



Developing our Corporate Plan 2025 - 2027

Synthesis of internal and external scan to inform the Board discussion

Board Meeting Friday 28 June 2024 – for advance review

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Executive summary: pre-session Board pack

Overall purpose: to provide Board members with a synthesis of work done to date to inform your thoughts as you prepare to meet on June 28th. This relates to: I) six macro considerations; II) stakeholder engagement findings and; III) known commitments. An agenda, briefing note and appendices including a comparative analysis of the last two corporate plans is provided in addition to this slide deck.

Strategic considerations:

a) The HSE Vision, Mission and Values

b) Quadruple aim perspective of Sláintecare, as cited by most healthcare systems and well received by the clinical community.

Summary of key points related to the six macro considerations drawn from an environmental scan:

- i. While overall health is improving, there are wide inequities in health status linked to a population that is growing, ageing and becoming more diverse
 - *How do we consider adding life to years, not only years to life? What can we do to narrow the divide in health status linked to the social determinants of health?*
- ii. In most healthcare systems, high needs/high complexity users account for the majority of resource spend
 - *How do we ensure we focus/prioritise for high impact?*
- iii. Services used by the public and care provided by services do not consistently provide high value
 - *How to we combine a focus on productivity with a focus on delivering capability for high value care?*
- iv. In a recent environmental scan of 13 jurisdictions, a key finding was the absence of critical current issues such as artificial intelligence and climate
 - *How do we ensure we account for the exponential pace of change in our wider ecosystem giving rise to emergent issues in the longer term?*
- v. Demands on emergency departments are increasing beyond what is expected
 - *How do we continue to ensure a whole of system focus on interdependent health and social care sectors?*
- vi. The global workforce challenge persists, in numbers and distribution (geographical & skillsets)
 - *How do we think differently about recruitment, retention AND the development of our workforce in face of new advances?*



I. Strategic considerations:

- A. HSE vision, mission and values
- B. Sláintecare and the quadruple aim perspective
- C. Guiding principles

(Are principles important to include in a Corporate Plan?... if so, a few are proposed for consideration)

A. HSE's current Vision, Mission, Values

The HSE's vision is for a healthier Ireland, with a high-quality health service valued by all.

Our mission: is to ensure that people in Ireland

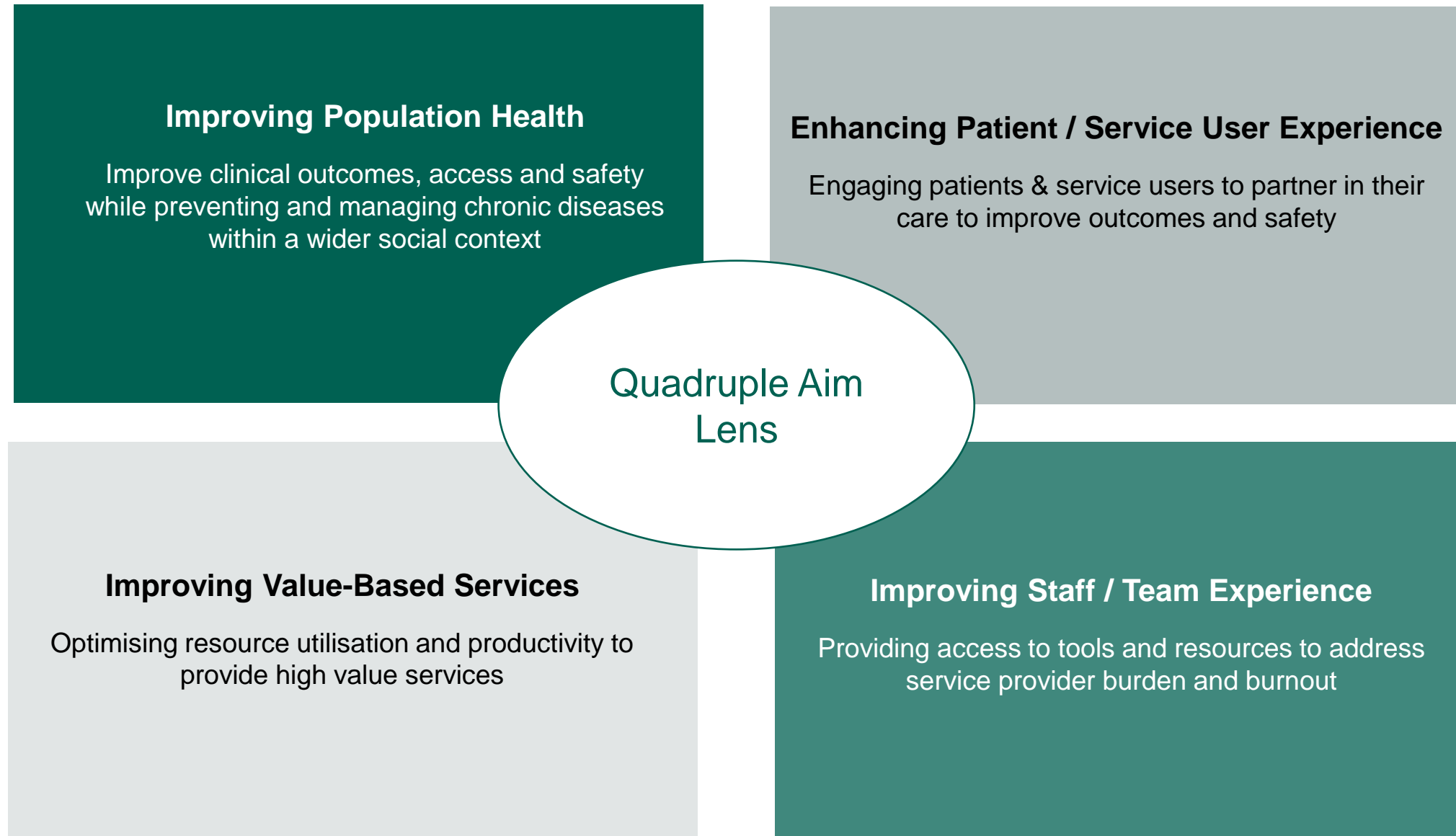
- I. are **supported** by health and social care services
- II. can get **safe, compassionate and quality** care when they need it
- III. can be confident that we make the **most effective use of our resources** to deliver the **best health outcomes and value**

Our Values: shape our attitudes and behaviour towards our colleagues and the people who use our services.

