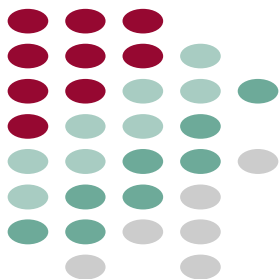




Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive



**CORPORATE PLANNING &  
CORPORATE PERFORMANCE  
DIRECTORATE (CPCP)**

**Role and Function of  
CPCP**

**VERSION: 23 SEPTEMBER 2010**

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Part 1  
*Introduction to CPCP*

## Who are CPCP?

High quality planning, monitoring and measurement of services is a fundamental requirement of the HSE, ensuring effective governance and accountability within the health service and also allowing the HSE to evaluate its processes in order to learn, adapt, change and improve.

This document describes, in plain terms, the work of Corporate Planning and Corporate Performance (CPCP), who are central to that process of planning and evaluation of services. The document also sets out in Section 2, the roles within CPCP. These are presented in a series of sheets which can be viewed together or separately, giving an overview of key work carried out by the Directorate.

CPCP has four functions which work across all Directorates and Functions to support governance, planning, monitoring and measurement within the HSE.

- **Corporate Code of Governance**
- **Planning**
- **Performance Measurement and Reporting**
- **Business Intelligence**

These functions are briefly outlined below and then each one is explained in more detail further in this document.

### ***Code of Governance***

The Health Act, 2004 sets out the legal requirements for the HSE regarding its code of Governance. This comprises of a suite of inter-related documents that together form the Framework for Corporate and Financial Governance. This was published in 2009. Good governance is recognised as being evolutionary in nature and should be responsive to changes in the business environment. It was agreed that the suite of documents would be kept under regular review and would be updated as needed. Responsibility for the oversight of the implementation and the updating of the Code of Governance lies with CPCP.

### ***Planning***

Planning is an integral part of the process of management. It identifies needs, sets specific goals, develops objectives and maps out a plan as to how these objectives will be accomplished.

CPCP acts as a hub within the HSE for the planning process, playing a central role in the compilation and publication of the HSE's Corporate Plan, the annual National Service Plan and HSE Annual Report.

Under the Health Act 2004, the HSE is required to prepare a formal 3 year plan, known as the HSE's Corporate Plan. The current Corporate Plan covers the years 2008 to 2011 and sets what the HSE seeks to achieve during that timeframe. The next Corporate Plan is currently being developed.

The National Service Plan is published each year, and contains information on the type and volume of service activity that is needed in order to deliver health and social care to the people who use our services. It includes performance and activity measures which can be tracked to see if this is being achieved. In developing the plan, service managers reflect the type of service that is known to give good results, the level of service that is required to meet estimated need, and the resources that are available in the year.

The annual National Service Plan is the means by which the HSE implements its Corporate Plan on a year by year basis. CPCP is responsible for co-ordinating the input to this annual plan from across the organisation and bringing the different submissions together so that they give a complete picture for the senior management team, the HSE Board and the Minister.

An Annual Report for the HSE is also produced and published each year to give an overview of activity in the HSE in the preceding year.

## ***Performance Measurement and Reporting***

In order to evaluate and ultimately improve our services, we need to accurately measure how they are working. Timely and comprehensive reports about how our services are performing against targets enable HSE staff and managers to increase service efficiency and effectiveness. CPCP provides key performance reports to the Performance Management and Control Committee (PMCC) which provide a view of performance and support decisions on remedial action required to meet financial, HR and activity targets. Continuously reviewing and monitoring the HSE's strategies and organisational performance is the key function of Performance Measurement.

As part of the performance measurement process the following key documents are compiled and published:

- Corporate Plan Report (report against HSE Corporate Plan)
- Performance Report (monthly report against HSE National Service Plan).
- HealthStat (monthly report at hospital and LHO level based on operational metrics)

## ***Business Intelligence***

Business Intelligence is the process that collects, integrates analyses and presents business information to support better business decision making.

The HSE's Business Intelligence Unit (BIU) gathers and maintains a central repository of service data from all hospital and community based health services nationwide. Extensive amounts of data are collected, collated and validated by the specialist analysts within this unit. This data, together with analysis, is used in performance monitoring reports (e.g. Performance Report, Integrated Services Performance Contract, HealthStat etc) which influence the HSE in taking both operational and strategic decisions.

