Recruitment Reform & Resourcing Programme
HSE Board Presentation

December 2022

Recruitment Reform & Resourcing Programme

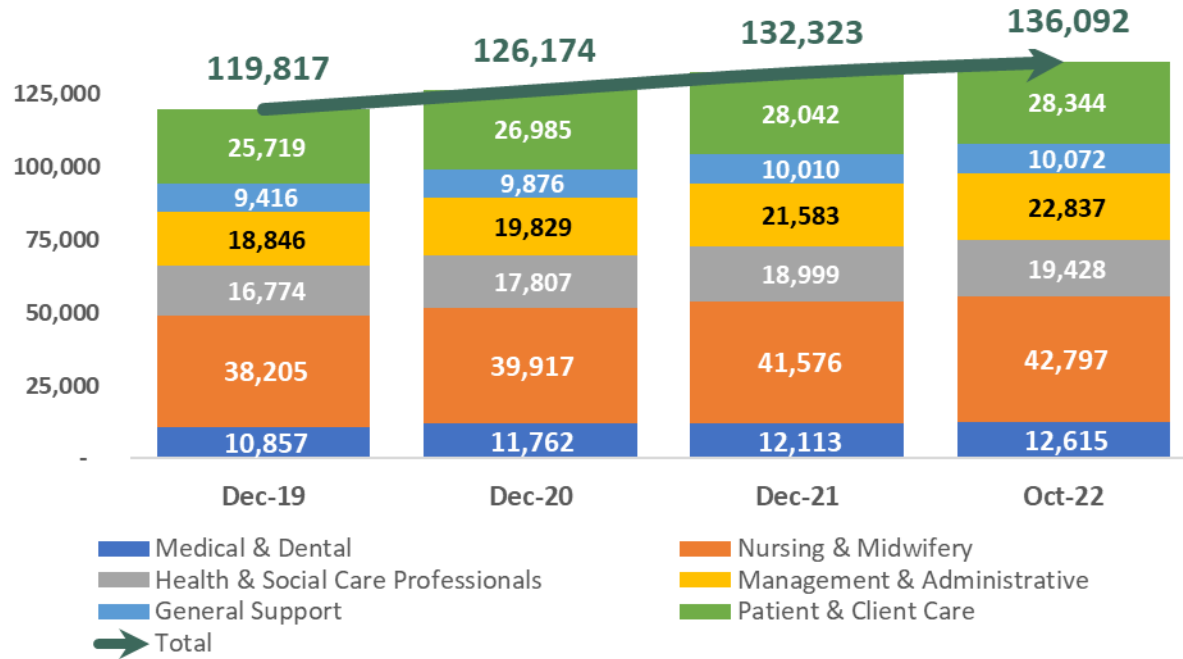*Presentation to the HSE Board*

1. HSE Growth 08 - 22
2. Census & Development Posts
3. Turnover Data
4. Why Now?
5. Programme Pillars & Strategic Pillars
6. Stakeholder Engagement
7. Interim Programme Measurements
8. Our Journey to Date
9. Common Actions Across Pillars
10. Immediate and Potential Resourcing Actions 2023 By Profession
11. How the Programme Will Be Delivered
12. Our Ask of You
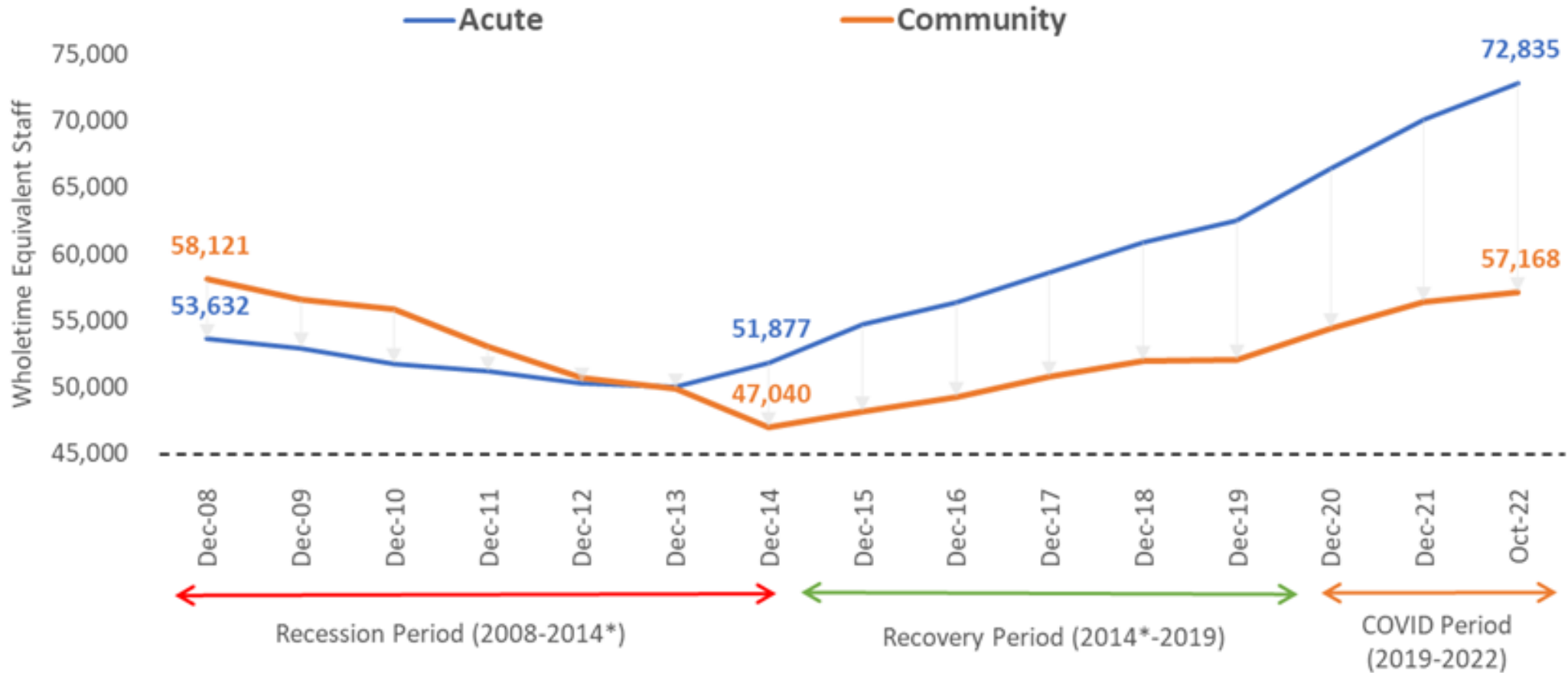
* 2014 Community includes 3,390 Child & Family services transferred out of the health service in 2014
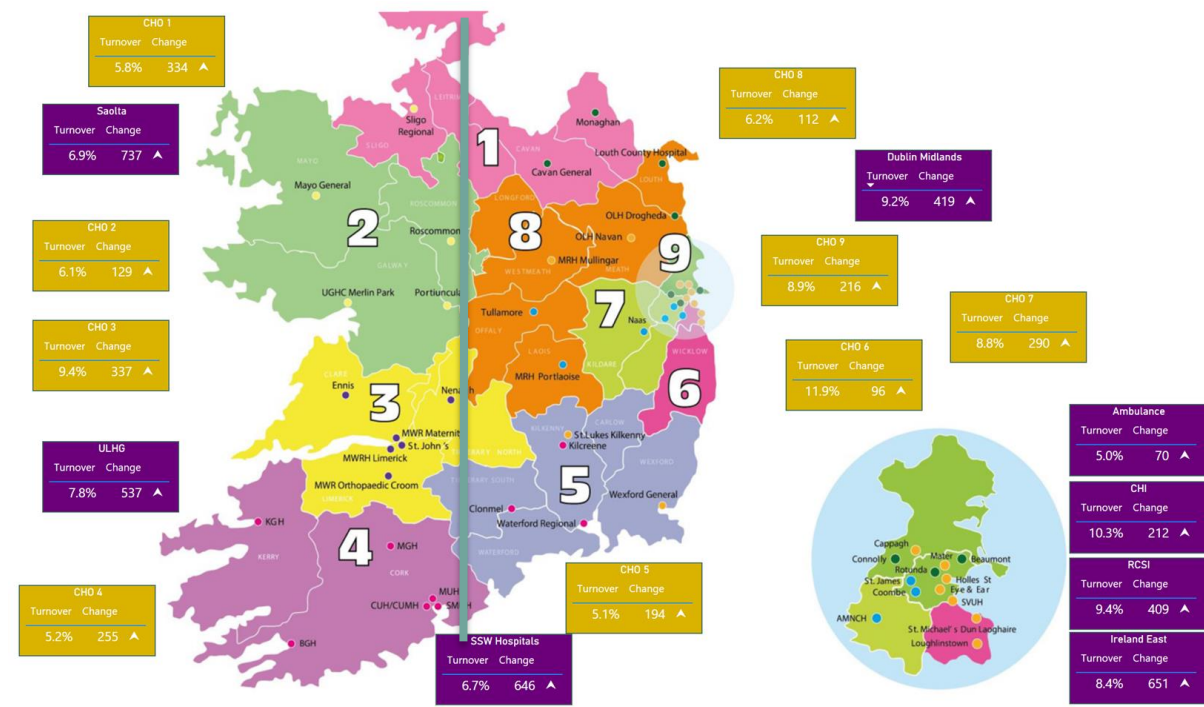
Resourcing Strategy – Workforce Expansion

