Health Business Services

Operational Plan 2015

1.

Health Business Services Priorities for 2015

System Wide Priorities

- Improve quality and patient safety with a focus on:
  - Service user experience
  - Development of a culture of learning and improvement
  - Patients, service users and staff engagement
  - Medication management, healthcare associated infections
  - Serious incidents and reportable events
  - Complaints and compliments

- Implement Quality Patient Safety and Enablement Programme
- Implement the Open Disclosure policy
- Implement a system wide approach to managing delayed discharges
- Continue to implement the Clinical Programmes
- Develop and progress integrated care programmes
- Implement *Healthy Ireland*
- Implement *Children First*
- Deliver on the system wide Reform Programme

HBS Priorities

Support the delivery of the Health Reform Programme

Address key enablers for a successful HBS environment

Fully understand and meet the service expectation of our customers

Deliver a quality set of well defined services to a high standard

Deliver services that represent value

Supporting Service Delivery

- Implement the HSE Accountability Framework
- Deliver on the Finance Reform Programme
- Deliver the HSE Capital and ICT Capital plans

- Deliver on workforce planning and agency conversion
- Ensure compliance with Service Agreements

Contents

Introduction

The development of a shared services organisation to support the emerging health environment is a key component of the current health reform programme. It is also reflective of Government policy in the wider public services. In February 2014, the Health Business Services (HBS) Strategy was approved by the HSE Directorate and HBS was established in March as the shared services division of the HSE. Since then the focus has shifted from strategy formulation to implementation.

The HBS Strategy reflects the ambition of the Health Reform Programme to ensure that in line with modern business practices, the operational health and social services including those in Tuslá have access to a range of common support business services on a shared basis. This allows the operational services to focus its management attention on its core business in the knowledge that its support functional needs will be delivered by a competent Division which will drive efficiency and quality whilst adhering to legislative and regulatory requirements.

HBS is committed to meeting the functional business needs of the new operational service delivery units within the HSE. In 2014, the emerging HBS operating model was developed and initiated in some hospital groups, ISAs and a number of national care groups. The learning from this has been invaluable and will be further developed in 2015 in line with the needs of the additional Hospital Groups and Community Health Organisations.

The HBS model involves connecting the teams delivering the services with those receiving them to ensure optimal clarity of purpose for all. It is important that HBS is viewed as a cohesive rather than as a fragmented unit as it will be far more challenging to operate successfully if engagements take place in an uncoordinated fashion with competing priorities.

HBS Strategy

The HBS Strategy is built around the achievement of five strategic objectives- the central one of which is supporting health services reform as below:
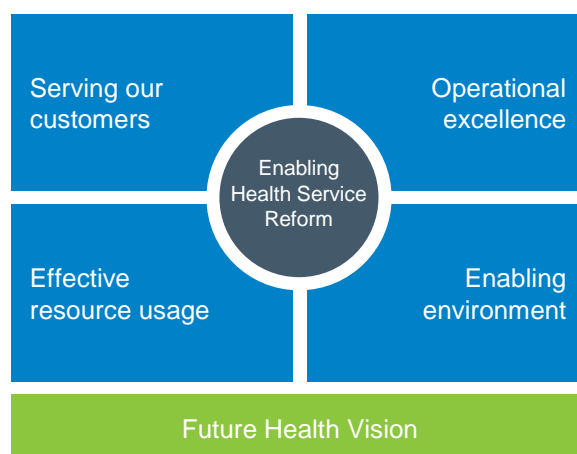
The HBS strategic objectives will be delivered via 43 explicit actions which will be implemented over a 3 year timeframe. 2015 will be the first full year of HBS but much progress was made during 2014 on a range of actions, see below:

Action 1	Action 12	Action 16	Action 23	Action 33
Action 2	Action 13	Action 17	Action 24	Action 34
Action 3	Action 13.1	Action 18	Action 25	Action 35
Action 4	Action 13.2	HBS Actions	Action 26a	Action 36
Action 5	Action 13.3		Action 26 b	Action 37
Action 6	Action 13.4		Action 27	Action 38
Action 7	Action 13.5		Action 28	Action 39
Action 8	Action 13.6	Action 19	Action 29	Action 40
Action 9	Action 13.7	Action 20	Action 30	Action 41
Action 10	Action 14	Action 21	Action 31	Action 42
Action 11	Action 15	Action 22	Action 32	Action 43

Note: Yellow: On hold, Blue: Complete, Green: On target , Amber: some concerns, Red: Needs intervention, Actions 13, 17 and 18 are in transition to CIO.