The HSE's values are:

- I. care
- II. compassion
- III. Trust
- IV. learning

B. Sláintecare and the quadruple aim perspective





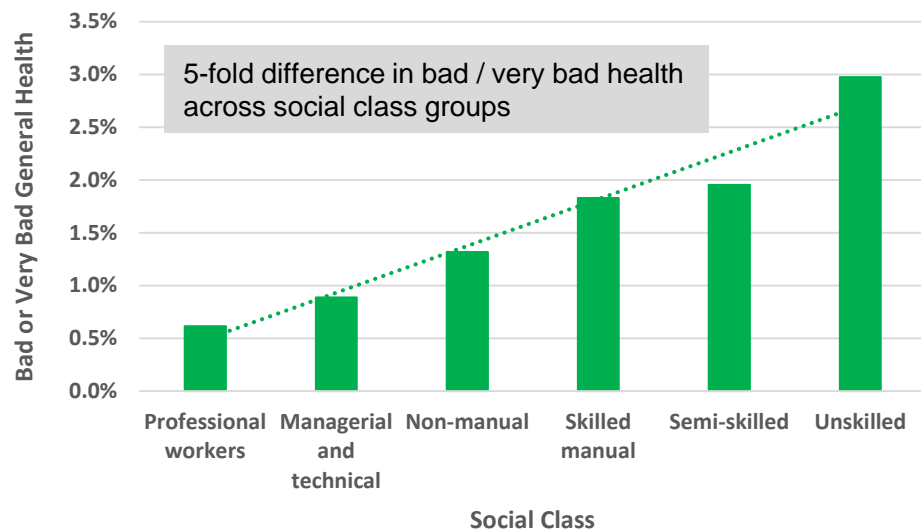
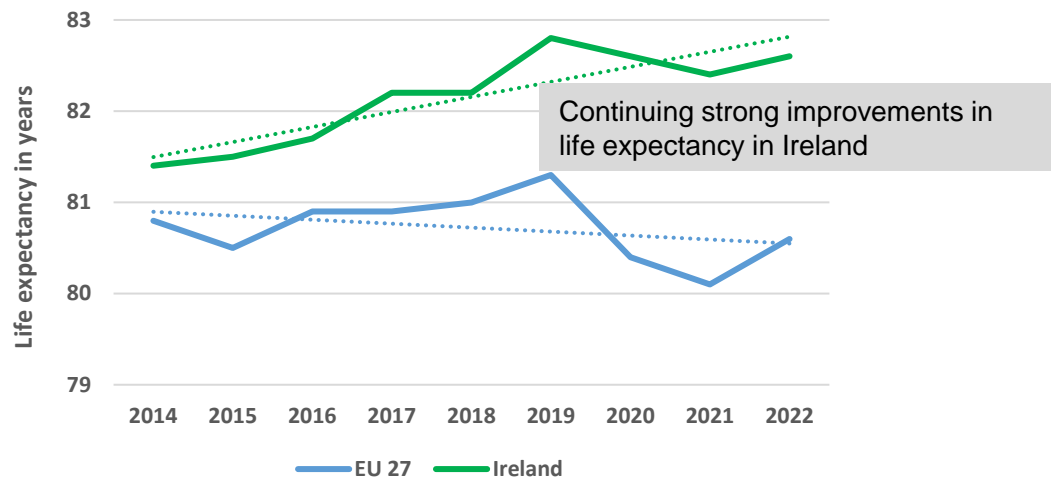
II. External Environmental Scan:

6 macro trends and opportunities

(Do these largely resonate? Are there any that are missing from the synthesis provided?)

What we know (1):

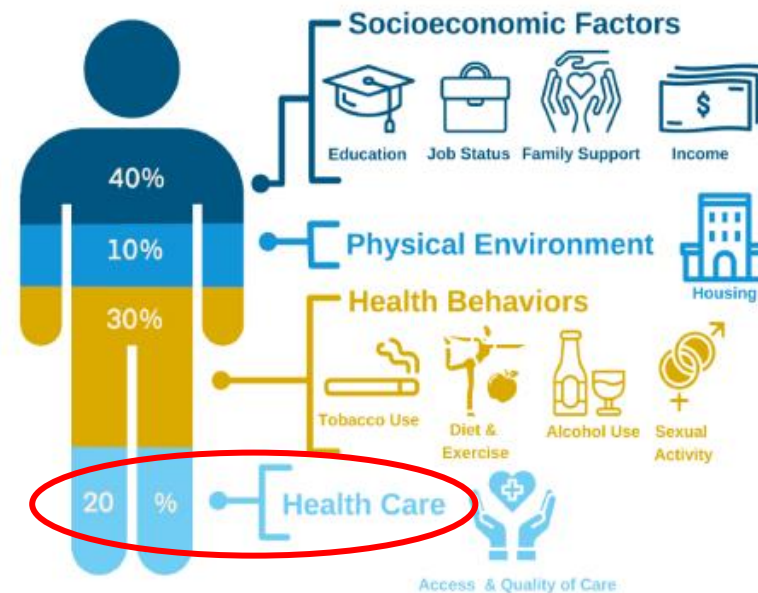
Population ageing and life expectancy are increasing but not equitably across all sub-groups



(EUROSTAT, CSO)

Our challenge and opportunity:

'Adding more life to years' vs only more years to life to ensure equitable, thriving and productive members of society (while also surviving longer)



Health care delivered by HSE makes 20% contribution to population health status

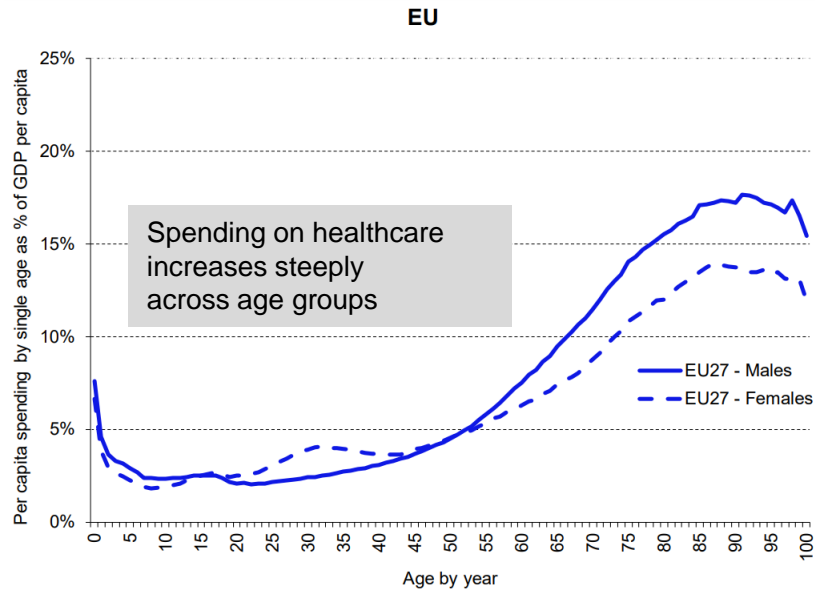
- How can our health services be delivered to achieve greater health equity across population groups?
- How can HSE influence with wider determinants of health?