Stacked bar chart showing total workforce: Dec-19: 119,817; Dec-20: 126,174; Dec-21: 132,323; Oct-22: 136,092.

Category	Dec-19	Dec-20	Dec-21	Oct-22
Patient & Client Care	25,719	26,985	28,042	28,344
General Support	9,416	9,876	10,010	10,072
Management & Administrative	18,846	19,829	21,583	22,837
Health & Social Care Professionals	16,774	17,807	18,999	19,428
Nursing & Midwifery	38,205	39,917	41,576	42,797
Medical & Dental	10,857	11,762	12,113	12,615

Legend: Medical & Dental; Nursing & Midwifery; Health & Social Care Professionals; Management & Administrative; General Support; Patient & Client Care; Total

Bar chart: % change since Dec 2021 and % change since Dec 2019 by area:
ULHG +3.0% / +25.3%; Saolta +5.3% / +20.2%; SSWHG +4.8% / +18.8%; IEHG +2.9% / +16.3%; CHO 1 +4.4% / +16.3%; CHO 3 +2.3% / +16.2%; RCSI +4.3% / +14.5%; CHI +2.2% / +12.8%; DMHG +3.7% / +12.2%; CHO 7 +1.0% / +9.7%; CHO 5 +2.1% / +9.6%; CHO 4 +1.0% / +9.3%; CHO 9 +0.4% / +9.3%; NAS +0.9% / +7.6%; CHO 6 +1.6% / +7.1%; CHO 2 +1.5% / +6.5%; CHO 8 -0.3% / +4.8%