These actions are set out in more detail in the following pages. The full HBS Strategy 2014 – 2016 is available at www.hse.ie

HBS reports to the HBS Committee of the HSE on the progress of its strategy implementation.

Strategy Priorities 2015

2015 will prioritise the implementation of the 2nd year of the HBS Strategy Implementation Plan. This HBS Operational Plan 2015 will summarise the key actions for 2015 to pursue the timely implementation of the HBS Strategy.   This will include focussing on people, portfolios, individual programmes and business cases to ensure that holistic and balanced implementation takes place. The establishment of the customer relationship management (CRM) function with business relationship managers is a critical component for the successful implementation of the HBS business model. The main priorities in 2015 will be to:

❍ Continue the development of a service culture, focusing on organisation and client needs, through the recruitment of Business Relationship Managers and the further development of a customer relationship function including service catalogues and Business Partnership Agreements with customers.

- Plan for and implement critical enabling technologies to support common business platforms for HBS. This includes a single finance system, payroll, electronic invoice capture, recruitment, procurement and pensions systems.
- Continue to contribute and actively support the Finance Reform Programme.
- Complete the implementation of the recommendations of the review of recruitment services and increase the capacity of the National Recruitment Service.
- Recruitadditional staff to assist in the implementation of the recommendations of the soon to be completed review of pensions services.
- Commence implementation of the HR Enterprise Resource Planning (ERP) system in the South and complete implementation in Tallaght Hospital.
- Complete the reform of the procurement function with the implementation of the vision contained in the HSE's procurement model *One Voice for Procurement* including the transfer of some functions to the Office for Government Procurement (OGP), the transfer of procurement personnel from the Hospital Procurement Services Group (HPSG) and the further roll out of the national logistics plan subject to required investment.
- Manage the delivery of the HSE Capital Plan and ensure that it strategically supports this service plan and longer term sectoral strategic plans.
- Support the establishment of the Chief Information Officer (CIO) office and ensure a smooth transition of ICT services to that office.
- Manage the ICT plan in line with HSE priorities.
- Supportthe delivery of HBS services to Tusla.
- Continue the work of the sustainability office collaboratively across the public health sector to support compliance with national goals, targets and regulations and to effect savings through implementation of sustainability measures.

HBS Resources

The success of the HBS strategy implementation is dependent on investment in people, systems and processes. As outlined in our strategy, some but certainly not all of this will require additional funding in order to deliver on the increasing demand for and potential of HBS services. Some of this is needed to alleviate the reduction in resources of recent years as well as a number of invest to save proposals. This was highlighted in the HBS submission as part of the HSE 2015 Estimates process and €1.9m in additional funding has been received for priority areas (See Appendix 1). Many other actions can progress within existing resources as HBS strives to deliver higher quality modern shared services. In 2015, this will include considerable focus on supporting HBS staff to deliver on its objectives. Significant organisational and cultural change is required by both the HBS and the corporate and operational divisions of the retained organisation.