(Country Health Rankings and Roadmaps)

What we know (2):

Wide differences in health service need and use across population groups exist while our costs keep rising

A 41% relative increase in health spending is forecast for Ireland to 2070 (4.1% GDP to 5.7% GDP). This compared to an 18% increase across Europe and reflects rapid ageing in Ireland



Prevalence of chronic illness increases across age groups in Ireland



Prevalence of disability in Ireland

1.1m people 21.5% population additional €9,482/year

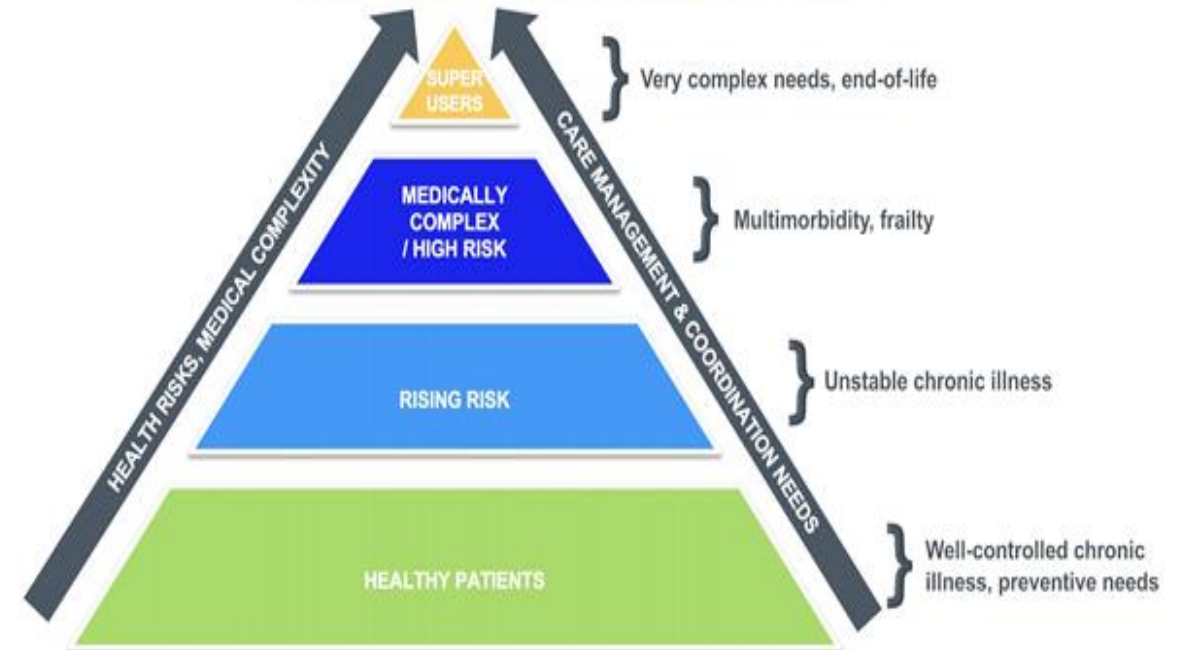
(EU Ageing Report, UCC EPICC Project, CSO, Indecon)

Our challenge and opportunity:

How do we prioritise allocation of effort and resources across services and population groups for maximum impact?

Population Segmentation

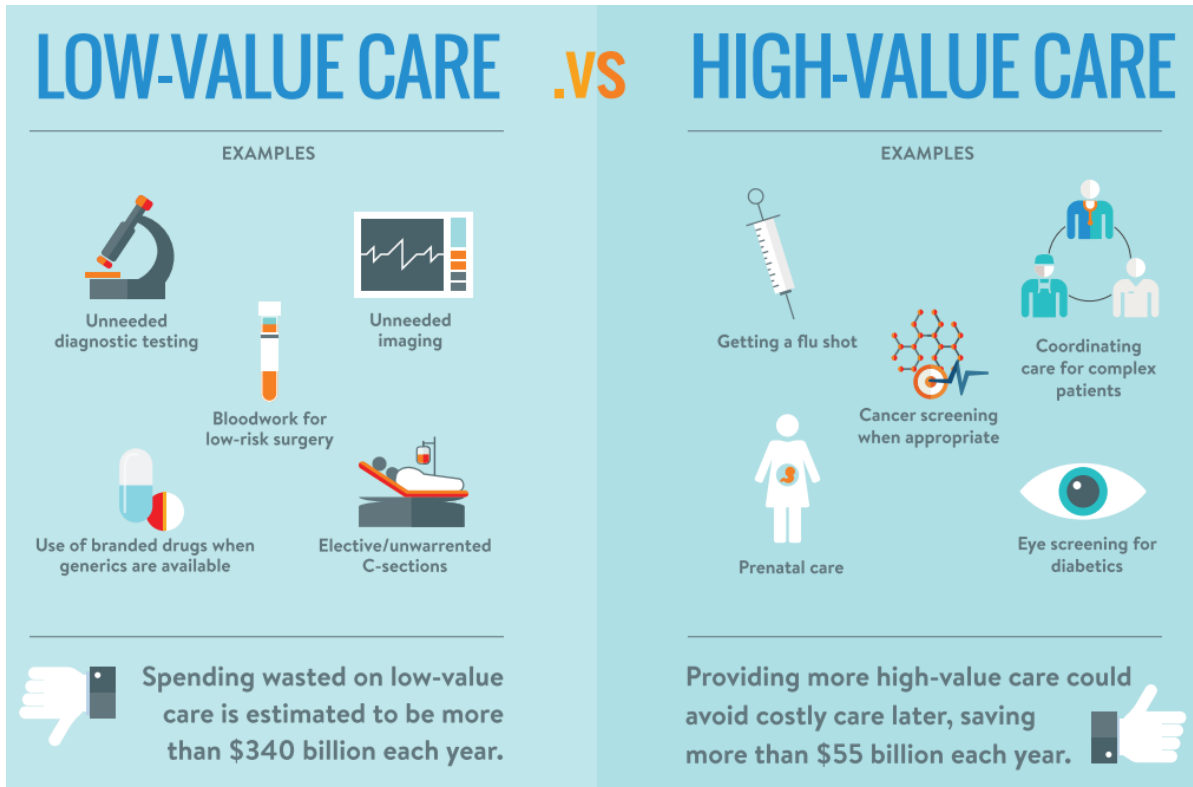
Step 1: Population Segmentation & Understanding Barriers to Care



