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Eastern Health Board

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Information Systems Strategy

*Enterprise Strategy Report*

*September 1997*



**ERNST & YOUNG**  
MANAGEMENT CONSULTANTS

EASTERN HEALTH BOARD  
Information Systems Strategy

**Enterprise Strategy Report**

September 1997

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This report sets out the conclusions from Stage 3 - EHB Strategy Analysis - of the Information Systems Strategy being developed for the Eastern Health Board (EHB). The report has been developed by a project team which includes:

- EHB Management Services Department
- Ernst & Young Management Consultants
- James Doyle - Sterling Software

based on the ideas and views of the EHB management team.

The process for the development of this report involved:

- Initial analysis of background documentation
- Interviews with senior management
- A series of structured workshops with the senior management team.

This process is described in more detail at Appendix C.

The objectives of this stage are to analyse the current strategy of the EHB in terms of the following framework and to establish the information needs which will require information systems support. We anticipate that this analysis of the EHB Strategy will also be a valuable input into the overall strategy development process of the Board.

EHB Strategy Analysis Framework

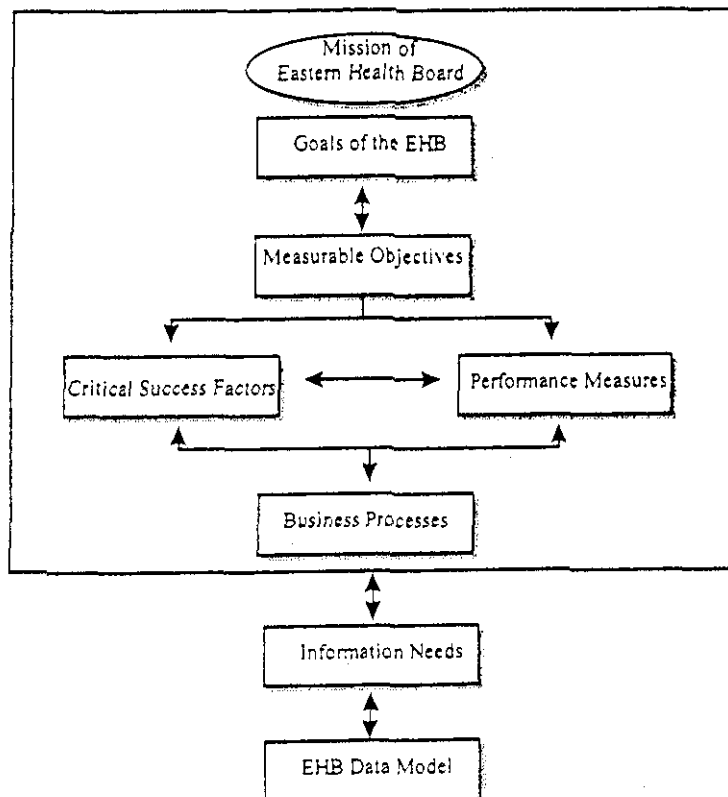


Chart 1

### Introduction

This section sets out in summary form the findings from this stage of the Information Systems Strategy Assignment. It summarises the Mission, Goals, Objectives, Critical Success Factors, Business Processes and Performance Measures. The manner in which the information needs are derived is discussed and the identified implications for the EHB Information Systems Strategy are set out.

### Mission, Goals and Objective

The agreed statement of the Mission of the EHB is:

*"To achieve the greatest possible Health and Social Gain for the population served, in partnership with the community, by providing a range of accessible, client focussed services in the most appropriate setting, within available resources."*

The supporting values, goals and objectives are set out on the chart opposite. This represents an overall strategic framework for the EHB, and provides a focus for planning and management action. The framework can be further refined and developed, particularly in relation to the core values of the EHB and setting measurable targets and responsibilities for each of the Objectives/Measures.

### Critical Success Factors

A number of factors, critical for the success of EHB in implementing this framework, were identified:

- *Identification of Needs:* Accurate identification of the health and personal social service status and needs of the population served by the EHB.
- *Service Delivery to Agreed Level:* Delivery of services to agreed levels within available budgets and resources.
- *Integrated Appropriate Services:* Delivery of good quality services from a variety of providers with seamless access for clients.
- *Focusing and Management of Resources:* Effective management of resources, ensuring they are targeted to achieve optimum health and social gain.
- *Skilled Motivated Staff:* Development of skilled, motivated and empowered staff through training and performance management.
- *Effective Communications:* Effective communications mechanisms both within and without the EHB.
- *Right Facilities:* Availability of appropriate facilities in the right location.
- *Support for EHB:* Community and political support for the organisation.

These critical success factors are important issues for management in managing the strategic process. The information systems strategy must ensure that the information needed by management, to address the CSF's, is provided.

#### **EHB Processes**

The very high level processes of the EHB in serving its clients are summarised as follows:

- Health and Social Services Planning and Development.
- Managing External Relationships, particularly with stakeholders (Minister and Department, board members and employees) and external bodies such as voluntary hospitals or other agencies.
- Co-ordination of Services to Care Groups to ensure that required services are identified, planned and delivered in an integrated manner.
- Health and Personal Social Services Delivery which includes the management of all the basic care services (medical, nursing, therapies, counselling, etc.) and the deployment and delivery of these through a variety of methods and locations.
- Client Support, which includes all the general services providing direct and indirect support to clients such as Ambulance, Medical Cards, Financial Support, Environmental Health, etc.
- EHB Support Services, all the services (such as Communications, Finance, Information Systems, Personnel Facilities and Public Health) which support management and staff of the EHB in delivering services to clients.
- Delivery Planning Contracts and Procurement includes the procurement of services facilities and products for the EHB and clients of the EHB, together with the planning of total service delivery.

These processes and the management responsibilities are depicted in summary form on the chart opposite.

#### **Information Needs**

Key measures of the performance of each of these very high level processes are described on chart 4 opposite, under the related headings of clients, service, resources and finance. This chart is set out as a balanced scorecard of related measures, all of which are important in the overall assessment of performance, for each process.

Each of these performance measures will require information in the appropriate format, level of detail and timeliness, to enable management plan and monitor performance. For example, the process health and personal social services planning and development has as a key performance measure, under the heading of client

“Health and Social gain by care group and DED.”

Information needed to measure and monitor this key performance measure includes:

- Current health and social status of clients in care groups and DED's.
- Trends in this status which would occur without intervention.
- The outcome of EHB service provision.

These information needs are described in summary in Section 5 of this report and in an expanded form in Appendix A. The expanded description at Appendix A also takes into account the information needs required to support the mission, values, goals and objectives of EHB.

#### Information Sharing

While there is general consensus among the Management Team on the need and benefit of information sharing across the organisation, concerns were expressed in respect of the following:

- Client confidentiality: what information could or should be shared between EHB service providers, external service providers and management;
- Impact/Implications of the provisions of the Data Protection and the Freedom of Information Acts on the sharing of information;
- The use which will be made of the shared information (e.g. who will initiate and take action when a vulnerable or problem client has been identified, i.e. Who is responsible?);
- The ability of the EHB to obtain client information from external service providers (e.g. the role of service agreements in specifying this information).

The sharing of information was agreed in principle on the basis of the following:

#### *Management Information*

Management Information needs as outlined in this document can be satisfied through the provision of aggregated information which would not be client specific (e.g. activities, services, outcomes, resource and facility utilisation, and costs).

#### *Operational systems*

A range of operational systems will be implemented to support the service providers (e.g. Social Workers, A&E, etc.). These systems will record detailed information on each client and on each encounter between the client and the EHB (e.g. evaluation of client need, assessment, response, treatment, outcome). This detailed information should be aggregated regularly, not at a client level, to provide the required management information. Information sharing between operational areas will be handled through the recording of a Minimum Data Set.

*Minimum Client Data Set*

Information shared at client level should only consist of a subset of the detailed client information. This might include the unique client identifier, demographic data, summary of previous encounters with the name of the relevant individual professional service provider (e.g. social worker, clinician, community health nurse). The objective of this shared data set is to provide the *minimum* information to the individual service provider so as to facilitate their task of providing an integrated service to clients consistent with the requirement of the EHB for efficiency and effectiveness. It is felt that this would be particularly important for more vulnerable clients and members of care groups.

The exact content of this minimum client data set will require further detailed discussion with the relevant parties. It is important that these discussions are initiated as soon as possible so as to ensure that requirements for information sharing is considered as part of the definition of requirements and design of future systems.

**Critical Success Factors and Processes**

The identified critical success factors impact on all the processes, but particularly:

- 1. Health and Social Services Planning Development and Control
- 3. Planning Co-ordination and Integration of Care Group Services
- 4. Health and Social Services Delivery
- 5. Client Support

Based on their impact across processes the CSF's with greatest impact are:

- Effective Communications
- Integrated Appropriate Services
- Focussing and Management of Resources
- Skilled Motivated Staff

Consequently, the applications which are likely to have greatest immediate impact across processes are those:

- which provide integration of services, e.g. integrated client records, scheduling systems.
- which assist in focussing and managing resources, e.g. financial, cost and management systems, clinical budgeting, DRG's, executive information systems.
- which enhance the effectiveness and performance of personnel, e.g. personnel management systems, performance development systems.
- which improve communications e.g. Email, knowledge storage and retrieval systems.

**Implications**

Some of the possible implications of this analysis for information systems in EHB include:

- collection and reporting of complex data, some of which originates outside EHB, and which will be difficult to obtain on a timely basis and in a consistent format.

- sharing information, and perhaps systems with external organisations, which will require their agreement in principle and in practice on issues such as data standards.
- establishing and maintaining a single client record with a complete history of EHB contacts.
- DED is taken as a unit of measurement. It is assumed that it will be possible to aggregate DED's upwards to local authority areas.
- providing systems to support new and developing services as they evolve, on a timely basis, will require a flexible I.S. infrastructure, rapid development and implementation.
- information systems to monitor and support service quality will require development.
- systems to ensure integration of services across programmes to support service delivery to individuals and to care groups as close as possible to client location.
- possible provision of on-line screening and counselling.
- information linking resource allocation and utilisation to outcomes to ensure the optimum allocation of current and additional resources.
- applications which are likely to give the greatest immediate budget may be related to client records, finance, personnel and communications.
- overall integrated outcome, activity, resource and cost information to support management in achieving the EHB mission and goals.