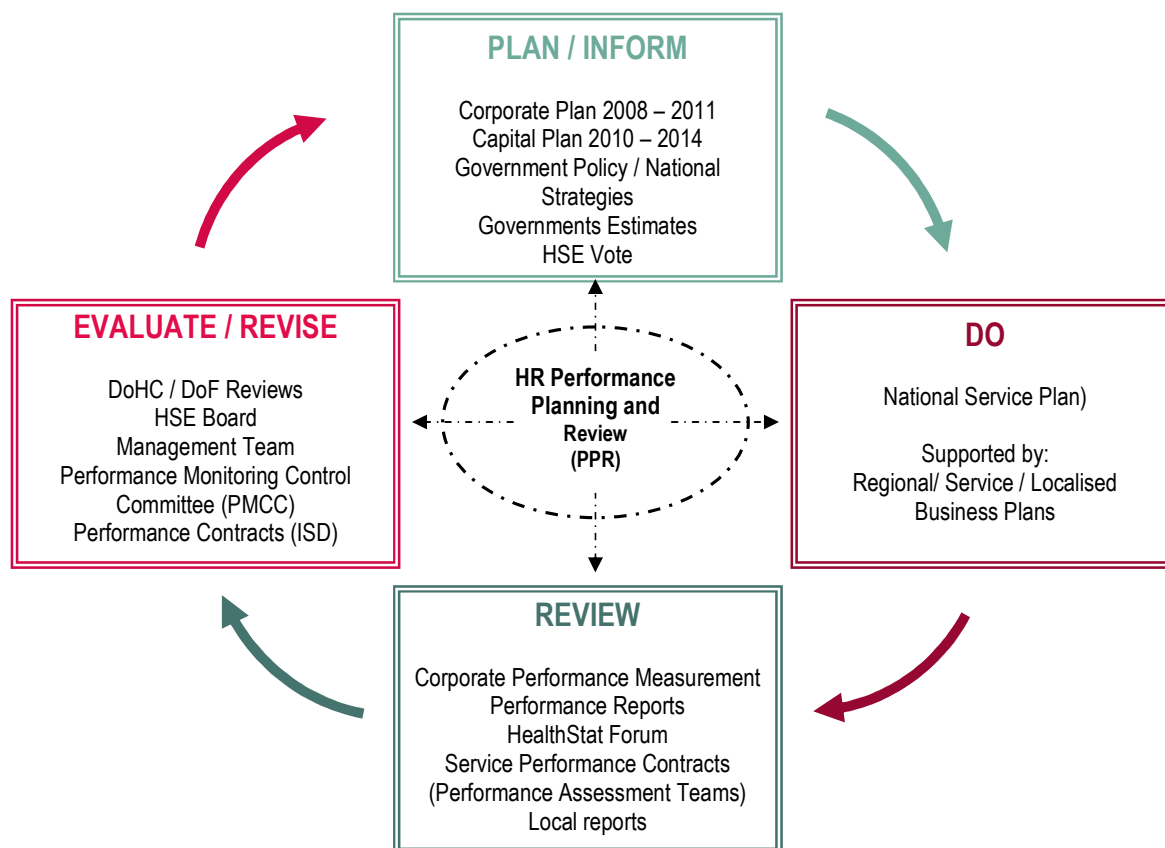
As part of this business intelligence process, CPCP support the gathering and collation of other relevant data which informs planning, for example the Greater Dublin ED study. It is also involved in scoping and developing required data sets, for example the Outpatient Data Quality project, Emergency Department (ED) Patient Experience data set, Colonoscopy data set, Child and Adolescent Mental Health (CAMHs) data set. CPCP works with other key partners including the Health Intelligence function in the Directorate of Quality and Clinical care.

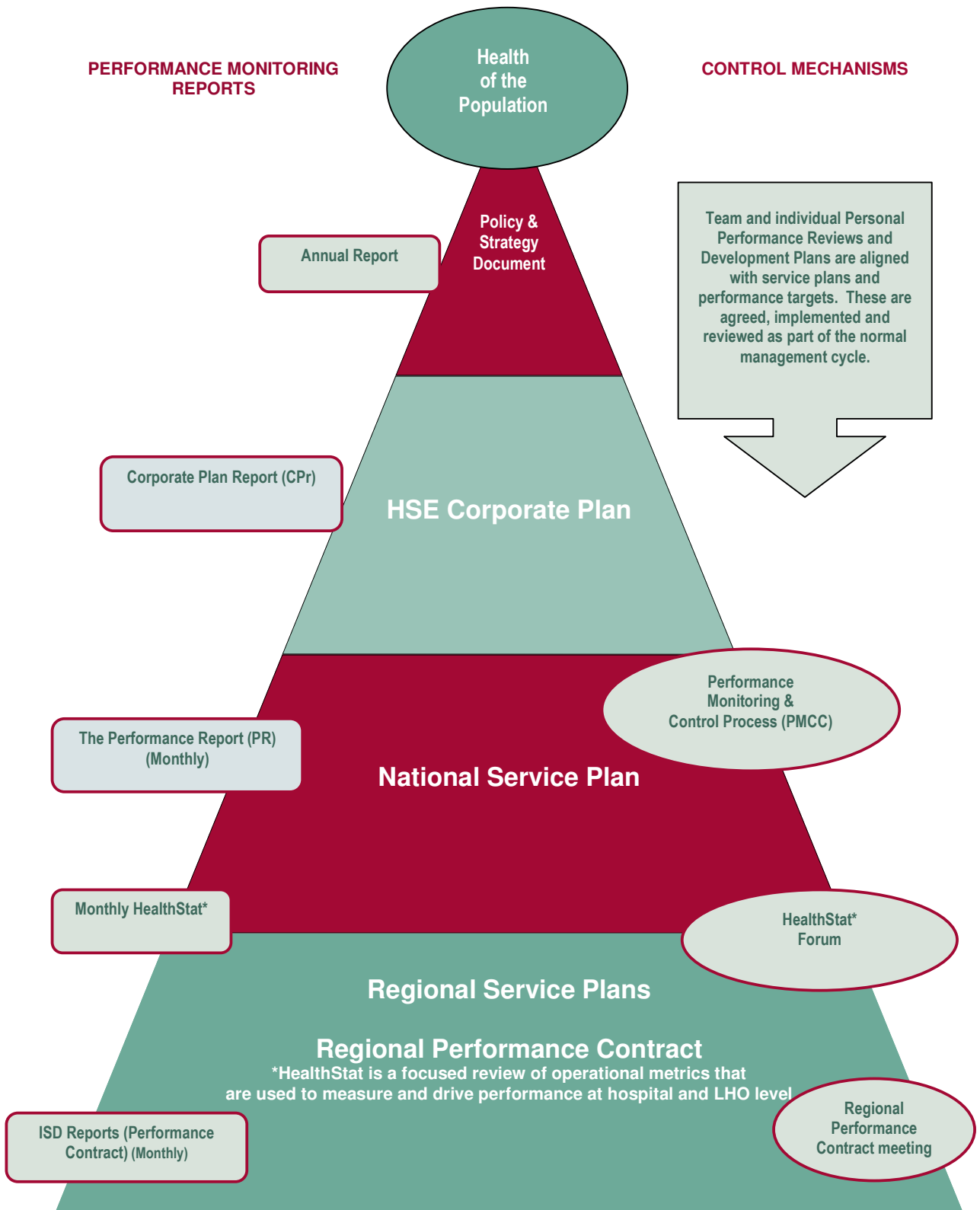
## Levels of Planning and Performance Reporting

Planning takes place at several levels within the HSE and takes into account internal and external guidance provided through, for example, the Department of Health Statement of Strategy, National Policy Documents, economic forecasts and clinical and quality priorities.

There are different tiers of planning, from multi-annual corporate planning to annual service planning at a national, regional and service level.

