

From Our Irregular Correspondent

Planning, or the lack of it

One in a series of occasional papers on health and social care topics by Terry & Monica Dennis of Healthcare Alliances. The purpose of the papers is to give a high level view of current issues – making serious points in a casual style.

This paper explains why we think current planning processes has led to a reduction in thinking in the NHS.

Our own description of planning is “identifying the actions and resources that are needed as a result of considering what might happen in the future”. There are thousands of other definitions, but this one works for us. It leads to two simple statements:

- no view of the future = no plan
- no action = no plan

Planning can take many forms. At its simplest, it is a few thoughts in a single person’s mind; at its most complex, it can be a, say, fifteen year service strategy (100 pages plus) supported by numerous appendices and reports say 1,000 pages) which result in at least 10 business cases (say 100 pages each plus appendices) – thousands of pages to read (or, more likely, not) and to digest (or, most likely, not).

A broad rule of thumb is that half the population believe that detailed planning (like long-range weather forecasting) is a waste of time; it requires knowledge of the future, which is not available and is, therefore, an unnatural activity. These people like to use planning as a mechanism for thinking about possibilities and what might be.

The other half of the population believes that detailed planning is an important tool – a road map which provides some certainty in an uncertain world. Otherwise services develop in a haphazard and uncoordinated manner.

Through teamwork (which will be the subject of a future note) these two schools of thought can combine to produce plans that have the best of both worlds: through discussion of scenarios, the advantages and disadvantages of options can be considered and realistic timetables for action prepared, together with estimates of the resources required.

So here’s the rub – there is a dearth of good planning, both strategically and operationally in health and social care.

Sure, there are plenty of documents flying around – Commissioning this and Commissioning that; Designed for this and Designed for that; modernisation plans and so on. But where are the good, solid operational and service plans which set out, with clarity and in sufficient detail to be useful, what is going to be done, by whom and by when?

Many of our consulting projects involve service reviews, mapping of services, business case development and organisational development. Our clients are in the NHS, social care and the voluntary sector. One of our standard up-front requests is to have sight of the operational service plan, or its equivalent. Rarely are we given anything useful, often nothing is available. There then follows a period of shock and horror as we suggest / cajole / facilitate / request the preparation of a plan.

Why is this? To us, there appear to be several main reasons:

- “I don’t have the time because I am too busy fire-fighting and dealing with day-to-day problems”
- “What’s the point when I have no influence over decisions taken at an organisational / national level”
- “I’ll be moving on in two or three years, so why invest my time in something I will not reap any benefit from”
- “What’s a business plan?”

Is there an answer? Decrees from the centre to prepare plans will not work. Such a parental approach will be met with either dependence (“give me the template and I’ll do it without thinking”) or defiance (“I’ll put in the minimum effort needed to do the basics”). Both responses will result in a lack of ownership of the plan and provide more evidence to the cynics of the dead hand of central bureaucracy.

The best solution is to rely on yourself. The savvy manager knows that the analysis that forms the foundation for business planning is a tool that he or she needs to be good at. Good analysis:

- provides a framework for thinking about the future
- helps to stop problems arising
- can be used to influence upwards
- raises the profile and enhances career prospects

Above all else, it will help to sustain and improve services for patients, users and carers. It’s also good for the staff who provide the service.

Smart managers know how to analyse and can, therefore, be better prepared to deal with the unexpected.

Let’s restate the title. This paper is not about a lack of planning – it is about a lack of thinking and analysis.

We welcome comments on this paper which:

- disagree with us
- agree with us
- amplify the points we make
- give a different perspective

Please send your comments to:

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Comments will be added to this paper. Please indicate how you would like to be acknowledged – your full name, initials only or anonymous.

All *From Our Irregular Correspondent* papers and comments can be accessed on our website: www.healthcarealliances.co.uk