a total solution for the needs of the population by 2014.
- Develop and deliver national standards, guidelines and protocols for radiation oncology, and

- Develop a national data set with the NCR for radiation oncology.

ICT: Develop a high level ICT infrastructure as a National Oncology Network:

- Develop strategies for disease management within the ICT structure aimed at the delivery of a National Oncology Management System.

- Develop a common oncology identifier, linked to the National Client Index project, and
- Develop data sets for collection of all cancer activity and outcomes.

National Cancer Screening Service and National Cancer Registry: We will work with the two agencies with the aim of subsuming the NCSS and NCR into the HSE under the NCCP.

KEY OUTCOMES

- Earlier detection, improved treatments and increased overall relative survival rates for cancer patients.
- National standards for Surgery and Oncology Therapies implemented
- In conjunction with the NCR, national data sets will be available which will ensure more accurate monitoring.
- Transition to high volume surgeries will ensure improved outcomes and survival rates, and
- The implementation of effective cancer screening programmes, in conjunction with NCSS.

KEY PERFORMANCE INDICATORS

- Stage of presentation of breast, colorectal and lung cancers and
- Development of proxy outcome indicators by the NCCP.

KEY RESULT AREA (KRA)

16. Reconfigure our Acute Hospital System

Recognising that major reform of acute services will take longer to achieve than three years, during the timeframe of this Plan we will begin the process of reconfiguring our hospitals into clinical networks serving populations of 350,000 to 500,000, which will enable self sufficiency

for all secondary care services for that population. (TP 3 and 3A)

To achieve this we will:

- 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.

5. Corporate Priorities – Key Result Areas (KRAs) continued

- Introduce a **new integrated clinical and corporate governance structure** to support the concept of integrated working practices and clinical networks and also incorporating the university / academic organisations to ensure that service planning and delivery can benefit from academic leadership and clinical best practice.
- Reconfigure **emergency services** to ensure that they serve an appropriate population catchment, and are resourced to provide comprehensive 24/7 emergency services and care for other urgent needs and minor injuries.
- Reconfigure **critical care services** to ensure that each critical care unit serves an appropriate catchment population and is resourced to provide comprehensive critical care services to that population.
- Concentrate **tertiary and national specialist services** into centres serving sufficient catchment population to maximise clinical outcomes for patients.
- Reconfigure **maternity services** to ensure that all maternity services are co-located with acute hospitals providing the appropriate range of services to support the maternity unit.
- Configure the **maternity units** to ensure that there is a minimum number of births per unit to ensure comprehensive safe services for all patients and to offer appropriate patient choice.
- Configure **paediatrics services** into one national integrated paediatric network with appropriate services provided at national, regional and local level.
- Improve internal **hospital efficiencies and processes** in line with international best practice.
- Develop **hospital performance monitoring systems** to ensure that a comprehensive range of management information is available and utilised at local, network and national level to inform decision making.
- Move to a **consultant delivered** rather than a consultant led acute service, functioning within a well developed clinical directorate structure.
- Implement the plans for **co-location of private hospitals** on public hospital sites.
- Ensure that the **ambulance strategy** and the deployment of the advanced paramedic emergency workforce is in place to support the reconfiguration.
- Initiate **National Integrated Management Information system** (PACS/RIS) to facilitate communication and ease of access to imaging information across the system.
- Introduce **new initiatives for improved skill mix** in the acute services and for the expansion of the roles of health care professionals, including nurses and midwives, and
- Implement the **new contract for medical consultants** and measure associated service improvements.

KEY OUTCOMES

- The majority of patients, those who require only a routine, straightforward level of urgent or planned care, will be safely managed locally, with treatment being delivered at home or as close to home as possible.
- The minority of patients, who require true emergency or more complex planned care, will be safely managed in designated acute regional centres of excellence, where all the relevant clinical expertise is concentrated so that consultant delivered, high quality care is available round the clock.
- Patient outcomes are the optimum that can be achieved and compare well with international standards.
- Equitable access for public and private patients for public hospitals.
- Reduction in the inappropriate use of acute facilities and in the average length of stay of patients.
- Increased bed capacity to an additional 1,000 beds once co-location hospitals are fully operational.
- Well developed pre-hospital emergency services, and
- Reduction in waiting times for both inpatient and outpatient care.