Performance measurement and performance reporting mirror the different levels of planning and provide an oversight for managers of actual performance measured against planned performance, while the Corporate Plan report provides information on trends over time at a strategic level.





# Part 2

## *CPCP Roles*

## HSE Corporate Plan

### What is a Corporate Plan?

A corporate plan sets out an organisation's strategic objectives and priorities over a specific time period. In other words - what the organisation's role and purpose is, where it wants go, what its priorities are and what it wants to achieve. Underpinning a corporate plan are the values of an organisation which defines its culture or how it wishes to behave.

The HSE Corporate Plan has a three year timeframe. The plan provides clarity 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 address its priority areas, or key activities, over the three years and gives guidance on where we will focus the efforts of our staff and the targeting of our resources.

### Why do we need one?

The HSE Corporate Plan is a legal requirement (*Section 29; Health Act 2004*). In addition, the Plan provides direction for the organisation. It guides the HSE Board and staff in a cohesive effort to carry out the organisation's mandate. It informs everyone about the organisation's priorities and objectives.

### When is it produced?

The first HSE Corporate Plan was produced within six months of the establishment of the HSE in June 2005. The second and current plan was approved in September 2008 (covers the period 2008 to 2011). Consultation on the next Corporate Plan has commenced and it is planned to develop the third plan during 2010. This will align with the service planning process which runs from January to December. The third plan will therefore cover the period 1 January 2011 – 31 December 2013.

### How is it produced?

CPCP Planning manages the overall production of the Corporate Plan, working closely with stakeholders (e.g. nominees from the Directorate, DoHC, HSE Board, Service Users, etc). It is important that the consultation and drafting of the Corporate Plan is co-ordinated centrally so that services and managers have an input and it ultimately reflects agreed national priorities for the next three years.

### How is the Corporate Plan approved?

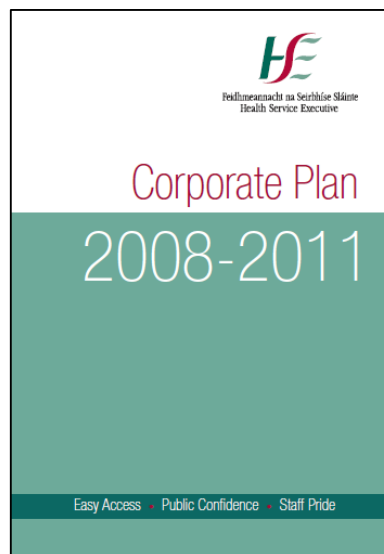
Following internal validation by all Directorates, the plan is discussed and approved at Management Team, prior to submission to the HSE Board. Following Board approval, the Chairman of the Board submits the plan to the Minister for Health and Children. In tandem, the CEO sends the plan to the Secretary General, Department of Health and Children.

### Who uses the Plan?

As the blueprint for the organisation, the Corporate Plan should lead the way in service development and improvement. Any new strategies or plans, introduction of new services or reorganisation should be benchmarked against our corporate objectives. This ensures alignment with what is proposed is not at odds with our longer term objectives.

Each year of the three year period, the National Service Plan (NSP) translates the Corporate Plan into actions. When Directorates are compiling their NSP they should refer to the Corporate Plan to ensure that the deliverables or key result areas from the Corporate Plan are adequately reflected in the NSP.

The Minister for Health and Children and other Government Departments use the plan to measure our progress and since the plan is publicly available, along with regular monitoring reports, it also serves as a frequent reference point for our clients, advocates, service partners, public representatives and the media.



Further Information

#### Who should I contact?

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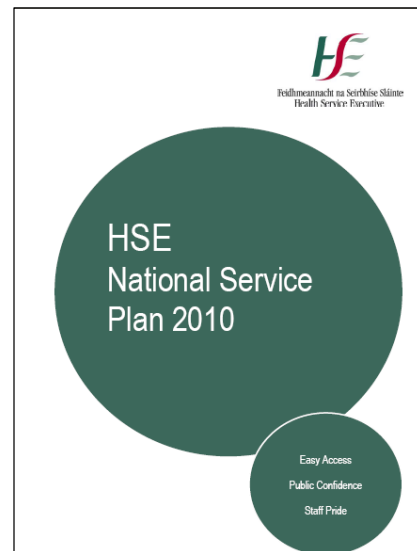
## HSE National Service Plan

### What is a National Service Plan?

The HSE National Service Plan (NSP) is the annual legislative 'contract' between the Minister for Health and Children and the HSE. It is the action plan for the year to deliver on our corporate objectives as set out in the HSE Corporate Plan. It outlines our priorities for the year and how we will deliver the country's public health and personal social services within the resources allocated by Government.

In addition, it is the benchmark against which performance is measured throughout the year. As part of the service plan Performance Indicators are verified and/or developed for inclusion. Performance is reported via the Performance Report (PR), HealthStat, Performance Contract and Annual Report.

From the HSE's perspective, the NSP is the basis from which we develop our detailed business plans. These ensure that everyone knows what everyone is expected to achieve during the year. The NSP is implemented at all levels within the organisation through the operational Regional Service Plans and Directorate's Business Plans.



### Why do we need a National Service Plan?

The HSE National Service Plan is a legal requirement (*Section 31, Health Act 2004*).

### What is the Estimates Process?

The National Service Plan cannot be finalised until notification of budget and staff employment ceiling is received from Government as part of the annual pre-budget Estimates process. Each year the Irish Government undertakes a process to identify the country's budgetary and financial requirements for the year. This results in the publication government document entitled *Estimates for Receipts and Expenditure*. This details the budget allocation for each Government Department for the year in question.

In order to ensure we can influence this process, the HSE prepares an annual internal planning document known as our **Statement of Revenue Requirements** which sets out our funding requirements for the year ahead. It enables us to set out our key priorities for service delivery, including our financial and WTE requirements. This high level statement is submitted to the Department of Health and Children (DoHC) in time to inform the Department of Finance during the formulation of the Government Estimates. CPCP manages this process on behalf of the HSE.