#### **Future Developments**

The overall strategic framework, which has been prepared for the purpose of information systems strategy, will require further development to fulfill management's needs for an operational strategy for the EHB. Values and Objectives will need to be considered in more detail and priorities would have to be established across the range of objectives in the light of available resources and timescales.

The Process framework is being further refined as part of the overall information systems strategy, in the light of operational workshops, and could also be considered further in the context of the establishment of the Eastern Regional Health Authority.

### Introduction

This section describes the analysis derived from discussions with management of the Mission, Values, Goals, and Critical Success Factors of EHB. It also summarises the information needs required to support these strategic elements.

### Mission and Values

The following is the mission statement agreed by the management team for the EHB:

*"To achieve the greatest possible Health and Social gain for the population served, in partnership with the community, by providing a range of accessible, client focused services in the most appropriate setting within available resources."*

This mission statement expresses the management vision of the role and future development of the organisation in implementing the national health policy as expressed in the document "Shaping a Healthier Future (1994)", and subsequent policy documents. The statement defines clearly what the EHB wants to achieve, for whom the service is provided, and the key means by which it plans to achieve its aims.

The management team also derived an initial set of values for the Eastern Health Board, to support the mission statement, which encompasses the values defined by the Department of Health in its document 'Shaping a Healthier Future':

- **Equity:** Availability of, and access to, services within a reasonable period of time for those needing services, need being determined by an examination of health status.
- **Quality:** The delivery of efficient services in high standard surroundings which provide the best possible outcomes within the available resources.
- **Accountability:** Transparency in the decision making process, and development of formal legal and financial accountability arrangements, which works towards the achievement of the agreed objectives of the Board.

Additional values were identified from interviews and in management team workshops which are also considered important to the Eastern Health Board:

- **Responsiveness:** The re-orientation of services, the speed of service delivery, and the application of resources in ways which yield the most benefit to the population being served.
- **Appropriateness:** Provision of the most appropriate care across different services.
- **Caring:** The manner in which the services are delivered, particularly to those who are dependent or disabled and protecting the welfare of the most vulnerable.
- **Value for Money:** Utilisation of available resources to provide the optimum health and social gain.

Further detailed consideration would be appropriate to refining the core values and to their dissemination and reinforcement throughout the EHB. This reinforcement would be supported by the availability of relevant information, eg. waiting lists, but, typically, values cannot be managed in the same manner as more tangible assets. Reinforcement is driven through leadership, communications, training, endorsement of appropriate action, investment strategies and personal commitment at all levels.

## Goals

The following are the organisational goals identified for the Eastern Health Board which expand on the mission statement. They represent broad statements of future aspiration and relate to services, constituencies, functions or performance characteristics. These goals are the basis for developing the organisation in the medium to long term. For this reason they are expressed in relative terms rather than absolute quantitative terms.

The goals can be categorised under the following five headings:

- Health & Social Gain.
  - To achieve continuous improvement in the health and social gain of the population served.
  - To improve the health status and quality of life of the population served through a multi-faceted approach to health promotion.
- Partnership with the Community
  - Achieving optimum involvement of the community in decision making and planning in relation to services provided.
  - Ensuring effective working relationships with statutory and voluntary bodies in the provision of services.
- Service Range
  - Provision of a comprehensive health and social services which addresses the identified needs of the population served and the various care groups.
  - Active re-evaluation and development of services in line with the goals and objectives of the EHB and in support of Health and Social gain for the population.
- Service Quality
  - To foster innovation and high quality clinical and professional standards.
  - To deliver seamless, integrated services at the lowest level of complexity.
  - To give equality of access to services in an environment that respects the privacy and dignity of the individual within the lowest practical waiting time.
- Resources
  - Deliver efficient and effective services to agreed performance criteria.
  - To provide services within approved financial and human resources.
  - To continuously review existing resource allocation to secure improved value for money.
  - To secure necessary funding for new initiatives by identifying and evidencing the resulting health and social gain.

### Implications for Information Systems

These Goals have important implications for Information Systems within the EHB:

- Collection and reporting of complex data which originates outside EHB.
- Sharing information and, if appropriate, systems with external organisations such as community groups and voluntary bodies.
- Providing systems to support new services as required and developing processes and information systems to monitor and support service quality.
- Providing systems which enable integration of services and to support service delivery as close as possible to the client locations.
- Collecting and reporting information on the utilisation and management of financial, human and physical resources which will enable managers ensure that these resources are used efficiently and effectively.
- Providing information to enable an outcome related case to be made for any additional resources required.

### Objectives

Objectives are targets, with defined, measurable achievements, and interim milestones. Each of the goals identified by the Senior Management Team during the interview and workshop sessions were decomposed by the members of the management team into more measurable aims. However, time constraints did not permit the setting of quantifiable strategic targets for all areas of the organisation.

#### *Health and Social Gain*

Objectives defined in respect of Health and Social Gain are concerned with health and social status, both in terms of increase in life expectancy and in terms of improvements in the quality of life, and with focusing on the value that can be added to a person's life.

- To identify and gather the base-line data, including costs, required to monitor the Health Status, and Health and Social Gain of the population including:
  - Health Status
  - Needs Assessment
  - Outcome Measures and contribution to Health and Social Gain.
- To put in place and monitor appropriate organisational structures and process which support Health and Social Gain.
- To actively promote a healthier lifestyle and monitor the contribution to the overall health gain of the population served.

*Partnership with the Community*

Partnership with the Community is concerned with the development of effective working relationships with the community, and with statutory and voluntary bodies through the development of service agreements which support the goals and objectives of the Board.

*Community*

- To achieving optimum involvement of the community in decision making and planning in relation to services provided. This will be monitored through community surveys and the measurement of the degree of success in implementing unpopular services.

*Service Providers*

- To ensure services are delivered to the agreed level of quality and within costs.
- To assess achievement of Health and Social Gain targets.
- To achieve a high satisfaction rating from our clients.

*Service Range*

The objectives identified included:

- To build an epidemiological profile of the population served, based on DED;
- To identify social indicators which enable the identification of areas of deprivation;
- To design focused services based on needs profile and identified gaps.
- To set targets for services and evaluate impact and outcomes.
- To continuously monitor and review services and to adopt services to match epidemiological profiles.

*Service Quality*

The objectives identified included:

- To achieve high client satisfaction rating.
- To establish and achieve appropriate waiting times .
- To conduct assessment of our facilities and achieve high facilities rating.
- To monitor and measure the delivery of quality services to clients using a comprehensive complaints procedure.
- To assess the innovative nature of our service by conducting comparisons with evidence based research from abroad;
- To monitor the achievement of agreed level of clinical practice by conducting clinical audits.
- To reduce length of stay by monitoring the adherence to admission and discharge policies.
- To develop and deliver services at the lowest appropriate level of complexity.

*Resources*

The objectives identified included:

- To achieve budget targets and agreed output levels
- To continually measure activity levels within the Board
- To operate within employment ceiling
- To set efficiency targets
- To set effectiveness targets
- To conduct performance appraisal of staff and facilities
- To assess performance against efficiency and effectiveness targets
- To achieve targets comparable with best practice.

*Culture*

The objectives in relation to culture relate directly to the values of EHB.

- To improve the client perception of the Board as a caring, responsive organisation.
- To conduct client surveys to assess service delivery and adherence to our core values as expressed in our mission statement:
  - Access
  - Equity
  - Quality
  - Responsiveness
  - Appropriateness
  - Caring
  - Value for Money
- To improve and monitor organisational openness and access to information by clients and staff.
- To empower staff through involvement and to monitor contributions and comments in respect of all matters concerning the Board.

This set of objectives as developed within the management workshop clearly identifies the areas of concern, and the activities required to address the goals of EHB. Specific targets have not yet been set in relation to these objectives but they are measurable and capable of being converted into targets. On this basis, the information needs required to support this measurement, are incorporated in the information needs table at Appendix A.

The following chart summarises the links between these main elements of the strategy, Mission, Goals and Objectives/Measures.