KEY PERFORMANCE INDICATORS

- Percentage of referrals for secondary care to hospitals for selected conditions (area of residence versus area of treatment).
- Percentage of new patients presenting for emergency care who have been seen and treated within 12 hours (2008) and 6 hours (2009) (from registration to discharge from ED). *(KRA 08)*
- Percentage of emergency ambulance responses responded to within pre-determined time bands.
- Percentage of critical care services providing care within the specifications and guidelines set down by the Review of Critical Care Services (2008).
- Monitor caesarean section rates.
- Average length of stay for specific conditions.
- Inpatient / day case ratios.
- Public / private mix.
- Number, or where appropriate, ratios of selected ambulatory care sensitive condition discharges for paediatric patients. (Note: Ambulatory sensitive condition discharges are cases of inpatient hospitalisation which should be avoidable given ambulatory care).
- Number, or where appropriate, ratios of selected ambulatory care sensitive condition discharges for adult patients.
- Procedure Rates: Number and direct age-standardised hospital procedure rate per 100,000 population by hospital network of residence for:
 - Coronary arteriography
 - CABG procedures
 - PTCA
 - Hip
 - Cataract.

5. Corporate Priorities – Key Result Areas (KRAs) continued

- Discharge and Procedure Rates:
 - Direct age-standardised discharge rate, fracture neck of femur, per 100,000 population, by county.
 - Direct age-standardised discharge rate, per 100,000 population, Diabetes, by county.
 - Number and direct age-standardised hospital procedure rate per 100,000 population of renal transplant procedures by gender, and by county.
 - Number and direct age-standardised hospital procedure rate per 100,000 population (age < 15yrs) of Grommet procedures by county.
 - Number and direct age-standardised hospital procedure rate per 100,000 female (age < 40 yrs) population of D&C procedures by county.
 - Number and age-standardised hospital discharge rate per 100,000 population of Acute Myocardial Infarctions by gender.

KEY RESULT AREA (KRA)

17. Corporate Quality & Safety (Risk)

We will ensure that the safety and quality of healthcare services provided to the public are maintained to the highest standard.

Communication and consultation:

Appropriate and effective mechanisms are in place for communication and consultation on quality and risk matters with key internal and external stakeholders.

Accountability: Individual responsibility for quality and risk management is clearly defined and there are clear lines of accountability leading up to the most senior manager or director.

To achieve this we will:

- Develop and implement a National Quality and Risk framework which as follows:
 - Ensure that standardise policies, procedures and guidelines are governed by a formal documented control process.
 - Develop and implement a programme of clinical and healthcare audit.
 - Ensure patients and public involvement in quality improvement and assurance processes.
- Risk identification, assessment and management in order of priority in accordance with Australian / New Zealand Standard AS/NZS 4360:2004 'Risk Management'.
- Identify and manage key risks in the health service.
- Establish systems / processes for management of occupational health, safety and welfare.
- Establish systems / processes to ensure that environmental and fire risks are minimised.
- Ensure effective processes in place for learning and for sharing information on good practice in quality and risk management.
- Develop and implement a Serious Incident Management Policy and Procedure (*KRA 08*).
- Monitor Health Care Associated Infections (HCAI). (*KRA 08*).
- Act upon the report of the Commission on Patient Safety and Quality Assurance, and
- Work closely with HIQA.

KEY OUTCOMES

- There is demonstrable improvement in key performance indicators related to quality and risk management.
- All aspects of the system in place for quality and risk management are monitored and reviewed by management for the purposes of learning and improvement.
- Senior management receive independent assurance(s) that an integrated quality and risk management system is in place that meets the requirements of this standard, and
- Strong corporate and clinical governance.

KEY PERFORMANCE INDICATORS

- HCAI rates.
- Antibiotic consumption rates, and
- No. of serious untoward incidents reported.

KEY RESULT AREA (KRA)

18. Corporate Planning, Performance Monitoring and Management Framework and Control Processes

We will continue to coordinate planning in the HSE by adopting best practice processes and methodologies across the organisation. Meaningful performance measurement will be introduced at all levels and used to guide our service developments. These include clinical outcomes, financial targets, resource utilisation, processes, client satisfaction and organisational health. (TP 5)

To achieve this we will:

- Streamline HSE planning structures and methodologies.
- Inform and influence the annual Government Estimates process.
- Improve Service Planning and Business Planning processes.
- Develop annual National Service Plans (NSPs) which set out how we will deliver on our priorities on a yearly basis.
- Strengthen our Control Processes to enable the further development of good governance and performance management, and
- Enhance the HSE Performance, Planning and Monitoring Framework, including:
 - Improve performance measurement through the ongoing enhancement of Performance Monitoring Reports (PMR) on a monthly basis.
 - Develop, implement and integrate Healthstat and Corporate Performance Measurement (CPM).
 - Work with DoHC and others to develop meaningful performance indicators and measures.
 - Develop IT support systems for performance management.

