### Integrated Care

Care pathways and models of care designed and delivered around the needs of patient, not the system.

- **Clinical Processes & Clinical Roles**
- **Funding Models**
- **Systems and Data**
- **Workforce Planning Training & Dev**
- **Governance & Structures**
- **Performance & Accountability**
- **Governance & Structures**
- **Wider health service and whole of society commitment to prevention**
Context – HR Supporting Integrated Care

- Highly complex service - hospital, primary, community and social care services
- Circa 100,000 staff
- Annual budget €13.5billion
- Mix of statutory and voluntary service providers - Section 38 agencies
- Challenging HR environment - highly unionised sector >90%
- Skills shortages
- Multiple sub cultures
- Changing patterns in work design & nature of employment (traditional, free agents, talent platforms)
Challenges & Enablers

- Increased demand for services / Demographics
- Budget pressures
- Reduced workforce (down 8,887 since peak in 2007)
- Multiple stakeholders - Trade Unions, Professional & Regulatory Bodies, etc.

*Doing More With Less with fewer staff who are paid less through.......*

- Staff Flexibility → Public Service Agreements
- Changes in work practices → Clinical Programmes
- Reform Agenda/ Programme for Health Service Improvement
Drivers of increased demand

- Population **4.635m**
  \[\uparrow 9\% \text{ since 2006}\]

- Highest birth rate in EU

- Over 65s
  \[\uparrow 20,000 \text{ p.a.}\]

- Increase in age-related chronic illness
  \[\uparrow 40\% \text{ by 2020}\]

- Economy \rightarrow medical cards **1.73m**
  \[\uparrow 49\% \text{ since 2005}\]
Our Staff – Key Facts

Gender portfolio
• 72% female

Staff turnover
• 5.78% in 2015 up from 5.2% in 2014.
• Highest in Health and Social Care Professionals at 8% and the lowest was in Medical/Dental at 3.55%.
• Acute Hospitals was 6.15% in 2015, slightly down on recorded turnover rate in 2014.

Absenteeism
• National Absence rate in 2014 was 4.27% down from 4.73% in 2013

Some of the key changes seen in 2015:
• Employment levels increased by 4,557 WTEs +4.59% and December 2015 was the 17th consecutive month to record growth.
• Medical/Dental increased by 519, Consultants +89 and NCHDs +415 WTEs.
• Nursing increased by 1,338 WTEs from end of 2014.
Doing More with Less – Hospital Services

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2015</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Discharges</td>
<td>588,623</td>
<td>644,990</td>
<td>+56,367</td>
</tr>
<tr>
<td>Day Case Discharges</td>
<td>804,274</td>
<td>878,821</td>
<td>+74,547</td>
</tr>
<tr>
<td>ED Attendances</td>
<td>1,098,956</td>
<td>1,197,343</td>
<td>+98,387</td>
</tr>
<tr>
<td>Emergency Admissions</td>
<td>372,462</td>
<td>447,557</td>
<td>+75,095</td>
</tr>
</tbody>
</table>
Doing More with Less – Community Services

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2015</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. patients with HCP</td>
<td>10,968</td>
<td>15,274</td>
<td>+4,306</td>
</tr>
<tr>
<td>No. patients supported under NHSS</td>
<td>22,327</td>
<td>23,073</td>
<td>+746</td>
</tr>
<tr>
<td>No. clients on opiate substitution</td>
<td>9,288</td>
<td>10,013</td>
<td>+725</td>
</tr>
</tbody>
</table>
Corporate Plan - Strategic Direction For The Health Service 2015 - 2018

Ambition for the Health Service over next 3 years set out in Corporate Plan

In defining a Vision → Reflect on
• The Health Service we have
• The Health Service people want

People telling us they want integrated care

Service Users

Public
People Strategy 2015 - 2018
Vision of HR

- Enabler of HSE Corporate Plan 2015-2017 - Goal #4 – Engage, develop and value our workforce to deliver the best possible care and services to the people who depend upon them

- Provides a clear framework to shape how we improve people services and support the service delivery system

- Based on engagement and evidence of the key people management activities

- Clearly focused on outcomes for Safer Better Healthcare
People Strategy Framework 2015-2018
Leaders in People Services

Partnering (Staff, Service Users, Stakeholders, Communities, Service Delivery Units)

Leadership & Culture

Staff Engagement

Learning & Development

Workforce Planning

Evidence & Knowledge

Performance

Workforce Optimisation

Learning Organisation

Safer Better Healthcare

HR Professional Services / HR Processes / Technology

Legend:
- Enablers
- Results
- Goal
1. LEADERSHIP & CULTURE
Outcome Focus: Effective leadership at all levels