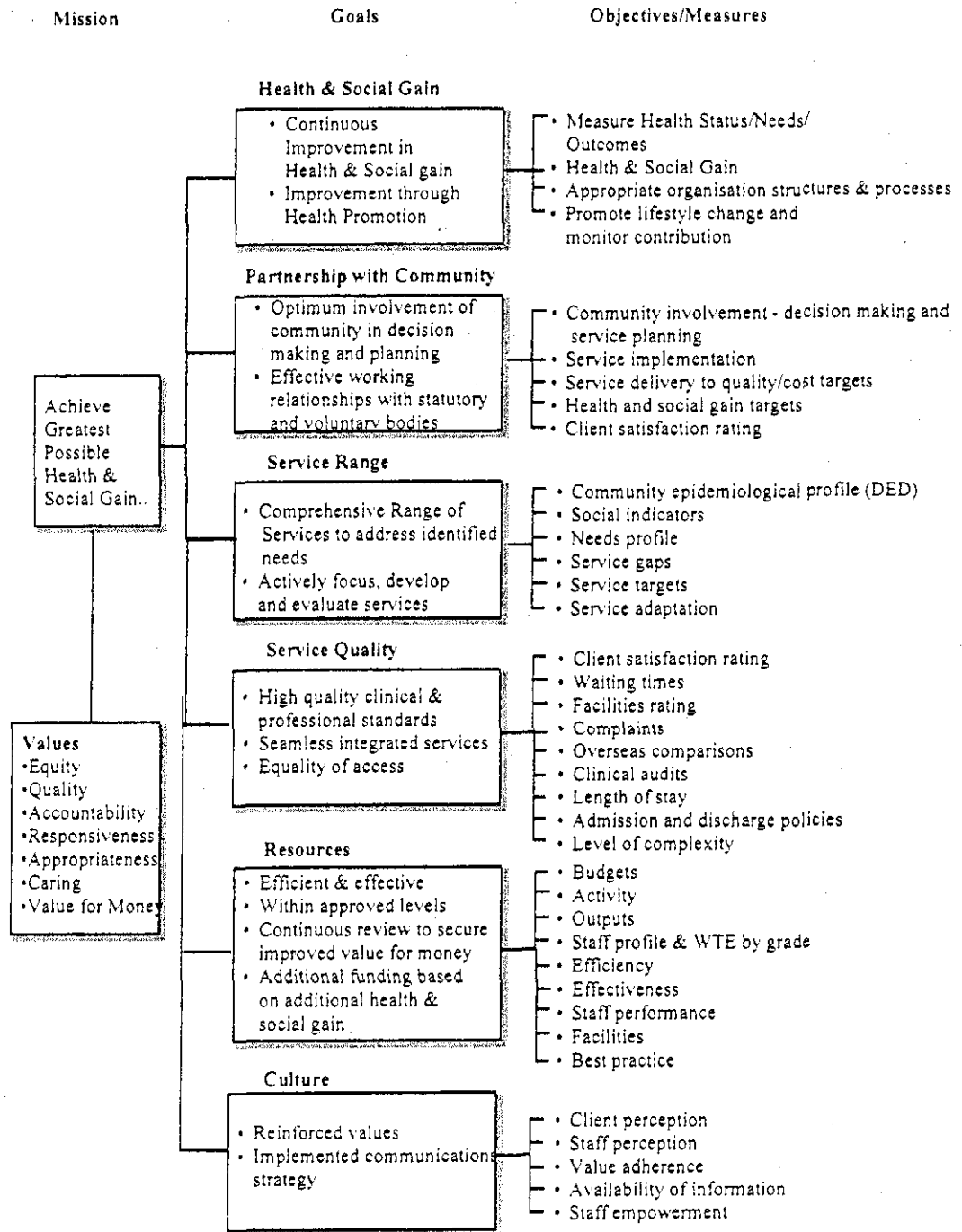


Chart 2

### Critical Success Factors

The Critical Success Factors identify what must go right at an executive management level and at a strategic and operational level if the objectives of the board are to be achieved. Critical Success Factors (CSF's) frequently cross management boundaries. Therefore, they are not always appropriately measured or controlled.

The critical success factors which were identified from interviews and management discussions are summarised as follows:

- *Identification of Needs*

Development of a measured assessment of the current health and social status of the population by DED.

- *Service Delivery to Agreed Level within Budget*

Compliance with the legal and administrative requirement to provide services at the agreed levels within the resources allocated to the Board.

- *Integrated Appropriate Services*

Provision of services which meet the needs identified, on an integrated basis, at the lowest level of complexity, that is as close as possible to the location where the need arises and in the form most appropriate to addressing that need.

- *Focussing and Management of Resources*

Ensuring that available resources are targeted on the areas of greatest need and are used with economy and efficiency to achieve the optimum health and social gain for the population.

- *Skilled Motivated Staff*

Staff who have the most appropriate skills for the tasks required, and who are organised, led and motivated to provide the highest possible quality of service to those in need.

- *Effective Communications*

The systems, procedures, practices and skills which ensure that clients, staff, and other agencies are fully aware of the services, policies and practices of the EHB; and that the EHB is fully aware of the needs, aspirations and potential of these clients, staff and other agencies.

- *Appropriate Facilities in the Right Location*

The provision of suitable technical, and physical facilities in the location as close as possible to the needs of clients, so as to ensure that the appropriate services can be delivered in an accessible, comfortable and discreet environment.

- *Community and Political Support*

Ensuring continuing community and political support for the activities of the EHB through active involvement of the community and political representatives in policy making, planning and, as far as possible, in the delivery of services.

It is important to identify the Board's Critical Success Factors as part of this project, as they enable the identification of the information needed by management to monitor and address these factors.

**Initial Summary of Information Needs**

By combining Objectives/Measures and Critical Success Factors, an initial summary profile of information needs was established in four main categories:

*Clients*

Health & Social Status by Care Group by DED

Trends Outcomes

Stakeholder Perceptions & Satisfaction Rating [includes EHB and other Service Providers, Clients, Community and Care Groups]

Client Requirements & Needs

Met and Unmet Management Needs

Operational Needs

Benchmarks & Leading Practices

Requirements of Health & Personal Social Services Delivery and Client Support

Compliance with Statutory Obligations

*Service*

Actual Services provides by Service Type, by Care Group, by DED versus planned services

Services Procured compared with services contracted

Volume & Quality of services delivered by Location

Statutory obligations

Service utilisation by Provider

Trends in service provision

Quality Indicators [Failure Rates, Response Times, etc.] by Provider

*Finance*

Budget and Actual Cost

- Human & Physical Resources (inputs)
- Services Provided (Outputs)
  - by Service Type
  - by Sources [internal and external]
  - by Location
  - by Care Group
- Health & Social Gain achieved (Outcomes)

Planned and Actual Costs of

- Inputs
- Activities
- Outputs by service and cost center

Comparative Costs with external Benchmark

Expenditure by expense type

- by Cost Centre
- by Activity
- by Output
- by Project

*Resources*

Actual Physical and Human resources provided versus planned (inputs) by Care Group, by Location, by Service

IR Incidents

Health & Safety Research compared with best practices in the industry

Staff

- Numbers employed
- Skills
- Performance
- Development and Training Needs by Location Facilities
- Description & Location
- Standards/Rating
- Utilisation
- Availability

Profile of Service Providers

Some of these information needs, even at a high level, are complex and difficult to assemble and report, particularly in relation to externally sourced information on clients.

The information needs identified in this section are further developed in the next section which analyses the EHB Business Processes.

## Introduction

This section describes the high level business processes of the EHB and identifies the relationships between those processes. The processes are cross referenced to the critical success factors identified earlier and key performance measures are described for each process.

## Business Processes in Context

The business processes of the Eastern Health Board define how the organisation functions and delivers the services required by the population of the Board's catchment area. The purpose of the Business Process Analysis, in the context of I.T. strategic planning, is to define the processes which will need to be supported with appropriate information and information systems. The business process model presented in the following sections represents a preliminary view which will be further refined and developed during the remainder of the information systems strategy development project.

## What is a Business Process?

A business process can be described as a series of activities which take a specified input from a supplier and creates a value added output for the customer. A customer may be external (e.g. an individual who purchases the services of the organisation) or internal (e.g. staff who avail of support services such as IT, finance, personnel). Business processes usually cross functional boundaries and have identifiable performance measures.

Processes can be defined at different levels for the organisation. In this strategic assessment, the main aim is to identify the high level processes for the EHB. In later stages of the project these will be further decomposed. In determining the high level processes of the EHB it is necessary to consider the principal constituencies or groups with which the EHB is involved, and the current organisational framework of the Board.

## EHB Constituencies

The principle constituencies which relate to EHB processes include:

- *Clients*

The population served by EHB, even in a very limited way (eg. registered birth, recipient of E111 form); as a regular recipient of services (eg. medical card holder) or subject to more focused care (patient; resident or member of a care group). Throughout their lifetime clients are likely to accumulate a series of contacts with the EHB in different forms which result in the creation of a client history.

- *Stakeholders*

- Minister and Department of Health
- Board Members
- Employees

- *External Bodies*

These may be funded by the EHB to provide services to EHB clients; may have a common interest with the EHB in serving common clients, e.g. voluntary hospitals; or may be representing the interests of groups of clients.

**EHB Organisation**

The current management structure of the EHB can be depicted at a high level as follows:

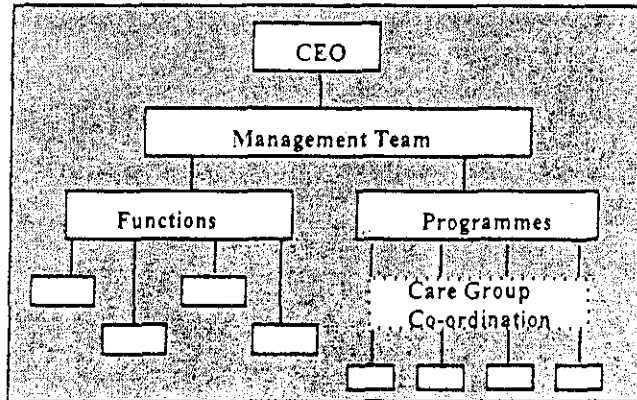


Chart 5

**EHB Processes**

Within this framework a number of very high level processes have been identified. These processes and their relationships to the EHB organisation and clients are depicted on the following chart:

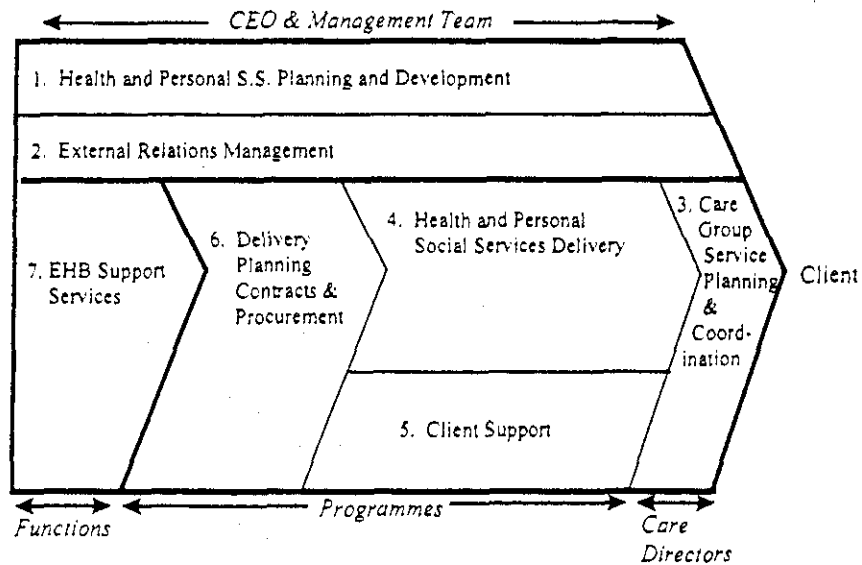


Chart 6

The CEO and Management Team are primarily responsible for the two strategic processes - 1) Planning and Developing Services, and 2) Managing External Relationships (that is relationships with stakeholders and external bodies).

The major service delivery processes are the responsibility of the Programmes, with the Directors of Care Groups ensuring identification of needs, planning and co-ordination and integration of these services for their particular client groups (Process 3 - Care Group Planning, Co-ordination and Integration). The continuum of care from health promotion, screening and immunisation through to acute care and long stay residential and respite care are grouped under the "Service Delivery" process (Process 4 - Health and Personal Social Services Delivery). Indirect and support services, for example, Environment Health, Transport Services, Medical Cards, etc. have been grouped under the "Client Support" process (Process 5).

The activities involved in planning service delivery, contracting for the delivery of services and goods require inputs from both the Function and Programmes (Process 6 - Delivery Planning, Contracts and Procurement). The Board's Functions provide Support Services to the remainder of the organisation ( Process 7 - EHB Support Services). This is a particularly complex exercise in allocating the correct facilities, staff, financial and other resources to match client needs on an on-going basis. This process is considered likely to assume increasing importance in the future in managing and developing relationships with external service providers.

An analysis of the processes from very high level processes to high level processes is set out on the chart opposite and is described in more detail as follows:

1) *Health and Personal Social Services Planning and Development*

This includes all of the activities relating to the definition, development, planning and co-ordination of the services which the EHB is required to provide based on an assessment of the health and source needs of the community. The ultimate customers of this process are the clients of EHB but the more immediate customers are the management and staff of the Board who must put into operation the strategies and plans developed in this process. The primary output from this process is a comprehensive strategic plan which addresses the needs of clients and specifies services required, resources and budgets. In practice, this may consist of a number of separate but complementary plans which combine to form an overall strategic plan.

2) *External Relationship Management*

This process includes all the activities involved in managing and co-ordinating the relationships between the EHB and external agencies. It includes both:

- a) managing the policy and strategic relationships between the EHB and external health care providers. These relationships will also be governed by service agreements which will be managed on a day to day basis within process 7 below and
- b) maintaining effective relationships with EHB stakeholders (e.g. Department of Health, Political & Community representatives, employees).

3) *Care Group Services Planning, Co-ordination and Integration*

This process includes all the activities required to ensure that seamless services are delivered to Care Groups. It addresses:

- The identification of needs and planning service delivery.
- The operational co-ordination of services and the allocation of resources to focus on the specific needs of the Care Group.

Responsibility for this process lies with the designated Director for the Care Group. Its outputs include specific service development initiatives and the resolution of client difficulties with the integration of services.

4) *Health and Personal Social Services Delivery*

This is the broadest and most extensive business process in the Board and when combined with Client Support encompasses all services delivered to clients. It includes health promotion, screening and immunisation, community support, primary care, acute outpatient, acute inpatient and long-stay residential and respite care. The primary driver of the process is a need by a client for particular services with the output being the completed services. Responsibility for this process lies with the Board's Programmes.

5) *Client Support*

This process includes the general services providing direct and indirect support (as opposed to Health & Personal Social Services) to clients, particularly:

Ambulance and Transportation  
Administrative (Medical Cards, etc.)  
Environmental Health  
Income Support  
Registration of Deaths, Births and Marriages

The delivery methods for these services will vary with the nature of the services.

The driver of this process can be a recognised need for a service (either by an individual or a target group) or a statutory obligation, the output is the delivery of the service. Responsibility for this process lies with the Board's Programmes.

6) *Delivery Planning, Contracts and Procurement*

This process is concerned with the procurement of services, facilities and products for the EHB and clients of the EHB, together with the planning of total service delivery. It encompasses the translation of the outputs of the "Service Planning and Development Process" into actual delivered services at specific locations. This is achieved through contracts with providers external to EHB or through the establishment of EHB facilities for service delivery.

The input to this process is the overall strategic plan, its outputs are specific operational plans for service delivery with associated targets, performance measures and service agreements. While it is clear that this process is addressed by a combination of activities across Programmes and Functions it is not structured in a formal way.

7) *EHB Support Services*

This process includes all of the activities that enable and support the staff of the Board in delivering services to external clients, specifically: Communications Management, Financial Management, Personnel Management, Information Management, Facilities Management and Public Health Specialist Services. Its customers are the employees of the EHB who require support services.

**EHB PROCESSES** *CONTINUED*

The chart below relates each process to its main Customers and Suppliers, and Responsibility Centre:

Business Process	Customers	Supplier	Responsibility
1. Health & Personal Social Service Planning and Development	<ul style="list-style-type: none"> <li>• EHB staff</li> <li>• Clients</li> </ul>	<ul style="list-style-type: none"> <li>• EHB Support Services (6)</li> </ul>	Management Team
2. External Relationship Management	<ul style="list-style-type: none"> <li>• Stakeholders</li> <li>• Non-EHB Service Providers</li> <li>• External Bodies</li> </ul>	<ul style="list-style-type: none"> <li>• EHB Support Services (6)</li> </ul>	Management Team
3. Care Group Services Planning, Co-ordination and Integration	<ul style="list-style-type: none"> <li>• Clients who are members of care groups</li> </ul>	<ul style="list-style-type: none"> <li>• Health &amp; Personal Social Services Delivery (4)</li> <li>• Client Support (5)</li> </ul>	Programmes - Care Directors
4. Health & Personal Social Services Delivery	<ul style="list-style-type: none"> <li>• Clients</li> <li>• Care Groups (3)</li> </ul>	<ul style="list-style-type: none"> <li>• Health &amp; Personal Social Services Planning &amp; Development (1)</li> <li>• Delivery Planning Contracts and Procurement (7)</li> <li>• EHB Support Services (6)</li> </ul>	Programmes
5. Client Support	<ul style="list-style-type: none"> <li>• Clients</li> <li>• Care Groups(3)</li> </ul>	<ul style="list-style-type: none"> <li>• Health &amp; Personal Social Services Planning &amp; Development(1)</li> <li>• Delivery Planning Contracts and Procurement (7)</li> <li>• EHB Support Services (6)</li> </ul>	Programmes
6. Delivery Planning Contracts and Procurement	<ul style="list-style-type: none"> <li>• Health &amp; Personal Social Services Delivery(4)</li> <li>• Client Support(5)</li> <li>• EHB Support Services (6)</li> </ul>	<ul style="list-style-type: none"> <li>• EHB Support Services(6)</li> <li>• External Suppliers</li> </ul>	Programmes and Functions
7. EHB Support Services	<ul style="list-style-type: none"> <li>• All other processes</li> </ul>	<ul style="list-style-type: none"> <li>• External Suppliers</li> </ul>	Function Management

Chart 7

Chart 7 represents a preliminary analysis of the process framework of the EHB, which will be refined further in operational workshops and through discussion with management. At this stage, a number of areas where clarification will be necessary, can be identified. These include:

- structures for the Delivery Planning Contracts and Procurement Process.
- the relationship between Health and Personal Social Services Delivery and individual services (e.g. nursing, diagnostics, therapeutic, counselling, etc.) management and development. An inventory of the individual services are currently being prepared by the EHB. A preliminary list is set out at Appendix D.
- the more detailed relationship between management responsibility and individual processes, taking into account the evolution in organisation which is taking place in the EHB.

In a wider context the establishment of the Eastern Regional Health Authority will inevitably cause a realignment of these processes between area management and the functions held at Authority level. This may have implications for how the processes are defined now.

#### **Processes and Critical Success Factors**

The chart opposite indicates the relationship between these very high level processes and the identified critical success factors. It is apparent that CSF's impact on all of the processes but particularly on Process 1. Health & Personal Social Services Planning Development and Management, Process 3. Care Group Services Planning, Co-ordination and Integration, Process 4. Health & Personal Social Services Delivery and on Process 5. Client Support. Based on the range of processes which they appear to affect, the most important CSF's are:

- Integrated Appropriate Services
- Focussing and Management of Resources
- Skilled Motivated Staff
- Effective Communication

Consequently, the applications which are likely to have greatest immediate impact across processes are those:

- which provide integration of services, e.g. integrated client records, scheduling systems.
- which assist in focussing and managing resources, e.g. financial, cost and management systems, clinical budgeting, DRG's, executive information systems.
- which enhance the effectiveness and performance of personnel, e.g. personnel management systems, performance development systems.
- which improve communications e.g. Email, knowledge storage and retrieval systems.

### Information Needs

The information needs of management to permit targets to be set and monitored for each objective of the Board and to manage critical success factors, are described, at a high level, in Section 3 under the headings of Clients, Services, Resources and Finance. These information needs are further developed by an analysis of the key performance measures for the high level process, and the information which is needed by management to monitor these performance measures.

The chart opposite summarises key performance indicators for each of the processes and for the managers responsible. These will be refined further in discussion with management and through more detailed analysis in later stages of the Information Systems Strategy project.

The information needed to manage processes and monitor performance measures is outlined in Section 5 of this report and is set out in a more expanded format in Appendix A.

### Information Systems Implications

The effectiveness of these processes in achieving the objectives of the EHB, as outlined in Section 3, can be greatly impacted by the manner in which information systems are deployed, for instance:

- **Integrated Services**

Integration can be greatly enhanced by having a single client record with a complete history of EHB contacts available at all points of client contact - thus reducing the chance of error or omission, client and staff delay and frustration, and ensuring all areas of service provision have a common perspective of client needs. The creation of an integrated client record will not be easily achieved as it will require the integration of a range of stand alone applications.

Integration between service providers could be assisted by the establishment of appropriate communications and data sharing mechanisms. Data sharing with service providers will clearly require their agreement and subsequently the establishment of protocols in relation to such matters as confidentiality and data ownership and agreed data standards.

- **Care Group Service Delivery**

Planning, integration and management of services to care groups across programmes can be facilitated by the appropriate use of technology. This would require the integration of a range of applications, some of which do not yet exist across organisational boundaries, which would be a major undertaking.