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
Total	**136,092**	**+3,769**	**+16,275**	**-563**	**-1,730**	**-13.0%**	**137,823**	**5,500**	**-5,656**	**-7,598**	**11,368**
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
Acute (incl. NAS)	**72,835**	**+2,705**	**+10,297**	**+1,616**	**+1,440**	**+148.4%**	**71,225**	**1,265**	**-149**	**-608**	**3,313**
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
Community Services	**57,168**	**+798**	**+5,079**	**-2,159**	**-3,116**	**-73.0%**	**60,284**	**3,914**	**-5,115**	**-6,542**	**7,339**
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
Corporate & National	**6,090**	**+266**	**+898**	**-20**	**-54**	**-7.1%**	**6,314**	**320**	**-392**	**-449**	**715**
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
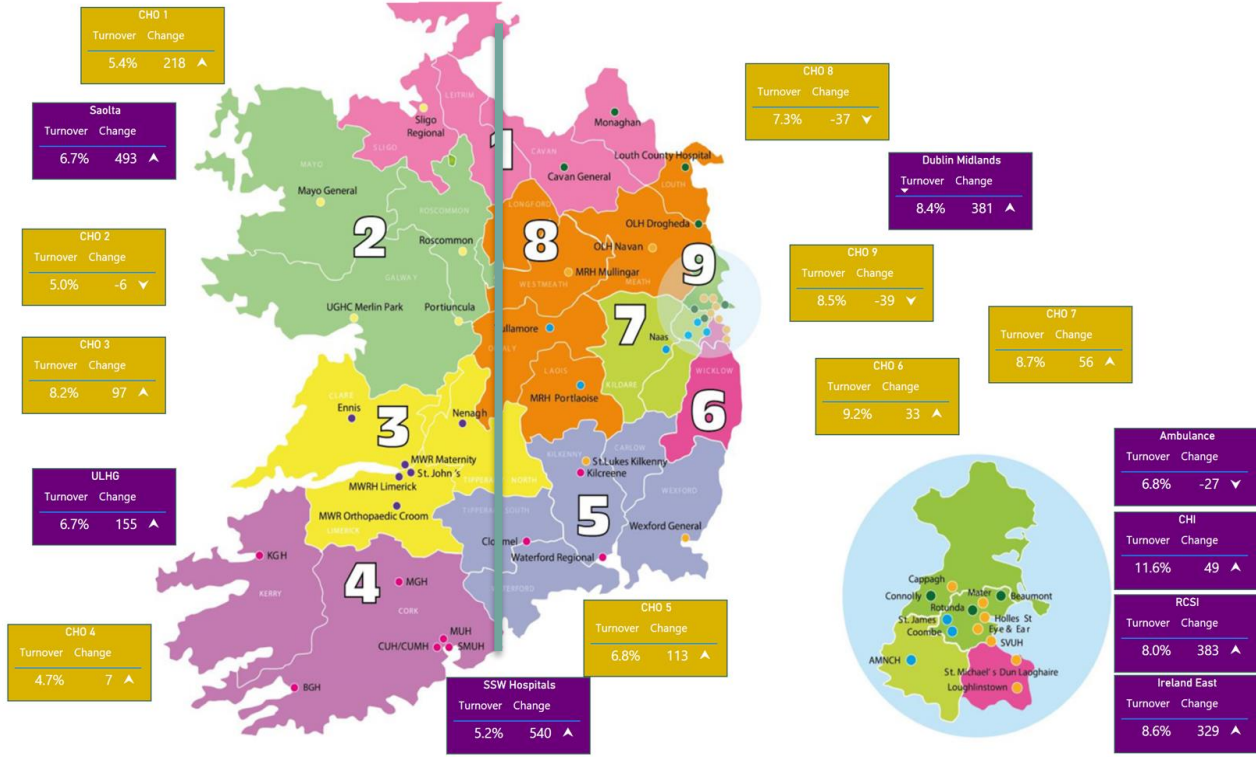
2021

% WTE Change East	= +3.8%	% WTE Change West	= +5.9%
% Turnover East	= 8.5%	% Turnover West	= 6.6%

2021 Map Labels:

CHO 1 — Turnover 5.8% — Change 334 ▲
Saolta — Turnover 6.9% — Change 737 ▲
CHO 2 — Turnover 6.1% — Change 129 ▲
CHO 3 — Turnover 9.4% — Change 337 ▲
ULHG — Turnover 7.8% — Change 537 ▲
CHO 4 — Turnover 5.2% — Change 255 ▲
SSW Hospitals — Turnover 6.7% — Change 646 ▲
CHO 5 — Turnover 5.1% — Change 194 ▲
CHO 8 — Turnover 6.2% — Change 112 ▲
Dublin Midlands — Turnover 9.2% — Change 419 ▲
CHO 9 — Turnover 8.9% — Change 216 ▲
CHO 7 — Turnover 8.8% — Change 290 ▲
CHO 6 — Turnover 11.9% — Change 96 ▲
Ambulance — Turnover 5.0% — Change 70 ▲
CHI — Turnover 10.3% — Change 212 ▲
RCSI — Turnover 9.4% — Change 409 ▲
Ireland East — Turnover 8.4% — Change 651 ▲

2022

% WTE Change East	= +1.8%	% WTE Change West	= +2.8%
% Turnover East	= 8.4%	% Turnover West	= 5.8%

2022 Map Labels:

CHO 1 — Turnover 5.4% — Change 218 ▲
Saolta — Turnover 6.7% — Change 493 ▲
CHO 2 — Turnover 5.0% — Change -6 ▼
CHO 3 — Turnover 8.2% — Change 97 ▲
ULHG — Turnover 6.7% — Change 155 ▲
CHO 4 — Turnover 4.7% — Change 7 ▲
SSW Hospitals — Turnover 5.2% — Change 540 ▲
CHO 5 — Turnover 6.8% — Change 113 ▲
CHO 8 — Turnover 7.3% — Change -37 ▼
Dublin Midlands — Turnover 8.4% — Change 381 ▲
CHO 9 — Turnover 8.5% — Change -39 ▼
CHO 7 — Turnover 8.7% — Change 56 ▲
CHO 6 — Turnover 9.2% — Change 33 ▲
Ambulance — Turnover 6.8% — Change -27 ▼
CHI — Turnover 11.6% — Change 49 ▲
RCSI — Turnover 8.0% — Change 383 ▲
Ireland East — Turnover 8.6% — Change 329 ▲

Recruitment Reform & Resourcing Programme – *Why are we doing this now? (1/2)*

The Health Service is facing sustained and significant demand for qualified health and social care professionals within it's services. This demand will remain, and become more significant due to a number of factors; social and environmental, health service developments, talent supply and in response to feedback and insights from our colleagues and our services. The **Recruitment Reform & Resourcing Programme** has been established to take a holistic view of the resource demand and supply, and use relevant data, research and insights to create a Strategic Resourcing Plan per profession, with short, medium and long term actions.

Social & Environmental Factors	Strategic Service Developments	Challenges in Attraction & Talent Supply	Our Services and Colleagues Feedback
➢ Demographic driven demand for Health & Social care is significant and growing	➢ Sláintecare and integrated care require additional health and social care professionals	➢ Globally and locally there is a shortage of qualified health & social care workers	➢ Our colleagues and our services understand that the current situation is not sustainable and a new approach is required
➢ Local and Global talent shortages create challenges to recruitment and retention	➢ Changes to our strategy and to who, how and where we deliver care creates additional resourcing pressure	➢ Our graduate numbers are not sufficient to meet the demands of our services	➢ Engagement development and retention of our colleagues must become central resourcing priorities
		➢ Irish professionals are in demand and are mobile internationally	

Social & Environmental Factors

1 Million people (1 in 6 of the population) will be **over the age of 65** by 2030[1]

The population **aged 80+ will increase by 128,000** (+89%) by 2030[2]

Demographic changes are projected to drive **significant increases** in health and social care demand; by up to **46% in primary care**, and **39% in long term residential** care [2]

Up to an additional **7.7 million home help hours will be required by 2035.** [4]

Strategic Service Developments

The Sláintecare Implementation plan sets out a need for an **additional 7,000** Community Based health and social care staff [3]

The Enhanced Community Care programme requires over **800 additional** HSCP resources

Additional target of **6010 posts** in NSP 2023.