(Imperial College Health Partners)

What we know (3):

Services used by the public and care provided by health services does not consistently provide the best value



Source: Altarum Healthcare Value Hub, Robert Wood Johnson Foundation, US

Evidence shows that 30% of healthcare services are unnecessary and unlikely to benefit patients and may even be harmful

(Canadian Institute for Health Information, 2017; Lancet, 2017; Institute of Medicine: 2001)

Our challenge and opportunity:

How to we combine a focus on productivity with a focus on delivering capability for high value care?

What we know (4) :

A scan of strategic health plans (2016-2032) across 13 jurisdictions yielded common themes but most missed emerging and current drivers

1. Australia 2019 – 2029
2. British Columbia (Canada) 2022 – 2023
3. England 2019 – 2028
4. Finland - NA
5. France 2018 – 2022
6. New Zealand 2023 – 2032
7. Northern Ireland 2016 – 2026
8. Norway 2020 – 2023
9. Ontario (Canada) 2023 – 2024
10. Scotland 2016 – 2022
11. Sweden 2017
12. Switzerland 2020 – 2030
13. The Netherlands 2024

Common themes with variable application:

- ✓ Reducing inequalities
- ✓ Prevention & well-being
- ✓ Integrated care
- ✓ Primary & community care
- ✓ Efficiency, effectiveness & quality
- ✓ Access
- ✓ Workforce development, retention & recruitment
- ✓ Digital health
- ✓ Financing, pricing & insurance reforms

Not well developed or missing:

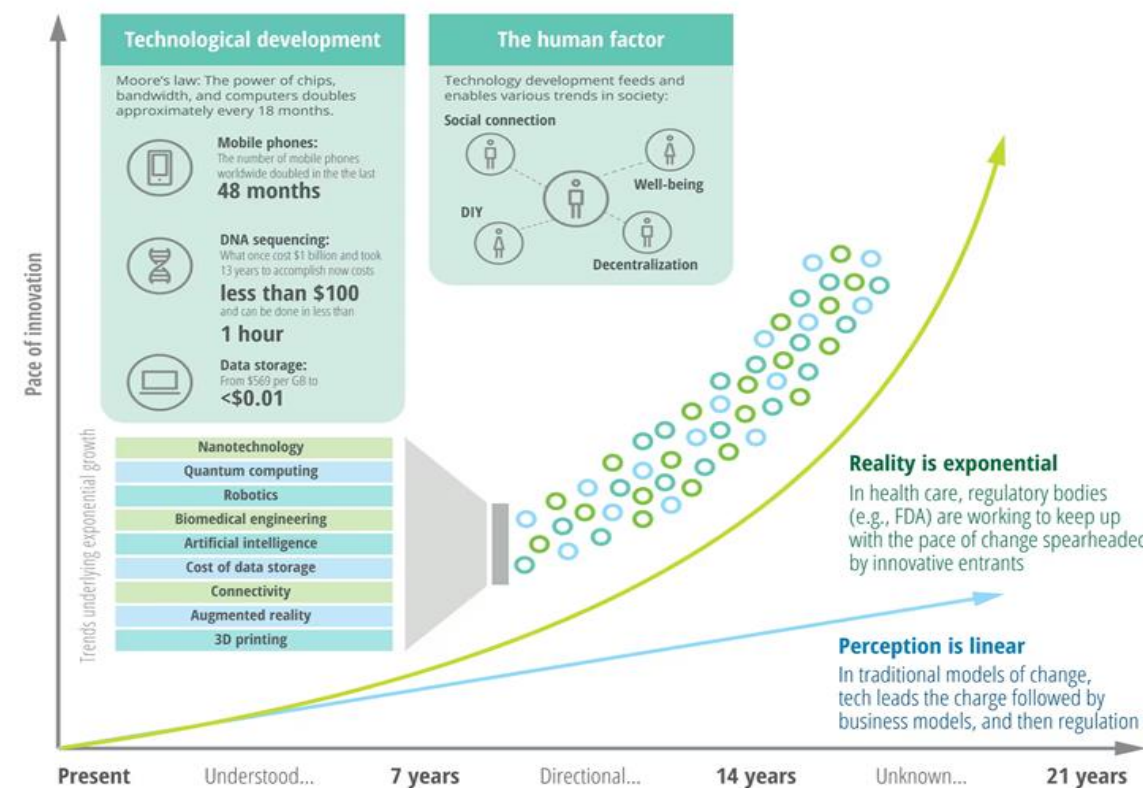
- ? Artificial intelligence
- ? Personalised medicine
- ? Climate change
- ? Impact of migration

Our challenge and opportunity:

How do we build capability in our strategic health plan to adapt to exponential change and shocks so health services meet needs of the next generation as well as today's needs?

FIGURE 1

Exponential change will accelerate the pace of disruption



Note: All dollar amounts are given in US dollars.

Source: Deloitte analysis.

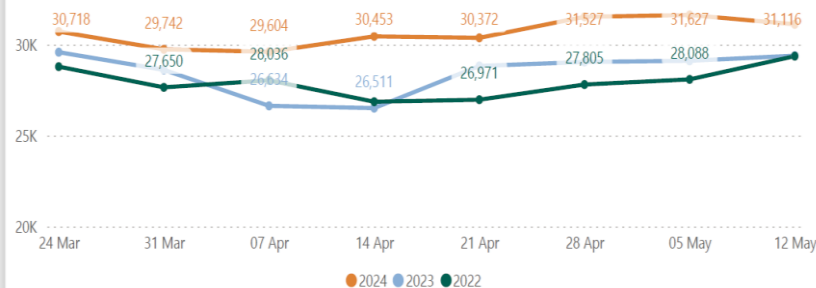
What we know (5) :

There is increasing demand for emergency department care above & beyond expectations through population growth & ageing (c. 5%).

