Transformation

Programme 2007-2010

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Clár Athraithe 2007-2010

Easy Access - Confidence – Staff Pride

Contents

01 Welcome 3

02 The Challenge of Change 5

03 Our Fundamental Purpose = Our Mission 7

04 Our Ambition = Our Vision 9

05 Transformation Priorities 11

06 Transformation Programmes 13

07 Leading and Engaging Staff 17

08 The Way We Work 19

ISBN 0948562684 ©2006 HSE

01 Welcome

This document is for all staff who work for the Health Service Executive (HSE) and related agencies. It outlines the HSE's Transformation Programme 2007-2010.

It is to guide us as we build on the momentum for change that has been gathering within the HSE during the past two years; change which will ultimately lead to better care and service for patients, clients and carers.

It has been prepared following consultation among staff during 2006 and reflects the views expressed during a series of organisation-wide events.

Consultation included meetings in each of the HSE's four administrative areas and feedback from meetings within hospitals and Local Health Offices around the country, which also captured the views of clinicians (doctors, nurses, therapists, etc). It also takes account of views expressed by staff through e-mail.

In addition, it reflects the views gathered from engagements with the Board of the HSE.

Everyone

Our Transformation Programme is focused. Success depends on all of us being open and willing to change, not just those directly or immediately involved.

Why? Because the transformation of our health and social care services calls for a change in not only what we do, but how we do things, how we work together and how we all commit to each other.

By implementing this Transformation Programme we can collectively bring about change that will fulfil our hopes and ambitions for health and social care in Ireland. Building on this commitment and the success that has already been delivered across the country, will take us to a position where we all feel proud of what has been achieved.

Comments

We welcome your comments by e-mail to: ourvision@hse.ie.

IN THIS EVOLVING ENVIRONMENT,
CHANGE IS NOT AN OPTION –
IT IS A NECESSITY

02 The Challenge of Change

Across the globe, it is becoming increasingly obvious that conventional approaches to health and social care delivery are unsustainable.

People are living longer, populations are increasing and getting older, expectations and demands for services are increasing and costs are rising at an alarming rate.

In this evolving environment, change is not an option – it is a necessity.

It is widely accepted that continuing to do things as they have been done in the past will lead to health and social care systems that are unable to cope, financially unsound and unable to provide quality care.

The pressures facing Ireland's system mirror those facing some of the world's most advanced nations.

During the past four years our population has increased by more than 8%* and is becoming increasingly diverse. There are now 4.2 million people living in Ireland, the highest since 1861. Some forecast that this will increase beyond 5 million in 10 years.

Compared with our European neighbours we have a relatively young population; 11% are over 65* (in the UK, 18% are over 65). By 2030 one in four of the population in Ireland will be over 65.

These changes are significant because health costs increase dramatically as people get older. A recent study by NHS Scotland shows that health costs increase by 100% for people aged 50-54, 213% for people aged 65-69 and 400% for people aged 75-79.

As our population gets older there will be increasing numbers suffering from chronic illness and disease such as diabetes, heart failure, some cancers, chronic obstructive pulmonary disease, dementia and arthritis. At present, despite our relatively favourable age profile, two out of three patients admitted as medical emergencies suffer from problems relating to their chronic illness and 5% of inpatients with chronic illness use 40% of all bed days.

The patterns emerging in the USA and UK give us some indication of what lies ahead. In the USA, 78% of health costs are used to treat people with chronic illness and in the UK, 80% of G.P. visits are by people with chronic illnesses. Also in the UK, patients with chronic illness, or complications, use over 60% of hospital bed days.

* Central Statistics Office, 2004. Population and labour force Projections, 2006-2036 and Central Statistics Office, 2006: Census 2006 Preliminary Report.

Choices

We have a very clear choice: do we take account of these and other trends and work together to build a care system that is sustainable or do we sidestep the tough, difficult decisions and be satisfied to pass to the next generation a dysfunctional and very expensive system?

I think everyone wants to build a health and social care system that is sustainable and capable of delivering nationally consistent high quality services, with the limited resources available.

To achieve this we must, with persistence and determination, radically change the way we organise our services and the way we deliver these services. This is what the health Transformation Programme is all about.

I deliberately use the term transformation, as many have suggested to me that 'reform' has become, within the HSE, too closely associated with organisational and administrative change.

Our transformation must extend much further and touch almost every aspect of our work; the way we work, the way we relate to each other, our culture and our ambitions.

Its success begins and ends with every one of us. This is clearly a major responsibility for each of us. It is also a great privilege.

We must honour this responsibility to deliver high quality life changing and life saving care and not let the opportunity pass us by.

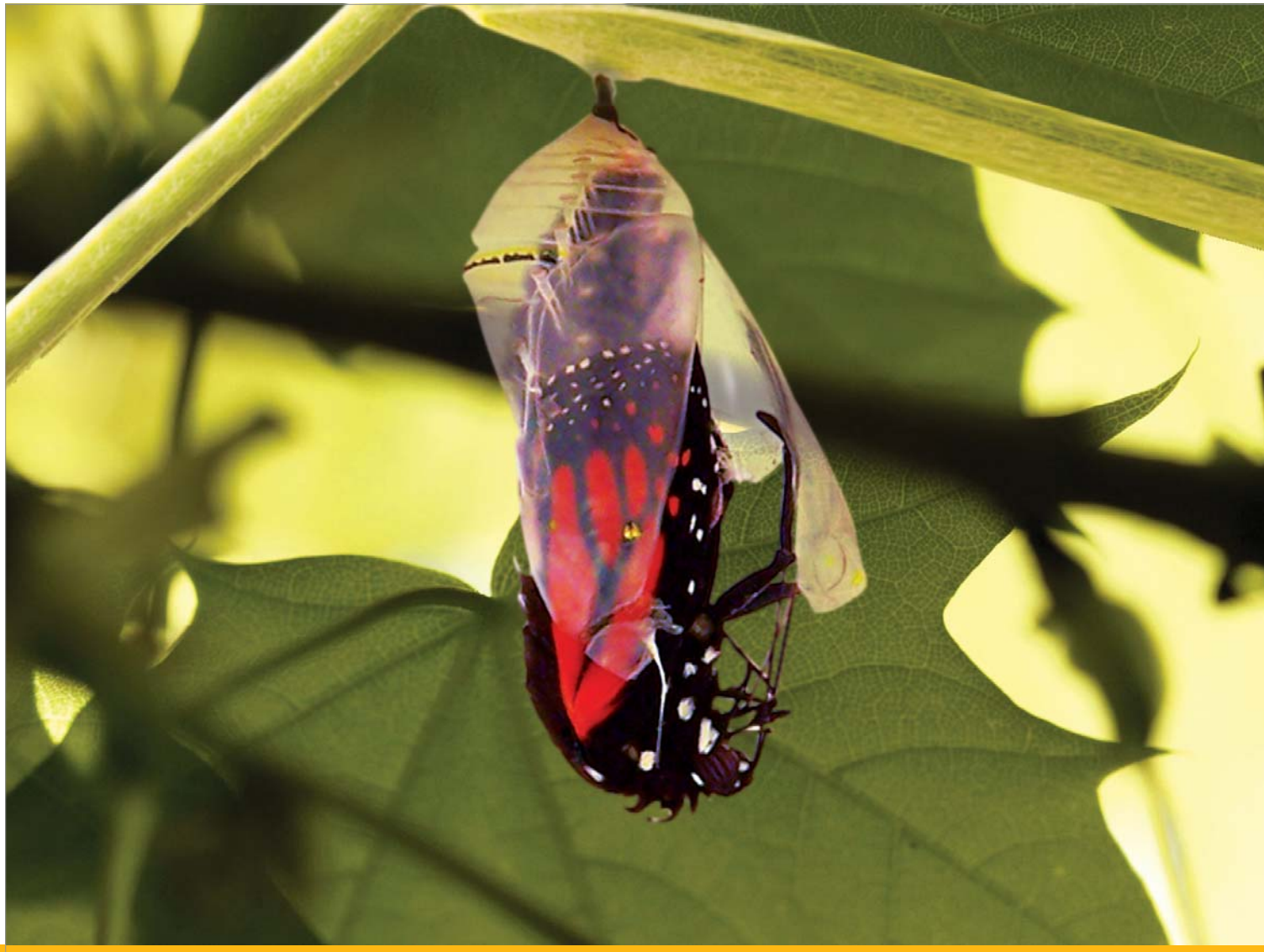
I know that many of you are enthusiastic about our future and have committed yourself fully to change and improvement.

Every day we must work together and support each other to make a real difference to the future direction of our health and social care services.

To guide us on this journey, this document sets out what we are here to do, what we want to achieve and how we can get there.

Brendan Drumm

Professor Brendan Drumm
Chief Executive Officer
Health Service Executive (HSE)
December 2006



OUR PURPOSE:

TO ENABLE PEOPLE LIVE HEALTHIER AND MORE FULFILLED LIVES

03 Our Fundamental Purpose = Our Mission

Before we consider our Transformation Programme in more detail we should remind ourselves of the reason we come to work each day.

What is our fundamental purpose or, as it is sometimes called - our mission?

Naturally, we all strive to provide a full range of high quality health and social care services. We aim to do this to the best of our ability with the money made available to us by Government. At the same time we must be conscious that the demand for services will almost always outstrip our ability to supply and therefore we must seek to maximise our impact.

It is clear that we provide much more than quality services. We provide care, comfort, support, expertise, help, hope, encouragement, protection and a lot more. Providing quality services is therefore simply the means by which we achieve our fundamental purpose which is in essence - ***To enable people live healthier and more fulfilled lives.***

By expressing our purpose or mission in this way, it is easy to see that what matters most is the positive impact we have on the lives of others. It also recognises the role people have to play in maintaining their own health.

Unique Role

Whether we are at the front line delivering life saving care or we provide support, we can all impact positively on the lives of people who access our services. Each of us has a unique role to play.

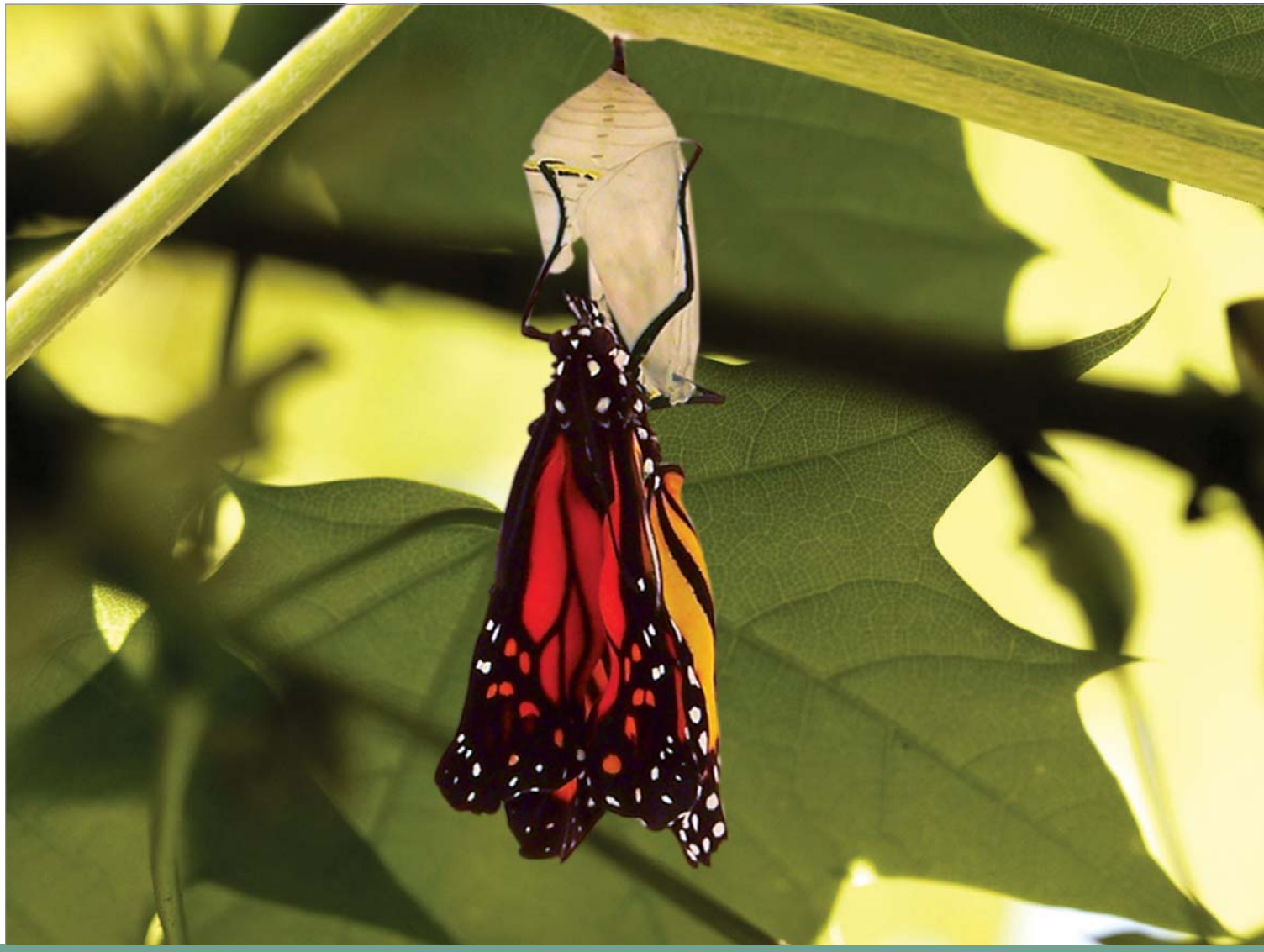
Enhancing the lives of others is how we serve the community and why the work of every single member of staff is important. It is at the core of why so many people choose to work in health care.

As the Transformation Programme gathers momentum, this statement of our fundamental purpose should act as our anchor.

It should help us plan our work, set goals and targets and measure our success.

It should enable us to determine whether we are doing the right things and making progress in the right direction.

It should enable us to be more accountable to our employer, each other and to the communities we serve.



OUR AMBITION:

EASY ACCESS - CONFIDENCE – STAFF PRIDE

04 Our Ambition = Our Vision

Easy Access - Confidence – Staff Pride.

While enabling people ***To live healthier and more fulfilled lives*** is our fundamental purpose, what is our ambition for the coming years? What is our vision for the future?

During 2006 we put this question to staff around the country. There were many suggestions. Some suggested we should be aiming to be world class, equitable and patient centred. Others suggested we become an efficient user of resources and among the best in Europe. There were also many other positive comments.

However, four recurring themes emerged:

- The need for **everybody** to have **easy access** to high quality care and services
- The need to ensure that people have **confidence** in our health and social care service;
- The need to recognise the pivotal role of **staff**; and
- The need for staff to feel **proud** of the care they provide.

Already we provide hundreds of excellent services to thousands of people every day, they attract the public's confidence and generate pride among staff. But there are many opportunities to make significant improvements.

The challenge is to maximise the impact of our limited resources (people, infrastructure and money) to provide more widespread and better quality services. By doing this we can improve access and generate confidence that the right care will be there when it is needed. We can also enable more staff to feel proud that their commitment and effort is having a positive impact.

Given the strong feedback that ***easy access, confidence and staff pride*** are important measures of our success, we are going to put them at the centre of our re-stated vision for the next four years.

Our 2010 vision is:

Everybody will have easy access to high quality care and services that they have confidence in and staff are proud to provide

In summary form, our 2010 vision is:
Easy Access - Confidence – Staff Pride.

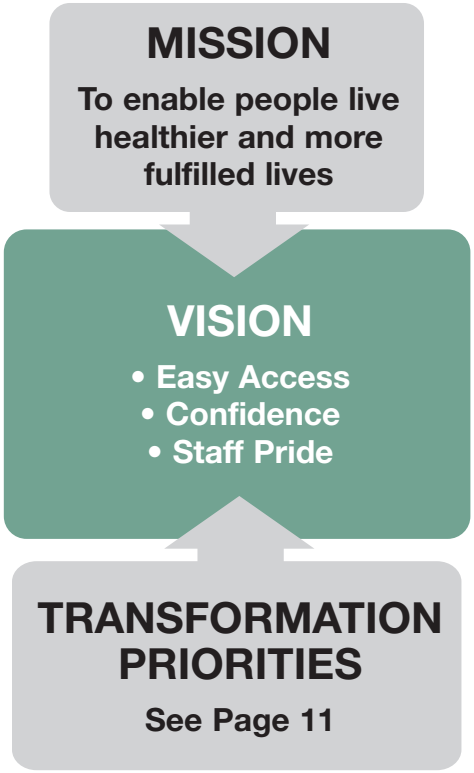
This is a very public expression of our ambition for the next four years.

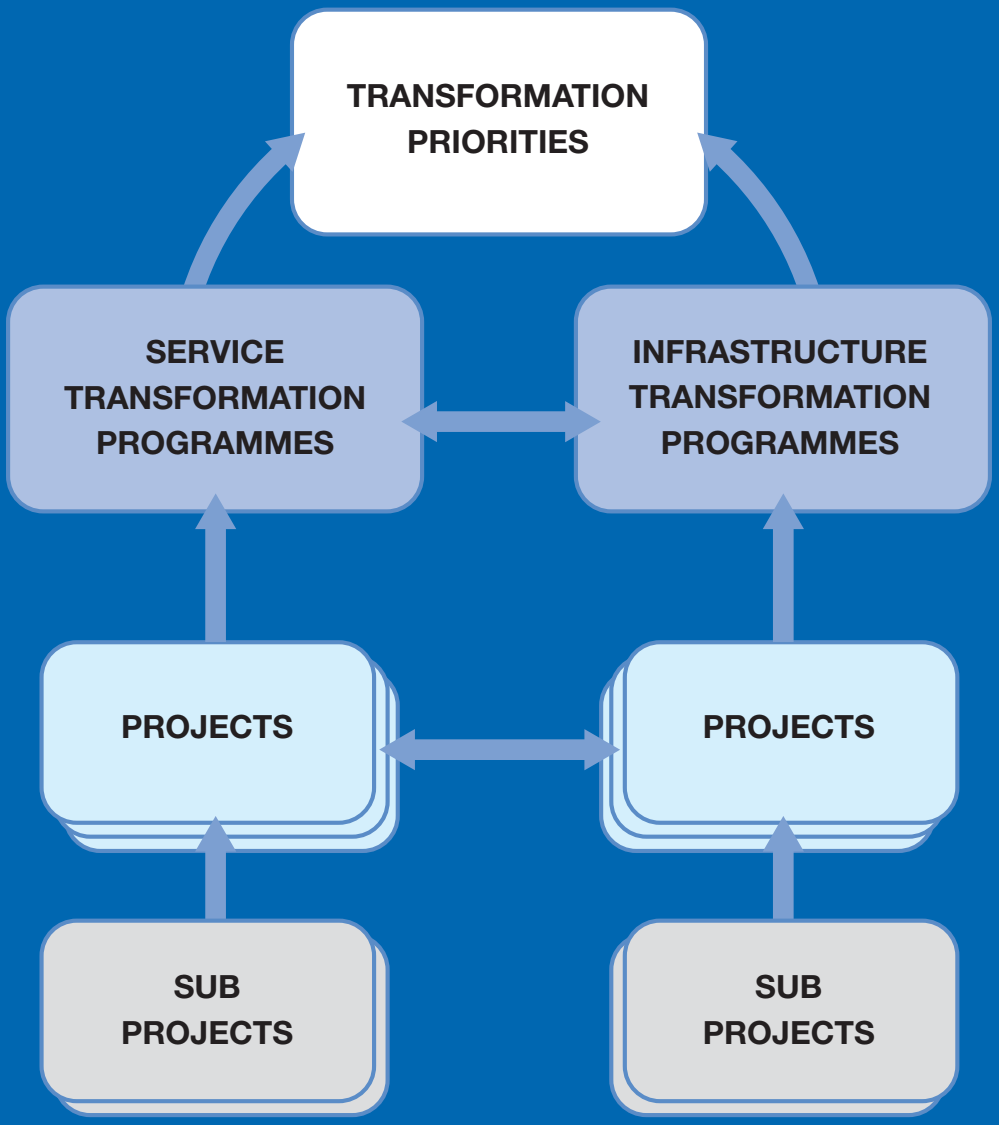
Direction
It points us in the right direction. It helps us to focus on the projects and practices that take us closer to our destination and direct resources away from those that do not.

Communications
It ensures our communications are consistent and clear; whether we are talking in small staff group sessions, engaging with local political leaders or customer representative groups.

Measure
It is a standard against which we can see the relevance of our work and how we can support our collective ambition.

It challenges us to identify the changes that are required in how we work, if we are to achieve this ambition.




TRANSFORMATION PRIORITIES
SERVICE TRANSFORMATION PROGRAMMES
INFRASTRUCTURE TRANSFORMATION PROGRAMMES
PROJECTS
PROJECTS
SUB PROJECTS
SUB PROJECTS

05 Our Six Transformation Priorities

To reach our ambition during the next four years, we will focus on six Transformation Priorities*. They will be met by a series of programmes and in turn delivered by a series of projects.

Where we are today	Our Six Transformation Priorities	Where we will be by 2010
Many services are fragmented, disjointed and difficult to navigate.	**Develop integrated services across all stages of the care journey.**	My journey into, through and out of the health and social care system will be easy to navigate.
There is inappropriate use and over reliance on acute hospital services which often creates inconvenience for patients and clients and unnecessarily overloads our hospitals.	**Configure Primary, Community and Continuing Care services so that they deliver optimal and cost effective results.**	I will be able to easily access a broad spectrum of care services through my local primary care team, i.e. conveniently and close to my home.
Accessing high quality acute hospital care can be difficult.	**Configure hospital services to deliver optimal and cost effective results.**	I will be able to easily and rapidly access high quality acute care through designated centres of excellence.
Inadequate and fragmented services for chronic illness are leading to unnecessary hospital admissions and inconvenience for clients.	**Implement a model for the prevention and management of chronic illness.**	I can expect high quality care and results from comprehensive and integrated care programmes which will involve my community and designated care centres.
There is limited use of performance measurement as a basis for managing and improving care delivery.	**Implement standards based performance measurement and management throughout the HSE.**	I will be confident that I receive high quality care measured against transparent standards.
The work of staff can be frustrated by system and process constraints.	**Ensure all staff engage in transforming health and social care in Ireland.**	My work will have a direct impact in delivering high quality care and contribute to the overall transformation of health and social services.

* Our Corporate Plan 2006-2008 sets out our strategic direction for the future, and our six Transformation Priorities have been framed to reflect that direction. Our Service Plan 2007 will incorporate projects from our Transformation Priorities.

COLLECTIVELY THE PROJECTS SHOULD INVOLVE VIRTUALLY ALL OF US WHO ARE DIRECTLY EMPLOYED BY THE HSE AND HSE-FUNDED AGENCIES

06 Transformation Programmes

To achieve our six Transformation Priorities within the next four years, we will be focusing on 13 different Transformation Programmes.

These programmes fall into two separate groups;

A. Those that will impact directly on *services* that patients, clients and carers receive; and

B. Those that will improve our *infrastructure* and capability to provide and support these services.

Within these programmes will be a series of individual projects and sub projects which will have specific objectives, measures, milestones and accountabilities.

Some of these projects are already underway and will be known to many of you. Many will require full co-operation between several different parts of the organisation and widespread staff participation.

They also explicitly reflect and support our stated mission and vision.

Here we present a sample of the significant projects. The full list of projects and sub projects will be available during the first quarter of 2007.

For brevity, the project titles are presented in summary form and for this reason their long term impact may not be immediately obvious at this point.

Most of them will have a significant impact right across the organisation. They will alter the way we organise ourselves and the way we work. Collectively the projects should involve virtually all of us who are directly employed by the HSE and HSE-funded agencies.

For example within ***Programme 3***: **Configure hospital services to deliver optimal & cost effective results** (page 14), the project entitled *Services configuration implementation – North East Transformation Plan* will involve reconfiguring and enhancing both hospital and community services in counties Louth, Cavan, Monaghan and Meath. It will involve virtually all staff in the region and it will represent the first step in a broader initiative that will see the reconfiguration of many hospital services across the country.

While you may not immediately see a reference to your area of work detailed here, your role in the Transformation Programme, and its impact on your work will become clearer as the specific details of the Programme become available. It will be the responsibility of your Line Manager to discuss these details with you during coming months along with your role in the Transformation Programme.

A. Service Transformation Programmes

Programme 1:

Develop integrated services across all stages of the care journey.

Patients and clients will be able to move easily through the entire care system because we will have services that are well organised and connected seamlessly across the organisation.

Integrated care will be at the heart of the way we work.

Examples of significant projects

1 Develop simplified patient and client journey processes

2 Implement a national model for integrated care delivery

3 Maximise the use of health intelligence

4 Develop shared care between primary care and hospital services

5 Develop and implement a framework for involving service users and communities in service development

6. Develop and establish the national Cancer Control Programme (CCP)

7. Implement National Client Index.

Programme 2:

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

This will involve reconfiguring our resources to provide a significant range of client services within local communities.

These will be provided as close as possible to people's homes, while maintaining high quality and safety standards.

The emphasis will be on local delivery which will be met by local multidisciplinary teams and local diagnostic services.

Examples of significant projects

1 Develop and implement Primary, Community and Continuing Care (PCCC) configuration framework
2 Reconfigure the existing services that support Primary Care Teams
3 Establish Primary Care Teams
4 Develop Primary and Social Care Networks
5 Expand and augment services in the community
6 Implement care group sector specific service transformation, consistent with PCCC configuration framework (i.e. mental health, disability, child care, older people, social inclusion, emergency care, etc)
7. Implement community scheme modernisation project.

Programme 3:

Configure hospital services to deliver optimal and cost effective results.

The National Hospitals Office (NHO) will have substantially reconfigured and developed its resources and services to provide the full range of secondary, tertiary, and quaternary acute services that fit appropriately into the integrated care model and are evidence based, efficiently run and quality assured.

This reconfiguration will be reflected in a redeveloped hospital governance/management construct and specific service transformation projects in areas such as Paediatrics, Maternity and Accident & Emergency.

The programme will encourage and support the move to advanced Primary Care delivery and chronic illness prevention and care.

The use of shared services (and common processes), embedding of ICT, development of extensive planning and control programmes and substantial estates management advancement will support improvement of the service efficiency, effectiveness and quality.

Examples of significant projects

1 Develop a hospital services configuration framework
2 Services configuration implementation – North East Transformation Plan
3 National reconfiguration of hospital governance / management
4 Transformation of A&E services
5 Transformation of national paediatric services
6 Transformation of national maternity services.

Programme 4:

Implement a model for the prevention and management of chronic illness.

We will have evidence based prevention programmes and treatments for people with chronic illnesses such as diabetes, chronic obstructive pulmonary disease and cardiovascular problems.

Our performance in reducing the risk factors for chronic illness and improving patient satisfaction will be measured.

This will provide better outcomes and survival rates for people with chronic illness.

Examples of significant projects

1 Develop a framework for the prevention and management of chronic illness
2 Implement chronic illness prevention and management strategies
3 Develop and provide specialist training in chronic illness prevention and management
4 Develop quality, safety and risk standards for chronic illness
5 Develop and implement performance measurement and control standards
6 Develop a framework for health impact assessment.

Programme 5:

Implement standards based performance measurement and management throughout the HSE.

Meaningful performance measurement will be introduced at all levels and used to guide our service developments. These include clinical outcomes, financial targets, resource utilisation, processes, client satisfaction and organisational health.

Examples of significant projects

1 Develop an ethos of continuous improvement across the organisation supported by robust performance management
2 Develop and roll out a performance management system
3 Develop an integrated intelligence and analytical capability, internal and external for HSE Corporate
4 Establish performance baselines for the period of the Transformation Programme
5 Implement programmes for performance based funding.

Programme 6:

Ensure all staff engage in transforming health and social care in Ireland.

We will engage with staff and create work environments that support the Transformation Programme.

We will foster innovation and change, reward positive contributions to transformation, champion our values and bring out the best in our staff.

Staff will recognise this positive environment and will receive training to support their contribution and encourage personal development.

Clinical leadership and team based service delivery will be embedded in the organisation.

Examples of significant projects

1 Develop and implement an employee engagement strategy which maximises their contribution towards delivering excellent service
2 Create and implement leadership and management development approaches which inspire staff innovation, responsibility and accountability
3 Develop and implement system wide intervention to ensure transition from old to new
4 Develop and implement a robust model of union engagement and partnership working
5 Develop mechanisms and processes to harness clinical leadership
6 Further develop and implement integrated multidisciplinary team working and effectiveness.

B. Infrastructure and capabilities Transformation Programmes

Programme 7:

Finance: Budget allocation model and finance systems.

Projects that will be undertaken under this programme include: the development of a new means of funding services based upon outputs, outcomes and population needs, a national process to systematically review Value for Money programmes and the development of a single integrated financial system.

Examples of significant projects.

1 Develop and implement a resource allocation model for the HSE
2 Develop and implement a model for the effective management of the health service budget on a devolved basis
3 Implement a comprehensive Value for Money programme for the HSE
4 Develop and implement integrated financial systems for the HSE including key finance metrics for the organisation
5 Develop and implement National Financial Regulations
6 Develop and implement a migration strategy for financial transactional processes into national shared services.

Programme 8:

Shared Services strategy and implementation.

This programme will see a continuation of the development of the HSE's National Shared Service programme which will provide highly effective support services in the areas of: Finance, HR, Procurement, ICT, Legal and Primary Care Reimbursement Services (PCRS). It will build on the HSE's unitary approach and lead to substantial efficiencies and savings.

Examples of significant projects

1 Planning, development and implementation of financial shared services
2 Planning, development and implementation of HR shared services
3 Planning, development and implementation of procurement shared services
4 Planning, development and implementation of ICT shared services
5 Planning, development and implementation of legal shared services
6 Planning, development and implementation of PCRS shared services
7 Development of a Customer Relationship Management (CRM) capability.

Programme 9:

Human resource strategy and delivery.

Human Resource projects within this programme will focus on the HSE's long term employment strategy to ensure the right people are available in the right place when they are needed.

Standardisation will be introduced across the organisation from recruitment to retirement and there will be an emphasis on leadership, management and skills development opportunities.

Examples of significant projects

1 Develop and implement a comprehensive human resource strategy which clearly outlines the HR proposition to support HSE Vision, Mission and Transformation Programme

2 Develop a comprehensive set of HR policies aligned to Transformation Priorities;
- Recruitment, induction and staff development
- Employment strategy informed by best practices
- Management and performance development
- IR policies and practices
- Implementation of standardised terms and conditions across the organisation
- Develop and implement a workforce planning strategy informed by the Transformation Programme

3 Develop and implement integrated HR systems for the HSE including key HR metrics for the organisation e.g. Whole Time Equivalent reporting

4 Business Solutions Project

5 Develop and implement a migration strategy for HR transactional processes into national shared services

6 Develop and implement strategies and programmes to enhance HSE staff skills and skills mix.

Programme 10:

Information and Communications Technology (ICT).

Central to this programme is the development of a unified national ICT infrastructure and support services and the development of clinical and administrative systems. This will involve establishing national ICT governance structures, integration with shared services, ICT staff development and engagement with health professionals to drive ICT based transformation.

Examples of significant projects

1 National ICT infrastructure

2 Clinical and administrative systems strategy

3 Structures and funding mechanism

4 ICT organisation and governance

5 Integration with corporate shared services

6 National ICT staff development

7 Establish National ICT Subject Matter Experts (SMEs) "best practice".

Programme 11:

Facilities / Estates strategy and implementation.

This programme will maximise the value of the HSE's properties and facilities, reduce costs by introducing rigorous controls and ensure the appropriate infrastructure is in place when required.

Examples of significant projects

1 Development and implementation of a national HSE facilities and estates strategy

2 Development and implementation of the HSE capital plan

3 Planning and development of PCCC infrastructure

4 Planning and development of hospitals infrastructure

5 Development and planning of a HSE office utilisation strategy

6 Development and implementation of a HSE Public Private Partnership strategy.

Programme 12:

Board, Corporate stakeholder and relationship management.

This programme will include a series of projects to manage the relationship the HSE has with a range of identified bodies and organisations that have an interest in health and social care and can support the organisation in achieving its mission and vision.

Examples of significant projects

1 Develop and implement a comprehensive communications strategy for the HSE

2 Develop and implement an organisational approach to stakeholder engagement (Consumers, Board, staff, voluntary sector, DoH&C, HIQA, statutory sector, political system, clinicians, etc)

3 Implementation of the HSE corporate governance framework

4 Strengthen the HSE's policy development capability through the establishment and development of Expert Advisory Groups.

Programme 13:

Procurement.

This programme will focus on maximising the value of the HSE's substantial procurement expenditure and ensure that its processes are streamlined and fully support the Transformation Programme.

Examples of significant projects

1 Implement national procurement strategy to support the transformation programme

2 Implement a national portfolio and category management approach for the health services

3 Migration strategy for procurement transactional processes into national shared services

4 Develop and implement high quality processes for each stage of the procurement cycle

5 National procurement staff development

6 Development and implementation of ethical procurement standards.

07 Leading and Engaging Staff in this HSE Transformation Programme

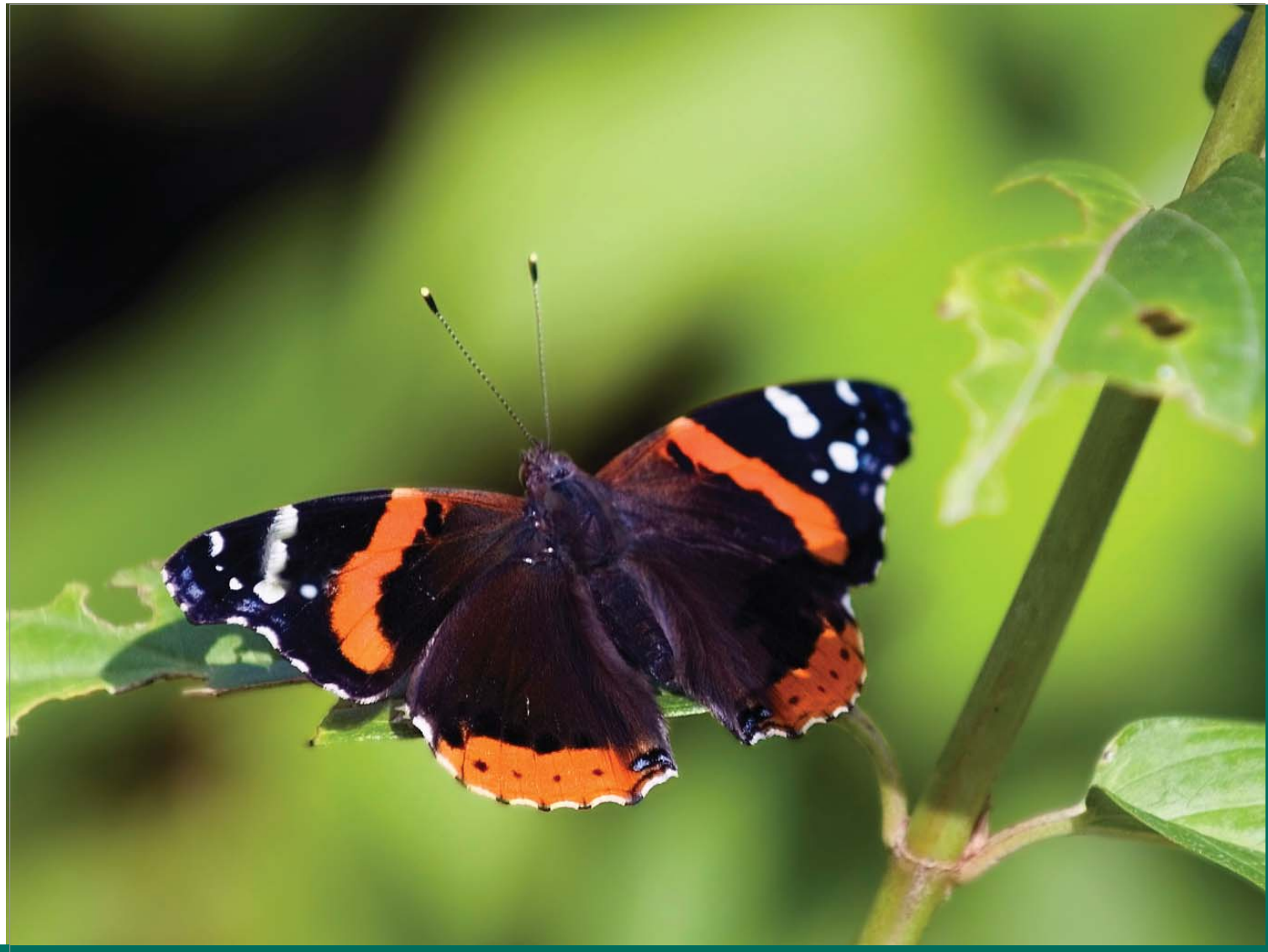
This is a unique opportunity for you to engage directly with your colleagues and to harness the energy and contribution of your staff to build commitment to this Programme of Transformation.

As a Leader/Manager

- Transforming the health services will happen when people are committed and work together to make it happen
- People may resist committing to something if they don't understand
- Making sense of things and establishing connections is an essential element of your leadership role
- It is up to every manager and team leader to communicate with all staff
- A communications process will start in December 2006 and will cascade to every level of staff
- Every communications session should endeavour to live up to **'The Way We Work'** (page 19)
- Your role as a Leader is critical to this process as you lead the roll-out of the Transformation Programme by:
    - Working through what this means for your services with your own Manager and with your peers
    - Planning dedicated time with all of your staff to engage them on the Vision, Mission and HSE Transformation Programme
    - Engaging your staff in making the connections between Transformation Priorities and what they need to do
    - Identifying and supporting what you and your staff must do to make these changes happen
    - Providing feedback to your own manager.

As a staff member

- Listen with an open mind
- Participate in the Transformation Programme
- Give feedback
- Fulfil your own role and contribution in line with HSE Vision, Mission and Transformation Programme in a way which makes you feel proud
- Working through what this means for your service with your own Manager and with your peers
- Ensure we live up to **'The Way We Work'** (page 19).



WE ALWAYS TRY AND MAKE IT EASIER FOR PEOPLE TO ACCESS OUR SERVICES

08 The Way We Work

To be successful our actions and behaviours must be consistent and reflect our values. Here are some principles that can help us achieve this and also support and continually reinforce our purpose and ambition for the future.

Supporting our purpose and ambition

- We always aim to provide high quality services that are easy to access
- We continually seek to simplify the way we deliver services
- Our decisions are based on what will deliver the best service
- We maximise the use of all facilities and resources by planning ahead
- We are accountable and deliver on our responsibilities
- We set challenging goals and we do what we say we will do
- When needed, we go the extra mile
- We listen to the people we are here to serve.

Working together

- We always respect the skills and abilities of others
- We use feedback to motivate each other
- We seek solutions, not excuses
- We share resources and actively support each other
- We are interested in the development of those we work with
- We are flexible and courteous
- We take responsibility; “It’s up to me – others are depending on me”
- We aim to be innovative and lead by example.

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Health Service Executive, Oak House, Limetree Avenue, Millenium Park, Naas, Co.Kildare
Email: ourvision@hse.ie Telephone: 045-880400 / 01-6352500

www.hse.ie

ISBN 0948562684 ©2006 HSE