



Health Services People Strategy

2019-2024

LEADERS IN PEOPLE SERVICES

FINAL WORKING DRAFT

Source and Referencing

The *People Strategy 2019–2024* was developed following a detailed consultation process commissioned by **Rosarii Mannion, National Director of Human Resources** with oversight provided by the HR Leadership Team. It replaces the *People Strategy 2015–2018* (2015) and represents the second edition.

Material from the *People Strategy 2019–2024* should be referenced as:

Health Service Executive – Human Resources Division (2019). *People Strategy 2019–2024*. Dublin, Ireland: Health Service Executive.

Accessing Documents

People Strategy 2019–2024 www.hse.ie/eng/staff/resources/hrstrategiesreports/people-strategy-2019-2024

People Strategy Action Plan is available from nationalhr@hse.ie.

Literature review completed by CIPD to support the People Strategy:

Chartered Institute of Personnel and Development (2019). *Review of the implications for the future of HR of the changing world of work*. www.cipd.ie/knowledge/hr-fundamentals/hr/cipd-thought-leadership

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For more detail on the implementation of the People Strategy, please see the People Strategy Action Plan. You can get further details on the background to the People Strategy and the Action Plan by emailing nationalhr@hse.ie.

Message from Chief Executive Officer

As a committed public servant there is no greater role than to be working with a dedicated and valued workforce, striving to make people's lives better. I have set out three initial priorities for the organisation which are in line with the implementation of *Sláintecare*:

1. The delivery of quality and safe services
2. Transitioning to a new model of integrated care
3. Strengthening the confidence and trust in the organisation

I look forward to working with health services staff right across the country to achieve these priorities - delivering a health and social care service that meets the needs of the population and attracts and retains the very best staff. I am also fully committed to ensuring that frontline services are prioritised in terms of reform. As public servants we have a responsibility to make the best use of the resources available to us. I am very aware of the increased demands being placed on our services and on our staff. I believe however that through strong accountability we will be in a better position to invest in the future of our healthcare system.

Our staff are our biggest resource - together we must deliver on the ambition set out in the **People Strategy 2019-2024** in order to ensure 'we have the right people, with the right skills, in the right place, and at the right time delivering safer better healthcare'.



Paul Reid.

Paul Reid
Chief Executive Officer
Health Service Executive



Seirbhís Sláinte
Níos Fearr
á Forbairt

Building a
Better Health
Service

Foreword

I am very pleased to present the **People Strategy 2019-2024** and I also wish to acknowledge the significant level of investment and support for the implementation of our first *People Strategy 2015-2018*. We have put in place a strong foundation and I am confident that the next phase of development will build upon our collective efforts to put the people who deliver our services and those who receive it at the heart of everything we do.

As leaders in people services we are committed to delivering a professional and relevant HR service enabled by strong relationships and collaboration across the whole system. We have a particular responsibility to plan and deliver interventions when and where they are needed taking the local context into account. We need to empower our staff to be resilient, to take up their leadership roles and deal with the pressures of constant change.

Our multi-generational and diverse workforce provides us with a wealth of talent and capability. We need to develop, support and retain our existing staff and engage a newer generation of healthcare employees. We welcome increased flexibility in our work patterns, locations and ways of learning, with people moving through their work and careers to fit their personal needs. Developing the next generation of leaders and improving our digital competency are critical for the future. Listening carefully to the views of frontline staff and recognising their contribution in a meaningful way will result in better employee experiences and better outcomes for all.

We are fully committed to implementing the People Strategy working with staff, service and HR leaders in the delivery system, partner organisations, regulatory and staff representative bodies. By engaging with and supporting our staff and enabling our teams we can strengthen our connection with the people we serve. 'If we get it right for staff – we get it right for patients, services users and our communities'.

National Director of Human Resources
Health Service Executive

Sláintecare

The implementation of *Sláintecare*¹ signals a new direction for the delivery of health services in Ireland in line with our public service reform agenda.

“Sláintecare is about delivering a health and social care service that meets the needs of the population and attracts and retains the very best healthcare professionals, managers and staff. There is a commitment to engage with staff, staff representative bodies, and the wider stakeholder network, to find new ways of working to deliver expanded services and optimise the wealth of skills and knowledge inherent in our workforce”. Sláintecare Action Plan (2019: 3)

Implementation of *Sláintecare* offers a real opportunity to create a more sustainable, fair, cost effective system and one that delivers value for patients, service users and staff. The *Sláintecare Implementation Strategy* sets out four overarching goals, ten high-level strategic actions and eight principles. These underpin the first three years of the reform programme, and present a mix of legal, policy and service-level actions.



Figure 1: Principles set out in the *Sláintecare Report*



Source: Government of Ireland (2018: 10).

¹ *Sláintecare Report (2017), Sláintecare Implementation Strategy (2018), Sláintecare Action Plan (2019).*

The HSE is committed to working with the Sláintecare Programme Implementation Office (SPIO) and all stakeholders to play its part in successfully delivering the vision for health service transformation in Ireland and the implementation of these changes at the frontline. These changes will include the development of Regional Integrated Care Organisations (RICOs) to enable the delivery of care that is designed to meet the needs of local populations.

The *People Strategy 2019–2024* clearly sets out the actions to support the implementation of *Sláintecare*. This People Strategy focuses in particular on the delivery of:

Sláintecare Strategic Action 9: Build a sustainable, resilient workforce that is supported and enabled to deliver the Sláintecare vision.

The *Sláintecare Action Plan 2019* has identified four work streams and work programmes:

1. Service Re-design and Supporting Infrastructure
2. Safe Care, Coordinated Governance and Value for Money
3. Teams of the Future
4. Sharing Progress

Work stream 3 – **Teams of the Future** – is centred on planning, building and supporting a health and social care workforce which can deliver on the *Sláintecare* reform programme, as well as initiatives which promote innovation, participation and the creation of a supportive work environment.

The *People Strategy 2019–2024* is also fully aligned to *Our Public Service 2020* which prioritises the development of “our people and our organisations”. It presents a framework that supports continuous development and innovation across the public services (Figure 2).

Figure 2: Our Public Service 2020



Source: Department of Public Expenditure and Reform (2017b: 12).

Health Services People Strategy

2019-2024

LEADERS IN PEOPLE SERVICES

The **People Strategy 2019–2024** sets out the future direction for the development of our people services across the healthcare system. It is focused on our shared purpose – to deliver safer better healthcare and services that are valued by the public and by staff. The People Strategy Framework (pages 6 & 7) outlines our vision and mission and identifies three key areas for development:

Leadership

Taking responsibility to work together to deliver 'safer better healthcare'.

Talent

Having the right people with the right blend of skills in place to deliver our services and enable transition to new models of integrated care.

Capability

Developing the knowledge, skills and confidence to continually improve and transform our services - strengthening trust in the organisation and delivering 'public value'.

The nine People Strategy Priorities are summarised on pages 8 & 9 including the outcomes to be achieved and the areas for focused attention.