Challenges in Attraction & Talent Supply

The WHO estimates that there will be a shortage of 1.4 million healthcare workers* in Europe by 2030 [1]

The WHO estimates that there will be a **22% increase in demand** for healthcare workers by 2030

For some 2022 HSCP development posts, over 45% remain unfilled due to lack of talent supply[7]

23.7% of HSE employees are aged 55+ – **planning for this loss of this qualified workforce is essential** [5]

Our Services and Colleagues Feedback

50% of our colleagues have been affected by stress which has affected their work [6]

34% believe that we do enough to support their Work-Life Balance [6]

Average turnover in the HSE is 6.5% – **this is increasing year to date in 2022** and requires **significant additional resources** to **maintain care at current levels**

The Recruitment Reform & Resourcing programme will take focused, strategic action in partnership with our professions and our services to attract, engage, develop and retain our dedicated health and social care workforce

1. https://www.weforum.org/agenda/2020/07/world-nursing-report-recruitment-shortages-who-2030/
2. Health Service Capacity Review 2018
3. Sláintecare Implementation Plan
4. Projections of demand for healthcare in Ireland, 2015-2030: First report from the Hippocrates Model
5. HSE Data: Of 99,471 active employees, 23,583 are aged 55+ (as at July 2022)
6. HSE Staff Survey 2021
7. HSE Recruitment SharePoint data at 08/12/2022

* **Healthcare worker** refers to physicians, nurses/midwives, dentistry, pharmacy, laboratory, environment and public health, community and traditional health, health management and support, and all other health workforce categories.

Recruitment Reform and Resourcing Programme Vision
'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'

1

Engage and Retain Our Workforce

o Engage with and listen to the lived experiences of our colleagues and make positive changes to address known challenges
o Communicate the value and purpose of our colleagues work, reinforcing the impact they make to the lives of their patients, service users and communities
o Create a strong sense of purpose, value and belonging

2

Attract a High Performing and Diverse Workforce

o Position the HSE as an employer of choice to target talent groups
o Attract and engage a diverse talent pool to meet current and future service needs
o Continually build an exceptional and culturally connected workforce that champions diversity, communicates our purpose and aligns our values and mission.

3

Build Healthcare Talent of the Future

o Invest in the continued growth and development of our colleagues
o Create career pathways – building future skills, talent pipelines and progression opportunities
o Partner with education and industry to build skills and capabilities to enable our growth and service developments
o Create opportunities for progression and talent development

