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| **Health Services People Strategy 2015 - 2018**  ***Leaders in People Services***  ***Proposed HR Delivery Model – Consultation Document (18th May 2016)*** |

**1 Purpose of this Paper**

* To gather the thinking and discussion to date in relation to a possible HR delivery model and supporting structure
* To stimulate further discussion and consultation across the system at CHO, HG and NAS levels
* To take into account best practice HR Governance and service user input
* To form the basis of an agreed HR Delivery Model for implementation across the system

**2 Organisational Frameworks** (Key contextual references are outlined on page 6 of the *People Strategy)*

The following informed the development of the HR Delivery Model:

* Performance Accountability Framework for the Health Services 2015
* Health Service Executive *Corporate Plan 2015 - 2017*
* *Health Services People Strategy 2015 - 2018 Leaders in People Services*
* Public Service Agreement / Public Service Stability Agreement
* Position papers developed in HR – *Human Resource Management in the Public Health Sector – HR Proposition 2013*. See also references in *People Strategy.*

**3 Organisational Mandate**

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| *Health Services People Strategy 2015 - 2018 Leaders in People Services* | |
| **Priority 8**  **Human Resources Professional Services**  **HR Leadership Team Lead: Mary Gorry** | **Outcome**  HR Services create value, enhance people capacity and are positioned to deliver organisational priorities. |
| **HR Delivery Model and Structure**   * 1. Define the role and develop the HR Delivery Model to support service and business needs and provide professional HR Services that are technically competent and strive for excellence.   2. Build and develop the HR Structure to support service and business needs, and prioritise frontline HR Services by creating a senior HR business partner role in each Hospital Group (HG), Community Healthcare Organisation (CHO) and in the National Ambulance Service (NAS). | |
| **System Reform Programme**   * **CHO and Hospital Group Reform Programme** - finalise National / CHO / HG HR Operating Model and associated transition arrangements * **Centre Transformation Programme** | |

**4 Organisation Design Principles[[1]](#endnote-1)**

The draft design should support the following:

* Enable delivery of the ***People Strategy*** at all levels through an evidence informed approach to design
* Provide **HR Leadership** and direction on HR professional services
* Ensure **HR Governance** - attend to performance assurance, optimise human capital, fulfil financial responsibilities, mitigate HR risk, ensure alignment with priorities of the business, enable HR decision making and regulatory compliance
* HR integrated and serving the **business and clinical needs of the organisation** - working as a credible partner tuned into the needs of ‘service users’
* National **HR standards and policies** and consistent **delivery level implementation**
* Enable **decentralization** - local autonomy with accountability and delegated authority to lowest possible level – **principle of subsidiarity**
* Provide a **clear line of sight** between front line and the centre, reduce layers of bureaucracy
* Provide **clear accountability** in terms of roles and responsibilities
* Ensure each level is designed to **maximise performance** and accountability at that level
* Intervene early and at appropriate level – clear **escalation criteria** agreed i.e. ER issues
* Lean and efficient ensuring **economies of scale** – ensure consistency and reduce duplication
* **Future proofed** and **outward looking** - take full account of best practice / high impact HR
* **Flexible** to adapt to emerging requirements of the system - innovative and creative
* **Integrated** and **whole system approach** to deliver a coordinated HR service
* **Inclusive** - takes account of the needs of the system and the impact on the people involved including HR staff and services users
* Enable **flow of communication** ‘up down and across the system.’

**5 *People Strategy* informing Professional HR practice**

The *Health Services People Strategy 2015 - 2018: Leaders in People Services* outlines the commitment to “develop a professional HR service that is technically competent and responsive to the needs of the organisation.” The *People Strategy* (pg 7) also challenges HR Services culturally to move to a more facilitative, supportive, developmental and enabling approach that fully understands its role to provide **HR leadership** and **serve healthcare business and clinical priorities.** It is acknowledged that there is a need for a change in the capacity and capability of the HR profession and in the approach that it brings. HR is committed to taking up a **business partnering role** at strategic levels within the organisation.

HR Leaders need to operate as change agents, internal consultants and practitioners to the system – this needs to be interpreted as skilled expert staff who are available to the system to provide direct advice, guidance and support within agreed parameters. From a technical HR perspective, being able to respond in a timely and efficient manner and provide guidance on relevant HR Frameworks and Policy will be central to success.

The HR delivery system will be re-organised in a way that is positioned to deliver on the HSE Corporate Goals and to support CHOs, Hospital Groups, NAS requiring a revision of the HR Delivery Model and associated structures. The *People Strategy Framework* and supporting documentation outlines the approach to best practice HR and guides the design of the HR Delivery Model.

**5.1 HR Business Design Framework**

The Design Framework noted below positions the HR Delivery Model within a strategic context.