Management Structure for HBS Division
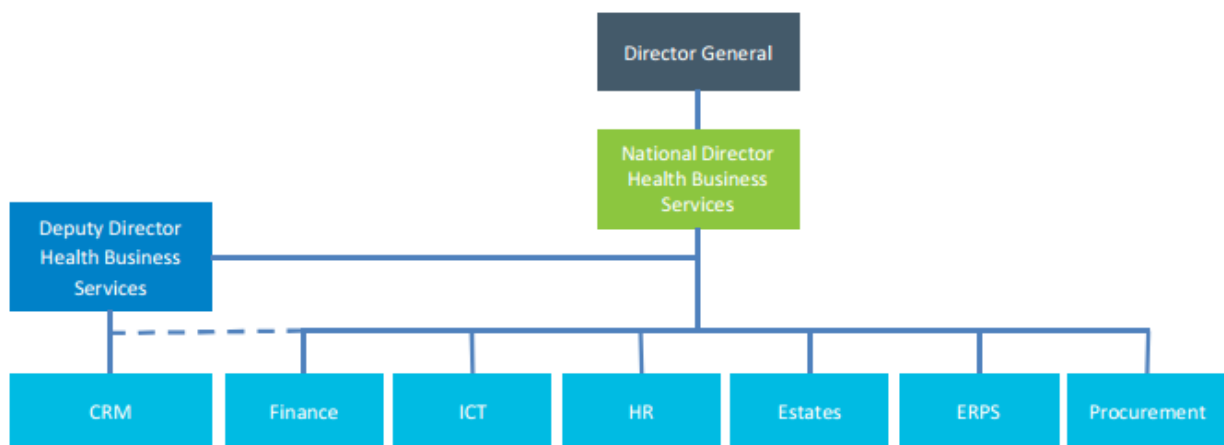
Workforce

Introduction

HBS recognises that our workforce is our greatest asset. Action 14 of the HBS Strategy commits to developing a people plan for the staff of Heath Business Services. A key target is that the HBS leadership will meet with all 1,500 HBS staff by the end of 2015. This process has started in 2014 with approximately 500 staff having attended workshops on the importance of people, culture and communication in HBS.

It is intended that the engagements will provide HBS staff with an overview of our strategy document which outlines our new way of working while at the same time allow management to listen to the staff's views on the

current culture and what staff would like our HBS culture to be going forward. The structure of the workshop provides a forum to gather ideas to move HBS culture from where it is now to where staff would like it to be in the future.

This process together with other work on communication, customer focus and services provided will inform the development of the People Plan for HBS staff in the early part of 2015. The early common emerging themes from staff engagements include:
- Communication
- Access to training and development
- Opportunities to gain new work experiences through job rotation, transfers etc within HBS.

Health Business Services	WTE 2015
Finance	288
HR	175
Estates	424
Procurement	528
ERP	72
CRM	10
ND Office	6
HBS Total:	1,503

Reducing Agency and Overtime Costs

HBS uses very few agency staff but reserves the need to so do in line with the shared services model to meet with the peaks and troughs of the demands of our customers.

2015 Developments and Other Workforce Additions

❍ The finalisation and implementation of a People Plan for HBS – Action 14
❍ The implementation of the people elements of the HBS Communication Plan – Action 15
❍ The implementation of the people elements of the change elements of the HBS Strategy Implementation Plan

The Haddington Road Agreement

HBS has implemented in 2014 the cost reduction and policy changes required. We will continue to use the flexibilities afforded through the HRA to drive change in areas of service.

Attendance Management and Absence Management

HBS implements the HSE policy.

Finance

Introduction

HBS is funded to deliver core business services to our colleagues in frontline operational services. The volume and type of services is determined by the funding allocated to HBS by the HSE. In 2015 , this will include an uplift of €1.9m to allow for investment in a number of prioritised areas following the HBS submission to the HSE estimates process.

Cost Pressures

A cost to serve project initiated in 2014 will be further developed in 2015 to ensure that HBS can be transparent in terms of the costs associated with all of its services. HBS will face cost pressures as it responds to service pressures from the health services. It will bring any significant service and cost challenges to the HBS Committee of the HSE as the year progresses.

Programme for Government Priorities

Shared services is a programme for government priority. The strategy for HBS published in March 2014 is setting out how the HSE is delivering on this element of government strategy in health. The strategy is available online at www.hse.ie in the publications section of the site.

Savings and Targets

HBS Procurement will work with the operational services to support the delivery of the net €30m 2015 procurement savings target.