4

Support the Health & Wellbeing of our Workforce

o Continually develop our capability to support our colleagues as they balance home and work life
o Consider a holistic, data led view of health and wellbeing, considering work expectations, intensity, duration and flexibility
o Centre our colleagues lived experience, health, safety and wellbeing in all of our decision making
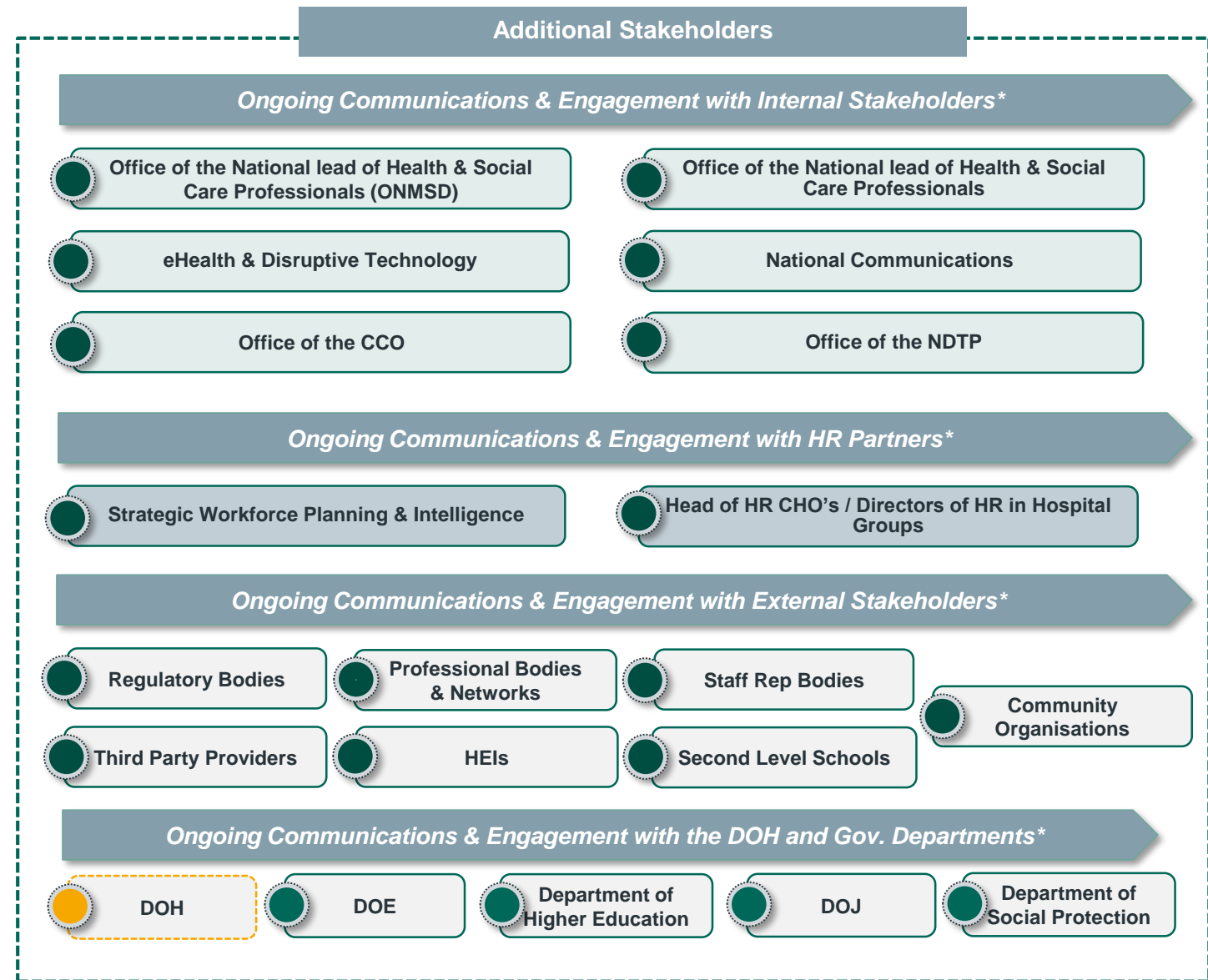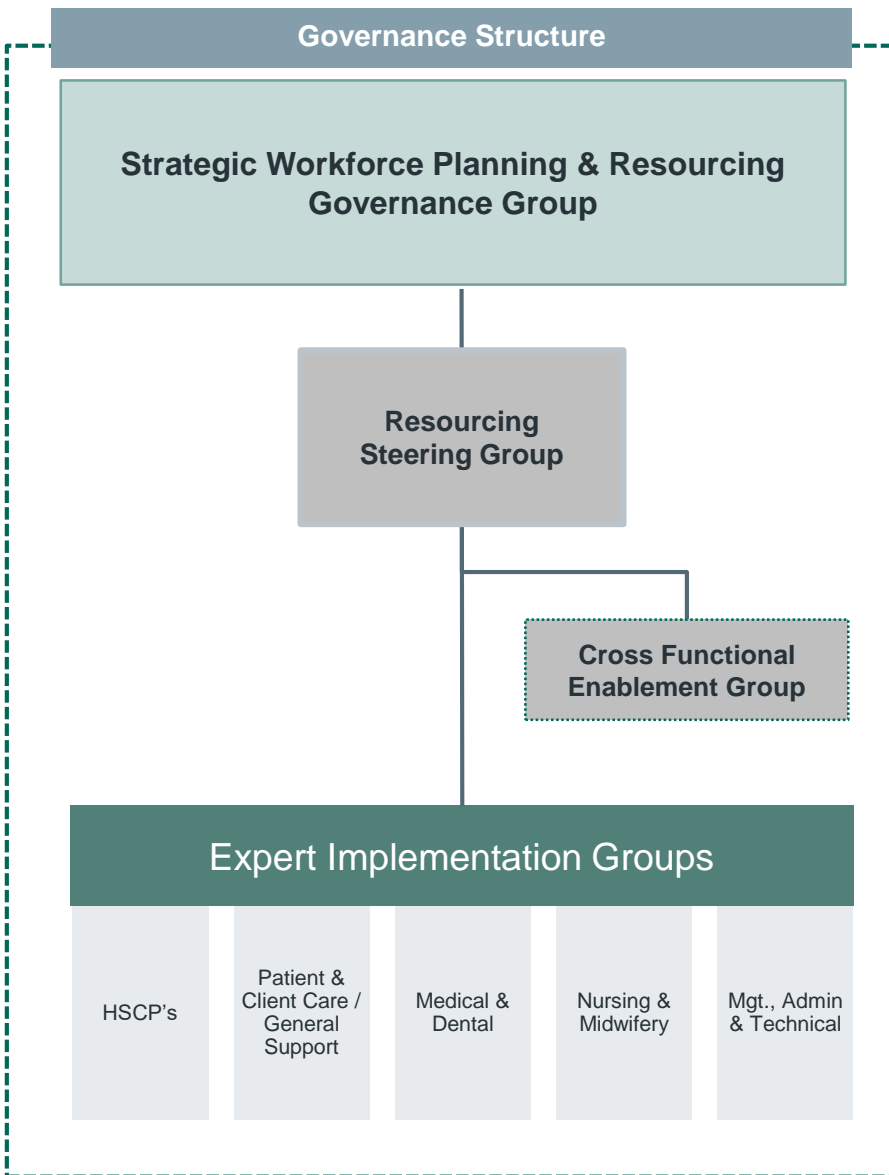
5

Build a Positive and Inclusive Workplace Culture

o Take action to build an inclusive, safe and supportive workplace with a compassionate culture
o Foster equality and empower diversity and belonging
o Create opportunities for employees and an environment where everyone feels they belong
o Communicate the value that our dedicated workforce brings to their patients, their communities and society

New Recruitment Operating Model

Recruitment Reform & Resourcing Programme - *Stakeholder Engagement*

Governance Structure

Strategic Workforce Planning & Resourcing Governance Group

Resourcing Steering Group

Cross Functional Enablement Group

Expert Implementation Groups

HSCP's	Patient & Client Care / General Support	Medical & Dental	Nursing & Midwifery	Mgt., Admin & Technical

Additional Stakeholders

*Ongoing Communications & Engagement with Internal Stakeholders**

- Office of the National lead of Health & Social Care Professionals (ONMSD)
- Office of the National lead of Health & Social Care Professionals
- eHealth & Disruptive Technology
- National Communications
- Office of the CCO
- Office of the NDTP

*Ongoing Communications & Engagement with HR Partners**

- Strategic Workforce Planning & Intelligence
- Head of HR CHO's / Directors of HR in Hospital Groups

*Ongoing Communications & Engagement with External Stakeholders**

- Regulatory Bodies
- Professional Bodies & Networks
- Staff Rep Bodies
- Community Organisations
- Third Party Providers
- HEIs
- Second Level Schools

*Ongoing Communications & Engagement with the DOH and Gov. Departments**

- DOH
- DOE
- Department of Higher Education
- DOJ
- Department of Social Protection

* Not exhaustive

Recruitment Reform & Resourcing Programme - *Interim Programme Measurements*

Engage and Retain our Workforce

- ► Reduced turnover (voluntary attrition)
- ► Higher overall employee engagement scores

Attract a High Performing and Diverse Workforce

- ► Reduced time to hire
- ► Reduced % of unable to fill / vs completions

Build the Healthcare Talent of the Future

- ► Higher career path satisfaction metrics
- ► Increased output of qualified, eligible candidates from education