The estimates process is the first stage of our annual planning cycle, which is followed by the preparation of our National Service Plan

### When is the NSP produced?

Following receipt of *Estimates for Receipts and Expenditure* from Government, the HSE must submit our service plan in a timely manner. Ideally, the NSP should be ready for implementation from 1st January each year, with services having total clarity regarding their budgets, service commitments and WTE ceilings. Monitoring mechanisms need to commence immediately, as Managers are held accountable for their performance against budget, activity and WTE ceilings. Therefore expectations around performance must be unambiguous. Commencement of the plan is fully dependent upon approval by the Minister for Health and Children and cannot be considered as a working document until such time as it is approved.

### How is the NSP produced?

CPCP Planning manages the production of the NSP in collaboration with all stakeholders. Based on guidelines and a template (designed and issued by CPCP), each Directorate nominee prepares and submits a first draft for its section taking account of the following essential components:

- Planning assumptions, organisational priorities, DoHC requirements
- Objectives and priorities in the HSE Corporate Plan
- Previous years NSP
- Health and demography of our population and the key health challenges as outlined in the Corporate Plan
- HSE Capital Plan
- Statement of Revenue Requirements for the year in question (Estimates), HSE Vote, previous year's financial outturn
- Integrated Services Programme / Transformation Programme
- Government priorities, as laid out in Government's Statement of Strategy for the period
- Various National strategic and policy documents.

The inputs from all sources are reviewed, validated and collated by CPCP Planning and developed into a draft service plan, including the Performance Indicators (PIs) which are co-ordinated by CPCP. The final draft is discussed at a special HSE Board meeting in late December. Following Ministerial approval, the plan is printed and / or made publicly available on the HSE website.

It should be recognised that this is the national document which reflects national priorities. It cannot cover the totality of the work that goes on in all services, in all parts of the country. This work should be reflected in the regional and local service plans.

### **Performance Indicators (PI's)**

Performance Indicators are a key component of the NSP. They are measurable indicators that demonstrate progress towards a specified target. Each Care Group and Programme has an agreed set of performance indicators set out in the NSP. Monitoring of performance indicators enables decision makers to assess progress towards the achievement of an outcome, objective or goal within an agreed timeframe.

A process to develop PIs has been agreed with the DoHC. Each PI has a metadata sheet which details the exact meaning of the PI and its calculation. The PIs, through their metadata sheets, are reviewed each year as part of the service planning process to check that they are still relevant, collectable and useful. This review is carried out with the ISD Care Group and Programme leads, who in turn consult with the regional managers. Feedback from this review is shared with the DoHC who then consult with the relevant line divisions within the DoHC. A set of PIs, based on the feedback from the HSE and the DoHC reviews, is then compiled and a meeting to sign off a final set is held in October. This final set of PIs will be profiled, tracked and reported on the following year.

The degree of achievement of PI's are reported on by CPCP through the monthly Performance Report and the Corporate Plan report.

### **Who are the stakeholders involved in developing the NSP?**

The NSP is 'owned' by all services. All stakeholders have a real involvement in the process of developing the plan and have to sign up to delivering it.

The Regional Plans translate the required performance set out in the NSP, setting targets and key priorities to achieve in the year for a geographical region/area. Business Plans are developed at the next level down in the organisational structure (hospital / LHO).

### **How is the Service Plan approved and adopted?**

Following internal validation by all Directorates, the plan is discussed and approved at Management Team, prior to submission to the Board of the HSE. Following Board approval, the Chairman of the Board formally submits the plan to the Minister for Health and Children. In tandem, the CEO sends the plan to the Secretary General, Department of Health and Children.

### **Who uses the report?**

The NSP is our annual translation of what we have committed to in our Corporate Plan. It is also the tool which services use to plan and monitor the delivery of their services through regional and local plans and it is how we hold our own system to account.

The Minister for Health and Children and other Government Departments use the plan against which to measure our progress and since the plan is publicly available, along with regular monitoring reports, (web link) it also serves as a frequent reference point for our clients, advocates, service partners, public representatives and the media.

 Further Information	<b>Who should I contact?</b>
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## HSE Regional and Business Plans

### What are Regional and Business Plans?

The HSE National Service Plan (NSP) outlines our **national** priorities for the year and how we will deliver the country's public health and personal social services within the resources allocated by Government. The delivery of our services is managed through 4 Regions (HSE Dublin North East, HSE Dublin Mid Leinster, HSE South, HSE West) (see map below) each of which is led by a Regional Director of Operations (RDO), The NSP is translated into action in our 4 regions through **regional** plans.

Regional Plans set out targets and key priorities to achieve in the year for a geographical region/area. Business Plans are developed at the next level down in the organisational structure (hospital or local health office level). Business plans can also be developed at next level down (e.g. a hospital could prepare business plans for radiology division, catering unit, older people services, maternity, etc).

### Why do we need them?

The regions need to have a plan to guide them for the year in order to deliver on their commitments set out in the NSP. Targets in the regional plan form the basis for performance measurement through the Performance Contracts.

### When are they produced?

The plans are drafted during the final stages of development of the NSP. They are finalised post DoHC approval.

Ideally, just like the NSP, they should be ready for implementation from 1st January each year, with services having total clarity of their budgets, service commitments and WTE ceilings. Monitoring mechanisms need to commence immediately, as Managers are held accountable for their performance against budget/activity and WTE ceilings, so expectations around performance must be unambiguous.

### How are they produced?

Production of regional plans is the responsibility of the 4 RDOs. Individual targets at hospital and local health office area are negotiated between senior managers and RDOs. The plans should follow the same format as the NSP. As the NSP reflects national priorities, it cannot cover the totality of the work that goes on in all services, in all parts of the country. This level of work should be reflected in the regional plans.

### Who is involved in production of Business Plans?

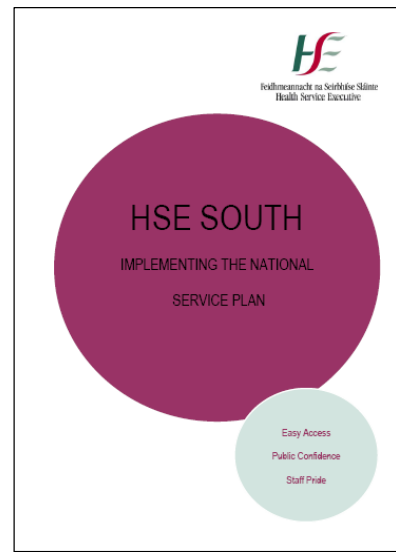
At regional level the Regional Director of Operations (RDOs) will involve their managers and service leads. Voluntary providers, outside agencies and representatives of people who use services may also be involved. The RDOs will link closely with the National Directors to ensure that the plans line up with agreed national priorities.

### How are they approved or adopted?

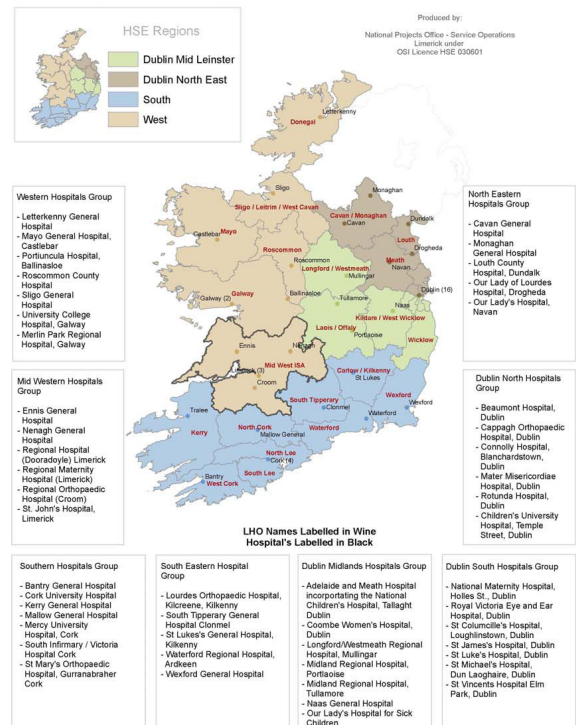
The Regional Plans are approved by ISD PFM and ISD Reconfiguration.

### What are the plans used for?

To support implementation of agreed regional services and to monitor and measure performance. Reported via the monthly Performance Report (national level) and via their Performance Contract (regional level).



### Location of HSE's Four Regions & 50 Acute Care Hospitals



**Who should I contact?**

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**Further Information**

## HSE Annual Report

### What is an Annual Report?

An annual report is a comprehensive report on an organisation's activity throughout the preceding year. Annual reports provide information about the organisation's achievements, challenges and financial performance.

The HSE Annual Report provides information on the health and personal social services it delivered to the Irish population under the preceding year's National Service Plan. Through financial statements, the HSE accounts for use of resources allocated from Government. It provides information on the progress of the Corporate Plan and Capital Plan.

### Why do we need one?

The HSE Annual Report is a legal requirement under Section 37 (*Health Act 2004*). Unlike other documents and reports required under the Health Act, the Minister does not have to approve the Annual Report.

### When is it produced?

The process cannot commence until end of year information has been collated from the preceding year. Production begins in Mid January and the report is usually published at the end of May each year.

### How is the Annual Report produced?

CPCP Planning manages the overall production of the report working closely with the Finance Directorate, the Audit Committee of the Board of HSE, Communications and Directorate / National Care Group nominees. CPCP Planning has editorial licence on behalf of the HSE. They are mindful of writing the document corporately, under the umbrella of the organisation's six corporate objectives, in order to give a national and corporate perspective.

A significant amount of information is readily available to CPCP Planning through a multiplicity of existing sources (*i.e. Performance Reports, Corporate Performance Reports, HealthStat data, Health Matters, [www.hse.ie](http://www.hse.ie), etc*). This enables CPCP Planning to undertake the preliminary drafting of the report. Validation of the draft report is by nominees from all main Directorates. The HSE Management Team and HSE Board ultimately sign off on the final report.

### How is it approved or adopted?

Following internal validation by all Directorates, the report is discussed and approved by Management Team and Audit Committee of the Board, prior to final submission to the HSE Board. Following Board adoption, the Chairman of the Board formally submits the report to the Minister for Health and Children. In tandem, the CEO sends the report to the Secretary General, Department of Health and Children.

The Minister lays copies of the report before both Houses of the Oireachtas within 21 days of receipt from the HSE. The report is then made publicly available (print, HSE website).

Under the Irish Languages Act, there is also a requirement on the HSE to provide the report in Irish.

### Who uses the report?

A significant amount of work goes into designing the document to ensure that it is readable and understandable for all stakeholders, particularly the general public.

The Minister for Health and Children and other Government Departments use the report as a monitoring tool. It is also useful internally to benchmark where we are, what we have achieved and what we still need to do. The plan is published and launched each year, with widespread interest from national and regional media.



Further Information

#### Who should I contact?

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## HSE Corporate Plan Reporting

### What is a Corporate Plan report?

The Corporate Plan report (CPr) is a comprehensive report that reflects the organisation's progress in achieving the actions as set out in the Corporate Plan.

The current Corporate Plan covers the years 2008 to 2011 and sets out what we are seeking to achieve by 2011. The plan outlines our overall strategic direction and specifically the six strategic objectives that we are focused on to deliver improved services and better value. Namely:

- Health and Wellbeing
- Sustainable Services
- Quality and Safety
- Trust and Confidence
- Operational Excellence
- Unlocking our Potential

The Corporate Plan report examines representative measures across these objectives and presents trends where data is available. If we are doing well in these measures it can be assumed we are progressing towards achieving our objectives. Results represent a snapshot in time along a continuous journey rather than an end point.

### Why do we need a Corporate Plan report?

As the Corporate Plan guides our strategic planning and decision making for the following three years, it is important that overall progress is charted through the Corporate Plan report. Analysis enables us to create an ongoing picture of how we are performing during the life of the Corporate Plan. This acts as an important reference point as we design and implement more detailed annual national and regional service plans. It enables us to identify where adjustments need to be made to ensure we remain on track.