Leadership Strategy
Collaborative multi-disciplinary approach to leadership development for staff across the system

Leadership and Management Development Strategy in place

Leadership Presence
Reconnecting with front line services with particular focus on communication and feedback

Leadership Culture
Focus on leadership behaviours, facilitative approaches and eliminating behaviours that impact negatively on patient safety or colleagues

Prioritizing improved communications as a key enabler of cultural change (Working with Communications Division)

Leadership Accountability
Clarity on roles, expectations and fit within the organisation in line with HSE Performance Accountability Framework
2. ENGAGEMENT
Outcome Focus: Staff have a strong connection to the service

Staff Voice
- *Staff Engagement Strategy* in place – working with all Divisions and building on existing initiatives across the system
- *Staff Survey* scheduled for June 2016
- Improved HR communication methods in place (HR Newsletter, HR User Groups, Help Line etc)

Staff Commitment
- Meaningful roles for staff, performance feedback and recognition, appropriate decision making autonomy and development opportunities
- *Achievement Awards* in place
- Team working as core unit of service delivery
- Diversity, Inclusion and Equality Statement agreed and action plan in place

Staff Health and Wellbeing
- *Staff Health and Wellbeing Strategy* developed (joint work with Health and Wellbeing Division)
- Policies and procedures developed recognising the need for work life balance and supporting positive attendance

Staff Working Environment
- Occupational Health and Safety Helpdesk in place
- Positive Workplace Initiatives advanced
3. LEARNING & DEVELOPMENT
Outcome Focus: Staff equipped to problem solve, innovate and deliver

Learning and Development Plan
- Learning and Development (L&D) Plan developed and communicated
- L&D supporting improvements in the patient experience, evidence based practices and service priorities
- Multi-disciplinary development and leadership programmes designed and delivered in each Delivery Unit
- Coaching and Mentoring Framework developed to enhance performance

Learning and Development Delivery
- Single consolidated delivery service in place

Learning and Development Approach
- Personal Development Plans and Continuous Professional Development prioritised
- On the job experiential learning

Learning and Development Evaluation
- HR Effectiveness Toolkit aligned to return on investment implemented
4. WORKFORCE PLANNING

Outcome Focus: Comprehensive workforce plan in place based on current and predicted service needs, evidence informed clinical care pathways and staff deployment

Workforce Planning Framework
- Workforce Planning Framework developed in partnership with Department of Health
- Capacity to undertake workforce planning further developed

Workforce and Service Design
- Redesign of services based on best practice, evidence and models of care
- Reform of Community Healthcare Organisations, Hospital Groups and National Ambulance Service prioritised

Workforce Talent Management
- Talent management framework developed supporting staff along their career pathway
- Approaches to attract and retain staff in place

Workforce ‘Organisation’
- Resourcing strategy framework in place
- Plans developed to address skills mix or skills gaps within teams and services
HR Workforce Planning Workshop Recommendations

• **Clinical programmes** to drive workforce planning

• Must provide a **longer-term context** within which more effective near-term staffing decisions can be made

• Develop a **Common Framework/ Model/Tools**, including technology to support

Recognise “changes in the **composition of the skills and competencies** in the health workforce guided by a **needs based services management** approach rather than by professional interests”  

Where health workforce governance research meets health services management 2016
Integrated Care = Health Services delivered by the right people

- 1 million health care workers in Europe by 2020
- Single labour market
5. **EVIDENCE & KNOWLEDGE**

Outcome Focus: Decision making based on real time and reliable data

**Data Gathering and Reporting**
- Streamlined metrics and reporting processes in place

**Data Analysis**
- Trend analysis, early warning data supporting decision making
- Development of analytical capacity within HR and across the system

**Knowledge Management**
- Provision of data to assist decision making

**Application of Evidence**
- Using data as evidence to support service improvements
6. PERFORMANCE
Outcome Focus: Clear roles and responsibilities to maximise performance

**Performance Governance**
- Clarity re governance and accountability arrangements
- Compliance with standards, legislation and regulation
- *HR Early Warning System* in place

**Performance Management**
- Redesign and simplify the performance management system – focus on performance achievement
- Redesign employee relations support to ensure that it is proactive and timely
- National Mediation Service and *National Investigation Unit* established and in place

**Performance Capacity**
- Managers supported to conduct performance conversations
- Clear process guidance in place to support performance management
7. **PARTNERING**
Outcome Focus: Partnerships effectively developed and managed

**Partnering with Staff, Service Users and Local Communities**
- Skills and capacity of staff improved to engage with service users and local communities as a means of improving services
- Corporate social responsibility and public service ethos demonstrated through initiatives