- **Lowest Level of Complexity**

The provision of on-line screening and counselling, based on predefined protocols, in US based Health Maintenance Organisations has provided for early diagnosis and the direction of clients towards the most appropriate level and mix of care. The introduction of such a service could assist in ensuring that clients are treated at the most appropriate, and most cost effective, level of complexity in accordance with their needs.

The implications for information systems will be considered in more detail in the Operational Assessment stage of the Information Systems Strategy project.

### Introduction

Key information needs, as described in paragraph 3.22 are identified at a high level in the context of the goals, measurable objectives and critical success factors agreed for the EHB. In this section, we further develop that analysis of information needs in the light of the processes described in Section 4.

Information needs are summarised in section 3 under the headings of:

- Client (including individual clients, care groups, geographic groups, as internal clients).
- Services provided to meet the needs of clients, both internal and external.
- Resources (staff, facilities and external) required to deliver those services.
- Finance (the cost of the resources and the direct financial support required to provide services to clients).

Key performance indicators for each of the seven processes discussed in Section 4 are also analysed under these four headings to form a balanced scorecard of performance measures.

The following pages contain a summary description of each process together with the related key performance indicators. For each of the performance indicators, a description of the related key information needs is provided.

### Information Sharing

While there is general consensus among the Management Team on the need and benefit of information sharing across the organisation, concerns were expressed in respect of the following:

- Client confidentiality: what information could or should be shared between EHB service providers, external service providers and management;
- Impact/Implications of the provisions of the Data Protection and the Freedom of Information Acts on the sharing of information;
- The use which will be made of the shared information (e.g. who will initiate and take action when a vulnerable or problem client has been identified, i.e. Who is responsible?);
- The ability of the EHB to obtain client information from external service providers (e.g. the role of service agreements in specifying this information).

The sharing of information was agreed in principle on the basis of the following:

#### *Management Information*

Management Information needs as outlined in this document can be satisfied through the provision of aggregated information which would not be client specific (e.g. activities, services, outcomes, resource and facility utilisation, and costs).

*Operational systems*

A range of operational systems will be implemented to support the service providers (e.g. Social Workers, A&E, etc.). These systems will record detailed information on each client and on each encounter between the client and the EHB (e.g. evaluation of client need, assessment, response, treatment, outcome). This detailed information should be aggregated regularly, not at a client level, to provide the required management information. Information sharing between operational areas will be handled through the recording of a Minimum Data Set.

*Minimum Client Data Set*

Information shared at client level should only consist of a subset of the detailed client information. This might include the unique client identifier, demographic data, summary of previous encounters with the name of the relevant individual professional service provider (e.g. social worker, clinician, community health nurse). The objective of this shared data set is to provide the *minimum* information to the individual service provider so as to facilitate their task of providing an integrated service to clients consistent with the requirement of the EHB for efficiency and effectiveness. It is felt that this would be particularly important for more vulnerable clients and members of care groups.

The exact content of this minimum client data set will require further detailed discussion with the relevant parties. It is important that these discussions are initiated as soon as possible so as to ensure that requirements for information sharing is considered as part of the definition of requirements and design of future systems.

This framework can be used to analyse the information needed to manage individual processes and sub-processes. For example,

Process: 4. Health and Personal Social Service Delivery		Responsibility:
Subprocess: Immunisation		Programmes:
	Key Performance Measures	Key Information Needs
Clients	Target reduction in incidence of related disease for clients and care groups. Client satisfaction with services. Expected incidence of reaction.	Actual reduction in incidence of related disease for clients and care groups. Client satisfaction with the services received. Actual incidence of reaction.
Service	Planned level of service and activity by unit. Quality of service.	Actual level of service delivered by location.
Resources	Planned medical, paramedical and support staff. Vaccine usage. Facilities and equipment.	Staff numbers, skills, location, performance. Facilities and equipment utilisation
Finance	Planned costs of staff, vaccine facilities and equipment.	Planned and actual costs of: ■ Staff, vaccine and facilities ■ Immunisation levels ■ Disease incidence reduction

The information needs identified from this high level process analysis, together with the information needs derived from the analysis of goals, objectives and critical success factors described in para 3.22 are set out in Appendix A in an expanded format, under the same headings of Clients, Services, Resources and Finance.




**SUMMARY OF PROCESS PERFORMANCE MEASURES AND INFORMATION NEEDS**

Process: <i>1. Health and Social Services Planning and Development</i> Defining, developing, planning and co-ordinating services which the EHB is required to provide.		Responsibility: CEO and management team
	Key Performance Measures	Key Information Needs
Clients	Health and Social Gain by Care Group and DED.	The current health and social status of clients in the Care Groups and DED's. The trends in this status which would occur without intervention. The outcome of EHB service provision.
Service	↓	Services planned to achieve health and social gain.
Resources	↓	Actual services provided by service type, care group and DED as compared with plans for services (outputs).
Finance	↓	Planned physical and human resources to support the services provided.
	↓	Actual physical and human resources provided compared with plans (inputs).
	↓	Planned cost of resources, services and outcomes.
		Actual cost of human and physical resources (inputs), services provided (outputs) and the health and social gain achieved (outcome).




**SUMMARY OF PROCESS PERFORMANCE MEASURES AND INFORMATION NEEDS**

<b>Process: 2. External Relations Management</b> Activities involved in managing and co-ordinating the relationships between the EHB and external agencies and between the EHB and its stakeholders		<b>Responsibility:</b> CEO and management team
	Key Performance Measures	Key Information Needs
Clients	Perception by stakeholders, other agencies, clients and the community of the effectiveness, value and responsiveness of EHB.	Perceptions of stakeholders, other agencies, community and clients.
	↓	
Service	Published service plan. Service agreements with other health and social service providers.	Actual services provided and service developments compared with published service plan. Services procured compared with services contracted
	↓	
Resources	Quality of staff relationship and staff performance.	IR incidents, Health and Safety Research compared with best practice in the industry.
	↓	
Finance	Annual Budget.	Actual outturns against budget.




**SUMMARY OF PROCESS PERFORMANCE MEASURES AND INFORMATION NEEDS**

<b>Process: 3. Co-ordination of Services to Care Groups</b> Identification of needs of care groups, planning services, delivery and integration of services to focus on the specific needs of care groups.		<b>Responsibility:</b> Care Group Directors
	<b>Key Performance Measures</b>	<b>Key Information Needs</b>
<b>Clients</b>	Health and Social Gain of Care Groups by DED.	Health and personal social service status of clients in the Care Groups. The trends in this status which would occur without intervention. The outcome of EHB service provision.
		
<b>Service</b>	Care Group service plans.	Actual services provided to each care group as compared with plans for service provision and development.
		
<b>Resources</b>	Integrated service and delivery resources to meet care group plans.	Actual physical and human resources provided compared with plans.
		
<b>Finance</b>	Care Group service budgets.	Actual cost of human and physical resources, services provided and the health and social gain achieved.




**SUMMARY OF PROCESS PERFORMANCE MEASURES AND INFORMATION NEEDS**

<b>Process: 4. Health and Personal Social Service Delivery</b> Health promotion, screening and immunisation, community support, primary care, acute outpatient, acute inpatient, and long stay residential and respite care.		<b>Responsibility:</b> Programmes
	<b>Key Performance Measures</b>	<b>Key Information Needs</b>
<b>Clients</b>	Outcomes of services for clients and care groups. Client satisfaction with services.	Outcome of services delivered and level of client satisfaction with the services received.
		
<b>Service</b>	Planned level of service and activity by unit. Quality of service.	Actual volume and quality of services, delivered by location.
		
<b>Resources</b>	Plans for human and physical resources provision and utilisation. Staff performance Facility rating	Staff numbers, skills, location, performance. Facilities availability, standards and utilisation.
		
<b>Finance</b>	Individual service budgets, including budgeted cost of inputs, activities and outputs.	Planned and actual costs of: <ul style="list-style-type: none"> <li>■ inputs</li> <li>■ activities</li> <li>■ outputs</li> </ul>

**SUMMARY OF PROCESS PERFORMANCE MEASURES AND INFORMATION NEEDS**

<b>Process: 5. Client Support</b> Direct and indirect support to clients including Ambulance and Transportation, Administration of Medical Cards, etc. Environmental Health, Income Support and Registration Services		<b>Responsibility:</b> Programmes
	<b>Key Performance Measures</b>	<b>Key Information Needs</b>
<b>Clients</b>	Compliance with statutory obligations. Client perception of the services.	Client requirements and needs. Client satisfaction ratings
		
<b>Service</b>	Planned levels of activity. Utilisation of services Quality of services.	Actual volumes and quality of services delivered by location. Statutory obligations.
		
<b>Resources</b>	Service and delivery resources provided. Resource utilisation. Staff performance. Facility rating.	Staff numbers, skills, location, performance. Facilities availability standards and utilisation.
		
<b>Finance</b>	Cost per unit of output.	Actual cost of inputs activity and outputs for each of the services.

**SUMMARY OF PROCESS PERFORMANCE MEASURES AND INFORMATION NEEDS**

Process: 6: <i>Delivery Planning Contracts and Procurement</i> Procurement of services, facilities and products for the EHB and clients of the EHB		Responsibility: Programmes and Functions
	<b>Key Performance Measures</b>	<b>Key Information Needs</b>
Clients	Satisfaction of internal and external customer needs. Service benchmarks.	Requirements of Health and Personal Social Services Delivery and Client Support Rating of services. Outcomes of services provided.
		
Service	Optimum utilisation of services. Quality of services.	Service utilisation by provider. Quality measures by provider. Current trends in service provision.
		
Resources	Utilisation of resources.	Location and description of facilities. Profile of service provider. Facility utilisation.
		
Finance	Planned cost of services. Benchmark cost of services.	Cost of service by sources (external or internal), location, type.