Support the Health & Wellbeing of our Workforce

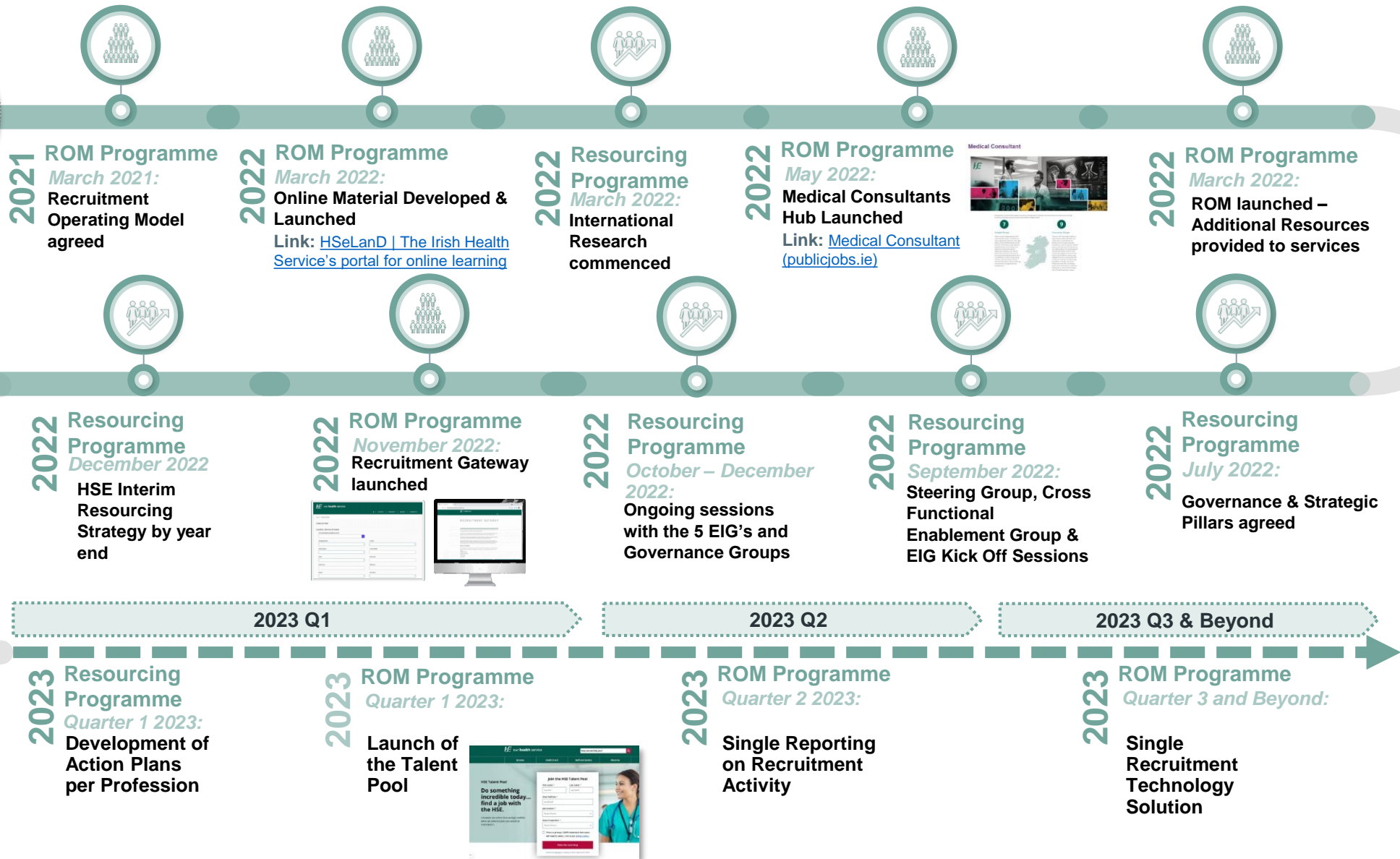- ► Increase in employee satisfaction metrics
- ► Decreased absenteeism rate
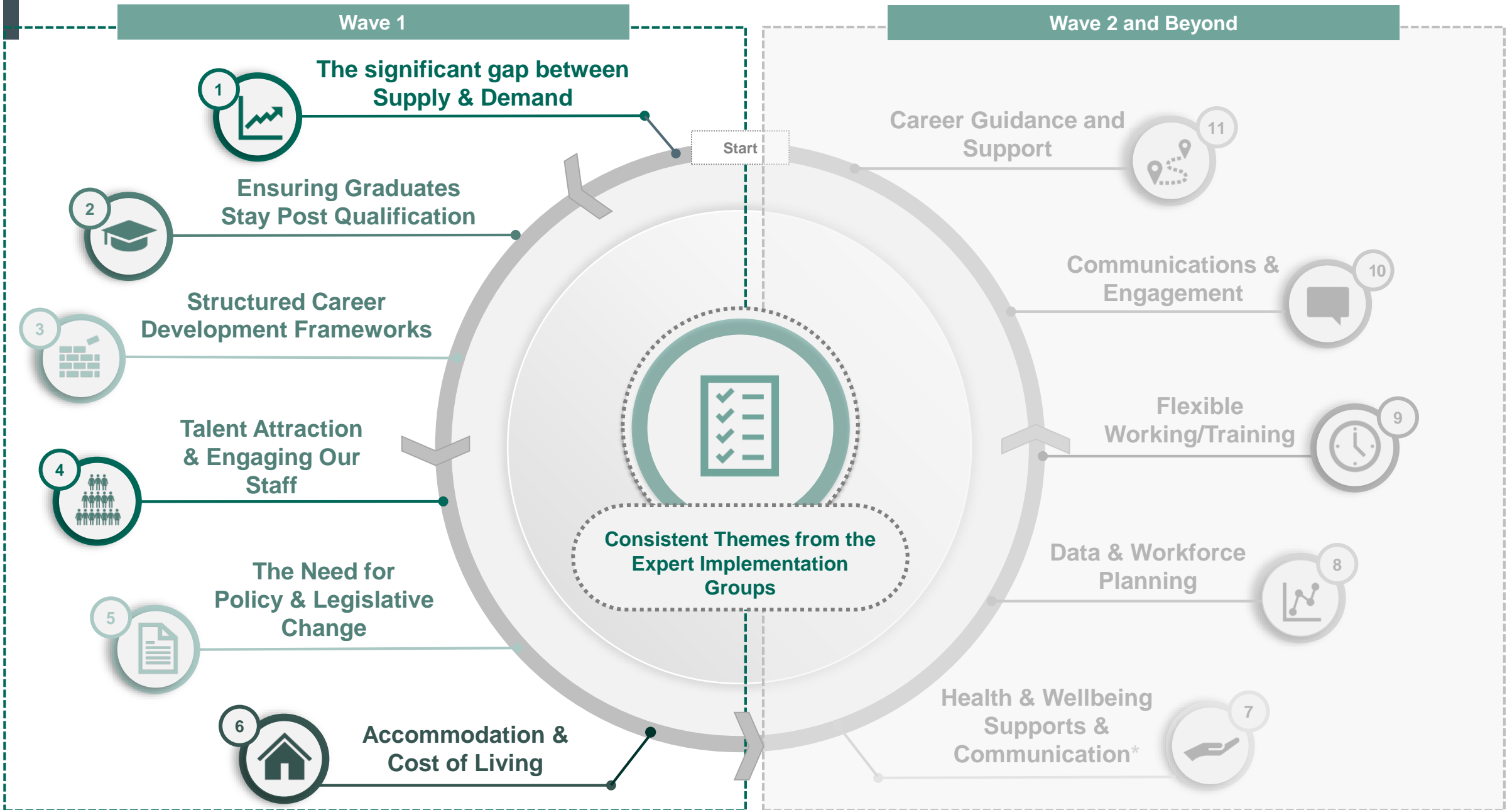
Build a Positive & Inclusive Workplace Culture