KEY OUTCOMES

- Streamlined structures and processes supportive of good practice and improved performance in business planning.
- Real progress can be measured using specific performance indicators and measures at all levels in the system.
- Services are evaluated and developed based on robust information.
- Performance measurement will support continuous improvement and accountability.
- The alignment of performance metrics will ensure a pooled and integrated resource of relevant data for a variety of internal and external uses, and
- HSE priorities reflected in annual allocation.

KEY PERFORMANCE INDICATORS

- HSE meets accountability requirements set out in legislation.

KEY RESULT AREA (KRA)

19. Integrated Financial Management System

We will manage, report and control the finances of the HSE through budget and Vote management and the production of the Annual Financial Statements. We will establish an integrated financial management system, with continued focus on standardisation of policies and procedures. *(TP 7)*

To achieve this we will:

Systems and Structure

- Implement a national standard financial system throughout the HSE subject to approval and funding, including the development of a single General Ledger, national budgeting systems, standardised reporting structures, rationalisation of bank account structures, implementation of Vote accounting reporting, delivery and roll out of B – Plan Capital reporting system.

Value for Money (VFM)

- Develop and implement a Strategic Plan for VFM, including a measurable action plan for delivery of VFM., identification of local VFM initiatives and specific VFM reviews. *(KRA 08)*

Financial Shared Services

- Develop a roll out plan and implement Shared Services on a phased basis over two years, including the establishment of Kilkenny Shared Services Centre and National Accounts Payable Centre.

Governance, Reporting and Control

- Report to and advise CEO on key decisions arising from Control Process, report on performance against budget on a monthly basis and propose actions to address issues arising, and
- Deliver on AFS requirements, Vote and Board / Control reporting requirements, Capital Control procedures and meet requirements of Audit Committee.

Vote, Cash and Income and Expenditure

- Enhance the reporting, reconciliation and performance monitoring arrangements around Vote, Cash, Income and Expenditure.
- Develop an improved methodology for projecting future expenditure and input into the annual government estimates process, and
- Deliver on Financial requirements of Long stay Repayments Scheme.

Risk Management

- Develop a risk management focus and culture throughout finance function and define strategies to minimise identified financial risks.

Financial Regulations

- Implement further modules beyond Purchase to Pay Financial Regulations, National Credit Management Policy and the Review of Internal Financial Control findings.

Funding Mechanism

- Improve scope for performance based funding.

KEY OUTCOMES

- Enhanced control and reporting.
- Enhanced Support for Health Sector Reforms: Enabling key aspects of the Health Sector Reform Programme and key recommendations of the Commission on Financial Management and Control Systems.
- Organisational Alignment: Enabling flexible support for a changing organisation and streamlining finance function to best fit for organisational purpose. Reduction in concentration on transactional processing.
- Internal Controls: Improved transaction audit trails, validation and authorisation checks to enhance process and data integrity. Place greater emphasis on the reporting and business decision support to enable front line services.
- 50% implementation of National Financial System completed by 2011, and
- Corrective action initiated in order to manage within budget and achieve a balanced vote.

KEY PERFORMANCE INDICATORS

- Percentage of National Financial System completed by year 2011.
- Specific HSE VFM targets, which are agreed, measured and reported at Directorate and service levels and are consistent with the delivery of the VFM strategy to drive and deliver value and productivity, and
- Variance in expenditure from voted limit set out in the Revised Estimates Volume. (KRA 08)

KEY RESULT AREA (KRA)

20. Information and Communication Technology (ICT)

We will implement our ICT strategy to support the transformation of our health services. (TP 10)

To achieve this we will:

- Implement an **information framework** based on the health information bill, implementation of standards including the establishment of a patient / client index, provider index and professional index.
- Implement a series of **major strategic initiatives** in areas such as Cancer, Primary Care Teams, Electronic Blood

Tracking, Laboratory Information Management Systems, Mental Health and Hospital Patient Record Systems.

- Continue to **support regional / local initiatives** that improve patient care.
- **Enhance our ICT Infrastructure** through for example implementation of a single national health network, establishment of a single data centre and consolidation of other ICT Infrastructure services, and
- **Strengthen ICT** capacity and capability. This will be achieved through implementation of the HSE's ICT strategy.