HSE Wide Procurement Savings Targets in 2015

Since 2010, significant savings in relation to procurement have been achieved (€307m). The HSE has been given a €30m procurement savings target in 2015.In light of recent changes in public sector procurement the HSE and OGP will work collectively to achieve this target. The procurement function will continue to work with operational services to assist the services in saving money. It is however dependent upon the on-going availability of clinical and frontline service personnel to focus on improved buying to achieve the targets set, and compliance with contracts once they are in place. It is also dependent on the ready availability of robust data. A system to support this will be implemented in 2015.

Portfolios of goods / services targeted for savings in 2015	€m
Carry forward savings from 2014	13
Dialysis	4
Logistics net savings*	2
2015 savings plan (including voluntaries)**	11
Total:	30.0

*Gross saving of €4m is contingent on investment in 2015 of €2m giving a net saving of €2m

** The saving of €11m is contingent upon an investment of up to €1m in data sourcing.

HBS will also seek to achieve any savings target notified to it in due course.

Estates and Capital Programmes

The Capital Plan for the multi-annual period 2015-2019 supports the Government's priorities as set out in the *Programme for Government* and *Future Health*. A 2015 capital allocation of €366m has been received including an ICT amount of €55m (an increase of €15m on previous years for ICT and reduction of €15m in other capital). It is anticipated that an additional €1m will be transferred to the HSE from the Department of Health capital allocation. The main priority in 2015 will be the prudent management of the capital allocation, the maintenance of the HSE's property portfolio and compliance with all regulatory and statutory requirements including fire safety. In line with *Healthy Ireland,* capital projects should take account of and support strategies to improve health and wellbeing for employees and for service users.

For 2015, the Capital Plan 2015-2019 also includes the progressing of the following projects: the Children's Hospital, the Central Mental Hospital, the National Plan for Radiation Oncology, the relocation of the National Maternity Hospital and investment in mental health and primary care infrastructure. Provision has also been made to progress projects that support the national clinical programmes, the national reconfiguration of acute hospital services and the delivery of intermediate care for older people services.

Information and Communication Technology

Information and Communication Technology (ICT) together with the wider information and informatics agenda are critical to the success of the Programme for Government and the health reform agenda. ICT support a wide number of key Health Reform projects in every part of the HSE. A number of key priority projects have been identified by the HSE Directorate. ICT will work with the individual service area to deliver these strategically important projects which enable the HSE deliver a safer service which embeds quality improvements and improves efficiency.

In 2015 ICT are supporting the delivery and funding of a number of strategic projects including:

Health and Wellbeing
❍ Supporting the approvals process and procurement of the National Immunisation Solution.
❍ Supporting the planning and delivery of the business case for National Immunisation System.

Primary Care
❍ Planning for a range of ICT systems including Medical Oncology, Audiology and Unscheduled Care.

Acute Hospitals
❍ Further roll-out of the Patient Administration System in the University of Limerick Hospital Group.
❍ Deployment of the national build of the National Maternal and New Born Clinical Management System and rollout of initial site, Cork University Hospital.
❍ Roll out of the National Electronic Blood Tracking System (phase 3) which will record all patient related events at the patient's bedside from transfusion sample to fate of unit.
❍ Finalisation of the national contract and national build of the National Laboratory Information System (MedLIS) and deployment of initial sites.
❍ Continued rollout of the Radiology Quality Assurance system.
❍ Initial deployment of the e-rostering solution in the Saolta University Health Care Group, Letterkenny site.
❍ Supporting the continued roll out of the Radiology PACS system (NIMIS).

National Ambulance Service
❍ Initial build and roll out of the national solution for the Ambulance Computer Aided Dispatch.
❍ Continued support to centralise ambulance control rooms in two locations.

Mental Health Services
❍ Deployment of a proof of concept solution for Mental Health Services.

Social Care
❍ Delivery of the initial sites for the National Single Assessment Tool.

System Wide Support and Finance
❍ Supporting the approvals process and procurement of the National Financial and Procurement System (in collaboration with Finance Directorate).
❍ Supporting the national roll out of the Patient Level Costing solution.
❍ Provision of services to support the delivery of the ICT and e-health components of the system reform programme; supporting the vendor engagement process and the planning and procurement processes.
❍ Continuing to replace Microsoft XP and associated software.
❍ Supporting the implementation of National Health Identifiers recently passed into legislation.
❍ Roll out of secure mailservice (HealthMail.ie) across the Irish health service.