### When is it produced?

The Corporate Plan report is produced and published annually. By agreement biannual reports have been compiled at the request of the DoHC. The data covers the year or half year of the reporting period.

### How is the Corporate Plan report produced?

For the Corporate Performance reports 2009, a set of Key Performance Indicators (KPIs) are agreed in conjunction with the Department of Health and Children. CPCP then source, collate, validate and interpret data to support these KPIs. Validation for each area is required from each Care Group.

### How is it approved or adopted?

The report is approved by the HSE Management Team before going to the HSE Board. It is then issued to the DoHC and made available on the HSE website.

### What is the report used for?

The report sets out how we are performing against the Corporate Plan. It is an important reference tool in drafting annual service plans and local business plans. It also guides thinking in relation to the drafting of subsequent Corporate Plans.

The report is used by Senior and Local Managers and the HSE Board. The DoHC use it as a monitoring tool to measure achievement of the Corporate Plan. It is also useful internally to benchmark where we are, what we have achieved and what we still need to do.



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## Performance Reports

### What is a Performance Report?

A Performance Report (PR) is a comprehensive monthly report that monitors progress against our objectives and targets as set out in the National Service Plan (NSP). The PR provides an overall corporate analysis of key performance data from finance, human resources (HR), acute and primary & community services.

The PR links data in relation to funding, staffing, services and activity to present an integrated picture. Activity and services are matched with targets and timescales for achievement. The PR is divided into two reports:

- HSE Performance Report
- HSE Supplementary Report

The Performance Report provides a national and corporate overview, with the Supplementary Report providing more detailed information at a regional, area, network and hospital unit level. Biannually an expanded PR provides detail on progress made in implementing key deliverables as outlined in the NSP.

### Why do we need a Performance Report?

The CPCP Directorate is responsible for ensuring the HSE complies with its legislative requirements in relation to monitoring the NSP which is our 'contract' with Government. The Performance Report fulfils this reporting requirement to the Minister for Health and Children (outlined in the Health Act 2004).

In addition, the Performance Report provides vital information to the Management Team and the HSE Board fulfilling their accountability and corporate governance obligations. Performance monitoring and reporting are essential components of the planning cycle. It enables us to review progress against what we set out to achieve and sets the baseline for developing our corporate and annual plans.

### When is it produced?

The PR is produced monthly in arrears (i.e. the January PR is produced in February).

### How is it produced?

Data inputs are submitted from service and corporate owners to the CPCP PR Team either directly (HR, Finance, Quality and Clinical Care) or via the Business Intelligence Unit (BIU) (acute and non-acute data). Rigorous data quality assurance is carried out by the PR Team, in conjunction with the BIU and service / corporate contacts. Validated data is then entered onto the PR and Supplementary Report templates. A final draft is issued to the Performance Monitoring and Control Committee (PMCC) where the report is discussed in detail. The CPCP National Director issues the report to the HSE Board for approval. Following approval, the PR is submitted to the DoHC and made publicly available on [www.hse.ie](http://www.hse.ie)

### Who are the stakeholders involved in developing it?

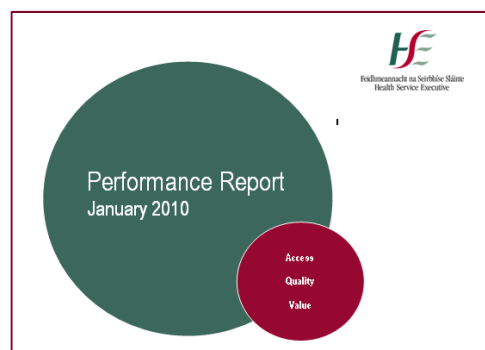
The CPCP PR Team are responsible for the quality assurance and production of the PR. This is achieved by working on a continual basis with nominated contacts in service and corporate functions in the collection, validation and reporting and review of data. In addition, the PR Team meet regularly with a nominated DoHC Group to actively review the PR.

### How is the Performance Report approved or adopted?

Following validation by the relevant Directorates the report is discussed and approved at the PMCC, prior to submission to the HSE Board. Following Board approval, the PR is circulated to the HSE Management Team, the Department of Health and Children and is posted on the HSE website.

### Who uses the report?

The PR is used by the CEO, PMCC, HSE Board and Service Managers. The PR also provides an update to the Department of Health and Children on the delivery of the NSP. It is used in the formal National Service Plan Review Meetings between the DoHC and HSE. It also serves as a frequent reference point for our clients, public representatives and the media.



Further Information		<b>Who should I contact?</b>
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### What is HealthStat?

'HealthStat' is a system of operational performance monitoring which gathers data from hospitals and LHOs to measure their performance. Some data is gathered from primary sources but most is drawn from existing databases, and HealthStat presents the information in an integrated report by hospital and LHO. The monthly results are published online on [www.hse.ie](http://www.hse.ie).

Information is provided to hospitals and LHOs in advance of monthly HealthStat forum meetings. These meetings hold hospitals and LHOs accountable for their individual performance. HealthStat facilitates the sharing of best practice and focuses on problem areas in specific hospitals and LHOs. It facilitates a link between information and action at all levels of the health system.



### Why do we need HealthStat?

HealthStat uses a range of measures to come up with an overall picture of how services are being delivered. HealthStat's measures are grouped into three areas; Access, Integration and Resources.

**Access** measures the waiting times that people experience for different services. Are patients able to access consultant led clinics, diagnostic services, treatments, procedures, therapy services and emergency services within acceptable timescales?

**Integration** checks that services received are patient-centred. Are people receiving outpatient or day care when they should be? Where it is suitable, are people being admitted on the day of their procedure? Is the length of stay for inpatients as should be expected? Are patients and their families informed about treatment and included in discharge planning?

**Resources** assesses whether a hospital or Local Health Office (LHO) is making best use of its human and financial resources. Is a hospital or LHO serving acceptable numbers of patients? Are the budget spend and staff numbers as planned? What is the absenteeism rate?

### How does HealthStat / HealthStat Forum drive improvement?

Each month, the information generated through HealthStat is discussed at a HealthStat Forum, led by the HSE CEO and attended by the RDOs, hospital CEOs, Clinical Directors and the LHO Managers. The aim of HealthStat and the HealthStat Forum is to share best practice and address problem areas in specific hospitals or LHOs in a positive way. The Forum discusses suggestions for improvement and identifies performance issues that need a national approach. What sets HealthStat apart from previous individual hospital and LHO systems is the specific focus on follow-up. The Forum and the online publication of results encourage hospitals and LHOs to work for consistent performance improvement.

### How are HealthStat results displayed?

HealthStat presents detailed monthly operational performance information from hospitals and LHOs as a series of graphs, on a performance dashboard. Similar to the dashboard of a car informing the driver about the current status of the vehicle, so the HealthStat dashboard shows how an individual hospital or LHO is delivering services to patients day to day. In the HealthStat performance dashboards each hospital's and LHO's monthly performance is awarded a traffic light result. Green means good performance, amber means average with room for improvement and red means unsatisfactory, requiring attention.

The number of patients that pass through hospital and community services in a year can run into hundreds of thousands. With all the different aspects of care (clinics, diagnoses, treatment and procedures), a hospital's or LHO's performance can't be summarised into a simplistic percentage. A HealthStat for Hospitals Guide and HealthStat for LHOs Guide have been published on [www.hse.ie](http://www.hse.ie) to assist the reader to gain a comprehensive picture of the data sources used, and the composition of the dashboard graphics.

### Who can access HealthStat results each month?

HealthStat is open and publicly available to all who wish to access it on [www.hse.ie](http://www.hse.ie). HealthStat is a powerful tool, and is breaking new ground in our healthcare system, but it is complex - like the services it represents. It does not offer a simple 'marks out of ten' summary of hospital or LHO performance. It is designed for use by professionals working in the health system, both within hospitals, LHOs and in management, and also by other professional groups with an interest in the health system, to give an expert picture of what is being delivered to patients, and how.

Further Information		<b>Who should I contact?</b>
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## Business Intelligence

### What is the role of Business Intelligence?

Business Intelligence within the HSE comprises of a central repository for activity information for Acute and Non Acute Services. This is known as the Business Intelligence Unit (BIU). Extensive amounts of data are collected, collated, validated and analysed by this unit. This data is used in performance monitoring and measurement which influences the HSE in taking both operational and strategic decisions.

The BIU is divided into two distinct entities:

- **BIU Acute** (*located in Stewart's Hospital, Palmerstown*)
- **BIU Non Acute** (*located in Dr. Steeven's Hospital*)

### BIU Acute

Each month all 50 acute hospitals return a minimum data set (MDR) to the Acute BIU team. Data returns are based on the activity and targets as set out in the current year's National Service Plan. On receipt of each return, the data goes through a series of validation checks where queries will be raised with relevant hospitals before being input to a database.

When all outstanding queries are resolved, and all data is loaded and fully validated, the data is ready to be reported in the PR and other reporting streams. On an ongoing basis the BIU feeds back trending analysis to hospitals to ensure that the validation process is continued at hospital level as well as within the BIU.

### BIU Non Acute

Each RDO / Care Group provides verified information in predetermined spreadsheets to the BIU Non Acute on a monthly basis. Data returns are primarily based on the activity and targets as set out in the current year's National Service Plan. This data is collated and validated by individual Care Group Analysts. In addition, the Analysts prepare graphs which identify trends in the performance of each Care Group and track service delivery against target. Where there are inconsistencies in data returns, queries are forwarded back to the Business Managers to validate accuracy of information received.

Data and graphs are then passed onto the relevant area. Further queries are followed up by the team. At all stages of the process information is validated with the RDO and Care Group AND to ensure that data which is received is accurate.


Each year, after publication of the annual National Service Plan, the BIU engages with Care Group and programme leads to outline how new metrics will be captured and review progress of information gathering for previous reports. In addition, the analysts profile targets for expected activity in each Care Group which is in turn circulated to the Business Managers and Care Groups ANDs for validation. Timeframes and business processes are identified and agreed with the Business Managers in each RDO area to ensure that data is received in the format necessary for inclusion in future reports.

### Other duties carried out by BIU:

- Compilation and analysis of specific projects for individual Care Groups
- Prepare and publish national reports for ED; delayed discharges and bed closures
- Management of the Emergency Department SMS Text alert system
- Contribute to reports relating to Winter Initiative, Cabinet Briefings, and Senior Management Meetings, etc on request
- Provide data and information for Freedom of Information Requests and Parliamentary Questions
- Provide information and data for media queries.

### Who are our stakeholders and how do we engage with them?

Our stakeholders are all service Directorates within the HSE both statutory and voluntary. Regular engagement with these stakeholders is critical as information and data requirements for inclusion in reports for the BIU are constantly changing. Therefore, it is important to have ownership at every level within the organisation. Every effort is made to ensure that structures are in place to support this, and that there is real involvement with our stakeholders in the process of information gathering and validation.

Further Information		<b>Who should I contact?</b>
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**BIU Non Acute**

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## **The Health Act 2004 (*relevant sections*)**

### **Section 29: Corporate Plan**

- (1) The Executive shall, in accordance with this section, prepare, adopt and, at the times specified in subsection (2), submit to the Minister for approval a corporate plan for the 3 year period following the date of its submission.
- (2) A corporate plan must be submitted at the following times:
  - (a) within 6 months after the establishment day;
  - (b) within 6 months after the appointment of a new Minister having charge of the Department of Health and Children, if that Minister requests that a corporate plan be submitted;
  - (c) at the end of the 3 year period since the last corporate plan was submitted.
- (3) The corporate plan must be prepared in a form and manner in accordance with any directions issued by the Minister and must specify—
  - (a) the key objectives of the Executive for the 3 year period concerned and the strategies for achieving those objectives,
  - (b) the manner in which the Executive proposes to measure its achievement of those objectives, and
  - (c) the uses for which the Executive proposes to apply its resources.
- (4) In preparing the corporate plan, the Executive shall have regard to the policies of the Government or a Minister of the Government to the extent that those policies may affect or relate to the functions of the Executive.
- (5) Within 3 months after receiving a corporate plan, the Minister shall—
  - (a) approve the plan, or
  - (b) if the plan is not amended in accordance with any directions that may be issued by the Minister to the Executive, refuse to approve the plan.
- (6) An approved corporate plan may be amended by the Minister at any time or may be amended by the Executive, but in the latter case only after—
  - (a) the Executive submits the proposed amendment to the Minister for approval, and
  - (b) the amendment is approved by the Minister.
- (7) Subsections (4) and (5) apply with the necessary modifications in respect of an amendment by the Executive to an approved corporate plan.
- (8) Nothing in a corporate plan is to be taken to prevent the Executive from, or to limit the Executive in, performing its functions.