SUMMARY OF PROCESS PERFORMANCE MEASURES AND INFORMATION NEEDS

Process: <b>7. EHB Support Services</b> Activities that enable and support the staff of the Board in delivering services to external clients, including Communications, Finance, Information Systems, Facilities Management and Public Health Specialist Services		Responsibility: Function Management
	Key Performance Measures	Key Information Needs
Clients	Satisfaction. Management needs at senior and operational level. Leading practices.	Met and unmet needs of management. Operational needs. Benchmarks.
	↓	
Service	Planned utilisation of service. Quality of service provided. Statutory requirements.	Actual utilisation of services provided. Quality indicators (failure rates, response times, etc.)
	↓	
Resources	Staff performance. Resource utilisation.	Staff numbers, utilisation and performance. Facilities utilisation.
	↓	
Finance	Planned cost of inputs and outputs. Value for money. Benchmark costs of service	Actual expenditure by type of expense for cost centers, activities, outputs and projects. Comparative costs with external benchmarks.

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## APPENDICES

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### APPENDIX




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- |   |                                  |
|---|----------------------------------|
| A | Expanded Information Needs       |
| B | Entity Relationship Diagram      |
| C | Chronology of Report Development |
| D | EHB Client Services              |
-

## EXPANDED INFORMATION NEEDS

# A

### SUMMARY OF PROCESS PERFORMANCE MEASURES AND INFORMATION NEEDS

<b>Process: 1. Health and Social Services Planning and Development</b> Defining, developing, planning and co-ordinating services which the EHB is required to provide.		<b>Responsibility:</b> CEO and management team
	<b>Key Performance Measures</b>	<b>Key Information Needs</b>
<b>Clients</b>	Health and Social Gain by Care Group and DED.	The current health and social status of clients in the Care Groups and DED's. The trends in this status which would occur without intervention. The outcome of EHB service provision.
		
<b>Service</b>	Services planned to achieve health and social gain.	Actual services provided by service type, care group and DED as compared with plans for services (outputs).
		
<b>Resources</b>	Planned physical and human resources to support the services provided.	Actual physical and human resources provided compared with plans (inputs)
		
<b>Finance</b>	Planned cost of resources, services and outcomes.	Actual cost of human and physical resources (inputs), services provided (outputs) and the health and social gain achieved (outcome).

EXPANDED INFORMATION NEEDS *CONTINUED*

SUMMARY OF PROCESS PERFORMANCE MEASURES AND INFORMATION NEEDS

Process: 2: <i>External Relations Management</i>		Responsibility:
Activities involved in managing and co-ordinating the relationships between the EHB and external agencies and between the EHB and its stakeholders		CEO and management team
	Key Performance Measures	Key Information Needs
<b>Clients</b>	Perception by stakeholders, other agencies, clients and the community of the effectiveness, value and responsiveness of EHB.	Perceptions of stakeholders, other agencies, community and clients.
<b>Service</b>	Published service plan. Service agreements with other health and social service providers.	Actual services provided and service developments compared with published service plan. Services procured compared with services contracted.
<b>Resources</b>	Quality of staff relationship and staff performance.	IR incidents, Health and Safety Research compared with best practice in the industry.
<b>Finance</b>	Annual Budget.	Actual outturns against budget.

**EXPANDED INFORMATION NEEDS** CONTINUED

**EXPANDED INFORMATION NEEDS**

Information Need Process	Financial	Resource	Service	Client
2. External Relations Management	Financial Plan <input type="checkbox"/> Agreed <input type="checkbox"/> Outturn Exceptional detailed items of expenditure (e.g. for PAC) Earned Income	Industrial Relations Incidents Health & Safety Record Other Agency Information	Service Plan <input type="checkbox"/> Agreed <input type="checkbox"/> Outturn Contracted services on behalf of other agencies (e.g. SW, Local Authorities)	Stakeholder Perceptions Other Service Provider Perceptions Client Perceptions Community Perceptions Care Group perceptions

**EXPANDED INFORMATION NEEDS** CONTINUED

**SUMMARY OF PROCESS PERFORMANCE MEASURES AND INFORMATION NEEDS**

<b>Process: 3. Co-ordination of Services to Care Groups</b> Identification of needs of care groups; planning services, delivery and integration of services to focus on the specific needs of care groups.		<b>Responsibility:</b> Care Group Directors
	<b>Key Performance Measures</b>	<b>Key Information Needs</b>
<b>Clients</b>	Health and Social Gain of Care Groups by DED.	Health and personal social service status of clients in the Care Groups. The trends in this status which would occur without intervention. The outcome of EHB service provision.
<b>Service</b>	Care Group service plans.	Actual services provided to each care group as compared with plans for service provision and development.
<b>Resources</b>	Integrated service and delivery resources to meet care group plans.	Actual physical and human resources provided compared with plans.
<b>Finance</b>	Care Group service budgets.	Actual cost of human and physical resources, services provided and the health and social gain achieved.




EXPANDED INFORMATION NEEDS CONTINUED

EXPANDED INFORMATION NEEDS

Information Need Process	Financial	Resource	Service	Client
<p>3. Co-ordination of Services to Care Groups</p>	<p>Budget, actual and comparative costs by</p> <ul style="list-style-type: none"> <li>■ Inputs</li> <li>■ Service</li> <li>■ Care Group</li> <li>■ Location</li> <li>■ Service Provider</li> </ul>	<p>Resources allocated from contracted service managers and service providers for their care group</p>	<p>Service availability - actual against planned utilisation of services, across the Board and external agents:</p> <ul style="list-style-type: none"> <li>■ By Care Group</li> <li>■ by Clients DED</li> <li>■ by location</li> <li>■ by service</li> <li>■ by Service Provider</li> </ul> <p>Details of complaints/ comments for this Care Group received from</p> <ul style="list-style-type: none"> <li>■ Staff</li> <li>■ Clients</li> <li>■ Service providers</li> <li>■ Political reps.</li> </ul> <p>Service Auditing</p> <p>Care Group benchmarks, trends and best practices</p>	<p>Health &amp; Social Gain</p> <p>Needs of Care Group</p> <ul style="list-style-type: none"> <li>■ Health Need</li> <li>■ Health Precursor</li> <li>■ Personal Social Service Need</li> <li>■ Current Funds</li> <li>■ Care Group Plan</li> </ul> <p>Client Profile detailed by Care Group</p> <p>Contact history and referral information by</p> <ul style="list-style-type: none"> <li>■ by Care Group</li> <li>■ by Service</li> </ul>

EXPANDED INFORMATION NEEDS *CONTINUED*

SUMMARY OF PROCESS PERFORMANCE MEASURES AND INFORMATION NEEDS

Process: 4. <i>Health and Personal Social Service Delivery</i> Health promotion, screening and immunisation, community support, primary care, acute out-patient, acute in-patient, and long stay residential and respite care		Responsibility: Programmes
	<b>Key Performance Measures</b>	<b>Key Information Needs</b>
<b>Clients</b>	Outcomes of services for clients and care groups. Client satisfaction with services. 	Outcome of services delivered and level of client satisfaction with the services received.
<b>Service</b>	Planned level of service and activity by unit. Quality of service. 	Actual volume and quality of services, delivered by location.
<b>Resources</b>	Plans for human and physical resources provision and utilisation. Staff performance Facility rating 	Staff numbers, skills, location, performance. Facilities availability, standards and utilisation.
<b>Finance</b>	Individual service budgets, including budgeted cost of inputs, activities and outputs.	Planned and actual costs of: <ul style="list-style-type: none"> <li>■ inputs</li> <li>■ activities</li> <li>■ outputs</li> </ul>

**EXPANDED INFORMATION NEEDS** CONTINUED

Process	Information Need	Financial	Resource	Service	Client
<p>4. Health &amp; Personal Social Services Delivery</p>	<p>Actual, budgeted and comparative detailed costs:</p> <ul style="list-style-type: none"> <li>■ by services (including support services)</li> <li>■ by expenditure type</li> <li>■ by facility</li> <li>■ by project/activity</li> <li>■ by location/cost centre</li> <li>■ by unit of output</li> <li>■ by outcome</li> <li>■ by Client</li> <li>■ by Episode/Encounter</li> <li>■ by DRG</li> <li>■ by Grade</li> <li>■ by Provider/Service Location</li> </ul> <p>including pay, non pay, expenses, etc.</p>	<p>Employee details:</p> <ul style="list-style-type: none"> <li>■ by grade</li> <li>■ by category</li> <li>■ by location</li> </ul> <p>including:</p> <ul style="list-style-type: none"> <li>■ Rosters/Availability</li> <li>■ Skills</li> <li>■ Training</li> <li>■ Performance</li> <li>■ Caseload/Workload</li> <li>■ Attendance/Leave</li> <li>■ Experience</li> <li>■</li> </ul> <p>Value Adherence</p> <p>Inventory Management</p> <ul style="list-style-type: none"> <li>■ Equipment Levels</li> <li>■ Equipment Loan details</li> <li>■ Equipment Maintenance details</li> <li>■ Stock details</li> <li>■ Manuals, operating instructions</li> </ul>	<p>Detailed service information</p> <ul style="list-style-type: none"> <li>■ What services including: <ul style="list-style-type: none"> <li>■ Treatment</li> <li>■ Prevention</li> <li>■ Support</li> <li>■ Education &amp; Health</li> <li>■ Promotion</li> <li>■ Screening</li> <li>■ Emergency</li> <li>■ Ambulance</li> </ul> </li> <li>■ Where are they delivered</li> <li>■ How are they delivered</li> <li>■ Quality Indicators</li> <li>■ Level of complexity</li> <li>■ Roles &amp; Responsibilities</li> <li>■ Level of referrals to/from</li> <li>■ Volume of services</li> <li>■ Content Details</li> </ul> <p>Legislation &amp; Regulations</p> <p>Policies and Procedures for service delivery</p>	<p>Individual Client Demographics</p> <p>Client History</p> <p>Satisfaction Rating</p> <p>Minimum Client Data Set</p> <p>Episodal/Encounter Information</p>	