In addition there are approximately 40 significant service supporting projects which will be advanced in 2015. Each project has an associated planning, infrastructure and support element to its delivery.The day-to-day support consumes over 65% of the ICT resources; this includes keeping all the existing systems and infrastructure functioning as well as providing helpdesk support to all HSE staff.

In 2015, the HSE's allocated ICT capital allocation amounts to €55m which is an increase from €40m in 2014. The ICT plan will continue to be reviewed and refined to ensure that the necessary information, technical and governance infrastructure are progressed to implement the reform programme including Hospital Group and Community Healthcare Organisation reforms. The HSE requires significant additional investment in information technology to meet the information needs of a modern health service.

Key Actions 2015

Key Priorities with Actions to Deliver in 2015

The HBS Strategy is supported by an Implementation Plan to ensure that the key priorities described in the strategy will be implemented. They are as follows:

Enabling Health Service Reform		Timeline
1	New Finance Operating Model	Q1 2014- Q4 2016
2	Define and implement a new service model for ERPS to support emerging health system on a sustainable national basis.	Q1 2015
	Roll out BW access to Dashboard reports and queries.	Q2-Q4 2015
	Structural Authorisation Project to re-map HSE organisation structure on SAP	Q4
3	National Logistics Implementation – progress the implementation in line with the overall multiannual project plan. €2m is available in 2015 to advance the implementation of the logistics strategy including roll out to Limerick.	Q4 2015
4	Payroll Transformation	Q1 2014- Q4 2016
5	Electronic HR document and record manage system - complete West and South	Q2 2015
6	Extend scope to wider health system including agencies funded by the Department of Health as required	Q1 2014- ongoing
7	Support new Patient Safety Agency, commissioning agency and other emerging health entities as required	Q2 2014- ongoing
8	Support new Child And Family Agency	Q4 2015 - ongoing
9	Work with Office for Government Procurement	Q 4 2015- ongoing
Enabling Environment		Timeline
11	Garner a core of customer support for the future Health Business Services	Ongoing
12	Establish a formal governance structure and corporate form	Ongoing
13	Implement critical enabling technologies to support common business platforms – finance, payroll, procurement, invoice capture recruitment, health insurance and pensions as below:	Ongoing
13.1	Single Finance System	Q1 2014- Q4 2017
13.2	National Recruitment System	Q4 2015
13.3	National Pensions Systems	Q1 2018
13.4	National Procurement System and National Distribution Centre System	Q1 2014- Q4 2016
13.5	Health Insurance Private Insurance Management System	Q1 2015
13.6	Invoice capture project	Q1 2014- Q4 2015
13.7	Payroll system	Q4 2015
14	Develop a people plan to maximise the synergies and scale of HBS and commence implementation	Q1 2014 - ongoing
15	Develop a communication plan (2014) and implement throughout HBS	Q2 2014 - ongoing
16	Develop a change management transition plan/process (2014) and implement	ongoing

Service Culture		Timeline
19	Develop and implement a CRM strategy	Q4 2015
20	Establish a customer oversight process	Q2 2015
21	Facilitate a collaborative approach to planning, service management and Service Level Agreements with our customers	Q1 2014-Q4 2015
22	Develop KPIs through which our performance will be managed	Q2 2015
23	Implement a CRM technology solution (pilot initially 2014) and continue phased implementation	ongoing
24	Establish a dispute resolution mechanism (2014) and implement	Q4 2015
25	Evolve to a service orientated culture based on a customer charter	ongoing
Operational Excellence		Timeline
26	Develop a single integrated operating model for HBS/ service catalogue for its functional components (2014) and implement in 2015	Q4 2015
29	Develop a geographic strategy for HBS (2014) and implement recommendations	Ongoing
30	Establish structures to drive continuous improvement across each functional area.	Q4 2015
31	Encourage innovation in all areas	ongoing
Deliver services that represent value		Timeline
32	Understand our cost-to-serve to meet customer needs and benchmark costs (2014) and start using it	ongoing
33	Achieve cost efficiencies through centralisation, economies of scale and automation	Ongoing
34	Complete implementation of Kanban	Q4 2016
35	Develop sustainability office(2014) and implement its plan	Ongoing
36	Deliver specialist services by building clusters of expertise/centres of excellence	Q4 2015
37	Identify and coordinate equipping requirements (2014) and manage on an ongoing basis	Ongoing
38	Review of Pensions Service	Q1 2015
39	Avoid cost and risk by achieving greater compliance with policy and regulation	Ongoing
40	Review of National Recruitment Service and implement its recommendations	Ongoing
41	Undertake assessment of HSE Estate(2014) and implement recommendations	Ongoing
42	Enable the engagement of third parties	Ongoing
43	Develop a sourcing strategy (2014) and implement	ongoing