**Partnering with Stakeholders**
- Strengthening key relationships with other Health Agencies, staff associations, Trade Unions etc

**Partnering with Service Providers**
- Focus on commissioning standards to ensure best outcomes
- Building on relationships with academic and other external providers to improve practice
8. HUMAN RESOURCE PROFESSIONAL SERVICES

Outcome Focus: HR Services positioned to deliver organisational priorities

**HR Delivery Model and Structure**
- HR Delivery Model and Structure agreed and communicated
- Delivery system has clarity regarding corporate HR offering

**HR Processes**
- Working with Health Business Services (HBS) to improve transactional HR processes with a particular focus on recruitment

**HR Profession**
- Provide professional HR Service that is technically competent and strives for excellence
- *Excellence Through People Accreditation* underway
- Professional registration and development opportunities for HR staff identified - HR Leadership Development Programme up and running

**e-Human Resource Management (e-HRM) & Technology**
- e-HRM Strategy and Operational Plan developed
People Strategy supporting Integrated Care

- Leading with vision, inspiration and integrity
- Adding value for service users, communities and staff
- Creating a sustainable future
- Developing organisational capability
- Harnessing creativity and innovation
- Managing with agility
- Succeeding through the talent of people
- Sustaining service excellence
People Strategy supporting integrated care

- Technically competent and responsive to service needs
  - Embrace enabling technology
  - Positioned to support the delivery system overall
  - More facilitative, supportive, developmental and enabling approach
  - Work in partnership with service managers to add value and enhance people capability
- People Strategy *provides the direction* to deliver on this ambition
Health Services People Strategy 2015-2018 Leaders in People Services

- Safer Healthcare
- Effective leadership at all levels
- Staff have strong connection to the service
- Staff equipped to problem solve, innovate and deliver
- Comprehensive, evidence based workforce plan in place
- Decision making based on real time and reliable data
- Clear roles & responsibilities to maximise performance
- Partnerships are effectively developed and managed
- HR Services positioned to deliver organisational priorities
Why?

1. Improved delivery by people through leadership of **Line Managers**
2. Staff **engaged** in a shared vision of a realistically optimistic future, focused on safer better healthcare
3. Staff closer to patient more empowered
4. Clearly aligned goals and objectives at every level
5. Good use of enabling technology
6. Continuous learning and quality improvement
7. Team-working and integration
8. HR contributing to **good** change embedded into the fabric of the organisation
HR Enabling Integrated Care
Put People Strategy into Action

- **New roles** - staff involvement and opportunity to contribute to and shape the future changes

- **New Models of Service Delivery** - work with people and teams to assist them in addressing issues, early interventions are key

- **New contracts** – **Consultation/Involvement** Coaching and Mentoring for service improvement (Better support for line managers).

- **Extended day** - *is this required* now system-wide

- Maximising **joint working**/Examine **Governance** arrangements

- **Team / role dynamics** (whole system approach)

- **Career structures / expectations**
**HR Enabling Integrated Care**
A unique opportunity for service improvement through engaged workforce

<table>
<thead>
<tr>
<th>Potential Successes</th>
<th>Potential Challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Resource utilisation</td>
<td>• Professional silos/vested interest groups/restrictive environment - PSA/HRA/LRA/National Agreements</td>
</tr>
<tr>
<td>• MDT Working/dual reporting</td>
<td>• Parochial influence/retention of services for the wrong reasons</td>
</tr>
<tr>
<td>• HR People Strategy being implemented</td>
<td>• Ability to attract staff in a competitive employment market</td>
</tr>
<tr>
<td>• Focus on Staff Engagement, Leadership &amp; Culture and Workforce Planning/Optimise Diversity</td>
<td>• Career structures</td>
</tr>
<tr>
<td>• Support delivery units</td>
<td>• Design new contracts</td>
</tr>
<tr>
<td>• Improved morale &amp; governance arrangements</td>
<td>• Difficulty in managing location of talent pool</td>
</tr>
<tr>
<td>• Opportunity to improve relationships with Unions and Professional Bodies</td>
<td>• Natural wastage, redeployment protocol not as flexible - No redundancy</td>
</tr>
<tr>
<td>• Rationalisation of services</td>
<td></td>
</tr>
</tbody>
</table>
One-size-fits-all integration solutions don’t work – HR must support and empower delivery units
Change Cycle