Attendances (All) Vs Same Period last year

571,706 **+56,289** **+10.9%**
Total YTD Figures Change % Change

ED Attendances (past 8 weeks)

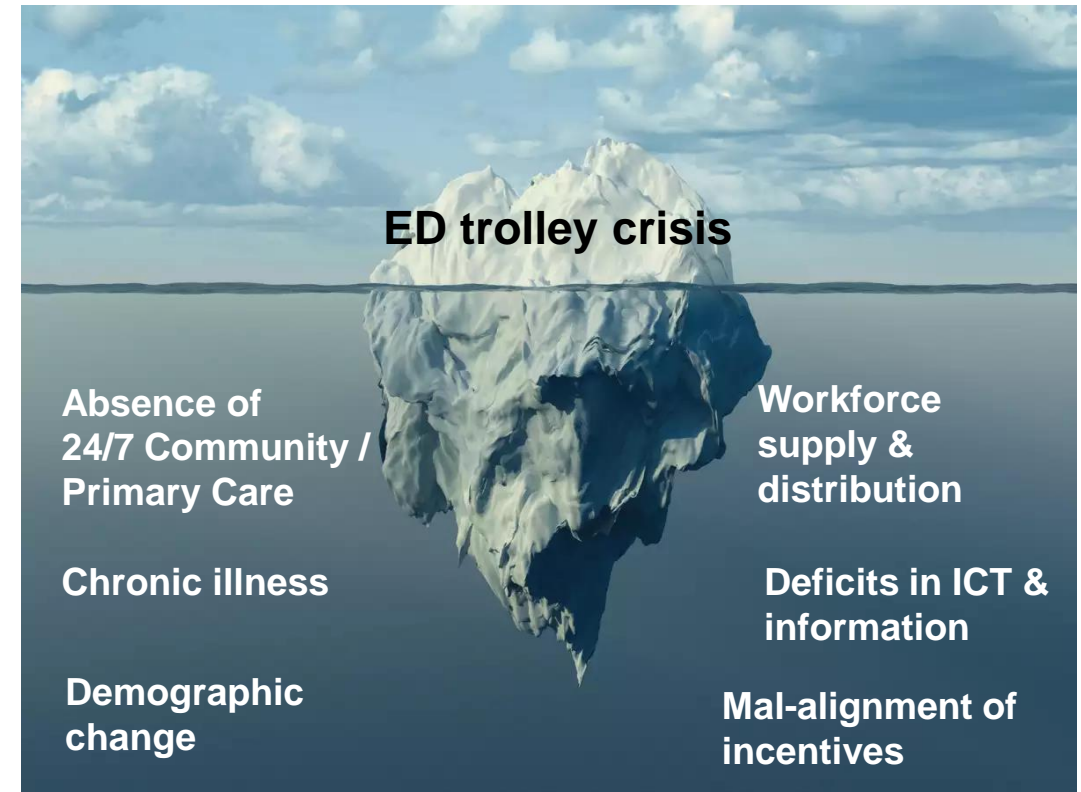


Attendances (75+) Vs Same Period last year

81,374 **+10,811** **+15.3%**
Total YTD Figures Change % Change

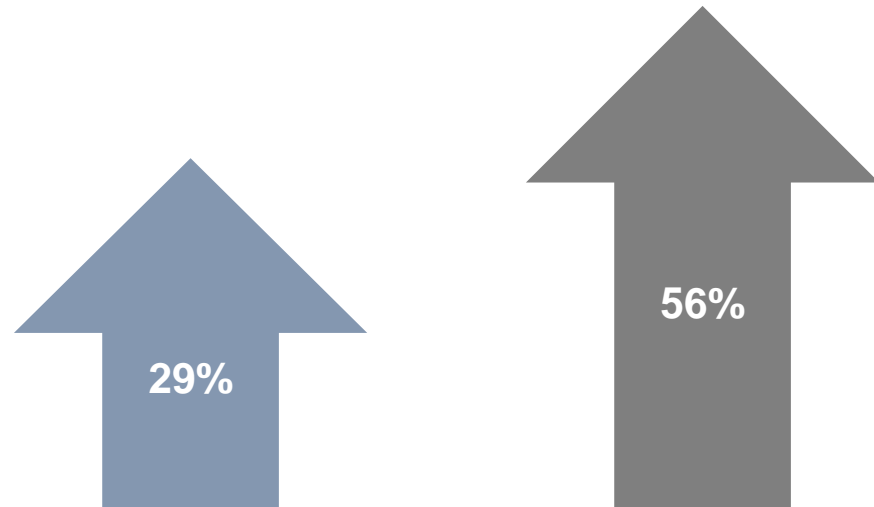
Our challenge and opportunity:

Are trolley waits an ED and / or primary & community care crisis – how do we address root causes while managing current crises?



What we know (6) :

Healthcare workers are an increasingly scarce resource in terms of numbers, skill mix & uneven distribution across services



Community WTE

Acute WTE

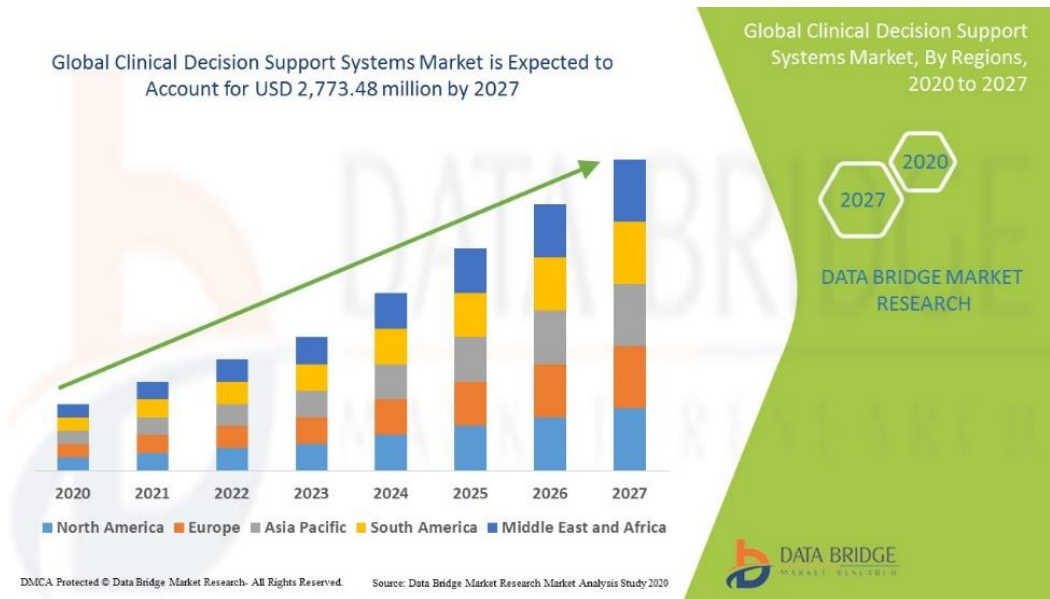
Increase in WTE 2014 to 2024, HSE Employment Reports

Our challenge and opportunity:

How do we intentionally design levers, incentives, technology to attract, retain **& develop** individuals / teams to meet future needs & different ways of working?

Challenge: change management and new ways of working

Opportunity: more time for personal care interfacing to add value to patient experience





III. Internal Environmental Scan:

- A. Synthesis of key emergent themes from stakeholder engagements
- B. Synthesis of filtered HSE known commitments into 5 emergent strategic themes

*(Does the approach to organising foundational inputs make sense? Do the emergent themes resonate?
What's missing and/or needs to change?)*

A1. Analysis of stakeholder engagement outputs: *approach*

- Approach:** Apply what we've already been told by our stakeholders since the development of our last corporate plan
- i. Take rich insights from patients and public via **National Care Experience Programme and other structured feedback mechanisms**
 - ii. Listen to staff experience through **Your Opinion Counts**, HSE's national staff experience survey
 - iii. Synthesise outputs from this wealth of resources into emergent themes to inform our corporate plan strategic commitments, objectives and measure



#	Engagement resources	Breadth of engagement
1	The National Inpatient Experience Survey - Findings of the 2022 Inpatient Survey	<ul style="list-style-type: none">• 40 Participating Hospitals• 10,904 respondents
2	National Nursing Home Experience Survey 2022	<ul style="list-style-type: none">• 53 Participating NHs• 718 Residents & 943 Relatives
3	National Maternity Bereavement Experience Survey 2022	<ul style="list-style-type: none">• 655 women & 232 partners / support people
4	Urgent and Emergency Care (UEC) Three Year Plan	<ul style="list-style-type: none">• 3 regional workshops with c. 315 staff, Survey with 521 staff respondents & Patient Reference Group
5	National End of Life Survey 2023	<ul style="list-style-type: none">• 4,570 respondents
6	Service user feedback via Mental Health Engagement & Recovery structures 2023/24	<ul style="list-style-type: none">• c. 200 Services users involved in engagement structures
7	Managing Feedback within the Health Services - Your Service Your Say 2023	<ul style="list-style-type: none">• 14,819 individual submissions
8	Disability Action Plan, 2022 – 2025, Report on the Public Consultation	<ul style="list-style-type: none">• c. 800 participants via survey, public consultation, in-person consultations & written submissions
9	Service Involvement in Health & Social Care for Lived Experience Populations Facing Inequalities & Social Exclusion (2023) Pending publication	<ul style="list-style-type: none">• Service providers & service user interviews; 44• Focus groups with 140 service providers & services users• Survey with service providers; 320
10	Your Opinion Counts Staff Survey Results 2023, Report of Overall Findings June 2023	<ul style="list-style-type: none">• 23,170 health service staff respondents
11	A Digital Health Framework for Ireland 2024-2030	<ul style="list-style-type: none">• Extensive stakeholder engagement

A2. Emerging themes from patient / service user engagements

Partnership and Collaboration	<p>People who use our services want to be engaged regarding the development and delivery of health services. They want:</p> <ul style="list-style-type: none"> ▪ Better representation of disadvantaged population groups, whose views are least likely to be heard within services ▪ Partnership to bring about the betterment of services and improvement in health outcomes and health inclusion ▪ Service users find it frustrating and disappointing when they don't see action or follow through in relation to their feedback ▪ To be partners in the planning of their care and treatment options
<p>Overall Patient Experience (incorporating care, compassion, trust and learning)</p>	<p>People who use our services, are generally positive regarding their overall experience of health services. Feedback received:</p> <ul style="list-style-type: none"> ▪ Majority of patients reported a very good / good overall experience of hospital care and felt they were treated with respect and dignity ▪ Younger and older patient groups reported more negative experiences of 'examinations, diagnosis and treatment' ▪ The top cause of complaints in <i>Your Service Your Say</i> relate to safe & effective care ▪ Service users report high levels of trust and confidence in the staff who cared for them ▪ Bereaved parents expressed their desire for dedicated spaces in maternity hospitals ▪ Service users want a HSE workforce that is valued, supported, & empowered to build clinical, operational and management excellence
<p>Access to information</p>	<p>Patients / services users report access challenges across two dimensions; i) access to information & ii) access to services. They want:</p> <ul style="list-style-type: none"> ▪ Better communication & information on what services are available to them; (2nd most cited cause of complaints; <i>Your Service Your Say</i>) ▪ To be able to contact their health teams for information on their appointments, how services operate and to request supports ▪ More information on how to contact advocacy organisations ▪ Better communication prior to discharge or transfer from hospital ▪ To be able to access their health records at any time
<p>Access to Services</p>	<p>Patients / services users want:</p> <ul style="list-style-type: none"> ▪ A 24/7 health service incorporating primary care (therapies & early intervention), community & hospital services ▪ Continuity of care – this is particularly important for people with Mental Health, disability and end of life care needs ▪ Improved access to urgent care services ▪ Access to virtual care ▪ Appropriate access to acute care for Mental Health patients ▪ Better links between mainstream and specialist disability services and more seamless transitions from child to adult services

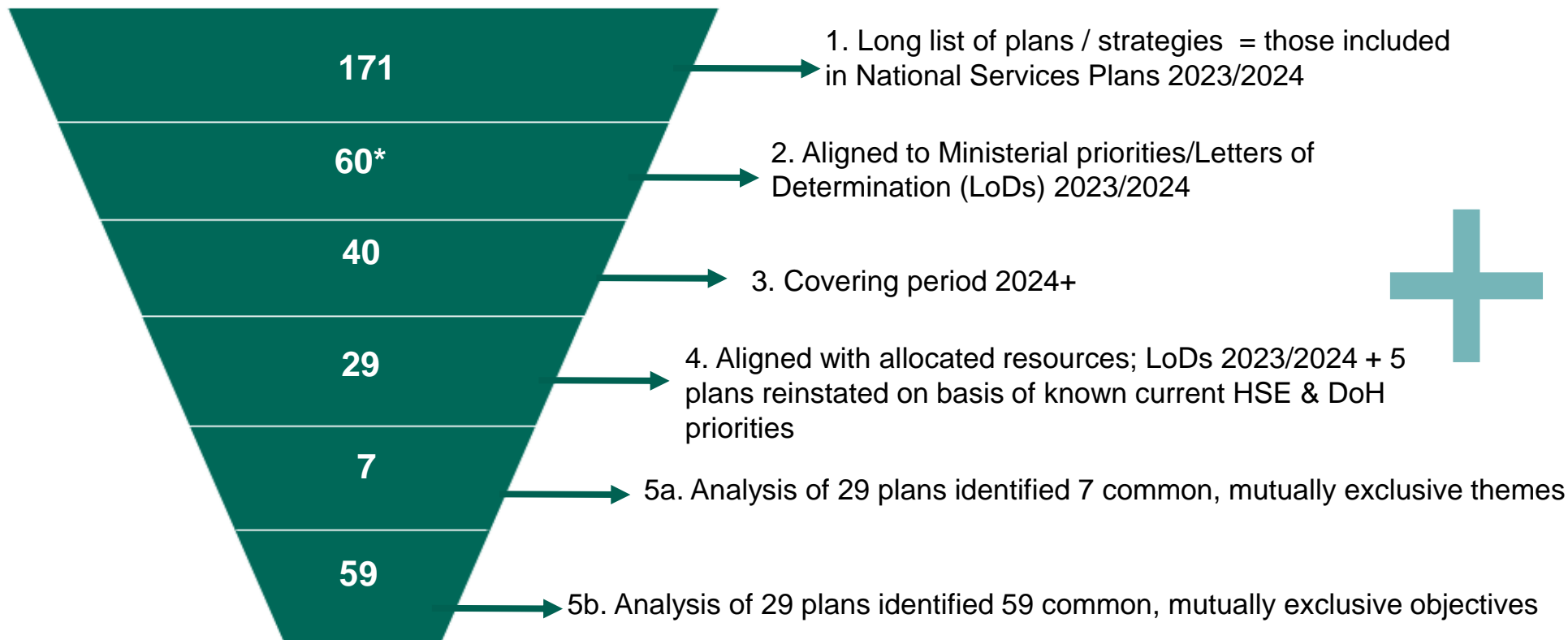
A3. Emerging themes from staff engagements

Partnership and Collaboration	<p>Staff want to be engaged with regarding the development and delivery of health services. Feedback received:</p> <ul style="list-style-type: none">▪ Staff feel that they are under communicated with on important information by senior management and they don't always have confidence in decisions made by senior management▪ Staff do not always have the opportunity to be involved in important decisions▪ Staff identified an area for improvement is for Senior Management to act on staff feedback▪ Staff were less optimistic about their future within the HSE or recommending where they work to a friend or family member▪ Staff want to be supported to develop innovative ideas for improvements through a continuous improvement attitude
Staff Wellbeing	<p>Staff want to be supported by management to improve their health and wellbeing by creating a healthy workplace. Feedback received:</p> <ul style="list-style-type: none">▪ While many staff report that the HSE clearly demonstrates its interest in staff health and wellbeing, a significant portion feel that they have high levels of stress much of which is reported as being work related▪ Staff report that more could be done by the organisation to promote a positive work life balance▪ Improvement is required by the organisation to continuously support a healthy lifestyle among staff▪ There has been no real improvement in the number of staff subjected to assault, verbal or physical from patients / service users
Developing our Workforce	<p>Staff feedback highlights opportunities to better engage, develop and value our workforce to deliver the best possible care and services to the people who depend on them. Feedback received:</p> <ul style="list-style-type: none">▪ Less than half of staff surveyed feel that the HSE was good for developing staff to their full potential▪ Some staff feel they have not received adequate training on / access to the necessary technology / resources to do their job

B1. Analysis of known HSE commitments: *approach*

- ✓ Current health commitments are articulated in existing health policies, strategies, roadmaps & action plans
- ✓ Commitments have been rationalised into a common set of strategic themes & objectives by filtering via criteria below
- ✓ Outputs have been validated against common emerging themes from a jurisdiction scan of 13 strategic plans
- ✓ Method and findings have been discussed and validated in a workshop on June 21st with a cross-section of staff and clinical leaders (including regional representatives)

Steps in Rationalisation Exercise

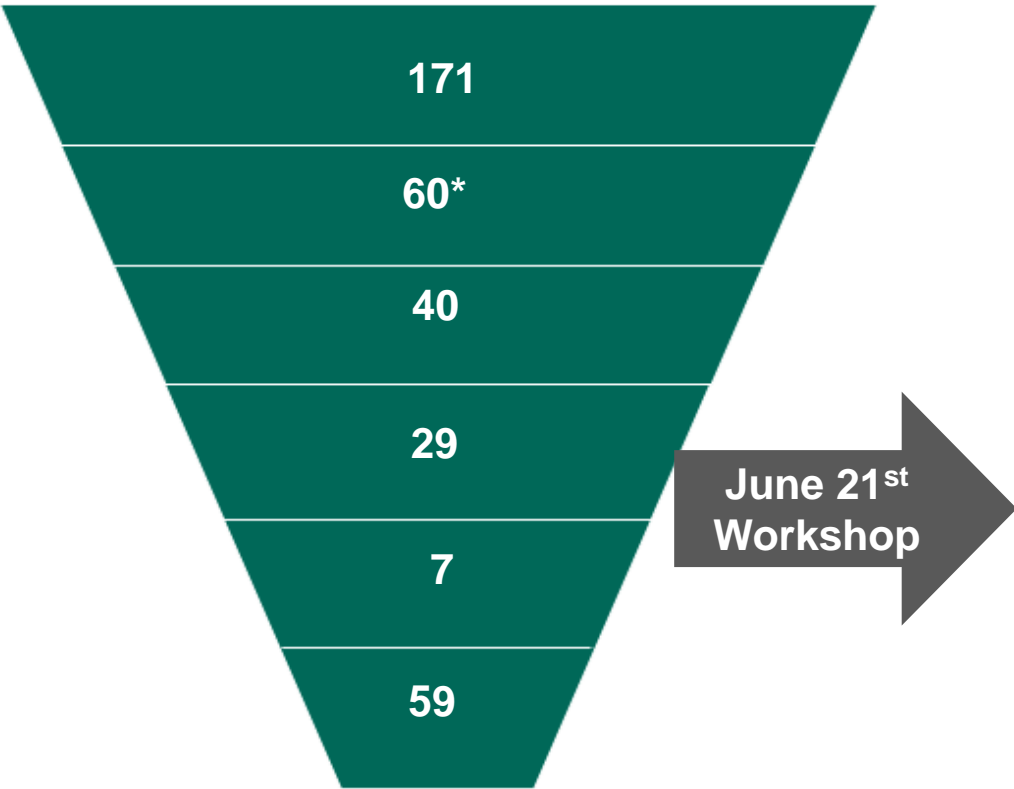


Validation Exercises

I. Concurrent analysis of common themes **(9)** emerging from a jurisdiction scan of strategic plans in 13 countries identified alignment with emerging themes in the Irish context