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hospital services and the delivery of intermediate care for older people services.

Compliance

Introduction

Health Business Services commits to delivering its services in line with relevant legal, governance and policy/protocols frameworks. This will ensure that the end users of HBS services can rely on the ….

Compliance priorities for 2015

❍ To ensure that HBS is aware of its legal obligations and delivers in line with them
❍ To develop list of key compliance obligations
❍ To put in place a system for meeting HBS compliance obligations
❍ To implement in as far as is possible, the recommendations of all internal and external audits

Performance

HBS operates a transparent performance management process in relation to the implementation of the key actions contained in its strategy. This includes the HBS Governance Committee which is a formal sub committee of the HSE Directorate, regular discussions at the HBS Leadership meetings and 1-1 fora. The implementation strategy is monitored by use of a simple 2 page template on a monthly basis. The HBS risk register is regularly updated to reflect key risk areas and actions to address same.

Balanced Scorecard

Action 22 of the HBS Strategy relates to the development of key performance metrics. This work is underway and will emerge during 2015.

The performance and planning cycle of HBS is described below:
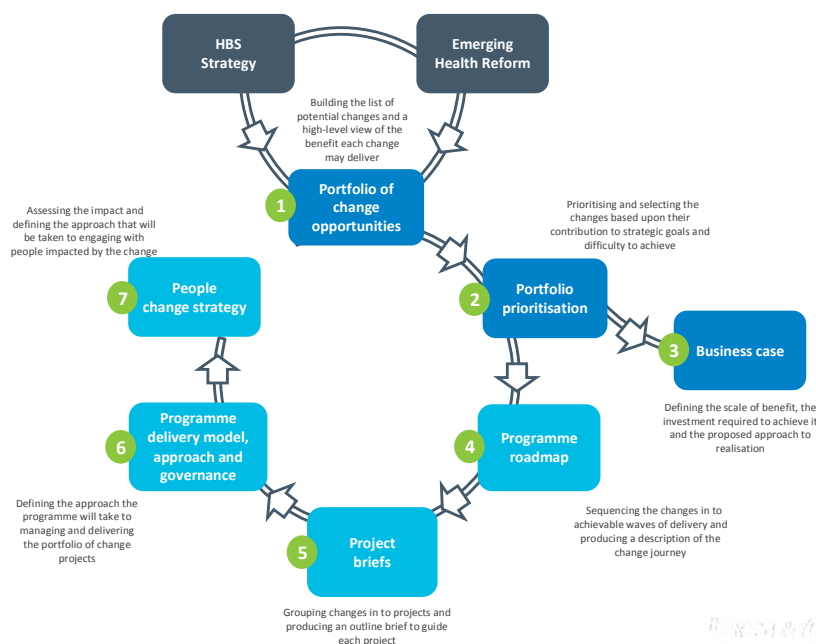
Appendix 1

Health Business Services		
Additional funding 2015	**€m**	**WTE**
Estates- Management of capital programme	0.180	1
HR- Pensions	0.120	2
Finance- Invoice Capture Project	0.090	
ERPS-HR/Payroll (South)	0.300	
Customer Relationship Management	0.457	5
ICT- Application Support	0.350	3
Procurement- automation	0.030	
HR-Recruitment and Retention- expand capacity	0.400	5
TOTAL	1.927	16