



## Recruitment Reform & Resourcing Programme Update

### HSE Board Meeting 16<sup>th</sup> December 2022

#### Background Context

Workforce planning is a process that aims to ensure having the people resources in place to deliver short and long term objectives. It is well recognised that there are key steps to be taken to build an effective workforce plan, such as the ‘five steps’ as set out in the Department of Health strategic framework for health and social care workforce planning. It is fair to say that this is a significant exercise for an organisation of the size, scale and level of complexity of the public health service – due to the range of services, number of local and national strategies and national policies that serve both overarching objectives such as Sláintecare, in addition to specific strategies, such as the National Maternity Strategy and National Trauma Strategy, for example.

Nonetheless we have, and are continuing to make progress in this work with for example the commissioning of the first a two phase report by the ESRI to determine the workforce requirements for Regional Health Authorities out to 2035. In regard to this work, we have already delivered circa 6,000 WTE on the basis of the Phase I report across acute hospital services.

In 2022, the HSE NSP and Resourcing Strategy set a resourcing range with a minimum net additional staff target of **5,500 WTE**. This minimum target was agreed as the reporting target for 2022. In both the National Service Plan and the Resourcing Strategy, the risks to achieving the 5,500WTE were clearly signalled which have become important as they have materialised in 2022, with two key risks (further COVID-19 wave substantially impacting staff absence and substantial increases in staff turnover), materialising beyond estimations. To illustrate the impact of these the COVID-19 wave in Q1 reported the greatest number of staff absence across the COVID-19 period, with in excess of 10,000+ staff away from the workplace. In addition the relaxation of COVID-19 measures, alongside the delayed retirement of staff, remaining to support our COVID-19 response, witnessed substantial increases in staff turnover.

This has resulted in turnover levels for January to September 2022 equating to the full year figures for 2021, requiring in excess 10,000 recruitments for replacements. Current year to date turnover rate is now at 7.3% compared with 7.7% for the full year in 2021.

The current Year to Date (YTD) performance against the minimum of the target, reports a lag of **-563 WTE** overall.

Notwithstanding that we remain behind the overall minimum target by -563 WTE, we are now showing recovery, in exceeding both the September and October targets. In particular, in October, we have exceeded this target by over **+200 WTE**, with 75% of this month's growth in clinical staff categories. At present both Management & Admin and Nursing & Midwifery are ahead of **YTD min target**, with Nursing & Midwifery marginally below the year-end minimum target (-280 WTE) (See Table 1.0 in the Appendix). Management & Admin are ahead on the YTD<sup>1</sup>, Year End Minimum and Maximum target also with Corporate and National services the only division reporting under at the maximum target level. All other staff categories are behind target. Health and Social Care Professionals (H&SCPs) remain significantly behind the Oct target (-739 WTE) and the minimum target (-1,071 WTE) however with notable increases reported this month.

The current YTD growth is **+3,769 WTE** with an estimated conservative projection to year end of **+4,600 WTE/ 84%** achievement of the minimum target, with variance noted at both staff category and divisional level.

The contextual backdrop to this year's growth is also influenced by the historical patterns of growth, policy and operational factors that has been equally influenced by factors outside of the sphere of control of the public health service. Graph 1.0 in the Appendix provides a visualisation of the impact of the key factors influencing our workforce since 2008 and the shifts and patterns noted in our workforce during this timeframe as a direct consequence. The graph sets out three specific time periods of i) the recession (2008-2014), ii) Recovery Period (2014-2019) and the COVID Period (2019-2022 current period). The recession period brought substantial workforce reductions and led to a significant period of Irish trained health graduate export. While we have made some recovery in the 'recovery period' the COVID-19 period signalled

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<sup>1</sup> Of note, notwithstanding Management and Administration (M&A) is ahead, on a comparative basis, HSE M&A proportion of overall workforce is comparable with other jurisdictions internationally and in some cases is below.

the requirement to exponentially expand within a condensed timeframe. Therefore of the increase across this period, the last 3 year period since December 2019 has seen the largest growth at **+16,275 WTE** equating to **+13.6%**.

This context is important in today's efforts to continue to expand, as it shows us the relative sensitivity of the health sector to system shocks. This however is not unique to Ireland, with all countries now recognising the requirement to have flexible, agile and sustainable health workforces, particularly since the emergence of COVID-19. The impact of this is felt in our recruitment, retention and overarching workforce expansion efforts, as the competitiveness of the global marketplace has intensified. Nonetheless, on a like for like basis, when this data is compared internationally, for example with the August data for NHS England, the HSEs performance is significantly better, with higher levels growth in overall percentage terms. See Table 2.0 in the Appendix.

### **Recruitment Reform & Resourcing**

The Health Service is facing sustained and significant demand for qualified health and social care professionals. This demand is projected to significantly increase in the coming years due to social and environmental factors such as an ageing population and healthcare workforce, health service developments that require more healthcare workers, and local and global talent shortages that impact on talent supply.

As the Organisation exits COVID, existing challenges to recruitment and retention of a skilled healthcare workforce are compounded by substantially increased investment in healthcare to deliver Sláintecare, and the requirement to increase the number of qualified health care professionals. This is against a backdrop where there are changing workforce expectations which requires greater flexibility, agility and creativity. Furthermore, unprecedented global shortages in qualified health care professionals are also impacting our ability to staff our services, as we must compete internationally for talent, while stemming the flow of domestically qualified professionals to other geographies and industry.

## Responding to the challenges

In this context, the Recruitment Reform & Resourcing Programme was approved by the EMT in March 2022 and came into operation in June 2022. There are two overarching Strategic Programmes of work under this new function, both of which work together to develop our capacity to recruit and resource effectively:

<b>Recruitment Operating Model</b>	<b>Resourcing Strategy</b>
<i>Modernise how we deliver recruitment in the Health Service Executive, bringing the selection decision and control closer to the point of service delivery, ensuring we have the right people with the right blend of skills in place to deliver our services. This model will support the development of the RHAs.</i>	<i>Empower our services to attract, develop, retain and engage the workforce that will deliver safer, better health and social care services for the people of Ireland, now and into the future</i>

## Strategic Objectives

The Recruitment Reform & Resourcing Programme worked with service leadership to establish and agree a holistic approach to resourcing, across five key Strategic Resourcing Pillars:

- Engage and Retain our Workforce
- Attract a High Performing and Diverse Workforce
- Build the Healthcare Talent of the Future
- Support the Health & Wellbeing of our Workforce
- Build a Positive & Inclusive Workplace Culture

The Recruitment Reform & Resourcing Programme will deliver the following service improvements:

1. **Improve Candidate and Service Manager Experience** through the delivery of an easily accessed, transparent, efficient and meaningful experience that meets the needs of the candidate and service managers and significant progress has been made in this area;
2. **Optimise the use of Technology and Digital Solutions** facilitating integration of systems and deliver a technology enabled, scalable and agile recruitment system that will support us to deliver the increased resource requirements of Sláintecare and ensure appropriate recruitment capacity;

3. Provide **National visibility over all recruitment** activity together with clear Governance and Accountability through standardisation in relation to recruitment delivery and process, organisational and individual responsibilities and reporting lines to ensure adherence to CPSA and HSE standards and procedures;
4. Deliver a **HSE Resourcing Strategy** to meet the current and future needs of the organisation, anchored in the principle of planning with multiple stakeholders for a sufficient domestic supply of health care staff, maximising self-sufficiency within the Irish state for the resourcing and delivery of publicly funded health services for the future, facilitating the delivery of the right care, in the right place, at the right time.

### Strategic Measures

The key strategic measurements for this Programme are:

Programme Measurements	Achieving
Engage and Retain our Workforce	<ul style="list-style-type: none"> <li>• Reduced turnover (voluntary attrition)</li> <li>• Higher overall employee engagement scores</li> </ul>
Attract a High Performing and Diverse Workforce	<ul style="list-style-type: none"> <li>• Reduced time to hire</li> <li>• Reduced % of unable to fill / vs completions</li> </ul>
Build the Healthcare Talent of the Future	<ul style="list-style-type: none"> <li>• Higher career path satisfaction metrics</li> <li>• Increased output of qualified, eligible candidates from education</li> </ul>
Support the Health & wellbeing of our Workforce	<ul style="list-style-type: none"> <li>• Increase in employee satisfaction metrics</li> <li>• Decreased absenteeism rate</li> </ul>
Build a Positive & Inclusive Workplace Culture	<ul style="list-style-type: none"> <li>• Increased diversity within the organisation</li> <li>• Increase in staff perception across a number of inclusion, diversity and culture metrics</li> </ul>

This Programme of work is underpinned by robust Governance anchored in profession led Expert Implementation Groups (see appendix). These Groups are developing concrete measurable actions based on their lived experiences, existing recommendations from appropriate reports and initiatives from other jurisdictions, aligned to best practice. The work of these groups is being considered by both the Steering and Governance Groups in the development of the overall Resourcing Strategy for the health services. However it is not surprising that there are common themes across all areas and these are being considered as part of the prioritisation for

the HSE. It is expected that the wireframe of the Resourcing Strategy will be available by year end inclusive of priority areas.

Theme	Action
1. Significant gap between Supply & Demand	Create a National Strategic Workforce plan that is fully aligned with the Resourcing Programme - per grade category, for the short, medium and long term
2. Ensure Graduates Stay Post Qualification	Require all graduates of third level healthcare programmes to spend a minimum period within the publicly funded Health Service, post qualification
3. Accommodation & Cost of Living	Create a sub-working group to examine the potential of providing accommodation for healthcare professionals
4. Talent Attraction & Engaging Our Leavers	Establish a Talent Attraction & Engagement competency within National HR
5. Communications & Engagement	Develop and integrate our Internal Communications in line with the Resourcing Strategy
6. The Need for Policy & Legislative Change	Remove policy and legislative barriers
7. Data & Workforce Planning	Develop consistent data and intelligence in relation to our leavers
8. Flexible Working	Review flexible working practices and develop recommendations to increase flexibility for colleagues in alignment with service demands
9. Structured Career Development Frameworks	Develop Career Support & Development Hubs for existing and new colleagues
10. Career Guidance and Support	Develop Structured Career Development Frameworks including: <ul style="list-style-type: none"> <li>• Apprenticeship Programmes</li> <li>• Sponsorship Programmes</li> <li>• Professional Development Programmes</li> </ul>
11. Health & Wellbeing Supports & Communication	Invest in and Communicate our Health & Wellbeing Offerings

Once the priorities have been identified, work will then commence on the development of the appropriate prioritised Programme Plans. This will include assessment and appraisal of each Action together with ownership, funding stream and clear deliverables.

The success of this Programme will be dependent on support on the actions across the organisation, HSE funded agencies, Government Departments and other state bodies.

**Conclusion**

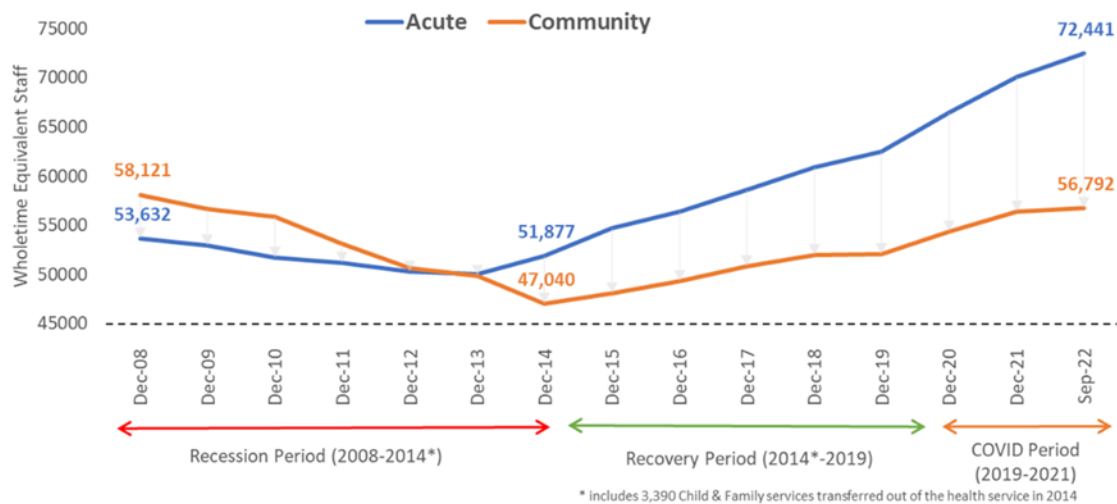
This National HR programme working with multiple stakeholders will be key in the delivery of the commitments outlined in the NSP 2023, together with ensuring that the organisation can meet the recruitment and resourcing requirements for the implementation of Sláintecare.

# Appendix

**Table 1.0 Resourcing Strategy Performance**

Staff Category	Oct 2022	Change 2022	Change 2019 to date	Var to Oct-22	Var to Dec-22	% Variance Oct	WTE Min Target Dec-22	Min Target	Var to Oct-22	Var to Dec-22	Max Target
<b>Total</b>	<b>136,092</b>	<b>+3,769</b>	<b>+16,275</b>	<b>-563</b>	<b>-1,730</b>	<b>-13.0%</b>	<b>137,823</b>	<b>5,500</b>	<b>-5,656</b>	<b>-7,598</b>	<b>11,368</b>
Medical & Dental	12,615	+501	+1,757	-67	-99	-11.7%	12,713	600	-89	-125	627
Nursing & Midwifery	42,797	+1,220	+4,592	+138	-280	+12.7%	43,077	1,500	-1,723	-2,389	3,609
Health & Social Care Prof	19,428	+429	+2,654	-739	-1,071	-63.2%	20,499	1,500	-2,396	-3,116	3,545
Management & Admin	22,837	+1,255	+3,991	+740	+655	+143.7%	22,183	600	+206	+78	1,177
General Support	10,072	+61	+656	-7	-38	-10.4%	10,110	100	-137	-171	232
Patient & Client Care	28,344	+302	+2,625	-628	-897	-67.5%	29,241	1,200	-1,517	-1,876	2,178
Staff Category/ Service Area	Oct 2022	Change 2022	Change 2019 to date	Var to Oct-22	Var to Dec-22	% Variance Oct	WTE Min Target Dec-22	Min Target	Var to Oct-22	Var to Dec-22	Max Target
<b>Acute (incl. NAS)</b>	<b>72,835</b>	<b>+2,705</b>	<b>+10,297</b>	<b>+1,616</b>	<b>+1,440</b>	<b>+148.4%</b>	<b>71,225</b>	<b>1,265</b>	<b>-149</b>	<b>-608</b>	<b>3,313</b>
Medical & Dental	10,159	+441	+1,581	+102	+100	+30.2%	10,003	341	+80	+74	367
Nursing & Midwifery	27,002	+1,148	+3,681	+723	+596	+169.9%	26,346	552	-363	-713	1,861
Health & Social Care Prof	9,116	+135	+1,355	-33	-61	-19.6%	9,123	196	-365	-416	551
Management & Admin	11,213	+548	+1,764	+499	+498	+1014.0%	10,716	50	+357	+337	211
General Support	7,022	+116	+862	+73	+67	+170.8%	6,955	49	+15	+6	110
Patient & Client Care	8,322	+317	+1,055	+252	+240	+387.6%	8,082	77	+127	+105	212
<b>Community Services</b>	<b>57,168</b>	<b>+798</b>	<b>+5,079</b>	<b>-2,159</b>	<b>-3,116</b>	<b>-73.0%</b>	<b>60,284</b>	<b>3,914</b>	<b>-5,115</b>	<b>-6,542</b>	<b>7,339</b>
Medical & Dental	2,214	+71	+148	-145	-175	-67.3%	2,389	246	-145	-175	246
Nursing & Midwifery	15,493	+51	+816	-587	-878	-92.0%	16,371	929	-1,363	-1,678	1,729
Health & Social Care Prof	9,465	+282	+1,235	-681	-985	-70.7%	10,450	1,267	-1,991	-2,660	2,942
Management & Admin	7,282	+446	+1,469	+196	+146	+78.4%	7,136	300	+83	+32	414
General Support	2,715	-47	-188	-73	-98	-284.7%	2,813	51	-136	-161	114
Patient & Client Care	20,000	-4	+1,599	-869	-1,126	-100.5%	21,126	1,121	-1,562	-1,899	1,894
<b>Corporate &amp; National</b>	<b>6,090</b>	<b>+266</b>	<b>+898</b>	<b>-20</b>	<b>-54</b>	<b>-7.1%</b>	<b>6,314</b>	<b>320</b>	<b>-392</b>	<b>-449</b>	<b>715</b>
Medical & Dental	242	-10	+28	-24	-24	-176.0%	322	13	-24	-24	13
Nursing & Midwifery	302	+22	+95	+3	+3	+13.5%	359	19	+3	+3	19
Health & Social Care Prof	847	+12	+64	-25	-25	-67.4%	925	37	-40	-40	52
Management & Admin	4,342	+261	+758	+45	+11	+20.9%	4,332	250	-234	-291	552
General Support	335	-8	-18	-8	-8	-	342	-	-16	-16	8
Patient & Client Care	22	-11	-28	-12	-12	-1180.0%	34	1	-82	-82	71

**Graph 1.0 Health Sector Workforce Patterns by Division over Key Time Periods of Impact**



**Table 1.0 Comparison of Workforce Growth Rate for HSE and NHS England**