Implementation of the People Strategy

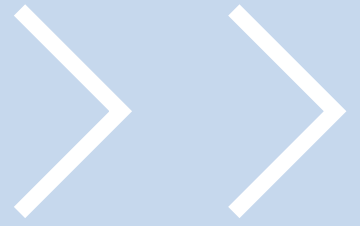
This document outlines the People Strategy framework, priorities, intended outcomes and high level actions. The strategy is supported by an **Action Plan** that sets out the details, people responsible, key performance indicators and timeframes needed to implement the People Strategy. Members of the HSE and HR Leadership Teams will lead the implementation of the People Strategy working with the Heads of HR and service leaders both nationally and locally. Given the level of interdependency between the actions in this People Strategy, implementing it will require

leaders across the healthcare system to work together. People will be responsible both individually and as team members to deliver on the actions. It is critical that the needs of service managers and frontline staff are prioritised. Engaging with staff and their representative bodies will be central to the implementation process. This will enable our people services to meet the complex and future requirements in health and social care services across the country.

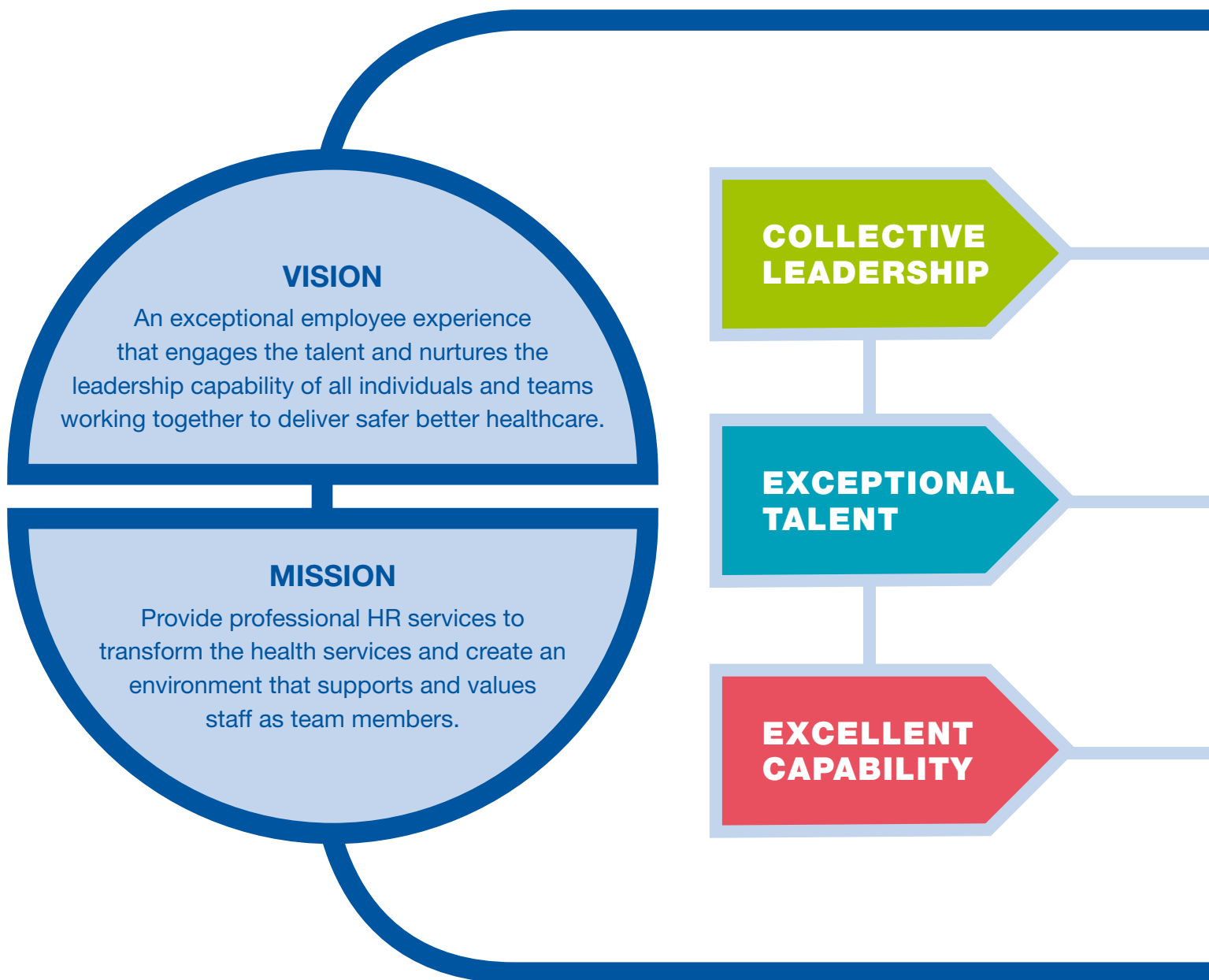
Health Services People Strategy

2019-2024

LEADERS IN PEOPLE SERVICES



People Strategy Framework





People Strategy Priorities



Priority 1

LEADERSHIP AND CULTURE

Collectively leading change

Leaders at all levels, working together towards a shared purpose, creating a caring and compassionate culture, nurturing talent and inspiring innovation and excellence throughout the system.

- ▶ Lead change – add value
- ▶ Improve capacity
- ▶ Be accountable



Priority 5

SERVICE DESIGN AND INTEGRATION

Co-design for future needs

Our service design is fit for purpose to meet the needs of service users and staff in a complex and integrated health and social care system.

- ▶ Support workforce transformation and service design
- ▶ Facilitate workforce and service flexibility
- ▶ Plan for progression and succession



Priority 6

PERFORMANCE ACCOUNTABILITY

Deliver staff and public value

Staff and teams are clear about roles, relationships and responsibilities and are supported to channel their energy and maximise individual and team performance to add value and impact for service users.

- ▶ Be accountable for performance
- ▶ Develop performance capacity and capability
- ▶ Strengthen employee relations
- ▶ Measure performance



Priority 2

EMPLOYEE EXPERIENCE

Focus on wellbeing and engagement

A meaningful and safe work culture exists where the organisation enables healthy behaviours among staff, supporting them to take responsibility for their own health and wellbeing, and where staff feel valued, are emotionally engaged and deliver services they are proud of.

- ▶ Improve staff health and wellbeing
- ▶ Listen to our staff
- ▶ Increase staff influence



Priority 3

CAPABILITY AND TALENT

Invest in people and teams

A culture that prioritises learning and development to ensure we have the capability and capacity at individual and team levels to confidently deliver person-centred care, problem solve and innovate.

- ▶ Invest in capability and learning
- ▶ Invest in people and teams
- ▶ Invest in personal and professional development
- ▶ Invest in e-learning and innovation



Priority 4

WORKFORCE PLANNING AND INTELLIGENCE

Understand our people

Evidence-based workforce planning in place to build a sustainable workforce supported and enabled to deliver on future service needs.

- ▶ Implement strategic workforce planning
- ▶ Build capacity for workforce planning
- ▶ Invest in people data and analytics



Priority 7

NETWORK AND PARTNER

Optimise the whole system

Relationships with service users, families, citizens, staff and other key stakeholders are developed, and networks established to improve personal experiences, deliver safer better healthcare and public value for local communities.

- ▶ Partner with service users and local communities
- ▶ Partner with stakeholders/ service providers
- ▶ Create networks



Priority 8

HR DIGITAL TRANSFORMATION

Connect and innovate

HR contribution to creating a digital culture and workforce enabled through the development of digital skills and the integration of existing systems.

- ▶ Enable productivity and efficiency
- ▶ Support connectivity
- ▶ Develop digital competency



Priority 9

PROFESSIONAL HR SERVICES

Focus on people and relationships

Responsive and competent HR services designed to create value and impact as defined by the delivery system and positioned to deliver organisational priorities.

- ▶ Lead HR services
- ▶ Implement HR model of service delivery
- ▶ Strengthen HR governance and oversight
- ▶ Provide HR corporate support

Priority 1

LEADERSHIP AND CULTURE

Collectively leading change

Leaders at all levels, working together towards a shared purpose, creating a caring and compassionate culture, nurturing talent and inspiring innovation and excellence throughout the system.

What We Will Do

Lead change – add value

- 1.1 Implement the **People Strategy – Leaders in People Services** to set direction for people services, deliver public value for local communities and staff with an emphasis on connectivity, integration and relevance with the service delivery system.
- 1.2 Co-design and embed a **collective leadership model** to support the development of future leaders at all levels, influence leadership behaviours and enable ethical decision-making.
- 1.3 Continue to develop the **Health Services Leadership Academy** comprising the best thought and practice-based leaders from across the system to:
 - ▶ design, influence and develop leadership standards and practices
 - ▶ maximise the synergies arising from leadership development programmes
 - ▶ build a new generation of leaders who are focused on lifelong learning.
- 1.4 Prioritise **staff resourcing** and **talent planning** across the entire career pathway to ensure the delivery system has the right people, capability and talent to deliver now and in the future.
- 1.5 Develop a strategic whole organisation approach to **recruitment** by working in collaboration with Health Business Services (HBS) and others as appropriate to develop a recruitment model that enables the implementation of *Sláintecare*, meets the needs of evolving services (nationally and locally) and delivers successfully in a competitive jobs market.
- 1.6 Develop a dynamic and strategic approach to **staff retention** that builds the organisation's brand, culture and values, understands employees' needs and aspirations, and acknowledges the key role of line managers in supporting staff retention.
- 1.7 Create improved **employee experiences** as a core element of an empowered and engaged workforce by creating a sense of wellbeing and work-life balance, helping people to find purpose and meaning in their work and supporting personal and team growth and development.
- 1.8 Model our **shared values**² and commitment to **organisational justice and fairness** by creating a culture of respect for the **diversity** of health and social care staff by valuing different perspectives, depth of experience and the strengths of individuals and teams throughout their employment.
- 1.9 Recognise the critical role of **line managers** in implementing HR strategy and policies. Support them in their role through development and practice-based interventions so that they have the skills to manage and support people to perform to their full potential and deliver service outcomes.
- 1.10 Engage **clinicians and frontline staff** and support them in their leadership roles to co-lead change and service improvements with a particular focus on enhanced team working and delivery of person-centred integrated care.



Improve capacity

- 1.11** Improve our capacity to be a **'change able' organisation** and increase **change readiness** at individual, team and organisational levels through the implementation of the organisational policy on change – *People's Needs Defining Change – Health Services Change Guide* and other complementary approaches.
- 1.12** Create the **conditions for people and culture change** and a workplace environment that promotes growth, innovation and knowledge sharing enabling leaders to transform services and sustain improvements.
- 1.13** Develop **leaders' capacity to lead change** in a complex system with a tolerance for ambiguity, building resilience and inspiring people to deliver our core purpose, engaging with service users and staff, developing networks and connecting with local communities.
- 1.14** Build capacity for a **technology-enhanced future** and **digital health services** by adopting new technology, reinforcing the benefits of using data, improving digital competency and cultivating a spirit of exploration and experimentation.

Be accountable

- 1.15** Support and enable leaders to take up a **stewardship and advocacy** role to foster multi-sectoral collaboration with a focus on population health and wellbeing needs.
- 1.16** Strengthen leaders' capacity to deliver public value by implementing **robust governance and accountability arrangements** as close as possible to the point of service delivery with citizen and service user involvement and a clear connection with the frontline.

- 1.17** Enable leaders to **co-design person-centred services** (valuing the 'lived experiences' of service users and staff) and develop sustainable **models of care/service delivery** that optimise the full talent pool and enable **integrated care pathways**.
- 1.18** In line with our commitment to **integrated services** foster a culture of cooperation across service delivery locations and sites connecting our efforts, avoiding duplication and placing a particular focus on shared care/service arrangements and transition between services.
- 1.19** As leaders, prioritise the **development of relationships** that enable national/corporate functions and service delivery units to work together to add value, meet service needs and improve people's experiences.
- 1.20** Promote transparency, respect, sensitivity and objectivity in **communication** and **feedback** with service users, families and staff in a timely manner as a core leadership practice and encourage learning to improve practices.

Sláintecare

Action 1: Improve governance, performance and accountability across the health services.

Reference to Actions in these shaded boxes are from the *Sláintecare Implementation Strategy (2018)*. Available at: health.gov.ie/wp-content/uploads/2018/08/Sl%C3%A1intecare-Implementation-Strategy-FINAL.pdf

Priority 2

EMPLOYEE EXPERIENCE

Focus on wellbeing and engagement

A meaningful and safe work culture exists where the organisation enables healthy behaviours among staff, supporting them to take responsibility for their own health and wellbeing, and where staff feel valued, are emotionally engaged and deliver services they are proud of.

What We Will Do

Improve staff health and wellbeing

- 2.1** Develop an **integrated focus** on the entire **employee experience** that addresses all aspects of work, the workplace and staff health, safety and wellbeing. Prioritise key periods of transition for staff during their career journey.
- 2.2** Demonstrate our commitment to evidence-based and holistic health, safety and wellbeing programmes informed by legislation – implement the **WHO Healthy Workplace Framework** in partnership with Healthy Ireland, and integrate the work of the Workplace Health and Wellbeing Unit across the organisation.

The WHO Healthy Workplace Framework has four key pillars. It is focused on improving the quality of work and working life, enabling a positive culture for all involved in the delivery and receipt of health and social care services.

- (i) Physical work environment
- (ii) Psychosocial work environment
- (iii) Personal health resources
- (iv) Community involvement

2.3 WHO Healthy Workplace Framework – Physical work environment:

- ▶ Provide strategic direction nationally and support health and safety services locally to enable managers to be competent in developing working conditions that are safe and healthy.
- ▶ Enable staff to take responsibility for their own health, safety and wellbeing.

2.4 WHO Healthy Workplace Model – Psychosocial work environment:

- ▶ Prioritise healthy relationships in the workplace by taking a proactive approach to prevention and early intervention to reduce stress.
- ▶ Use learning outcomes from data gathered to identify trends and patterns to inform best practice and support skills development to assist people to:
 - enable a respectful, civil and positive work environment where staff feel psychologically safe and supported to do meaningful work and influence service improvements
 - recognise and address unacceptable behaviour that has or is likely to have an impact on staff wellbeing and patient/ service user safety
 - implement practices to reduce and respond to conflict
 - implement practices to reduce and respond to critical incidents
 - use data to identify staff concerns and offer timely supportive interventions.

2.5 WHO Healthy Workplace Model – Psychosocial work environment:

- ▶ Treat people fairly and with respect, promoting a positive workplace culture that is informed by our **core values**.
- ▶ Implement the **Dignity at Work Policy**. Enable staff and those observing to intervene appropriately and in a timely manner if they have concerns or believe there are risks to service users, colleagues or themselves.

- ▶ Ensure the **Adult Safeguarding Policy** guides our culture and practices as leaders in people services and is a key influence on all our work as HR professionals.

2.6 WHO Healthy Workplace Model – Personal health resources:

- ▶ Work with staff to take **personal and professional responsibility** for their own physical and psychological health and wellbeing through self-care.
- ▶ Ensure standards and policies are in place to help people to feel ‘in control’, supported and enabled to achieve a **work-life balance**.

2.7 WHO Healthy Workplace Model – Community involvement:

- ▶ Continue to develop and integrate into the health and social care system initiatives that address our ‘**corporate social responsibility**’.

Listen to our staff

- 2.8 In line with the commitment to take a holistic approach to positive employee experience continue to create, measure and monitor **purposeful engagement** at individual, team and organisational levels to create maximum impact enabled by cross-organisational collaboration and communication.
- 2.9 Prioritise face-to-face **communication** as an important way to **engage staff** focusing on conversations that elicit people’s lived experiences (stories and narratives).
- 2.10 Re-define engagement as a **continuous approach** embedded in services and teams, and foster an environment that supports employee engagement and co-production working with stakeholders in defining, designing and delivering change.
- 2.11 Develop further organisational capacity and processes for **employee feedback** including face-to-face meetings, locally based engagement processes and staff surveys.
- 2.12 Develop and support **staff engagement forums**, communities of practice and other appropriate communication and engagement methods to ensure greater connectivity, partnership working and alignment with service improvements across the system.
- 2.13 Facilitate, challenge and ensure momentum across the system to address **actions resulting from feedback** based on employee and patient/service user/family experiences and take an integrated approach to addressing service improvements.



Increase staff influence

- 2.14 Support staff to work towards a **shared purpose and find meaning** in their work as public servants, ensuring staff are involved in decisions that affect them.
- 2.15 Re-energise our commitment to early, sustained engagement by enabling staff to have a **direct influence** and ‘**invest**’ in change by taking responsibility and advocating for improvements, becoming change activists as individuals and as team members.
- 2.16 Continue to promote **mentoring** for staff to encourage personal and organisational development and to maximise an individual’s own capacity and potential to develop and influence service improvements.
- 2.17 Support staff to act as **advocates for service users** and enable their participation in decision-making in relation to care planning and solution-focused approaches.
- 2.18 Support staff to place ‘**people’s needs at the centre of change**’, connect with service user experiences and engage as equal partners in the co-design, development and evaluation of services in line with *People’s Needs Defining Change – Health Services Change Guide*.
- 2.19 **Recognise, acknowledge and celebrate** the commitment and outstanding contribution of health and social care staff through processes such as the Health Service Excellence Awards, Service Based Recognition Awards, Best Practice and Innovation Awards, Quality Improvement Awards, Long-Service Awards, etc.

Sláintecare

Action 2.4.1 Launch a comprehensive engagement plan for the public and patients/service users.

Action 2.4.2 Launch a comprehensive engagement plan for the health workforce.

Priority 3

CAPABILITY AND TALENT

Invest in people and teams

A culture that prioritises learning and development to ensure we have the capability and capacity at individual and team levels to confidently deliver person-centred care, problem solve and innovate.

What We Will Do

Invest in capability and learning

3.1 Continue to build and enhance collective leadership capacity and capability through the **Health Service Leadership Academy** working together across the system.

- ▶ Optimise the Leadership Academy as a service that sets standards and consistency in relation to a range of education and development programmes that are tailored to service, team and individual needs.
- ▶ Create a network of diverse and multi-generational leaders for the future who can practise collective leadership, innovate and lead change in a complex system.

3.2 Co-develop a **leadership, education and talent development strategic action plan** that sets out a clear vision and direction for services, developing talent, capability and leadership at all levels to meet current and future service needs in line with *Sláintecare*.

3.3 Design a **talent development framework** that focuses on lifelong learning, supports staff to develop both personally and professionally as individuals and as team members throughout their career.

3.4 Continue to strengthen and prioritise **learning and development resources locally** to meet the needs of regionally integrated services³ to:

- ▶ deliver consistent and unified programmes with the flexibility to respond to individual and team learning needs

- ▶ co-design customised learning and development programmes and interventions delivered through a mix of 'classroom based' and online learning
- ▶ support service improvements, innovation and change in collaboration with development colleagues from across the system.

3.5 Design and implement an approach to strategic **learning needs analysis** at individual, team and organisational levels to assess the organisational capability to meet standards and future service/skills requirements.

3.6 Continue to develop **whole system evaluation methods** for leadership, education and talent development programmes that address system impact i.e. added value at organisational/service, team, staff and service user levels.

3.7 Improve **leadership capability for change** by integrating the organisational policy (*People Needs Defining Change – Health Services Change Guide*) into all learning and development programmes supported by the talent development framework.

- ▶ Continue to develop locally based **Change and Improvement Networks** to align all development resources at local level to meet people's needs and deliver improved outcomes aligned to national policy and informed by local priorities.

Invest in people and teams

3.8 Prioritise teams as the core unit of service delivery, and intensify supports to **'intact and multi-disciplinary teams'** to deliver integrated care, enable collaborative practices and bring about evidence-informed service improvements.

3 Regional Integrated Care Organisations (RICOs).



- 3.9** Prioritise **coaching** as a key leadership and line management support in facilitating improved performance, enabling change and supporting service developments at individual and team levels.
- 3.10** Support the design and roll-out of the **performance achievement** process and align to personal development planning/supervision.
- 3.11** Continue to develop the **Gradlink programme** in collaboration with key stakeholders to nurture talent, attract graduates and benefit from multi-generational working.

Invest in personal and professional development

- 3.12** Work as appropriate with professional bodies and staff representative associations to prioritise **continuous professional development (CPD)** that supports improved performance in line with regulations and evidence-informed practices.
- 3.13** Co-design the **personal development planning (PDP)** process in line with continuous personal and professional development needs, and team and service requirements.
- 3.14** Continue **investment in HR, Learning and Development professionals** and other colleagues who 'build capacity' to support them in the best delivery of innovative leadership and development programmes and change interventions.

Invest in e-learning and innovation

- 3.15** Build a **learning/experience-focused environment** to address complex service challenges – by exploring new technology, design thinking, collaborative practices, self-managed learning and innovative developments to keep pace with the scale and speed of change.

- 3.16** Support **'on the job' learning**, using the collective energy of the team to encourage experimentation and optimise learning experiences.
- 3.17** Support a **balanced and blended approach** to development interventions as education providers, content curators and experienced facilitators/practitioners complemented by e-learning.
- 3.18** Promote and maximise the potential of **HSELand** and foster the ongoing development of innovative **e-learning platforms and methodologies** by using technology to reach a multi-generational workforce that is digitally competent, mobile and curious about cutting-edge practice.
- 3.19** Curate, develop, connect and signpost accessible **leadership, people and culture change and development resources** for staff at all levels electronically or through other means to develop capabilities and meet service needs.
- 3.20** Collaborate with those responsible for **mandatory and statutory training** to co-design training that is delivered through HSELand and face-to-face methods and assist line managers to ensure compliance.

Sláintecare

Action 9: Build a sustainable, resilient workforce that is supported and enabled to deliver the *Sláintecare* vision.

Action 9.4: Enhance leadership and accountability.

Action 9.4.1: Continue to build and enhance leadership development, capacity and capability through the Health Service Leadership Academy.

Action 9.5: Build organisational capacity.

Action 9.5.1: Introduce skills development programmes to support local reform implementation, with a particular focus on enhanced team working and integrated care.

Priority 4

WORKFORCE PLANNING AND INTELLIGENCE

Understand our people

Evidence-based workforce planning in place to build a sustainable workforce supported and enabled to deliver on future service needs.

What We Will Do

Implement strategic workforce planning

- 4.1** Implement the **Strategic Workforce Planning Framework** facilitating people decisions, coordinating supply and demand, and offering staff compelling and relevant experiences.
- 4.2** Establish, through cross functional collaboration, the **governance arrangements** to oversee the implementation of the Strategic Workforce Planning Framework in support of national policy.
- 4.3** Strengthen, build and formalise early **inter- and cross-sectoral engagement processes** to support strategic workforce planning for the sustainability of the Irish health and social care system, focusing on graduate supply, education and practice placements working with the Department of Health.
- 4.4** In collaboration with key stakeholders across services and with external support as required develop an **internationally informed evidence base** to support workforce planning.

Build capacity for workforce planning

- 4.5** Create an **increased understanding** of how workforce planning integrates into service planning, service delivery, financial planning, talent and leadership development, and capacity building.
- 4.6** Strengthen and **build capacity** for high quality workforce planning informed by evidence, by identifying and strengthening current capacity and capability for workforce planning through a collaborative approach, and proactively support service managers to develop the required knowledge and skills.
- 4.7** Strengthen and improve the **use of technology and digital platforms** to support workforce planning and data analytics.
- 4.8** Use talent intelligence and optimise performance throughout the organisation by partnering with **workforce planning networks** across the delivery system to use 'people data' to enable informed decision-making.



Invest in people data and analytics

- 4.9** Use **multiple sources of information** (qualitative, i.e. lived experiences as well as quantitative) to create 'people data' and improve the added value of 'people analytics' to address service challenges.
- 4.10** Develop greater alignment between **HR analytics** and other **business analytics functions** to bring a clearer and more integrated approach to the use of people data and to assess the impact of this data for the organisation.
- 4.11** Develop **capacity and competency** in the use of people analytics and develop required skills at appropriate levels across the organisation.
- 4.12** Identify and further develop the most useful and clear **systems of measurement** and **workforce reporting systems** to drive sustainable performance.

Sláintecare

Action 4.2: Expand workforce and infrastructure capacity in line with the Health Service Capacity Review and the NDP. (4.2.1–4.2.3)

Action 9: Build a sustainable, resilient workforce that is supported and enabled to deliver the *Sláintecare* vision.

Action 9.1: Accelerate implementation of Working Together for Health – A National Framework for Health and Social Care Workforce Planning.

Action 9.2: Implement existing workforce strategies.

Action 9.3: Utilise the Workforce Planning Framework to support reform implementation.

Priority 5

SERVICE DESIGN AND INTEGRATION

Co-design for future needs

Our service design is fit for purpose to meet the needs of service users and staff in a complex and integrated health and social care system.

What We Will Do

Support workforce transformation and service design

- 5.1** Scale up HR practices related to **organisational design** to improve population health-based planning and to develop new models of care addressing the people and cultural impact for service users, staff and teams.
- 5.2** Build capacity in HR to support 'human-centred' co-design with a particular focus on **person-centred integrated care**, collaborative practices, networked approaches and cross functional/service teams.
- 5.3** Use **HR workforce data** to inform the people aspects of service design in relation to service delivery models and integrated care pathways, shared care arrangements, practice changes, and cross service/virtual teams.
- 5.4** Use the full potential of the workforce, developing **advanced skills** in order to support the design and delivery of new/emerging **integrated models of care** in line with best practice and service needs.

Facilitate workforce and service flexibility

- 5.5** Through HR practice, lead the **organisation's policy on flexibility** to encourage arrangements that are responsive to changing service and employee needs, enabling succession planning and facilitating diverse experiences (in terms of age, gender, culture, location, and contractual arrangements).
- 5.6** Create working environments based on trust and transparency that nurture collaboration and innovation, and use technology to enable **flexible working arrangements**.
- 5.7** Work with staff and their representative and professional bodies to re-design **roles for flexibility** – consider how to get work done using diverse talent/team pools and integrated models that cross service boundaries, optimising skill mix, technology and automation.
- 5.8** Work with staff and their representative and professional bodies to develop a wide range of **contractual arrangements** that address workforce models and flexible working in order to deliver 24/7 services for local communities and support employees' changing life commitments.



Plan for progression and succession

- 5.9** Address **career progression and succession planning** taking a balanced view of the needs of the employer and employees, recognising changing priorities and expectations of individuals, i.e. personal and professional growth, development and lateral as well as vertical moves in people's careers.
- 5.10** Prepare for changes in **career structures** and **ease of movement** within and between organisations as individuals advance their career and skill development from organisation to organisation, project to project, building up skills, experience and networks along the way.
- 5.11** Work with staff and their representative and professional bodies to put in place processes to ensure that career structures (and associated agreements) are fit for purpose and aligned to new **models of care** and **advanced levels of specialisation**, keeping pace with rapidly evolving professional practices, service needs and evidence-informed outcomes for service users.

Sláintecare

Action 3: Improve population health-based planning and develop new models of care to deliver more effective and integrated care.

Action 4: Expand community-based care to bring care closer to home – see Actions 4.1–4.5 with reference to models of care, workforce capacity, contracts and work practices, integrated care programmes.

Action 5: Develop and modernise the acute care system to address current capacity challenges and increase integration between the hospital sector and community-based care – see Actions 5.1–5.4.

Action 9.2: Implement existing workforce strategies – see Actions 9.2.1–9.2.4 with reference to advanced nurse practitioners, career structures, etc.

Action 9.3: Utilise the Workforce Planning Framework to support reform implementation – see Actions 9.3.1–9.3.2.

Action 9.3.2: Develop an integrated, detailed workforce plan to deliver models of care and productivity requirements and (i) identify key actions in relation to human resources, industrial relations, organisation development and education; (ii) agree actions with higher education institutions; and (iii) agree actions with staff representative bodies and staff.

Priority 6

PERFORMANCE ACCOUNTABILITY

Deliver staff and public value

Staff and teams are clear about roles, relationships and responsibilities and are supported to channel their energy and maximise individual and team performance to add value and impact for service users.

What We Will Do

Be accountable for performance

- 6.1** Build on progress to create an **engagement culture** with leaders, improving trust, respect and fairness between the organisation and employees – where **performance accountability** at organisational, team and individual levels is focused on the organisation's core purpose and the delivery of outcomes for citizens and service users.
- 6.2** Demonstrate **good governance through behaviour** where public service leaders engage with the wider public, service users and staff to promote greater trust and transparency using performance data to inform decision-making and make accountability real.
- 6.3** Continue to develop **personal and professional accountability arrangements** so that each staff member and team can perform effectively with clear roles that set out decision-making authority and autonomy in line with clinical and corporate governance requirements⁴ for the Health Services.
- 6.4** In line with best practice and governance arrangements maintain the independence of the **Human Resources National Investigations Unit** to provide timely, robust and efficient investigations and use the learning to improve performance accountability.
- 6.5** Continue to develop the **workplace relations service** and together with Leadership Education and Talent Development (LETD) colleagues provide supports for the delivery system in response to the outcomes and learning from investigations.

Develop performance capacity and capability

- 6.6** Provide staff with **performance feedback** and **personal and service development opportunities** so that they feel competent to do what they do well, and deliver to their full potential to achieve service outcomes.
- 6.7** Continue the implementation and roll-out of **Performance Achievement** as a supportive and developmentally based process that is fair, equitable and reciprocal between managers and staff, with an emphasis on continuous feedback, recognition and coaching.
- 6.8** Optimise performance management around **team performance, team leadership and team coaching** with a focus on collaborative interdisciplinary practices that promote collective leadership and the delivery of safer better healthcare.
- 6.9** Support leaders in their governing roles to **manage performance** and provide them with the skills to give feedback 'on the job'/'in real time' on a consistent basis at individual and team levels through a mutually supportive and respectful relationship between managers and staff.
- 6.10** Implement approaches to assist staff as part of good practice performance management to recognise and **address behaviour or conduct** that has or is likely to have a negative impact on patient safety and/or on team colleagues.

Strengthen employee relations

- 6.11** Continue to develop a strategic approach to **employee relations** in order to improve organisational performance and employee engagement within legal and regulatory frameworks.

⁴ Health Service Executive (Governance) Bill, 2018 and associated Performance Accountability Framework and/or emerging accountability arrangements aligned to Sláintecare.



6.12 Take a planned and future-focused approach to **preparing for national negotiations and agreements** based on engagement with managers and staff identifying organisational, service, team and individual needs, focusing on evolving models of care, changes in skill mix and greater integration across sectors.

6.13 Continue to position the **employee relations service** as a business partner to offer a proactive, timely service to line managers, promote best practice, intervene early to reduce tension and conflict in the system, and ensure compliance with legal and regulatory frameworks.

6.14 Take a strategic and proactive approach to reduce reliance on an 'adversarial approach' to workplace tension, and prioritise and strengthen the development of the **Mediation Service** as a preferred choice to resolve issues.

6.15 Support leaders to embrace **diversity and inclusion** as part of good practice employee relations, and build a culture of respect for recognising and respecting individual difference and ensuring legal and regulatory compliance.

- ▶ Measure performance using multiple sources of data focused on talent, capability and leadership.
- ▶ Ensure performance accountability arrangements are as close as possible to the point of service delivery with service user involvement and a clear connection to the frontline.

6.18 Streamline and integrate **data gathering and reporting processes and systems** to meet the requirements of the Performance Accountability Framework and other agreed measures. Focus on HR metrics and people analytics to inform strategic and operational HR and business practices.

6.19 Implement agreed **standards and policies** in line with legal and regulatory requirements as core enablers of improved performance.

6.20 Intensify the implementation of the '**HR Early Warning System**' in a manner that clearly identifies patterns and risks arising to staff and other stakeholders and actions required to address these patterns in a timely, proactive and integrated way.

Measure performance

6.16 Enable effective **outcomes-based performance management** in partnership with relevant services/divisions by using human resource/people data and related measures to inform evidence-based improvements. Focus on:

- ▶ How much did we do?
- ▶ How well did we do it?
- ▶ What was the outcome or impact?

6.17 Develop **accountability measures** to monitor progress in relation to the added value of HR supports through the use of agreed people/HR performance indicators.

- ▶ Balance the needs of national policy (*Sláintecare*) with the needs of the delivery system, identifying performance patterns that track improvements in people services at organisational and system levels.

Sláintecare

Action 1: Improve governance, performance and accountability across the health service – see Actions 1.1–1.4)

Action 1.4.1: Commence the process of introducing an overarching governance framework that integrates clinical governance with corporate governance, setting out roles, responsibilities and accountabilities of organisations and individuals within the public health system.

Action 7: Reform the funding system to support new models of care and drive value to make better use of resources.

Action 9.4.2 Introduce performance management systems in areas of the public health sector where they are not already in place to ensure managers are held accountable for resources.

Priority 7

NETWORK AND PARTNER

Optimise the whole system

Relationships with service users, families, citizens, staff and other key stakeholders are developed and networks established to improve personal experiences, deliver safer better healthcare and public value for local communities.

What We Will Do

Partner with service users and local communities

- 7.1 Recognise that 'people's needs' define change and develop our capacity to **co-produce and co-design services** with service users, patients, families, communities, advocacy groups and staff.
- 7.2 Mobilise **social action, partnership working and active citizen engagement** to bring about change and service improvements in health and social care.
- 7.3 Support staff to use service user/patient/family **experiences and feedback** to enable cultural change and drive innovation and quality improvements.
- 7.4 Recognise our **corporate social responsibility** and public service ethos through initiatives that support staff as citizens and add value to local communities.

Partner with stakeholders/service providers

- 7.5 Work with colleagues in the Sláintecare Programme Implementation Office and increase our interaction with **stakeholders** at national level, including key health and social care agencies, the Department of Health, and the Department of Public Expenditure and Reform on matters of policy alignment, shared learning, budget planning and management, and performance reporting.
- 7.6 Engage with key stakeholder groups including **interdepartmental working groups** to ensure the interest of health service employers and employees are reflected in government policy and legislation.
- 7.7 Continue to prioritise working relationships with relevant **academic institutions and regulatory/governing agencies** including professional and accreditation bodies to progress staff/team development and the delivery of organisational goals. (CORU, Mental Health Commission, Medical Council, Nursing and Midwifery Board of Ireland, HIQA, etc.)
- 7.8 **Commission and partner for public value** – ensure our governing and commissioning standards and processes are clear, are designed to ensure best possible outcomes for service users and are continuously reviewed and evaluated.
- 7.9 Improve organisational capacity to **commission effectively**, using system and specialist knowledge to enhance our partnerships with service providers.
- 7.10 Continue to improve working relationships with **Trade Union partners** to create a workplace culture and environment based on ongoing dialogue and engagement and to ensure compliance with negotiated agreements underpinned by *People's Needs Defining Change – Health Services Change Guide*.



Create networks

- 7.11** Support **HR networks and communities of practice** across health and social care services in the public and voluntary sectors through a range of development opportunities, including networking events, master classes, and shared development opportunities.
- 7.12** Build **'networked communities'** by optimising the strengths of the voluntary and community sector to increase the pace of change, support the development of people services and extend our reach across the system.
- 7.13** Make connections that add value, and sustain relationships to bring about change and broaden experiences, reflecting the move away from traditional hierarchical models of leadership/management to **networked-based teams and services**.
- 7.14** Build on opportunities created through **CAWT** (Cooperation and Working Together) to progress health and social care developments and cooperative working throughout Ireland to progress a whole-population approach to health and wellbeing.
- 7.15** Use **social networking technologies and platforms** to help people to connect and collaborate with groups and communities on a global scale to deliver innovative people services and deliver public value.

Sláintecare

Action 3: Improve population health-based planning and develop new models of care to deliver more effective and integrated care.

Action 2.4: Develop engagement with stakeholders (public, patients/service users, service providers, staff).

Priority 8

HR DIGITAL TRANSFORMATION

Connect and innovate

HR contribution to creating a digital culture and workforce enabled through the development of digital skills and the integration of existing systems.

What We Will Do

Enable productivity and efficiency

- 8.1** Enhance and deliver **HR digital capacity and capability** in line with national frameworks and the requirements of *Sláintecare* by working with key partners including the Office of the Chief Information Officer (eHealth/telehealth), Communications and Digital Teams and HBS.
- 8.2** Work with the Office of the Chief Information Officer to support the development of the **Digital Workplace Plan** – designing working environments that increase productivity and use modern communication tools enabling staff to operate in a modern digitised environment.
- 8.3** Support the development of a **digital workforce** – driving and enabling new management and work practices that bring about a network-based organisation and a culture of innovation and sharing.
- 8.4** Develop a **HR Digital Action Plan** that enables the HR function to operate in a digital way, use digital tools and apps to analyse information, enhance connectivity and deliver improved practices.

Support connectivity

- 8.5** Use the benefits of digital solutions achieved through **eHealth and technology** to bring about practice changes, and to support connectivity and service improvements, with a particular focus on the impact for people and teams.
- 8.6** Invest in **technology tools** that encourage team working, enhance engagement (citizen engagement, social movements) and support learning and development.
 - ▶ HR website – connect and integrate our developments
 - ▶ Optimise HSELand and e-learning solutions
 - ▶ Use of webinars and podcasts for learning
 - ▶ Use of social media platforms to communicate and connect globally
- 8.7** Improve our HR technology infrastructure and build a **digital HR team** that prioritises connectivity, real-time operations, digital platforms, automation and the use of mobile technology.
- 8.8** Use **digital technology** to interpret real-time people data, assess trends and enable stronger predictive analysis to inform organisational changes that can impact on the delivery of improved services. Ensure integration with current systems to make the best use of data collected.
- 8.9** Use technology to **enhance the work experience** and support people to embrace new ways of working, and use digital tools to help them to do their jobs better, faster and smarter.



Develop digital competency

8.10 Develop a **digital workforce skills programme** to improve digital competency at all levels in the system.

- ▶ Support staff to become proficient eHealth professionals by providing training to understand and use different digital systems and equip people for eHealth services.
- ▶ Support teams in using digital technology and increase the collective ability for digital working.

Sláintecare

Action 10: Put in place a modern eHealth infrastructure and improve data, research and evaluation capabilities.

Action 10.3: Develop new ICT systems to support the health workforce.

Action 10.4: Develop new ICT infrastructure to support integrated care.

Priority 9

PROFESSIONAL HR SERVICES

Focus on people and relationships

Responsive and competent HR services designed to create value and impact as defined by the delivery system and positioned to deliver organisational priorities.

What We Will Do

Lead HR services

- 9.1 Continue to develop HR as a **strategic business partner** with a dynamic vision for HR and the wider organisation. Focus on a collective leadership style that prioritises relationships, networks and builds talent and change capacity at individual, team and system levels.
- 9.2 Develop HR capacity and capability to deliver a **cohesive and influential HR service** with a strong understanding of context and of service needs now and in the future.
- 9.3 Enable and support partnership working between **HR business partners** to offer a blend of strategic, specialist and operational advice and practice-based interventions which are designed to deliver outcomes at personal, team and whole system levels.
- 9.4 Continue to develop **workforce planning within HR** to present an overall profile of HR resources across the system, including the skills, knowledge, experiences and talent available to address organisational needs at all levels.
- 9.5 Provide innovative and joined-up HR services in response to organisational needs through **'flexible multi-disciplinary HR project teams'** to work on significant high value projects:
 - ▶ Bring together different perspectives to address issues in a more whole system manner through a collaborative model of working between national HR and Heads of HR with a blend of service delivery and corporate perspectives.
 - ▶ Ensure the right team is in place with the required blend of skills, experiences and technical competency, complementing existing capacity in the system.
 - ▶ Offer HR Team members opportunities to rotate between roles and develop diverse experiences.

- 9.6 Address **personal and professional development** opportunities for HR staff as 'leaders in people services', subject matter experts in HR and as 'change allies' using a range of methods for developing HR skills for the future.

Implement HR model of service delivery

- 9.7 Further develop national and local HR services to 'deliver with impact' at both **strategic** and **operational** levels, with a developmental and capacity building focus on **change and improvement** in line with the **HR Delivery Model**:
 - ▶ Work as equal and respected **business partners** delivering integrated HR services to the delivery system at national and local levels.
 - ▶ Work with national and local partners to proactively engage in service design that prioritises **integration and geographical alignment** as set out in national policy (*Sláintecare*).
 - ▶ Work with HBS to enhance **Shared Services**.
 - ▶ Develop **'Communities of Practice'** related to agreed HR needs.
 - ▶ Prioritise our **change and improvement** development focus through Communities of Practice at service delivery levels in support of service innovation and implementation of *Sláintecare*.
- 9.8 Define and agree the **interface between HR and HBS** through an agreed model that identifies the primacy of HR responsibilities and the need to provide transactional HR services through HBS.
- 9.9 Acknowledge the critical contribution of **line managers** as the **first point of contact for staff** and strengthen the knowledge, skills and confidence of line managers to undertake their people management role with appropriate support from HR services nationally and locally.



Strengthen HR governance and oversight

- 9.10** Strengthen national HR services to lead on **policy and strategy, set standards and provide assurance** to the system, with a particular focus on developing national frameworks that can be applied and adapted to local needs.
- 9.11** Develop **overarching governance arrangements** for HR organisational strategy and policy development, including commissioning, development, ratification, implementation and monitoring, supporting an integrated, coherent and joined-up HR approach.
- 9.12** Develop a unified approach to **research, development and advice** required for Policies Procedures Protocols and Guidelines (also Freedom of Information requests, parliamentary questions, business cases, proposals or claims), forming a 'community of practice' to integrate this work.
- 9.13** Ensure that there is a clear connection from national to frontline services in relation to all HR **regulatory compliance** in partnership with Heads of HR, HBS and the Office of the Chief Clinical Officer.

Provide HR corporate services

- 9.14** Ensure an effective **HR service planning and performance monitoring** process that links the People Strategy with annual planning and deals with associated performance reporting and financial processes, including key performance indicators.

- 9.15** Build internal capacity and self-sufficiency in HR **communications and digital competency** by creating a central hub of expertise in communication and event management in cooperation with the National Communications Service.
- 9.16** Manage **HR finances** in line with financial regulations and budgetary requirements using resources appropriately and with probity, ensuring value for money and maximum return on investment.
- 9.17** Ensure that **HR Service Level Agreements and contracts** are in line with agreed organisational policy, comply with best commissioning practice, set standards in HR 'outsourcing', complement existing resources and are effectively monitored to provide high quality.
- 9.18** Actively identify and manage **HR risk** and ensure the risk register is maintained as a focus for action, learning and performance improvement. Ensure escalation framework is in place.
- 9.19** Use data analysis and minimise and manage risks through increased collaboration between HR, IT, Risk and Legal to develop and communicate a **secure people data strategy** that complies with the GDPR.

Sláintecare

Action 9: Build a sustainable, resilient workforce that is supported and enabled to deliver the *Sláintecare* vision – see Actions 9.1–9.5.

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Drafting Process

The *People Strategy 2019–2024* was drafted by Caitríona Heslin and Anne Ryan, Organisation Development – Improving Change Capacity, HSE Human Resources Division, Kells, Co Meath.

Rosarii Mannion

National Director of Human Resources

List of Abbreviations

CERS	Corporate Employee Relations Service
CHO	Community Healthcare Organisation
CIO	Chief Information Officer
CIPD	Chartered Institute of Personnel and Development
CPD	Continuing Professional Development
DEI	Diversity Equality Inclusion
ER	Employee Relations
GDPR	General Data Protection Regulation
HeLMS	Health Electronic Learning Management System
HBS	Health Business Services
HGs	Hospital Groups
HSCP	Health and Social Care Professionals
HSELand	Health Services e-Learning and Development Service
IIS	Integrated Information Service
KPIs	Key Performance Indicators
LETD	Leadership, Education and Talent Development
NMBI	Nursing and Midwifery Board of Ireland
NiSRP	National Integrated Staff Records and Pay Programme
PDP	Personal Development Planning
PPPGs	Policies, Procedures, Protocols and Guidelines
RICO	Regional Integrated Care Organisations
SAP	Systems Applications and Products
WRC	Workplace Relations Commission

Glossary of Terms and Definitions

Term	Definition
Balanced scorecard	<p>This approach guides an organisation to achieve results under a balance of related management perspectives. It addresses priorities which will ensure accountability for the four dimensions:</p> <ol style="list-style-type: none"> 1. Access to services 2. Quality and safety of those services 3. Using only the financial resources available 4. Effectively optimising the efforts of staff (Human Resources)
Capability for change	Confidence, knowledge and skills to lead and deliver change
Capacity for change	Having the right number and level of people who are actively engaged and able to lead change
Co-design	Co-designing a service involves sharing decision-making power with people. This means that people's voices must be heard, valued, debated and then, most importantly, acted upon.
Co-production	Co-production goes one step further by enabling people to play roles in delivering the services that they have designed.
Commissioning cycle	Commissioning is the process of planning, agreeing and monitoring services. The Evidence Informed Commissioning Cycle places patients and service users at the centre of the cycle, enabling a culture of quality and service improvement informed by information and evidence.
Communities of expertise/practice	Communities of expertise/practice are defined as a group of people who share a common interest or concern and who deepen their knowledge and expertise on the area by interacting on an ongoing basis.
Corporate Social Responsibility	Corporate social responsibility (CSR) refers to organisations taking responsibility for their impact on society. It is a concept whereby enterprises integrate social and environmental concerns into their mainstream operations on a voluntary basis.
CORU	CORU is the regulator for health and social care professionals. It was set up under the Health and Social Care Professionals Act 2005.
Due diligence	A comprehensive appraisal of a service that is undertaken when a handover/transfer/merger of responsibility is planned.
eHealth (electronic health)	eHealth involves the integration of all information and knowledge sources involved in the delivery of healthcare via information technology-based systems.
Human Resources (HR) early warning systems	The gathering of HR and people-related data from multiple sources and use of HR indices to identify patterns. This data can be used to prevent or mitigate risks to service users and staff.
Human-centred design	This is based on principles of co-production with service users, citizens and staff acknowledging that people who receive and deliver services are best positioned to provide relevant insights into service design. It involves 'co-designing' solutions and testing options for delivery with the service user in mind.

Term	Definition
Intact teams	An intact team refers to a team that works together to deliver services for a specific purpose, i.e. delivery of integrated care or services to an agreed client or patient group.
Key performance indicators (KPIs)	Key performance indicators (KPIs) are measurable indicators that demonstrate progress towards a specified target.
People analytics	Information on people data, measurement and analysis, benchmarking and reporting.
Public value	Public value describes the value that an organisation provides to society. It seeks to improve social outcomes at community level alongside meeting the needs of individuals. It requires a shared understanding of the important values that citizens, taxpayers, service users and communities want to see achieved by and reflected in public service organisations.
Stewardship	<p>Stewardship is the careful and responsible management of the wellbeing of the population and is viewed as the essence of good governance. Components of stewardship are:</p> <ul style="list-style-type: none"> ▶ health policy formulation – defining the vision and direction for the health system ▶ regulation – setting fair rules of engagement with a level playing field ▶ intelligence – assessing performance and sharing information
Whole system approach	Reflects strategic action which is taken and is aimed at having an impact on all the constituent elements of a system as opposed to dealing with one service or part of the system in isolation.



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