Map the change

Consultation

Line Manager Vision for change

The Labour Court An Chúirt Oibreachais

Start Of Process

Our Values Care Compassion Trust Learning

Conciliation/JRG/Adjudication

Rosters ?? Redeployment Service Plan Targets

The Labour Relations Commission
Work is changing – 1 Grade, 1 Pilot, 2 years

Internal

Clarifying:
Roles

Co-Creating;
Working together
Team Dynamics
Team culture

Task

Commissioning:
Purpose

Connecting:
Stakeholders

Physician Associate

External

Process
Summary of current challenges

• Capacity to:
  – recruit and retain a highly-skilled and qualified workforce
  – continue to develop, innovate & improve whilst delivering service
  – competency models, working in networks v hierarchical models
  – Decision making and individual accountability
  – Ensure respect for NB of all disciplines

• Scale of reform and change required to support new evolving models of care innovation
• Attraction Drivers/Retention Drivers/Sustainable Engagement Drivers
• Limitations of our clinical, business information, financial and HR systems
• System readiness
## The workforce and workplace of the future

Further complicated by multiple generations at work

### Traditionalists
- **Before 1945**
- Age in 2016: 71+ years
- Estimated population size (U.S.): ~29 million – 31 million
- Loyalty
- Respect for authority
- Sacrifice

### Baby Boomers
- **1946 – 1964**
- Age in 2016: 52 – 70 years
- Estimated population size (U.S.): 76 million – 79 million
- Competitive
- Optimistic
- Career-minded

### Generation X
- **1965 – 1980**
- Age in 2016: 36 – 51 years
- Estimated population size (U.S.): 34 million – 40 million
- Self-reliant
- Globally-minded
- Adaptable

### Generation Y
- **1981 – 1994**
- Age in 2016: 22 – 35 years
- Estimated population size (U.S.): 80 million – 90 million
- Team-oriented
- Tech-savvy
- Socially conscious

### Generation Z
- **1995 – 2010**
- Age in 2016: 6 – 22 years
- Estimated population size (U.S.): ~25 million (and growing?)
- Immediacy
- Connected
- Realistic

---

One generation does not fit all…
Generational Shifts in the Workplace

World of work is changing

Five Generations in the Workplace

Source: Bureau of Labor Statistics, Employment Projections
Integrated Care is about people.

Care pathways and models of care designed and delivered around the needs of patient, not the system.

Wider health service and whole of society commitment to prevention.

Develop leaders for new reality, future of work & service mindset.
Conclusion

Achieving integrated care requires a whole systems approach to change at all levels, which must be sustained over a number of years.

Improvements have been and continue to be made, but we need to do better.

Take a joined up approach with HR.

Thank you!!

Gentle reminder, Staff Survey & Flu Vaccine
Additional Info
Key facts about HSE Health Managers

1 in 78 people working for the HSE is a health manager.

Half of HSE health managers have a clinical background. Health managers are not seen as “boots on the ground.”

72% of health managers are female.

There is no such thing as a “typical” HSE health manager.

Health managers bring a variety of professional skills for the benefit of patients.

Health managers are not overpaid. The average annual salary for a HSE health manager is €51,100.

Health managers are hardworking. They work as long as it takes to get the job done and most work far more hours than they’re paid for.

Health managers are in the HSE’s DNA. Most health managers have dedicated their working lives to the HSE, either as clinicians, professional health managers or people who have worked their way up through the ranks.

Our Values
- Care
- Compassion
- Trust
- Learning

What HSE health managers do

Health managers keep the show on the road.

As the “stage managers” of the HSE, they bring all the different parts of the system together to deliver services for patients.

Health managers support doctors and clinical teams by making sure they have what they need to get on with their jobs.

Health managers know how the system works. Most are seasoned professionals with many years of experience in the health service.

Health managers improve and develop services using their specialist skills, experience and knowledge.

Health managers take responsibility for the services we all depend on.

HSE health management is a caring, compassionate, patient-focused and extremely demanding profession. Health managers make a distinct contribution as the people who organise care, fix problems and ultimately take responsibility for the services people depend on. Health managers are the people who keep the show on the road, day-in and day-out.

The Health Services People Strategy 2015-2018 provides a dedicated focus on the professionalisation of health management.
The following are a number of pie-charts depicting other aspects of our workforce at the end of 2015 as well as a depiction of the age profile by staff category.

In financial/Pay expenditure terms, the total pay expenditure figure for 2015 was €6.996 billion, up €170.5 million on 2014 (+2.5%), including €775 million in respect of superannuation, up €35.5 million (+4.8%). Agency expenditure was €332.4 million, down €10.8 million (-3.2%), while in the Acute Hospitals Division the reduction was greater at €23.4 million (-10.1%). Overtime and on-call was €290 million in 2015, as recorded in Corporate Reporting Solutions (CRS), up €11.9 million (+4.1%). Other profiles of pay expenditure are in the following charts for both 2014 and 2015.

Some interesting trends over the last number of years; employment levels, change in staff categories and monthly national absence rates: