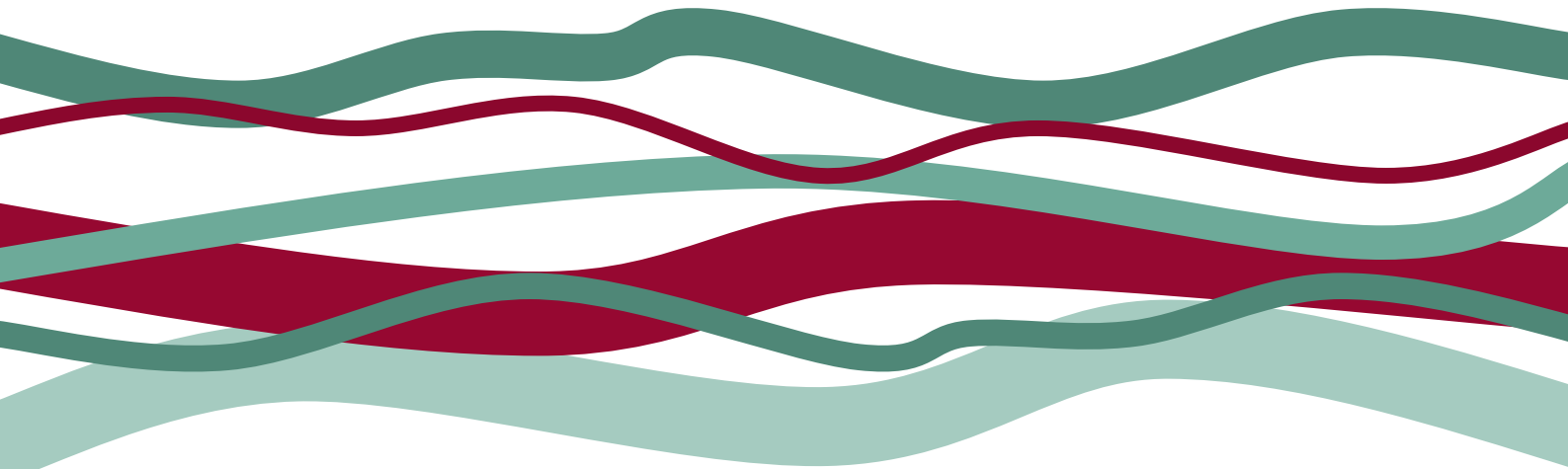




Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Support Services Business Plans 2012

In support of the HSE National Service Plan 2012



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Finance

Introduction

The Finance Directorate provides strategic and operational financial support and advice at all levels across the HSE. This includes the development of policies for financial planning and control, and supporting and assuring the implementation of these policies throughout the management system. The Directorate is also responsible for the preparation and interpretation of monthly, bi monthly and annual financial reports.

Our priorities for 2012:

- Implementation of a single financial system
- Enhanced performance reporting
- Re-organisation of Finance structures
- Improved management and process for income collection
- Resource allocation
- Shared Services and National Accounts Payable system
- Value for money – driving value and productivity
- Enhanced Finance function
- Risk management
- Capital payments

Key Result Areas

Key Result Area	Deliverable Output 2012	Target Completion Quarter
Financial Systems	Implement National Payroll Strategy	Q4
	Continue to work with the Department of Health (DoH) and Centre for Management and Organisation Development (CMOD) to obtain their approval for the development and implementation of a single financial system to provide detailed financial management information to support decision making at local, regional and national level.	Q4
Performance Reporting	Budget Management	
	Continue to enhance management information and support evidential based decision making	Q4
	Regional Performance Reporting	
	Rollout regional performance reporting to all HSE areas	Q4
	Align Value for Money (VFM) with both the broader HSE cost management plans and the resource use and service levels and outcomes data towards developing and driving productivity and value reporting	Q4
Finance Structure	Re-organise the finance structure to meet evolving service management structure	Q4
Income Collection	Accelerate income collection and simplify the process of charging in collaboration with the DoH	Q4
	Centralise management of income collection - Implement claims management and national target of 60 days.	Q4
Resource allocation	Continue to develop patient level costing in line with 5 year strategy "Vision for the development of Patient Costing in Ireland"	Q4
	Further develop an output based payment system for orthopaedics.	Q4
Shared Services and National Accounts Payable System	Implement shared services on an incremental basis including the establishment of shared services centre in Kilkenny and National Accounts Payable System.	Q4
	Grant Aid	
	Centralise grant in aid payments and tax clearance certificate process.	Q4
	National Payroll System	
	Develop and implement a National Payroll System	Q4

Key Result Area	Deliverable Output 2012	Target Completion Quarter
Value for Money	Align VFM with the broader HSE cost management plans, the resource use, service levels and outcomes data, towards developing and driving productivity and value reporting.	Q4
Finance Function	Provide financial expertise to non finance managers within resources available. Key areas to fill through an exemption from moratorium are in Fair Deal; Pensions; Primary Care Reimbursement Service (PCRS); Hospitals; Corporate Finance.	Q4
Risk Management	Continue to develop a risk management focus and culture throughout finance function and define strategies to minimise identified financial risk	Q4
Capital Payments	Centralise capital payments nationally	Q1
National Hospital E-claims Process	Support the implementation of a national e-claims processing solution across HSE hospital (upon successful tender)	Q4
Mobile telecom billing	Centralise all mobile telecom bills to be processed and paid through finance shared services	Q2

Performance Activity and Performance Indicators

	Expected Activity / Target 2011	Projected Outcome 2011	Expected Activity / Target 2012
Finance			
Variance from budget under:			
i). Income and Expenditure	To be reported in the Annual Financial Statements 2011	To be reported in the Annual Financial Statements 2011	≤ 0%
ii). Income collection			≤ 0%
iii). Pay			≤ 0%
iv). Non pay			≤ 0%

Human Resources

Introduction

The function of Human Resources (HR) is to monitor the Employment Control Framework and monitor and support the implementation of the Public Service Agreement (PSA). It will support the changes to the evolving structures/organisational design of the HSE and effective work force planning, including succession management, implementing National HR Services in centralised recruitment, pensions management and personnel administration. HR will also monitor compliance with legislative responsibilities in employment law, professional registers, and medical/education, training and research. Maximising the role of staff to deliver the objectives of this plan will require a strong focus in 2012. Against the backdrop of reduced budgets and staffing resources, the challenge is not only to maintain access, quality and safety of services but to continue to improve them. This is particularly challenging in 2012, managing the impact of the retirements in the HSE under the 'Grace Period' up to the end February, approximately 3,822 whole time equivalent staff.

Public Service Agreement (2010 – 2014)

The Public Service Agreement (PSA) will continue to provide the framework for delivering significant change across the public sector in 2012. It provides the opportunity to health service employers to transform and modernise the health services by facilitating a reduction in staff numbers, increasing efficiency and productivity, reducing cost and improving quality. These opportunities must continue to be maximised in 2012.

In 2012 in line with the Health Sector Action Plan the following objectives will be advanced with the aim of delivering quality services, more cost efficiently, through the organisational and service changes required. We will:

- Deliver the maximum level of safe services possible within the allocated budget.
- Reduce Expenditure by an average of 7.8% and a reduction to 102,100 WTEs by 31st December 2012.
- Have cost-effective provision of public nursing home services as alternative to contractions in capacity;
- Reduce volumes of overtime (15%), allowances (10%) and agency (50%) expenditure
- Deliver 2% efficiency measures in disabilities services across the country.
- Deliver the targeted reductions in patient waiting-times in emergency departments and for elective procedures.
- Achieve national target of 3.5% absenteeism rate for staff across all services
- Provide a template to allow for a review of Rosters to ensure they are fit for purpose and that they have the appropriate skill mix and where appropriate change these to lead to greater efficiency and effective service delivery
- Assist with reconfiguration of services following the retirement of over 4000 staff since September 2011
- Revision of time in lieu arrangements for which payment has already been paid
- Ensure redeployment assists with the delivery of service reconfiguration to ensure the health services operate effectively and efficiently. Corporate Employee Relations Service (CERS) will identify, with a view to resolving, the obstacles to effective redeployment in the HSE.
- Co-ordinate the appeal mechanisms set out in the PSA, including the coordination of the Joint Review Groups, and supporting employers in the adjudication hearings.
- Standardise leave entitlements for certain staff in accordance with Department of Public Expenditure and Reform objectives for the public sector.

Our priorities for 2012:

- Support the services in planning for end of February retirements
- Workforce levels, costs and dynamics
- Implementation of the Health Sector Implementation Plan utilising the Public Service Agreement (2010-2014) and also implement national directives from Department Performance, Expenditure and Reform
- Employment Control Framework and 2012 approved employment ceiling
- Recruitment activity and priorities arising from the NSP for 2012.
- 2012 WTE estimated employment ceiling - Break-down of ceiling by care group / programmes
- HR actions to support organisational priorities including implementation of NSP
- Individual and team-based Performance Management. System and rollout of Performance Management Cycle on a phased basis, starting with senior managers across all disciplines and cascading downwards thereafter
- National HR Services, standardisation agenda and shared services

Key Result Areas

Key Result Area	Deliverable Output 2012	Target Completion Quarter
'Grace Period' Retirements	Support the regions to plan for and manage reduced staffing levels while maintaining critical frontline services	Ongoing
Succession Management and Talent Development	Introduce and implement a succession management pilot programme in each region.	Q4
	Review progress and introduce process across HSE to supplement temporary interim management programme.	Q4
	Develop plan for talent development incorporating a graduate recruitment programme.	Q4
Skill Programme	Implement re-structured, decentralised skill programme in line with VFM report.	Q4
Leadership Development	Continue the development of leadership programmes at middle and senior management levels in the HSE, incorporating medical and clinical managers.	Q4
Employee Engagement	Implement the planned online employee engagement survey within the HSE	Q4
	Agree Actions and Implement feedback facility	Q1
Recruitment Policy	Develop recruitment policies which will optimise speed and effectiveness and minimise appeals through the Public Appointment Service (PAS) process.	Q4
On Line Development	Support the development and provision of online resources and solutions, which support learning and development activities across administrative and clinical staff within the greater Health and Social Care Services.	Q4
Health & Social Care Professionals	Agree a core set of principles on practice placement education for Health and Social Care Professionals (HSCP) in the HSE and develop and support the implementation of formal standard agreements with the HEIs to support the ongoing provision of practice placements and ensure continued supply of appropriately trained graduates.	Q4
	Proactively support the development of interdisciplinary working and integrated care through developing, encouraging and incentivising interdisciplinary education and continuing professional development.	Q2
	Support the maintenance and continuing development of knowledge and skills in the Health and Social Care Professions to maintain standards of competence and safety.	Q2
Manpower Planning	Develop and agree an action plan for implementing strategic goal 2 of the Integrated Workforce Planning Strategy.	Q4
National Personnel Administration	Validate scanned personnel files for staff of former Eastern Region	Q1
	Backscan personnel files - DML / DNE.	Q2
	Backscan personnel files - National Pensions Management (NPM) and National Recruitment Service (NRS).	Q2
	Implement new employee set ups for temporary staff in DML and DNE.	Q3
	Rollout HR Electronic Document and Record Management System (EDRMS), HR Services, Merchant Quay for DML/DNE/NPM/NRS.	Q4
	Complete project to review and refine processes and procedures.	Q3
	Reduce staff absenteeism level to exceed accepted HSE averages.	Q3
	Implement new employee set ups for former MHB and NEHB.	Q4
Pensions Management	Complete service history records for all staff in former ERHA.	Q4
	Develop a Pensions Management Performance Report for East.	Q1
	Develop suite of automated tools to improve turnaround times for pension calculations e.g. hours worked per week.	Q2
	Transfer of specific agencies into the HSE.	Q4
	Process grace period retirements.	Q2
HR Services	Facilitate the new Public Sector Pensions Scheme when introduced.	Q4
	Complete ethics in public office.	Q1
	Gather all absences for HR Shared Services	Q4
	Implement travel pass scheme.	Q4
	Implement cycle to work scheme.	Q3
	Manage and process industrial relations cases.	Q4
Develop an employee assistance programme for Corporate and Shared Services.	Q4	

Key Result Area	Deliverable Output 2012	Target Completion Quarter
	Further develop support services for staff (ongoing counselling).	Q4
	Provide mandatory programmes in compliance with Health and Safety (legislative requirement).	Q4
	Develop the Health and Safety training programme to meet HSE needs.	Q4
	Provide competent Health and Safety advice and guidance to management and staff of the HSE.	Q4
	Develop National Guidelines under Health and Safety.	Q4
National Recruitment Services	Consolidate NCHD Recruitment.	Q2
	Develop an online national campaign for all support staff.	Q3
	Implement an access data base system to ensure improved recruitment tracking facility.	Q1
	Role out of Garda vetting process to existing employees.	Q3
	Further use of innovative recruitment processes for high volume grades of staff.	Q4
Industrial Relations	Utilising the PSA maintain a stable industrial relations climate in the health services, thereby minimising the disputes which will affect the level of service delivery to the public.	Q4
National Joint Council	Ensure the interests of health service employers are represented at the National Joint Council, which continues to be the primary forum for the management of industrial relations in the health service.	Q4
Employment Legislation	Develop policies and guidelines to support proper and consistent implementation of employment legislation and nationally negotiated agreements, including implementation of the Agency Workers Directive.	Q4
Third Party Representation	Continue to assist health service employers draw up submissions and provide representation at third party fora, including the Rights Commissioner Service, Labour Relations Commission, Labour Court, Equality Tribunal, Employment Appeals Tribunal and in the Consultant Arbitration Process.	Q4
GP Training	Lead an examination of the current method of delivery of GP training, with a view of improving the existing model, including examining the potential of outsourcing this process.	Q3
HR Policy	Ensure a more standardised approach to HR policy in the HSE throughout 2012. A specific initiative includes sick pay scheme for officer grades, as set out in section 9 of DoH circular 10/71.	Q2
	Agreeing an Employee Transfer Policy for the HSE.	Q4
Employee Welfare and Wellbeing	Continue to take measures to manage safety, health and welfare in the workplace, thereby reducing the risk of employees suffering an illness or injury as a result of their work activities, and to identify and prioritise initiatives to promote the wellbeing of HSE staff.	Q4
Performance Management and Management Information	Implement Performance Management Process in support of Public Service Agreement (2010 – 2014).	Q1

Performance Activity and Performance Indicators

	Expected Activity / Target 2011	Projected Outcome 2011	Expected Activity / Target 2012
Employment Monitoring			
Variance from approved WTE ceiling	≤ 0%	-0.76%	≤ 0%
Absenteeism rates	3.5%	4.75%	3.5%

Commercial and Support Services

Estates

Introduction

The role of Estates is to maximise the health physical infrastructure from a combination of existing assets, government funding and private investment. The Estates strategy is to maximise the value of these assets and to ensure that the appropriate infrastructure is in place when required and aligned with service needs.

Our priorities for 2012 are to ensure that:

- The Capital Programme aligns with and supports the annual NSP.
- The annual capital allocation is drawn down in a timely and efficient manner.
- The Capital Programme addresses service needs and deficits.
- The National Paediatric Hospital (NPH) development is progressed.
- The Mater Adult Hospital meets the NPH Programme.
- The Mental Health Investment Programme will be progressed in line with Vision for Change.
- The Central Mental Hospital is progressed to tender stage.
- The roll out of Primary Care continues in line with the National Primary Care Strategy.
- The National Plan for Radiation Oncology Programme will be progressed to tender stage.

Key Result Areas

Key Result Area	Deliverable Output 2012	Target Completion Quarter
Capital Programme	Expenditure on 2012 Capital allocation to match profile	Q4
	Expenditure on 2012 Capital Plan to match NSP 2012	Q4
National Paediatric Hospital	Work with the Development Board to progress the project	Q4
Mater Adult Hospital Development	Complete construction	Q3
St Vincent's Hospital Phase 2 Development	Complete construction	Q2
Mid West Acute Hospital Development	Complete construction on MWRH Limerick's Critical Care Block	Q2
Letterkenny Regional Hospital A&E / Ward Block Project	Complete construction	Q1
Primary Care Roll out	17 new Primary Care Centres will become operational	Q4
	Completion of 19 new Primary Care Centres	Q4
Mental Health Services	Progress the tendering and appointment of a design team (Central Mental Hospital) and initiate the planning application process	Q 4
	Align expenditure on mental health investment programme with sale of land and Vision for Change	Q4
	Complete 17 mental health projects	Q4
Elderly Long Term Care	Complete 3 new Community Nursing Units	Q4
Property	Support the development of the Regional Estate Management Plans 2012 in line with the National Estate Management Plan.	Q3
	Continue to improve the central recording and tracking of Property Transaction Application Process.	Q4
	Implement a standardised Property Transaction Application Form across the organisation.	Q1
	Achieve greater utilisation of the HSE Property Database in routine estate management.	Q4
	Enhance Property Database capabilities in dealing with FOI and PQ enquiries	Q2
	Fully tailor the output reporting capabilities of Property Database to HSE requirements.	Q2

Key Result Area	Deliverable Output 2012	Target Completion Quarter
	Ensure ongoing process of continuous refinement of the database to achieve optimal data quality.	Q4
	Co-ordinate HSE Finance Asset register with Property Database.	Q1
	Co-ordinate PRA health estate records with Property Database.	Q2

Procurement

Introduction

Procurement is responsible for strategic sourcing purchasing storage and distribution of HSE goods and services to optimise efficiencies and achieve best value for money in the delivery of patient care.

Our priorities for 2012:

- Transform fragmented logistics and inventory management structure by establishing a National Distribution Centre to support regional hubs and roll out of point of use management for high value stocks.
- Implement national, public health sector, regional and local contracting strategies to leverage economies of scale, maximise efficiencies and effectiveness and achieve best value for money.
- Implement Customer Relationship Management and Supplier Relationship Management.
- Engage with our supplier markets, small to medium size enterprises (SMEs) and collective industry representative organisations to further develop understanding of HSE requirements and processes and enhance competitiveness / improved value for money.
- Co-ordinate Price Reduction Initiatives to support Cost Reduction Programmes across the HSE.

Key Result Areas

Key Result Area	Deliverable Output 2012	Target Completion Quarter
Implement Logistics and Inventory Management Strategic Plan	Establish National Distribution Centre (NDC)	Q4
	Implement Voice Directed Operations in NDC	Q3
	Extend Point of Use Management to achieve stock reduction of €1.5m, turnover reduction of €1.25m and release of staff to front line services	Q4
	Increase aids and appliance recycling savings by €2m	Q4
	Secure price savings of €4m	Q4
	Implement P2P Web Portal Project	Q4
	Outsource HSE Logistics Transport	Q4
Implementation of National Portfolio and Category Management Approach	Develop 4 year rolling Procurement Plan for the Public Health Sector	Q4
	Manage HSE purchasing portfolios and procure national framework agreements and competitive tenders for supply of goods, services and equipment with target savings value of €30million	Q4
	Provide procurement leadership, guidance and operational services in respect of HSE Service Plan, Service Reconfiguration and Corporate Services requirements	Q4
	Introduce additional Price Management Initiatives based on feedback from the organisation of other additional areas that can be targeted for cost reduction of €20m	Q4
Implement Communications, Training and Customer Relationship Management (CTCRM) and Business Support	Communications, Training and Customer Relationship Management	
	▪ Complete CRM Toolkit Pilot Roll Out in midlands area	Q4
	▪ Roll out (phased) of CRM in remainder of DML and HSE South	Q4
	▪ Roll out of e-Learning training programme on Category Analysis for Portfolio and Category Management	Q4
	▪ Manage all internal and external communications for Procurement	Q4
	▪ Centralise Procurement Budget	Q2

Key Result Area	Deliverable Output 2012	Target Completion Quarter
	Business Support	
	KPI Development and Reporting – Balance Scorecard	Q4
	Administration of Risk Management	Q4
	Overall Management / Reporting of Price Reduction Target	Q4
	Migration of Manual Order Books Pilot Project	Q1
	Develop Supply Catalogue to support national contracting	Q4
	Management Reporting from Procurement Database	Q4

Information Communications and Technology

Introduction

The Information Communications and Technology (ICT) Directorate has responsibility for the delivery of value-adding ICT services, projects and support across the HSE. At corporate level, the directorate is responsible for the development and implementation of the ICT Strategy. The ICT Directorate is also a support function that works in partnership with all directorates within the HSE to ensure that the services and projects pursued are directly aligned with service needs.

Our priorities for 2012:

- Subject to HSE Board approval, commence implementation of the ICT Strategy and the various programmes and projects identified therein.
- Consolidate and rationalise the communications and IT infrastructure to reduce total costs of ownership.
- Continue to establish national procurement frameworks that provide best value for money for all major areas of technical infrastructure expenditure.
- Maintain current service levels and the provision of support for existing applications. Manage this within existing headcount ceilings and in accordance with 2012 revenue and capital budgets.
- Deliver all minor infrastructure projects
- Continue development of a single, unified national ICT infrastructure
- Increase our focus on healthcare informatics and interoperability of data by implementing an information framework based on the health information bill.
- Continue to deliver all capably funded, sanctioned projects according to plan and within the agreed budget.
- Guide the major programmes through the public sector peer review process
- Continue the integration of voice and data services and complete the single National Health Network

Key Result Areas

Key Result Area	Deliverable Output 2012	Target Completion Quarter
Delivery of capably funded, sanctioned projects	Support all Department of Health Special Delivery Unit initiatives	Q4
	Continue to develop and deploy electronic referrals within and from primary care to the acute sector	Q4
	Procure and start deployment of a national solution for Emergency Department Information Systems (EDIS)	Q4
	Support the procurement of an e-claims system for designated hospitals and the deployment to initial sites	Q4
	Deliver supporting communications and related enabling infrastructure for all new and/or refurbished facilities – with particular focus on Primary Care Team facilities	Q4
	Support the continued rollout of NIMIS to 2012 designated sites	Q4
	Develop the HSE Intranet and Internet sites and content in line with the HSE Digital Communications Strategy	Q4

Key Result Area	Deliverable Output 2012	Target Completion Quarter
	Complete the implementation of the National Patient Administration System (PAS) iPMS at the Dublin Maternity Hospitals	Q4
	Complete the extension of the National Patient Administration System (PAS) iPMS to Mercy University and South Infirmary Victoria University Hospital in Cork	Q4
	Complete the procurement and start the implementation of the Telemedicine Rapid Access Stroke and Neurological Assessment (TRASNA) system	Q4
	Support the implementation of the National Radiology QA Programme	Q4
	Implement the National Nephrology (Renal) System in Cork University Hospital (Q2), Waterford Regional Hospital (Q3) and Midland Regional Hospital, Tullamore (Q4)	Q4
	Implement the National Endoscopy System in Nenagh, Cork, Bantry and St. John's Limerick (all Q2), Connolly Hospital (Q3) and commence implementation in other Colorectal Screening Sites (Q4)	Q4
	Complete the implementation of the National Environmental Health System	Q4
	Complete the procurement and commence deployment of the National Maternal and Newborn Clinical Management System	Q4
	Complete the implementation of the new Automated Identification and Data Capture System - Voice Directed Picking for Procurement	Q4
Systems and Applications, Support and Maintenance	Implement National Vendor Management Programme	Q4
	Establish the Applications Information Database	Q3
Infrastructure and Operations Strategic Plan 2011 to 2015	Complete and publish the ICT Infrastructure and Operations strategic plan	Q3
	Commence implementation of the ICT Infrastructure and Operations strategic plan	Q4

Internal Audit

Introduction

The Internal Audit Directorate is one of the key elements of the HSE's corporate governance framework. It is an independent and objective appraisal function established to provide assurance to both the CEO and the Board on the adequacy and degree of adherence to HSE's procedures and processes

Our priorities for 2012:

- Develop Audit Plan 2012 and approval by both Audit Committee and Accounting Officer
- Conduct and complete a comprehensive programme of audits
- Track status of audit recommendations and reports to senior management for necessary action
- Provide assistance in support of other directorates to improve controls
- Conduct special investigations as and when required

Key Result Areas

Key Result Area	Deliverable Output 2012	Target Completion Quarter
Audit Plan	Audit Plan 2012 completed and approved by Audit Committee and Accounting Officer	Q1
Audit Reports	Produce a substantial volume of completed audit reports covering a wide variety of audit topics and geographical spread throughout the HSE	Q4
Track Audit Recommendations	Submit quarterly reports to Management Team and Audit Committee on status of implementation of audit recommendations	Q4
Management Support to Improve Controls	Provide advice to senior management relating to controls and processes, including ICT security and assurance	Q4
Special Investigations	Conduct and complete any required special investigations	Q4

Communications

Introduction

The role of communications in healthcare is an intrinsic factor to operational success. Poor communications has exacerbated many of the health-related crises in this country over the past five years. Good communication involves imparting important, sometimes sensitive, understandable information to clients and patients with both compassion and sensitivity. It helps to maintain the community's trust and confidence in the public health system and can play an important role in educating the public about how they can look after their health and wellbeing. Good communication helps to inform and motivate our staff working in different locations across different disciplines in the statutory and voluntary services.

The range of communication channels, particularly in the digital age, is ever expanding and we must adapt and respond to new forms of communication. The challenge now is to develop more transactional communications processes involving feedback mechanisms for all of our audiences. This is particularly important in light of the impending changes to how health services are provided in the years ahead.

As with other areas of the health services, resources in the Communications Directorate continue to reduce. This requires further consolidation and prioritisation of scarce resources to allow better co-ordination and to optimise communications support for the many services right across the health services.

Our priorities for 2012:

- Develop a Communications Strategy for 2012 – 2015
- Develop and encourage better feedback mechanisms with public and our staff
- Continue to develop new and innovative channels of communications for all of our stakeholders
- Enhance our online/digital capacity; the quality, breadth and ease of use of the information we provide, through the intranet, HSE.ie and other online sources
- Integrate the work of the Clinical Programmes and the Care Groups across all of our communications activities
- Develop integrated health education programmes that reflect organisational priorities
- Through the Communications Resource Planning Group, oversee and approve all communications resources to ensure that communication support is provided in an effective, strategic and optimal manner across the system.

Key Result Areas

Key Result Area	Deliverable Output 2012	Target Completion Quarter
Strategy	Develop a Communications Strategy for 2012 – 2015	Q3
	Revise the existing communications model to reflect changes to the Governance structures announced in late 2011	Q2
Public Communications	Implement the recommendations of the review of HSE online resources to streamline all web based activity and resources across the organisation	Q4
	Roll out of the health information website to support the work of the Clinical Programmes	Q2
	Enhance the content and usability of the HSE website	Q4
	Continue to develop our online communications capacity through a range of digital tools, video content, social media etc.	Q4
	Develop new channels of communications utilizing appropriate locations within our current HSE Estates portfolio	Q4
	Enhance our face to face communication opportunities through HSE presence at key national events that attracts large numbers of our target audiences	Q4
	Develop and implement new ways to take on board feedback from the public	Q4
Staff Communication	Improve internal channels of communication in order to inform and communicate with staff	Q4
	Enhance online information to improve content, usability, access, and relevance for staff	Q4
	Roll-out of digital signage and other new channels of communications with staff	Q2
	Seek to increase distribution of Health Matters to a wider audience	Q4
	Overhaul completely the Intranet site in line with the review of HSE online resources	Q4

Key Result Area	Deliverable Output 2012	Target Completion Quarter
	Work closely with the Health Service National Implementation Body (HSNIB) to promote achievements under the 'Croke Park Agreement'	Q4
Health Education Programmes	Deliver targeted, evidence based, cost effective, health education campaigns	
	▪ Improve integration across the organisation for all campaigns to reflect the work of the Clinical Programmes and Care Groups	Q4
	▪ Develop greater cohesion across activities, key messages, and priority areas to include focus on smoking cessation, obesity and mental health	Q4
	▪ Develop campaigns that reflect the new Public Health Policy Framework	Q4
	▪ Continue to evaluate all campaigns to ensure value for money, best practice, continued learning and prioritisation of key activities	Q4
Locally focused communications	Roll out of pilot study undertaken in Kerry HSE Local Area through 'Operation Home County' to one site in each Region	Q4
	Provide training and development for Regional Communications Teams	Q4
	Support and develop the work of the Care Group Communications at national level	Q4
Press and Media	Provide quality press and media support to all health services at a national and regional level	Q4
	Engage with media outlets at senior level to bring more objectivity to reportage on healthcare	Q4
	Greater engagement with local media in each HSE Area through 'Operation Home County'	Q4
Training and Development	Continue to develop protocols and best practice guidelines for all Communications staff	Q2
	Continue to provide communications training and support for staff across the services	Q4
	Put in place a professional development programme for Communications Officers at both national and regional level	Q2
	Revise and enhance the existing HSE Crisis Communication Plan and the HSE Major Emergency Communication Plan	Q4
Parliamentary Affairs	Improve the timeliness and quality of responses to all Parliamentary Questions to 75% - despite the large numbers of retirements in the system	Q4
	Roll-out the PQ tracker system across the four regions.	Q4
	Integrate further the work of Parliamentary and Regulatory Affairs with Communications Resource Planning Group	Q4
Freedom of Information	Improve the timeliness and quality of responses to all Freedom of Information (FOI) responses to achieve a 75% response rate within the Statutory Period – despite the large numbers of retirements in the system	Q4
	Further integration of FOI and Parliamentary Affairs Division (PAD) at national level	Q4
	Begin to develop a framework for an integrated ICT system for searching and tracking both PAD and FOI	Q4
Data Protection	Complete the detailed review of data protection in the HSE and implement all recommendations stated for 2012	Q4
	Implement a number of interim measures in order to ensure that all HSE staff are aware of their conversant with their obligations to the Data Protection Act	Q2
Appeals	Optimise the numbers and grades dealing with appeals	Q2
	Clear the existing backlog created as a result of the centralisation process	Q2
	Examine existing protocols and revise if necessary	Q4
	Put in place a process to ensure appeals are dealt with as expeditiously as possible.	Q4

Performance Activity and Performance Indicators

	Expected Activity / Target 2011	Projected Outturn 2011	Expected Activity / Target 2012
Parliamentary Questions			
% of Parliamentary Questions dealt with within 15 working days	75%	75%	75%
Complaints			
% of complaints investigated within legislative timeframe	75%	76%	75%
FOI			
% FOIs responded to within legislative timeframe	75%	75%	75%

Note: Due to the staff numbers expected to retire in 2012 it is envisaged that there will be no increase on outturn for 2012.

Corporate Planning and Corporate Performance

Introduction

Corporate Planning and Corporate Performance (CPCP) is responsible for driving the strategic agenda for the organisation. It develops, monitors and reports on progress against the HSE's Corporate and annual National Service Plan (NSP), and in doing so ensures that the HSE meets not only its legislative requirements, but also ensures a robust planning and performance framework for the organisation. Strong planning and performance management functions within an organisation are essential for effective governance and accountability. CPCP also works with the DoH in relation to health policy, health priorities and performance evaluation. Plans and performance metrics are developed across the HSE Directorates and agreed through a business process with the Regional Directors of Operations and the National Care Group and Programme leads.

In 2012, we will build on previous years work and, in particular, progress work on clinical metrics, reinforcing the change of focus from input to output to outcomes. There will be a focus on planning and monitoring aspects of acute care which impact on the access, quality and cost of that care. As part of their overall planning and monitoring role, CPCP will work with the services, DoH and in particular its' Special Delivery Unit (SDU), to supply additional data that is required to track performance in relation to scheduled and unscheduled care including emergencies, out patients and diagnostics.

Our priorities for 2012 are:

- Oversee and monitor the implementation of the NSP2012.
- Support services to put in place the necessary data collection and reporting systems for performance management of the organisation's priorities.
- Develop and report on the agreed suite of performance indicators for 2012 in conjunction with the services.
- Publish regular performance reports against the NSP12 to monitor performance in Finance, HR and Activity.
- Ensure HealthStat meets the evolving needs of the organisation
- Meet management information needs by maximising synergies across organisational units to reduce the potential for overlap/duplication at service, HSE and DoH level.
- Work with the DoH to support alignment of organisational priorities with those identified in a *Programme for Government*. and to identify future planning and performance needs under the Health Reform programme

Key Result Areas

Key Result Area	Deliverable Output 2012	Target Completion Quarter
National Service Plan	NSP2012	
	Finalise National Service Plan 2012 for approval by Minister for Health	Q1
	Ensure alignment of NSP with Regional Service Plans and Support Service Business Plans	Q1
Service and Business Planning Processes	Sign off on Planning and Performance Framework for 2012	Q1
	Support service and business planning processes within resources available	Ongoing
	Work with the DoH in relation to planning and performance requirements for 2013	Q4
Metadata Process	Update Metadata sheets to reflect PIs and Measures in NSP2012	Q1 – Q4
Performance Reporting	Progress the Corporate Information Facility (CIF) data project	Q1
	Process all data inputs in relation to organisational activity through the BIU	Ongoing
	Produce monthly performance reports on Finance, HR and Activity and publish online	Ongoing
	Respond to additional data needs of the organisation within the resources available	Ongoing
	Work with the SDU, supply information they require to meet their immediate needs and align reporting data systems for the future	Ongoing
Annual Report and Annual Financial Statements	Draft, publish and circulate Annual Report 2011, in collaboration with Finance Directorate	Q2
HealthStat	Receive all data inputs, analyse and produce monthly operational performance information and publish on internet	Ongoing
	Support and organise the Monthly HealthStat Forums	Ongoing
	Work with the DoH/SDU on alignment of reporting data systems for the future	Ongoing
OPD Project	Continue to collect, verify and monitor OPD data for publication in 2012	Q2