**EXPANDED INFORMATION NEEDS** *CONTINUED*

**EXPANDED INFORMATION NEEDS**

Information Need Process	Financial	Resource	Service	Client
<p>4. Health &amp; Personal Social Services Delivery cont.</p>		<p>Facilities:</p> <ul style="list-style-type: none"> <li>■ by location</li> <li>■ by use</li> <li>■ capacity</li> <li>■ utilisation</li> <li>■ availability</li> <li>■ contacts</li> <li>■ maintenance</li> </ul> <p>Supplier Information</p>	<p>Actual versus planned detailed activity data (as per service plans) on service utilisation</p> <ul style="list-style-type: none"> <li>■ by location</li> <li>■ by time</li> <li>■ by Client/DED</li> <li>■ by Service provider</li> <li>■ by service type</li> <li>■ by Care Group</li> <li>■ by DRG</li> </ul> <p>including</p> <ul style="list-style-type: none"> <li>■ Nos. attending (New versus returns);</li> </ul> <p>Service encounter details including:</p> <ul style="list-style-type: none"> <li>■ No of encounters before care is initiated</li> <li>■ Duration of encounter</li> <li>■ Referral</li> <li>■ Encounter details</li> <li>■ Outcome</li> <li>■ Employees involved in encounter</li> <li>■ Service provider</li> <li>■ Location</li> </ul>	

**EXPANDED INFORMATION NEEDS** CONTINUED

**EXPANDED INFORMATION NEEDS**

Information Need Process	Financial	Resource	Service	Client
<p>4. Health &amp; Personal Social Services Delivery cont.</p>			<p>Details of complaints/comments received from:</p> <ul style="list-style-type: none"> <li>■ Staff</li> <li>■ Clients</li> <li>■ Carers</li> <li>■ Service providers</li> <li>■ Political reps.</li> </ul> <p>Outcomes</p>	

**EXPANDED INFORMATION NEEDS** CONTINUED

**SUMMARY OF PROCESS PERFORMANCE MEASURES AND INFORMATION NEEDS**

Process: <b>5 Client Support</b> Direct and indirect support to clients including Ambulance and Transportation, Administration of Medical Cards, etc., Environmental Health, Income Support and Registration Services		Responsibility
		<b>Programmes</b>
		<b>Key Information Needs</b>
<b>Clients</b>	Compliance with statutory obligations. Patient perception of the services.	Client requirements and needs. Client satisfaction ratings.
<b>Service</b>	Planned levels of activity. Utilisation of services. Quality of services.	Actual volumes and quality of services delivered by location. Statutory obligations.
<b>Resources</b>	Service and delivery resources provided. Resource utilisation. Staff performance. Facility rating.	Staff numbers, skills, location, performance. Facilities availability standards and utilisation.
<b>Finance</b>	Cost per unit of output.	Actual cost of inputs activity and outputs for each of the services.




**EXPANDED INFORMATION NEEDS** CONTINUED

**EXPANDED INFORMATION NEEDS**

Information Need	Financial	Resource	Service	Client
<p><b>Process</b></p> <p>5. Client Support</p>	<p>Detailed costs of support services provided - Actual versus budgeted for inputs, activity and outputs for:</p> <ul style="list-style-type: none"> <li>■ Transportation</li> <li>■ Administrative Service                             <ul style="list-style-type: none"> <li>■ Drugs Scheme</li> <li>■ Medical Cards</li> <li>■ Community Pharmacy Services</li> </ul> </li> <li>■ Income Support Services</li> <li>■ Registration Services</li> <li>■ Environmental Health Services</li> </ul>	<p>Employee details:</p> <ul style="list-style-type: none"> <li>■ by grade</li> <li>■ by category</li> <li>■ by employment status</li> <li>■ by location</li> </ul> <p>including:</p> <ul style="list-style-type: none"> <li>■ Rosters/Availability</li> <li>■ Skills</li> <li>■ Training</li> <li>■ Performance</li> <li>■ Attendance/Leave</li> <li>■ Workload</li> <li>■ Experience</li> </ul> <p>Facilities:</p> <ul style="list-style-type: none"> <li>■ Appropriateness</li> <li>■ by location</li> <li>■ by use</li> <li>■ availability</li> </ul> <p>Equipment:</p> <ul style="list-style-type: none"> <li>■ Capacity</li> <li>■ Utilisation</li> <li>■ Availability/CEAD time</li> </ul>	<p>Actual versus planned detailed activity data for service (by DED or Care Group where appropriate) including:</p> <ul style="list-style-type: none"> <li>■ throughput</li> <li>■ Quality indicators</li> <li>■ Volume</li> </ul> <p>Legislation &amp; Regulation Policies &amp; Procedures</p> <p>Inspection details and outcomes including:</p> <ul style="list-style-type: none"> <li>■ Premises</li> <li>■ Outcomes</li> <li>■ Tests</li> </ul> <p>Details of complaints/comments received from:</p> <ul style="list-style-type: none"> <li>■ Staff</li> <li>■ Clients</li> <li>■ Carers</li> <li>■ Service providers</li> <li>■ Political reps.</li> </ul>	<p>Client Requirements/needs</p> <p>Referral Information</p> <p>Client Profile</p> <p>Contact history</p> <p>Client Satisfaction rating</p>

**EXPANDED INFORMATION NEEDS** CONTINUED

**SUMMARY OF PROCESS PERFORMANCE MEASURES AND INFORMATION NEEDS**

<b>Process: 6. EHB Support Services</b> Activities that enable and support the staff of the Board in delivering services to external clients, including Communications, Finance, Information Systems, Facilities Management and Public Health Specialist Services.		<b>Responsibility:</b> Function/Management
	<b>Key Performance Measures</b>	<b>Key Information Needs</b>
<b>Clients</b>	Satisfaction . Management needs at senior and operational level. Leading practices. 	Met and unmet needs of management. Operational needs. Benchmarks.
	Planned utilisation of service. Quality of service provided. Statutory requirements. 	Actual utilisation of services provided. Quality indicators (failure rates, response times, etc.)
<b>Service</b>	Staff performance. Resource utilisation. 	Staff numbers, utilisation and performance. Facilities utilisation.
<b>Finance</b>	Planned cost of inputs and outputs. Value for money.	Actual expenditure by type of expense for cost centers, activities, outputs and projects. Comparative costs with external benchmarks.

EXPANDED INFORMATION NEEDS CONTINUED

EXPANDED INFORMATION NEEDS

Information Need	Financial	Resource	Service	Client
<p>6. EHB Support Services</p>	<p>Budget versus actual expenditure for pay and non-pay items for service area split by cost centres/projects/activity.</p> <p>Detailed Audit Trails</p> <p>Cash Flow information</p> <p>Asset valuation</p>	<p>Employee details including:</p> <ul style="list-style-type: none"> <li>■ Rosters/Availability</li> <li>■ Attendance/Leave</li> <li>■ Skills/Experience</li> <li>■ Training</li> <li>■ by Grade</li> <li>■ by location</li> </ul> <p>for full-time, part-time and contract staff.</p> <p>Detailed Asset information:</p> <ul style="list-style-type: none"> <li>■ Buildings</li> <li>■ Equipment</li> <li>■ Utilisation</li> <li>■ Rating</li> <li>■ Location</li> <li>■ Lease</li> </ul> <p>Detailed Information Systems information including:</p> <ul style="list-style-type: none"> <li>■ Applications</li> <li>■ Data</li> <li>■ Technology</li> </ul> <p>Management &amp; Organisation</p>	<p>Details of:</p> <ul style="list-style-type: none"> <li>■ Support Service Requirements</li> <li>■ Support Services Delivered - what and where.</li> <li>■ Project Undertaken</li> <li>■ Roles &amp; Responsibilities</li> <li>■ Quality indicators (failure rate, response times, etc.)</li> <li>■ Volumes/utilisation</li> </ul> <p>Legislation &amp; Regulation Policies and Procedures</p> <p>Summary of complaints/ comments received:</p> <ul style="list-style-type: none"> <li>■ Management</li> <li>■ Staff</li> <li>■ Clients</li> <li>■ Service providers</li> <li>■ Political reps.</li> </ul>	<p>Management Needs met and not met</p> <p>Operational needs</p> <p>Service Performance Rating</p> <p>Benchmarks</p> <p>Staff needs including career development</p>

SUMMARY OF PROCESS PERFORMANCE MEASURES AND INFORMATION NEEDS

<b>Process: 7. Delivery Planning Contracts and Procurement</b> Procurement of services, facilities and products for the EHB and clients of the EHB		<b>Responsibility:</b> Programmes and Functions
	<b>Key Performance Measures</b>	<b>Key Information Needs</b>
<b>Clients</b>	Satisfaction of internal and external customer needs. Service benchmarks.	Requirements of Health and Personal Social Services Delivery and Client Support. Rating of services. Outcomes of services provided.
<b>Service</b>	Optimum utilisation of services. Quality of services.	Service utilisation by provider. Quality measures by provider. Current trends in service provision.
<b>Resources</b>	Utilisation of resources.	Location and description of facilities. Profile of service provider. Facility utilisation.
<b>Finance</b>	Planned cost of services. Benchmark cost of services.	Cost of service by sources (external or internal), location, type.