II. June 21st workshop with a cross-section of members from the National Planning Group (AND level), clinical leaders and regional representatives

B2. Analysis of known HSE commitments and validation via staff/clinical leader workshop: *emergent 5 strategic themes for which a further mapping of the objectives will be undertaken*



1	Strengthen partnerships to measurably impact population health & wellbeing a. includes partnerships beyond health such as local authorities, housing, training bodies, etc that would take into account the HSE’s influence in the wider social determinants of health for individuals, communities and the population
2	Deliver co-ordinated health & social care closer to home
3	Ensure equitable access to the right care across a person’s life course
4	Focus on high value and high impact health and social care a. acknowledges global evidence that wide variation in services delivered exist, some of which do not provide added value to patients/service users while wasting effort and resources
5	Optimise our resources a. this overarching theme is proposed to capture our key enablers such as patient and service user partnerships, digital/e-health and our workforce

Objectives		
1. Align services in each region	23. Empower families to improve their own health and wellbeing	43. Improve regional investment and balance national standards of care and direction with local decision-making
2. Extend access to community diagnostics	24. Eradicate norms that contribute to gender-based violence	44. Implement digital strategies to address opportunities and challenges
3. Flex the ECC model to improve hospital avoidance	25. Protect the public from threats to health and wellbeing	45. Build better systems and processes to ensure evidence-based prioritisation and service delivery
4. Expand community intervention teams	26. Maintain a strong focus on patient safety and quality assurance	46. Drive service transformation in readiness to deploy new and advanced technologies of the future such as Artificial Intelligence (AI)
5. Develop and implement modernised care pathways	27. Develop quality improvement programmes and guidelines	47. Enable scheduled care reform through the use of eHealth
6. Provide DSOBV survivors with access to supports	28. Ensure safe, high-quality suicide-prevention services	48. Empower people to make healthy choices through person-centred health systems
7. Ensure children with end-of-life needs have an identified care team of healthcare providers	29. Improve knowledge of antimicrobial resistance	49. Continue to build cyber resilience
8. Deliver timely access to safe, high-quality care for all patients	30. Incorporate processes into IT systems for missed care events	50. Further develop facilities and infrastructure
9. Enhance patient flow processes with additional staff resources	31. Establish a national office for genetics and genomics	51. Deliver a range of integrated activities to promote positive mental health in the community
10. Address waiting lists through specialised programmes	32. Set conditions for all to play a part in achieving a healthy Ireland	52. Expand mental health service
11. Maximise the attendance of patients at MAUs	33. Promote the Healthy Ireland Vision	53. Enhance responses to children and young people with complex needs as a result of disability
12. Increase early diagnosis	34. Strengthen Patients' role in the planning and delivery of care	54. Work in partnership with service users and their families to facilitate recovery and reintegration
13. Increase capacity through voluntary and private services	35. Enable teams to optimise service effectiveness and efficiencies	55. Reduce service waiting time for children with disabilities
14. Ensure transfers to alternative care settings as required	36. Develop training as a core component for meaningful engagement	56. Improve planning and management of services through better information and systems
15. Enhance Travellers access to culturally appropriate care and improve equality of participation and outcomes	37. Maintain the principles of open disclosure	57. Strengthen integration of services between disabilities, primary care, GPs and Tulla
16. Continue configuration of the Trauma System	38. Support staff in their own health and wellbeing	58. Address key climate action focus areas
17. Reduce oral health inequalities	39. Develop future workforce projections and resourcing strategies for each staff category	59. Ensure estate development is designed to demonstrate a clear roadmap to net carbon zero
18. Ensure local health inequalities are identified and addressed	40. Create specific diversity, equality and inclusion (DEI) attraction and recruitment programmes	
19. Promote and support healthy behaviours across all age groups	41. Develop and support staff to ensure career progression and enhanced employee experience	
20. Deliver national and local communications campaigns	42. Review and modernise the current recruitment	
21. Prioritise symptom awareness and prevention programmes		
22. Target approaches to reduce suicidal behaviour		



IV. Participants from 21st June Workshop (staff and clinical leaders)

HSE Corporate Plan – June 21 2024 Workshop Attendees

#	First Name	Surname	Title
1	Dr Emer	Ahern	NCAGL Older Persons
2	Sadhbh	Brangan	Business Manager (HSE Dublin & South East Regional Rep)
3	Ian	Carter	CEO, RCSI Hospital Group (HSE Dublin & North East)
4	Sonya	Cotter	AND, Performance
5	Vincent	Cronly	Director of Planning and Infrastructure, National Ambulance Service
6	Geraldine	Crowley	AND, Primary Care Strategy and National Services
7	Helen	Deely	AND, Health & Wellbeing
8	Iolo	Eilian	AND, Patient and Service User Experience
9	Sinead	Geraghty	Access and Integration; Acute Hospitals
10	Dr Ciara	Martin	NCAGL Children and Young People
11	Dr Jennifer	Martin	Director, National Health Service Improvement Public Health
12	Sarah	McBride	Access and Integration, Community Services
13	John	Meehan	AND, Mental Health Planning & Head of National Office for Suicide Prevention
14	Dr Mike	O'Connor	NCAGL, Acute Operations
15	Gavin	O'Neill	AND, National Productivity Unit
16	Michael	Redmond	Chief Operating Officer, eHealth
17	Dr. Sinead	Reynolds	Head of Service, Quality/Safety & Service Improvement (HSE Dublin & Midlands)
18	Nuala	Scannell	General Manager, Health Regions Programme (<i>on behalf of Jo Shortt, AND, Health Regions</i>)
19	Noreen	Spillane	UL Hospital Group Chief Operating Officer (HSE Mid-West Regional Rep)
20	Gerard	Tully	AND, Disability Services, Stability and Sustainability
21	Philippa	Withero	AND Strategic Workforce Planning and Intelligence, HR