KEY OUTCOMES

- Provision of an information framework and standards in conjunction with the DoHC and HIQA.
 - Increased number of staff who have access to ICT and to patient record systems to support improved patient care and more effective planning of our services.
 - Support for a safer and high quality health care system through a range of patient safety initiatives such as the electronic blood tracking project, medical imaging project and the laboratory project.
 - Support major service improvements in areas such as schemes, mental health, obstetrics, acute hospitals, general practice, dental, immunisations,
- pre-hospital emergency care, pharmacy and finance through implementation of ICT enabled change programmes.
- Consolidation of our ICT infrastructure including our networks, data centres and other assets to ensure a more efficient and effective service for our staff.
 - Implementation of a new funding model to support our ICT capital programme.
 - Number of staff with access to our network increased to 60% of our total workforce, and
 - National standards and data sets for key areas agreed with DoHC and HIQA.

KEY PERFORMANCE INDICATORS

- Progress on implementation of an ICT strategy.

KEY RESULT AREA (KRA)

21. Ensure all Staff Engage in Transforming Health and Personal Social Care in Ireland

We will engage with staff and create work environments that support transformation. We will foster innovation and change, reward positive contributions to transformation, champion our values and bring out the best in our staff. Staff will receive appropriate training to support their contribution and encourage personal development. Clinical leadership and team based service delivery will be embedded in the organisation. *(TP 6)*

To achieve this we will:

- Implement the organisational modifications.
- Implement a Performance Planning and Review (PPR) process *(KRA 08)*.
- Develop and implement an Employee Engagement Strategy *(KRA 08)*.
- Implement management process to reduce absenteeism *(KRA 08)*.
- Implement the Leadership Development Programme. *(KRA 08)*.
- Respond to reform in Nursing Education, Medical Training and Education (Fottrell and Buttimer Reports 2006), Research and others.
- New Performance Management Legal Framework (PMLF) modules designed and existing modules updated, in conjunction with Health Service Employers Agency (HSEA).
- Standardisation of National Academic Study Support Scheme.
- E-learning Centre – Further development of www.hseland.ie, and
- Clinicians in Management *(KRA 08)*.

KEY OUTCOMES

- An integrated approach to goal-setting at all levels of the organisation. Regular reviews will ensure that performance remains on track and problems are identified and acted on as they arise.
- The Employee Engagement Strategy provides a road map to ensure we are an employer of choice and that employees reach their full potential.
- Improved employee engagement and morale.
- The implementation of an effective attendance management system to ensure the provision of a cost effective high quality health service.
- The Leadership Development Programme will support the movement towards a single organisation and an integrated service delivery model.
- Improved leadership integrity demonstrated by more focused motivated staff and stronger performance management.
- Maintenance and development of nursing, medical and social care standards through continuing professional development.

5. Corporate Priorities – Key Result Areas (KRAs) continued

- All employees with direct people management responsibilities will have a knowledge and understanding of relevant employment legislation and key HR policies and procedures.
- All employees will be aware and can avail of, support towards additional training development through a National Academic Study Support Scheme.
- Training, development and education opportunities are offered in a timely and cost effective manner to all staff across the organisation through the E-Learning Centre (www.hseland.ie).
- Through the Clinicians in Management initiative health professionals will have a greater input in the planning and management of health services as individuals, in teams and in their organisation, with the primary purpose of providing better quality patient care, and
- Hospitals have management arrangements, structures and processes to take full advantage of the opportunities in line with the implementation of the Clinicians in Management Initiative.

KEY PERFORMANCE INDICATORS

- HSE Strategy and the Performance Plans of managers, teams and individuals are aligned.
- Employee engagement survey conducted.
- Implementation of an accurate absenteeism measurement and monitoring process.
- New Performance Management Legal Framework modules designed, existing modules updated, and
- New Academic Study Support Scheme agreed through a partnership approach with all stakeholders.

KEY RESULT AREA (KRA)

22. Human Resource Strategy and Delivery

We will focus on a long term employment strategy to ensure the right people are available in the right place when they are needed. Standardisation will be introduced across the organisation from recruitment to retirement and there will be an emphasis on leadership, management and skills development opportunities. (TP 9)

To achieve this we will:

- Implement standards based performance measurement and management throughout the HSE.
- Work with DoHC to develop an Integrated Workforce Planning Strategy (KRA 08).
- Develop Resource Allocation Model.
- Develop an Administrative Staffing Assessment Programme (ASAP).
- Develop, strengthen and enhance team working among newly established and existing teams.
- Develop an Employee Wellbeing and Welfare Strategy.
- Develop a set of Human Resources Performance Indicators and Metrics.