**EXPANDED INFORMATION NEEDS** CONTINUED

**EXPANDED INFORMATION NEEDS**

Information Need Process	Financial	Resource	Service	Client
<p>7. Delivery Planning Contracts and Procurement</p>	<p>Detailed Service costs by service, by source, by location. Detailed Procedure/Treatment /Intervention Costs Detailed costs of facilities by location within DED Market costs</p>	<p>Location and description of facilities Profile of Service Providers including relationship history Facility Utilisation  <ul style="list-style-type: none"> <li>■ Current</li> <li>■ Future</li> </ul> </p>	<p>Utilisation of services  <ul style="list-style-type: none"> <li>■ by location within DED</li> <li>■ by service type</li> <li>■ by Care Group</li> </ul> <p>Quality Measures Current trends in service provision Summary activity data (by DRG/Care Group where appropriate)  <ul style="list-style-type: none"> <li>■ Nos. attending(New versus returns);</li> <li>■ Procedures undertaken</li> <li>■ Interventions provided</li> <li>■ Length of Stays</li> <li>■ Waiting Lists/Times</li> <li>■ Bed Utilisation</li> </ul> </p> </p>	<p>Requirements of  <ul style="list-style-type: none"> <li>■ Health &amp; Personal Social Service Delivery</li> <li>■ Client Support</li> </ul> <p>Client rating of services Service needs of clients/Care Groups Summary demographics of client population by DED Outcomes</p> </p>

EASTERN HEALTH  
BOARD

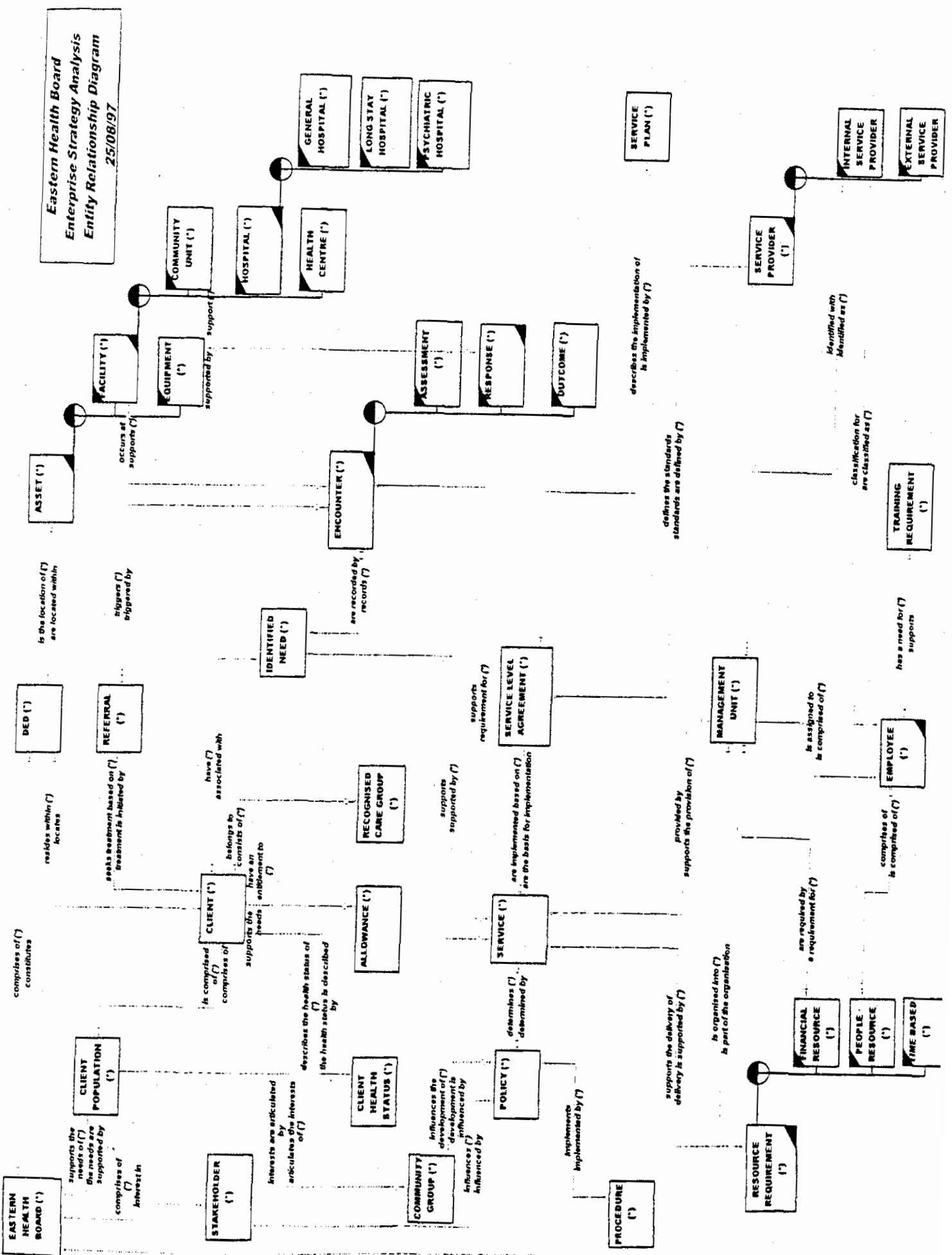
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ENTITY RELATIONSHIP  
DIAGRAM

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B

**Eastern Health Board  
Enterprise Strategy Analysis  
Entity Relationship Diagram  
25/08/97**



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# CHRONOLOGY OF DEVELOPMENT OF ENTERPRISE STRATEGY REPORT

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This Enterprise Strategy Analysis represents the final report from Stage 3 of the Information Systems Strategy Project for the EHB. Combined with the output from Stage 2 - Current Information Systems Review (CISA) and from Stage 4 - EHB Operations Analysis (ESA) it will provide a basis for the development of a Future Information Architecture for the EHB.

## Background

The key background documents considered in the analysis of EHB strategy are:

- "Shaping a Healthier Future - A strategy for effective healthcare in the 1990's" produced by the Department of Health.
- The Health (Amendment) (No. 3) Act, 1996
- Partnership 2000 and the New Programme for Government.
- "Statement of Strategy" produced by the Department of Health in May 1997.

## Management Interviews

During the period April 24<sup>th</sup> to May 9<sup>th</sup> interview sessions were held with the following members of the management team:

- P. J. Fitzpatrick            CEO
- Seamus O'Brien            Programme Manager  
Hospital Care Programme
- Maureen Windle            Programme Manager  
Community Care
- Mr. Michael Walsh        Programme Manager  
Special Hospital Care
- Pat McLoughlin            Programme Manager  
Drugs/AIDS Programme
- Dr. Brian O'Herlihy        Director of Public Health
- Mary Kelly                  Personnel Manager
- Martin Gallagher         Finance Officer
- Philip Doyle                Estate Management Officer
- James Curran                Technical Service Officer
- Matt O'Connor              Secretary to the Board
- Mary Crowe                 Management Services Officer

The objective of these interviews was to ascertain from each manager their individual perspectives of the Eastern Health Board's business strategy, the goals and performance measures identified for their specific area of responsibility, the key activities/process, and the information needed to plan, monitor and control service delivery.

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## CHRONOLOGY OF DEVELOPMENT OF ENTERPRISE STRATEGY REPORT *CONTINUED*

### Middle Management Workshop

Each interview was formally documented and validated with the participant. The material from all of the interviews was analysed by the project team and consolidated into a single document. This document formed the basis for an initial presentation to a workshop of middle managers on May 12<sup>th</sup>. Information gaps identified by the managers were addressed in further analysis by the project team.

### Senior Management Workshops

A one day workshop was held with the management team on 20<sup>th</sup> May 1997, the objectives being the validation of the information derived from the interview sessions and middle management workshop. Following detailed discussions the mission statement and goals were redefined to more accurately reflect the principles under which the Board operates. Time constraints prohibited detailed discussion on objectives supporting the goals, and the critical success factors

Further analysis work was undertaken by the project team and a briefing document produced for the management team prior to their workshop of June 17<sup>th</sup>. The briefing document summarised the combined outputs from the interview sessions and workshops to date and covered the Board's mission statement, goals, critical success factors and the information needs associated with the critical success factors, as no measurable objectives had been defined at this point in the process. A separate section addressed the processes of the Board and presented a number of high level processes derived from management interviews and the middle management workshop.

At the workshop of June 17<sup>th</sup> the mission statement was refined further and supporting values identified. The goals of the Board were also subject to further refinement and were categorised under six main headings:

- Health and Social Gain
- Partnership with the Community
- Service Range
- Service Quality
- Resources
- Culture

Objectives supporting the goals defined under each of these categories were agreed in breakout sessions by the management team workshop participants.

The initial critical success factors defined by the project team from the management interviews, deferred for discussion to this workshop, were expanded and categorised by the participants. As no in-depth discussion was possible in respect of the Board's processes, due to time constraints, a further half day workshop to address this matter was scheduled for July 4<sup>th</sup>.

The workshop of July 4<sup>th</sup> focused on the EHB constituencies and the services provided. The outputs from this workshop included an agreed list of EHB constituencies and services and an identification of how the services were delivered, i.e. the processes. These processes were further refined by the management team at a subsequent workshop held on September 2<sup>nd</sup>.

The outputs from these workshops was further refined by the project team before incorporation in this report.

**Current Services Provided by the Eastern Health Board**

1. Ambulance and Transport Services
2. Child Care and Family Support Services
3. Dental and Orthodontic Services
4. Community Welfare Services
5. Environmental Health Services
6. Community Health Services including Public Health Nursing, Home Help, Women's Refuge and Services for Travellers
7. Services for people with Physical and Sensory Disabilities
8. Mental Health Services
9. Immunisation
10. Services for Elderly
11. General Practice Unit
12. Services for the Homeless
13. Mental Handicap Services
14. General Hospital Services
15. AIDS/HIV/Drug Abuse Services
16. Speech and Language Therapy
17. Counselling Service
18. Public Analysts Laboratory
19. Public Health Services
20. Occupational Therapy
21. Registration of Births, Marriages and Deaths
22. Physiotherapy
23. Medical Services - these include Ophthalmic, Medical & Surgical Appliances, Maternity and Child Health, General Practitioner, Medical Cards, Family Planning and Pregnancy Counselling, Women's Health, Children's Health and Community Drugs Scheme
24. Overseas Medical Services
25. External Agencies - palliative care, services for the physically disabled (residential facilities), Forensic Service, Vocational/Rehabilitation Services

**Special Care Hospitals**

Vergemount, Clonskeagh  
St. Loman's Hospital  
St. Brendan's, Grangegorman  
St. Ita's Hospital, Portrane

**Acute General Hospitals**

James Connolly Memorial Hospital  
St. Columcille's Hospital (Loughlinstown)  
Naas General Hospital

**Non-acute General Hospital**

Cherry Orchard Hospital

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**APPENDIX C - EHB CLIENT  
SERVICES** *CONTINUED*

**Hospitals/Homes for the Elderly**

St. Mary's  
St. Vincent's  
St. Colman's  
Wicklow District  
Baltinglass District  
Bru Chaoimhin  
St. Clare's  
Clonskeagh  
St. Brigid's  
Cuan Ros  
Baggot Street Community Hospital  
Sir Patrick Dun's

**Functional Departments**

Public Health Medicine  
Estate Management  
Technical Services  
Personnel  
Customer Services  
Management Services  
Communications  
Finance