- ► Increased diversity within the organisation
- ► Increase in staff perception across a number of inclusion, diversity and culture metrics

Recruitment Reform and Resourcing Programme - *Our Journey to Date*

RRR Journey to Date

2021
ROM Programme
March 2021:
Recruitment Operating Model agreed

2022
ROM Programme
March 2022:
Online Material Developed & Launched
Link: HSeLanD | The Irish Health Service's portal for online learning

2022
Resourcing Programme
March 2022:
International Research commenced

2022
ROM Programme
May 2022:
Medical Consultants Hub Launched
Link: Medical Consultant (publicjobs.ie)

2022
ROM Programme
March 2022:
ROM launched – Additional Resources provided to services

2022
Resourcing Programme
December 2022
HSE Interim Resourcing Strategy by year end

2022
ROM Programme
November 2022:
Recruitment Gateway launched

2022
Resourcing Programme
October – December 2022:
Ongoing sessions with the 5 EIG's and Governance Groups

2022
Resourcing Programme
September 2022:
Steering Group, Cross Functional Enablement Group & EIG Kick Off Sessions

2022
Resourcing Programme
July 2022:
Governance & Strategic Pillars agreed

2023 Q1

2023 Q2

2023 Q3 & Beyond

2023
Resourcing Programme
Quarter 1 2023:
Development of Action Plans per Profession

2023
ROM Programme
Quarter 1 2023:
Launch of the Talent Pool

2023
ROM Programme
Quarter 2 2023:
Single Reporting on Recruitment Activity

2023
ROM Programme
Quarter 3 and Beyond:
Single Recruitment Technology Solution

Resourcing Programme – *11 Consistent Themes Have Emerged to Date*

Wave 1

1. The significant gap between Supply & Demand
2. Ensuring Graduates Stay Post Qualification
3. Structured Career Development Frameworks
4. Talent Attraction & Engaging Our Staff
5. The Need for Policy & Legislative Change
6. Accommodation & Cost of Living

Wave 2 and Beyond

11. Career Guidance and Support
10. Communications & Engagement
9. Flexible Working/Training
8. Data & Workforce Planning
7. Health & Wellbeing Supports & Communication*

Consistent Themes from the Expert Implementation Groups

Start

12

Common Actions across the Pillars - *Potential and those underway*

1 — Engage and Retain Our Workforce

Develop Talent Pool to share information about open roles and opportunities

Develop Career Support & Development Hub for existing and new colleagues

2 — Attract a High Performing and Diverse Workforce

Establish a Talent Attraction & Engagement Competency

Develop ED&I specific attraction and recruitment programmes

Continue to invest in International Attraction & Recruitment

Competitive International relocation package for all grades relocating to Ireland

Targeted marketing for difficult to fill posts

3 — Build the Healthcare Talent of the Future

Increase third level places to align with future demand

Explore expansion of alternative pathways to education and qualification to maximise the available talent pool

4 — Support the Health & Wellbeing of our Workforce

Provide supports for international staff who may be new to the service

Review the current flexible working policies and practices

Conduct a gap analysis on health and wellbeing provision

Implement structured and evidence-based well-being supports

5 — Build a Positive and Inclusive Workplace Culture

Develop clear career progression pathways for diverse workforce

Develop a leadership development framework to develop positive workplace culture

Re-introduce Values in Action

Enhance data collection on the progression of all staff, including international staff

Review career progression and promotion practices

Legend: Underway | Potential

Immediate and Potential Resourcing Actions 2023: *By Grade Category*

Underway | **Potential Action**

HSCP	Medical & Dental	Nursing & Midwifery	Patient, Client Care & General Support	Management, Administration & Technical
Engage				
Offer all successful HSCP graduates Assistant grade posts pre-registration	Plan and implement conversion of non-training posts to training posts	**Nurses & Midwives offered permanent contracts**	Review rosters with a view to making them more attractive to employees	Develop career pathways into the HSE for Grad Link candidates
Support internal mobility in conjunction with staff representative bodies	Review of Physician Associate grade with a view to supporting doctors	Understand volumes emigrating & encourage retention and support coming home	Review current state benefits to incentivise additional work hours	Encourage engagement with existing mentoring and coaching supports
	Continue to track medics as they progress through their careers			
Attract				
Offer all HSCP graduates of a permanent role	**Expansion of Medical Consultant Hub**	Develop an attraction strategy specific to Nursing & Midwifery	**Multi-agency programme with LDC's, ETB's and local social networks**	Consideration of Incremental Credit for private sector experience in key posts
Benchmark HSE reward and benefits with comparable jurisdictions	**Targeted marketing for difficult to fill specialisms ***	Identify challenges with attraction to midwifery and mental health posts	Consideration of Incremental Credit for experience in private sector	Promote the diverse nature and roles of Management, Admin & Technical staff
Targeted marketing for difficult to fill professions	**Continue reducing Medical / Consultants time to hire**		Introduce sponsorship programmes to attract people into these roles	
	Identify and address barriers to attracting international medical graduates			
Build				
Develop practice/clinical placement structure	**Targeted engagement for doctors in training**	**Launch CNS and specialist nursing pathways**	Establish apprenticeship programmes for Home Support and HCA's	Extend existing Apprenticeship programmes nationally
Invest in CPD funding to develop advanced practice	Share proposed speciality training scheme locations with doctors in advance to support planning	Explore part-time and flexible methods of education delivery	Engage with education providers to standardise healthcare QQI level courses and content	Develop Graduate Programme with enhanced communications to target audiences
	Explore flexible and differentiated approaches to training	Expansion of the enhanced nurse programme and pre-nursing programmes		

Recruitment Reform & Resourcing Programme – *How the programme will be delivered*

RRR Programme Governance:	• The appropriate delivery route for each action must be discuss and agreed by the RRR steering group and agreed with all impacted stakeholders prior to commencement • All actions (Tier 1, Tier 2 and Tier 3) will be tracked through the RRR programme to ensure overall visibility

Priority Actions Delivery Mechanism

• Each action will be assessed and appraised to determine the most suitable route for delivery

• These decisions will be made through consultation with the RRR Steering Group, in addition to consultation will all involved/impacted parties

Tier 1:

Owned, Driven and Delivered by the RRR programme

- The RRR programme team will own Tier 1 actions
- Resources to deliver against these actions will be provided by the RRR team
- Objectives will be defined by the RRR team in consultation with relevant stakeholders
- The programme of delivery will be driven by the RRR team, including responsibility for hitting programme deadlines
- Benefits realisation will also be owned by the RRR team and tracked accordingly

Tier 2:

Supported by the RRR programme through resource, expertise and guidance

- Service/Profession leads will be identified and agreed to own Tier 2 actions
- Resources to deliver against these actions will be provided through the service/profession network
- The RRR team will provide supplementary resource where needed, in addition to SMR input and guidance
- Objectives will be defined in consultation with the RRR team
- The programme of delivery will be driven by the Service/Profession team, including responsibility for hitting programme deadlines
- Benefits realisation will also be owned by the Service/Profession team and tracked accordingly

Tier 3:

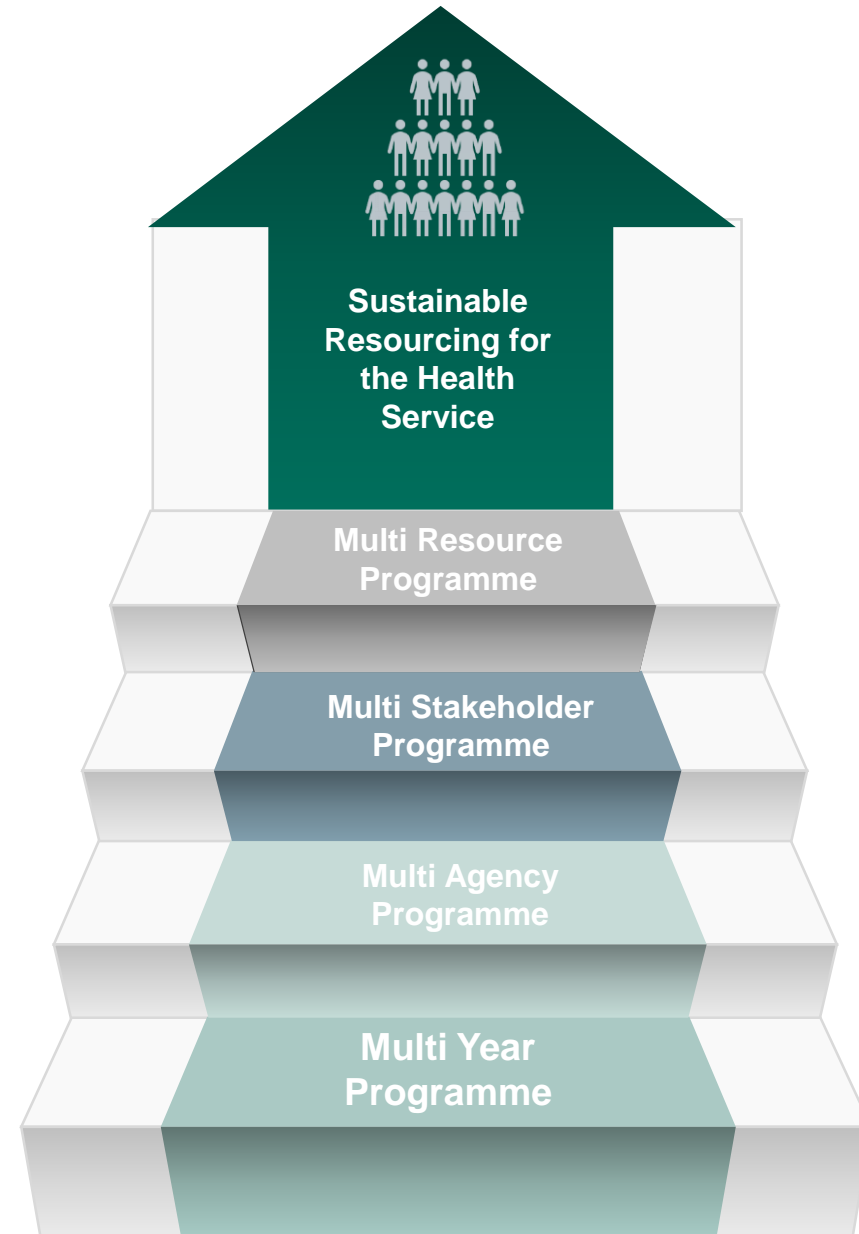*Supported by the RRR programme through the provision of expertise and guidance*

- Service/Profession leads will be identified and agreed to own Tier 3 actions
- Resources to deliver against these actions will be provided through the service/profession network
- The RRR team will provide guidance and SMR input where needed
- Objectives will be defined in consultation with the RRR team
- The programme of delivery will be driven by the Service/Profession team, including responsibility for hitting programme deadlines
- Benefits realisation will also be owned by the Service/Profession team and tracked accordingly

Reporting to key governance groups

Our Ask of You

▶ Help us to **deliver** impactful resourcing actions in the short term, while **building** for the medium and long term

▶ Support the programme **across** Government

▶ Support for a **multi-annual programme**

Sustainable Resourcing for the Health Service

Multi Resource Programme

Multi Stakeholder Programme

Multi Agency Programme

Multi Year Programme

16

Questions/Discussion