- Standardise Human Resource Business System (HRBS) Process - Review and implement standard process roadmaps for all Employee Schemes.
- Recruitment: Consolidate all management / administration recruitment, and
- Respond to existing and new legislation i.e. Protection of Employees (Fixed Term Work Act 2003); European Communities Organisation of Working Time Regulations 2004; Nurses and Midwives Bill; Health and Social Care Professionals Act 2005; Medical Practitioners Act 2007; Pharmacy Act 2007.

KEY OUTCOMES

- The development and implementation of a comprehensive human resource strategy which will clearly outline the HR proposition to support HSE Vision, Mission and Values, and the Transformation Programme.
- Through the development of a Workforce Planning Strategy, a management process will be implemented to facilitate the organisation, to evaluate and anticipate demand for labour / workforce resources and plan the requisite supply of scale, scope and skills to meet the demand.
- Team Based Performance Management (TBPM) will ensure that managing performance will be uniform throughout the organisation thereby leading to effective team working that ensures effective and participative planning processes that link team actions with the requirements of the service.
- Employee consultation conducted and strategy developed on basis of findings.
- The Employee Wellbeing and Welfare Strategy will ensure that all employees reach their full potential in the workplace, through the promotion of mental, physical, emotional and psychological health and wellbeing.
- The development and implementation of an integrated HR system for the organisation including key HR metrics for the organisation e.g. whole time equivalent reporting.
- Development and implementation of a migration strategy for HR transactional processes into national shared services
- Standardisation of HR processes from recruitment to retirement, and
- Work with the DoHC and the Department of Finance (DoF) to ensure that our staffing resource is deployed to best effect across the organisation and that the employment control framework is adhered to in line with Government policy.

KEY PERFORMANCE INDICATORS

- Development of a Human Resource Strategy
- Integrated Workforce Planning Strategy developed and embedded within the organisation and the service planning process
- The roll-out of TBPM throughout the organisation.
- Agreement of a preferred HRBS solution / approach, and
- Accurate and up to date employment data is available to meet reporting requirements.

KEY RESULT AREA (KRA)

23. Stakeholder and Relationship Management

We will be transparent and open in everything we do, so that public confidence in our health system increases. We will continue to involve key stakeholders whenever we can in decision making about the planning and delivery of our services. Our key stakeholders include service users, the Government, the Oireachtas, the Minister for Health and Children and the Department of Health and Children, staff, unions, voluntary organisations, non-governmental organisations, private enterprise, education and training partners. We will continue to build relationships with our stakeholders through collaboration, shared knowledge and information communication in order to support us in achieving our mission and vision. (TP 12)

To achieve this we will:

- Manage HSE relationship with Oireachtas members and ensure PQs are answered in a timely fashion.
- Manage HSE relationship with Regional Health Fora.
- Manage HSE consumer affairs responsibilities, including complaints, data protection and FOI.

- Implement the National Strategy for Service User Involvement. (KRA 08)
- Undertake a repeat customer satisfaction survey.
- Provide effective internal and external communications, including the development and implementation of a Communications Strategy. (KRA 08)
- Manage the development and implementation of the Medical Education Training and Research Strategy. (METR and ETR).
- Manage the implementation of the Corporate Governance Framework.
- Oversee the implementation of Service Level Agreements (SLA) with service providers on a phased basis.
- Develop and implement appropriate strategy and structure for the management of HSE's legal affairs.
- Support the existing Expert Advisory Groups (EAG) and encourage the implementation of accepted recommendations, and
- Expand EAG to include: Cardiovascular health (2008); Oral Health (2008); Maternity Services (2008); Disabilities (2008).

KEY OUTCOMES

- PQs answered within the required timeframe.
- Timely answers provided to Regional Health Forum questions.
- Effective and efficient discharging of responsibilities via-a-vis complaints, data protection and FOI.
- Implementation of National Strategy for Service User Involvement.
- Implementation of a Communications Strategy throughout the HSE.
- Implementation of the METR strategy and ETR Plan as well as further development of existing relationships with education and training partners.

- Implementation of the Corporate Governance Framework through the HSE.
- Implementation of SLAs which will enable the HSE to effectively plan, manage and oversee the governance of outsourced health and personal social services consistent with the HSE's responsibility to the citizen as a service recipient.
- Effective operation of structures for management of HSE's legal affairs, and
- EAG providing a central platform within the HSE for front line professionals and leaders to contribute to operational policy.

KEY PERFORMANCE INDICATORS

- Number and percentage of PQs responded to within the required timeframe.
- Number of complaints.
- Number and percentage of FOI requests which are processed within required timelines.
- Number of SLAs in place.
- Number of meetings held with service user / advocacy groups.
- Number of 'hits' on intranet and internet sites, and
- Satisfaction rates.

KEY RESULT AREA (KRA)

24. Implementation of Estates Strategy

Maximise the value of the HSE properties and facilities, reduce costs by introducing rigorous controls and ensure appropriate infrastructure in place when required. (TP 11)

To achieve this we will:

Organisational Development

- Finalise Estates directorate management and regional structures including incorporating the former Hospital Planning Office staff, and
- Establish SLAs with other HSE Directorates.

Property Management

- Populate and manage a National Property Database.
- Develop and publish a HSE Property Transaction Protocol.
- All leases to be negotiated centrally, and
- Establish and manage a separate revenue stream for the payment of leases.

Facilities Management

- Complete an office utilisation study on all HSE facilities, and
- Reconcile staff work locations with the Property Database.

5. Corporate Priorities – Key Result Areas (KRAs) continued

Management of Capital Programme

- The HSE's annual capital programme aligns with and supports the annual NSP by ensuring that :
 - The annual capital allocation is drawn down in a timely and efficient manner.
 - The Capital Programme addresses service needs and deficits.
 - Accommodation provided for all PCTs and long stay beds are provided in line with the recommendations of Report on Residential Requirements for Older People.

- A capital programme to meet the recommendations of A Vision for Change is developed.
- The National Paediatric Hospital (NPH) development is progressed to tender stage, and
- The Mater Adult Hospital meets the NPH programme.

Quality and Standards

- Develop standards and design guidelines including a Capital Protocol Manual to govern the procurement and delivery of Capital Projects.

KEY OUTCOMES

- The central management of the HSE's Property Portfolio will develop efficiencies and ensure better VFM with regard to purchases, disposals and the negotiation of leases. Cost efficient management of the HSE corporate estate.
- National standards for the management of property transactions and central monitoring and management of the Property Data Base.
- Provision of health infrastructure that complies with modern clinical, infection control and safety standards.
- Full alignment of the HSE's Capital Programme and annual NSPs.
- The delivery of the HSE's major capital projects in a timely and efficient manner.
- Meet the recommendations of the Residential requirements for Older People Report.
- Commence the implementation of the recommendations of A Vision for Change, and
- Provision of appropriate accommodation for the PCTs.

KEY PERFORMANCE INDICATORS

- All HSE properties and transactions logged in the Property Data Base.
- Implementation of the approved HSE Capital Plan.
- Capital Programme complies with National Care Standards, and
- Programmes are in place to address existing infrastructural deficits with regard to clinical and building standards.

KEY RESULT AREA (KRA)

25. National Procurement Operating Model

We will implement the new procurement operating model to maximise the value of the HSE's substantial procurement expenditure and ensure that its processes are streamlined and fully support the Transformation Programme. The new operating model will see the HSE approach shift from a reactive transactional or event driven model to a pro-active model underpinned by a leading practice Portfolio and Category Management methodology with a clear separation between strategic and transactional activity. (TP 13)

To achieve this we will:

- Establish a **Portfolio and Category management** organisation with responsibility for strategic sourcing, tendering and contracting for all of the HSE's non pay expenditure.
- Transform the **Logistics and Inventory management** of the HSE to provide a pro-active materials management capability at the point of use in all areas of the HSE.
- Implement a **Procurement Shared service** to provide transactional support to the Procurement Organisation and other stakeholders.
- **Build the skills and capability** necessary to implement the new operating model by developing and implementing a staff development model for procurement.
- Develop and implement **information technology solutions** to support the new operating model, including specific applications to support the portfolio and category management organisation in addition to supporting the development of a single ERP solution, and
- Underpin the new operating model by developing and implementing **high performance procurement processes and procedures** throughout the HSE.

KEY OUTCOMES

- Integrated Procurement function responsible for all non-pay expenditure.
- Improved visibility of our financial expenditure.
- Improved contracting, VFM and compliance - Sourcing Savings (2008-2010) €75m.
- 70% Contract Coverage / 100% Contract Usage, and
- Provision of managed logistics service to frontline staff.

KEY PERFORMANCE INDICATORS

- Implementation of new procurement operating model.
- Percentage Contract Coverage.
- Percentage Contract Usage.
- Amount of Sourcing Savings, and
- Increase number of locations where logistics and inventory is managed at point of use.

6. Monitoring our Performance and Measuring Success

Introduction

Our Corporate Plan sets the strategic direction for the HSE and underpins its total planning structure. With a clear commitment to its implementation, it is essential that we monitor and measure the Plan's progress. **Following publication, an Implementation Plan will be developed to clearly identify over the next three years, the timelines for each of the KRA's and who will be responsible to deliver them.** Significant improvements in moving towards a performance management approach have been achieved over the last few years. The development of effective, sustainable and embedded performance management arrangements is likely to take several more years to fully achieve. The implementation of HR Performance Planning and Review (PPR) will support us in this process.

Planning Cycle

The priority areas identified in our Corporate Plan are translated into actions and deliverables in our annual National Service Plan (NSP). The NSP is the basis on which the Minister for Health and Children evaluates our performance and our annual progress in meeting our obligations. It sets out in a comprehensive integrated statement, the type and volume of health and personal social services to be provided by the HSE for the population, within the voted allocation (Vote) of the Oireachtas for that year and within the approved employment ceiling.

Responding to the NSP, detailed Business Plans are developed at all levels in the organisation. These plans are used at the relevant levels of the organisation 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 approach to planning through each level of the system offers significant benefits and enhances comparative analysis, transparency, efficiency and integration.

The business model is the tool which services use to plan and monitor the delivery of their services and is how the system is held to account, at each level of the health delivery system, through the HSE Planning, Monitoring, Performance Measurement and Management Framework. 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. The business model is supported through a strong performance management approach across the system.

At the end of the planning cycle the HSE's Annual Report sets out how the organisation performed in any given year. Our framework ensures that we deliver our services in accordance with our legal obligations in accounting to the Minister for Health and Children and Government. The DoHC Annual Output Statement for Health Group of Votes reports on the strategic impacts and outputs achieved, for the financial and staff resources for the financial year.

Measuring Success

A Key Result Area (KRA) for us is our ongoing commitment to improving measurement and reporting across the organisation. If we are to honestly measure how we as an organisation meet our objectives, we must continually strive for information that is consistent, reliable, verifiable and robust. As a complex

organisation, this continues to pose many challenges for us, particularly in the non-acute sector. However challenging, we are committed to long term investment in developing our processes in order to ensure that the data we produce can be utilised in such a way as to improve the quality and delivery of our services. In order to drive improvements, we need to empower local decision makers – doctors, nurses, other clinicians and managers – and provide them with comparative information on actual performance to encourage, support and ultimately require them to deliver better services.

A Joint DoHC and HSE Performance Information Group is working together to develop a framework for performance information with common datasets of information. As part of their terms of reference performance indicators will be developed at four levels:

- Population health common dataset.
- Corporate performance measurement (CPM).
- Integrated performance monitoring monthly reporting (PMR).
- Operational metrics (HealthStat).

Reporting

The development of a **Population Health Dataset** will provide comparable descriptive data benchmarked internationally and over time. It will enable high level prioritisation and evaluation of health system performance. It will report annually on demography, health status, health experiences and health behaviours.

Biannual **Corporate Performance Measurement (CPM)** will report an overview of trends and progress against the high level corporate objectives outlined in this plan.

Performance monitoring and measurement of services will be undertaken and reported monthly in integrated HSE **Performance Monitoring Reports (PMRs)** under the key organisational areas of community and acute services, human resources and finance.

HealthStat, which is the development of operational metrics as a management tool, is being piloted and in time will be fully integrated into the monthly PMRs. HealthStat identifies measures under the areas of Access, Integration and Resources (AIR).

Access: The waiting times that people experience using HSE services.

Integration: Appropriate services are being received in a timely manner.

Resources: The right people in the right place; appropriate use of resources – VFM.

Specific areas, programmes or projects within the services e.g. Winter Initiative and TP will also provide regular report on progress to a variety of audiences as required.

Control Processes

The systems established for corporate governance will ensure that the organisation over the duration of this Corporate Plan 2008 – 2011, is directed and controlled in order to achieve our mission and objectives and that we meet the necessary standards of accountability and integrity that the population of Ireland expect and deserve from its health care system.

6. Monitoring our Performance and Measuring Success continued

Central to success is the relationship between responsibility, authority and accountability and how this forms the basis of our governance arrangements throughout the system. Control mechanisms will be further strengthened over the coming years and will include robust systems for the identification and management of risks.