### **Section 31: National Service Plan**

- (1) Within the specified period the Executive shall—
  - (a) prepare, in accordance with this section, a service plan for the financial year or other period as may be determined by the Minister, and
  - (b) adopt the plan so prepared and submit it to the Minister for approval.
- (2) For the purpose of this section, the specified period is—
  - (a) 21 days after the publication by the Government of the Estimates for Supply Services for that financial year, or
  - (b) such other period as the Minister may allow.
- (3) A service plan must be prepared in the form and manner in accordance with any directions issued by the Minister and must—
  - (a) indicate the type and volume of health and personal social services to be provided by the Executive during the period to which the plan relates,
  - (b) indicate any capital plans proposed by the Executive,

- (c) contain estimates of the number of employees of the Executive for the period and the services to which the plan relates,
  - (d) contain any other information specified by the Minister,
  - (e) comply with any directions issued by the Minister under section 10, and
  - (f) accord with the policies and objectives of the Minister and the Government.
- (4) In preparing the service plan, the Executive shall have regard to—
- (a) the approved corporate plan in operation at that time, and
  - (b) any direction issued by the Minister under section 10(1).
- (5) If a service plan is not submitted in accordance with subsection (1), the Minister may, by written direction, require the Executive to submit a service plan to him or her not later than—
- (a) 10 days after the date on which the Minister issues the direction to the Executive, or
  - (b) such earlier date as may be specified in the direction.
- (6) If the Executive fails to submit a service plan in accordance with subsection (1) or with a direction under subsection (5), the Minister may, by written direction, require the chief executive officer to prepare and submit a service plan to the Minister within 10 days after the date on which the Minister issues the direction under this subsection.
- (7) A service plan submitted by the chief executive officer under subsection (6) is deemed to have been adopted and submitted by the Executive.
- (8) Not later than 21 days after receiving a service plan submitted under this section, the Minister shall either approve the plan or issue a direction under subsection (9) to amend the plan.
- (9) The Minister may direct the Executive or, in the case of a service plan submitted under subsection (6), the chief executive officer, to amend a service plan submitted under this section if, in the Minister's opinion, the plan—
- (a) does not contain any information required under subsection (3),
  - (b) does not comply in any other respect with subsection (3),
  - (c) has been prepared without regard to a matter specified in subsection (4), or
  - (d) does not accord with the policies and objectives of the Minister or of the Government to the extent that those policies and objectives relate to the functions of the Executive.
- (10) The Minister may refuse to approve a service plan unless it is amended in accordance with a direction issued under subsection (9).
- (11) The chief executive officer shall comply with any direction issued to him or her under this section.
- (12) The Executive shall submit to the Minister with the service plan a statement of its estimate of the income and expenditure relating to the plan and that estimate must be consistent with the Vote for the Executive as published by the Government in the Estimates for Supply Services.
- (13) The Minister shall ensure that a copy of an approved service plan is laid before both Houses of the Oireachtas within 21 days after the plan is approved by the Minister.
- (14) The Executive shall ensure that, as soon as practicable after copies of an approved service plan are laid before the Houses of the Oireachtas, the plan is published on the Internet or in accordance with such other arrangements as the Minister may specify.

### **Section 37: Annual Report**

- (1) The Executive shall, not later than the 30th day of April in each year beginning with the year 2006, prepare and adopt a report on the performance of its functions during the preceding year.
- (2) An annual report shall include—
- (a) general statement of the health and personal social services provided during the preceding year by or on behalf of the Executive (whether provided in accordance with an agreement under section 8 or an arrangement under section 38 ) and of the activities undertaken by the Executive in that year,

- (b) a report on the implementation of the corporate plan in the year,
- (c) a report on the implementation of the service plan in the year,
- (d) a report on the implementation of the capital plans in the year,
- (e) an indication of the Executive's arrangements for implementing and maintaining adherence to its code of governance,
- (f) the report required by section 55 (complaints), and
- (g) such other information as the Executive considers appropriate or as the Minister may specify.

(3) The Executive shall submit a copy of the annual report to the Minister as soon as practicable after adopting the report and in any event not later than 21 days after its adoption.

(4) The Minister shall ensure that copies of the annual report are laid before each House of the Oireachtas within 21 days after the Minister receives that report.

(5) The Executive shall ensure that the annual report is published on the Internet, or in accordance with such other arrangements as the Minister may specify, as soon as practicable after copies of the report are laid before the Houses of the Oireachtas.

## Glossary of Terms

<b>AFS</b>	Annual Financial Statement
<b>AGM</b>	Annual General Meeting
<b>BIU</b>	Business Intelligence Unit
<b>C&amp;AG</b>	Comptroller & Auditor General
<b>CPCP</b>	Corporate Planning and Corporate Performance
<b>DoHC</b>	Department of Health and Children
<b>HIQA</b>	Health Information Quality Authority
<b>HR</b>	Human Resources
<b>HSE</b>	Health Service Executive
<b>ISD</b>	Integrated Services Directorate
<b>KPI</b>	Key Performance Indicator
<b>LHO</b>	Local Health Office
<b>MT</b>	Management Team
<b>PFM</b>	Performance and Financial Management
<b>PI</b>	Performance Indicator
<b>PMCC</b>	Performance Monitoring and Control Group
<b>PPRs</b>	Personnel Performance Reviews
<b>PR</b>	Performance Report
<b>RDO</b>	Regional Director of Operations
<b>WTE</b>	Whole Time Equivalent