Control mechanisms and accountability agents include (not exhaustive):

- HSE Internal Audit
- Quarterly Service Plan Review meetings between DoHC and HSE
- Monthly Financial Joint Monitoring Committee meetings between DoF, HSE and DoHC
- Senior Officials Group on Health
- Cabinet Committee on Health
- Joint Committee on Health and Children (DoHC and HSE)
- Public Accounts Committee
- Comptroller and Auditor General
- Institutions of the European Union
- Ombudsman and Ombudsman for Children
- Information Commissioner
- Data Protection Commissioner, and
- Forum on the Health Sector.

Abbreviations

AIR	Access, Integration, Resources	NCSS	National Cancer Screening Service
ALOS	Average Length of Stay	NCR	National Cancer Registry
ASAP	Administrative Staffing Assessment Programme	NHO	National Hospitals Office
CEO	Chief Executive Officer	NPRO	National Plan for Radiation Oncology
CLAR	Ceantair Laga Árd-Riachtanais	NSP	National Service Plan
DLS	Demand Led Schemes	NTPF	National Treatment Purchase Fund
DOF	Department of Finance	OECD	Organisation of Economic Cooperation and Development
DoHC	Department of Health and Children	OMC	Office of the Minister for Children
EAG	Expert Advisory Group	OPD	Outpatient Department
ED	Emergency Department	PACS/RIS	Picture Archive and Communication Systems / Radiology Information System
EPSEN	Education for People with Special Educational Needs	PCCC	Primary Community and Continuing Care
EU	European Union	PCRS	Primary Care Reimbursement Scheme
GP	General Practitioner	PCT	Primary Care Team
HCAI	Health Care Acquired Infection	PMLF	Performance Management Legal Framework
HIPE	Hospital Inpatient Inquiry System	PMR	Performance Monitoring Report
HIQA	Health Information Quality Authority	PPP	Public Private Programme
HIV / STI	Human Immunodeficiency Virus / Sexually Transmitted Infection	PPR	Performance Planning Review
HR	Human Resources	PQ	Parliamentary Question
HRBS	Human Resource Business Solutions	RAPID	Revitalising Areas by Planning Investment and Development
HSE	Health Service Executive	SLA	Service Level Agreement
HSEA	Health Service Employers Agency	TBPM	Team Based Performance Management
HSNPF	Health Services National Partnership Forum	THU	Travellers Health Unit
HTA	Health Technology Assessment	TP	Transformation Programme
ICT	Information Communication Technology	VFM	Value for Money
KRA	Key Result Area	WTE	Whole Time Equivalent
LHO	Local Health Office		
METR	Medical Education Training and Research		
NAPS	National Anti Poverty Strategy		
NCCP	National Cancer Control Programme		

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Our Values Charter

Respect

Valuing patients / clients and each other. Recognising the fundamental worth of people through trust, courtesy, mutual communication and collaboration.

- We will **respect** our patients / clients, their families and each other as individuals.
- In our communications we will be **caring, loyal, truthful, respectful, kind, considerate** and **empathetic**.
- We will **actively listen** to the views and opinions of all stakeholders and consider them in our actions, and
- We will show **dignity, courtesy** and **professionalism** at all times.

Fairness and Equity

Providing health and personal social services based on need and striving for an equitable health service.

- We will deliver high quality, reliable, **person-centred** services, delivered as close to the point-of-care as possible.
- We will pursue **equality of access** and delivery of the full range of services for everyone, based on need.
- We will ensure that those most disadvantaged and marginalised in our community have their health and personal care **needs met**.

Excellence

Striving for the highest level of achievement in all aspects of our work

- We will continue to strive to deliver evidence based **best practice**.
- We will continually **audit** and **evaluate** our performance / services and act upon the findings.
- We will encourage and facilitate continuous **training** and **development** for all our staff, and
- We will support **innovation** and encourage **creativity**.

Leadership

Directing the future of the HSE

- We all have a role to play in leadership by communicating the vision, taking responsibility, building **trust** and **confidence** among colleagues and service users.
- **Lead by example** – We are all human beings with different strengths; we will learn from the strength of others who have enriched our lives, and
- We will respect and acknowledge the role of our staff and **instil pride** in delivering our services.

Accountability and Responsibility

Honesty, consistency and accountability in decisions, words and actions.

- We will provide health and personal social services within our **allocated budget**.
- We will ensure **integrity** in our processes and practices.
- We will encourage and allow **individual responsibility** and **empower** staff to manage their services.
- We will recognise **performance** and challenge underperformance and non-performance, and
- When something goes wrong, we will **acknowledge**, we will **apologise** and find out what happened. We will put **mechanisms** in place to ensure it will not happen again.



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