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| **Corporate Plan** (or relevant Divisional / Service Plans) | ***People Strategy*** | **HR function strategy** | **HR Delivery Model** | |
| HR must in the first instance fully understand the business of the organisation (nationally, HG or CHO levels etc.)  HR needs to be able to add value to its key stakeholders.  HR needs to be integrated into operational service plans | The ***People Strategy*** supports the development of the skills, capabilities and behaviours that are required of the workforce and how the workforce should be resourced, managed and motivated to deliver the organisational objectives | HR function needs to consider carefully how it can add value to the organisation, HG, CHO, NAS – ensuring right people with the right skills are in place to support continuity of service delivery.  How will the HR function support the ***People Strategy***, deliver expected value and contribute to the organisation in support of service/business priorities?  Outline how HR will provide services with the information and tools that guide fact based decisions and facilitate the implementation of the *People Strategy.*  Define the services that must be delivered through the HR function.  Establish the criteria for developing an HR service delivery model that reflects today’s realities.  Clearly outline what is expected of line managers when it comes to their people related responsibilities. | | **Governance:** How will the HR leadership provide direction, set standards and assure outcomes? HR needs to develop the governance structure that defines levels of decision making, authority and processes in HR, what policies etc are common across the organisation and how to mitigate risk.  How will professional standards be developed and success measured?  **Sourcing:** What activities will the HR function do themselves or have others do?  **Infrastructure:** What internal capabilities are needed to fulfil the HR function? (processes, technology, talent and organisation)  HR needs to analyze how it is currently operating – how time and resources are currently allocated within the function? Map the current function.  HR needs to articulate the benefits of moving to a new operating model in terms of enhanced organisational outcomes, customer services, provision of services and the resulting return on investments.  HR needs to decide on what aspects can be ‘out sourced’ etc or what capabilities need to be brought in that are not retained ‘in house’. | |

**6 HR Delivery Model**

A ***HR Service Delivery Model*** (see four quadrants below) helps to organise the thinking of the HR team in relation to HR activity and to deliver organisational priorities. It anchors decision making and connects HR strategy, objectives, roles and responsibilities, operational processes and tasks into an operating model. It defines:

* How HR will operate overall and deliver professional HR services
* The three levels at which HR will operate:
* National
* Community Healthcare Organisations (CHOs) / Hospital Groups (HGs) / National Ambulance Services (NAS)
* Line Manager / Head of Services (people management roles)
* How key HR outcomes will be delivered
* HR Roles and Responsibilities
* Which units in HR and processes will deliver these outcomes
* HR roles and responsibilities

The proposed Model as outlined below will enable HR to deliver outcomes with a focus on the core HR functional areas of Human Resource Management, Human Resources Development and Shared HR Services. Therefore it will include ‘networks of excellence / shared resources’ and ‘trusted business advisors / partners’ with the requisite skills to analyse, consult and resolve critical business issues. HR will also be providing technical personnel administrative supports through shared services that are timely, responsive and effective. In developing the Model further the focus needs to be on ensuring that HR Services are organised in a way that positions the service to add value and deliver on the organisation’s priorities through enhanced people capability. It should also enable HR Services to be assessed based on the outcomes achieved in support of organisational priorities.

The HR Delivery Model will require investment so that HR staff have the skills and capabilities to deliver in line with the operating framework. It will also foster ‘fact based decision making’ through the provision of people related data and more sophisticated analytical capabilities to enable HR and service leaders to make decisions based on facts and outcomes. There will also be a requirement to build platforms that enable staff self sufficiency and sustainability through self service technology.

**6.1 Key Understandings for the HR Delivery Model**

HR functions are described in the diagram below ***for illustration and clarification purposes*** as they relate to the HR service overall. Distribution / filling of roles requires a different conversation and detailed job descriptions and person / skills specifications. It is possible that roles may be combined e.g. a Business Partner may also lead a Community of Expertise. However, the considerations in this paper follow the guidance that ***form follows function*** and therefore it is important to separate the person from the role in the first instance in order to get the optimum HR design that is fit for purpose.

**6.2 Working Definitions**

**Business Partner** – HR leaders embedded closer to the business, using data and analytics to deliver meaningful insights and competitive advantage, interacting with Service Leaders/Managers driving engagement, talent management and organisational change. Business Partners need to be adaptable, professionally credible and competent, demonstrate agility and analytical acumen.

**Community of Expertise** – drive leading practices and processes by applying deep HR functional domain knowledge, a strong understanding of business imperatives and market trends to deliver thought leadership.

**Shared Service** – consolidation of high volume standardized business operations that are used by multiple parts of the same organisation i.e. transactional services.

This signals a significant cultural, behavioural and capacity shift in HR functioning at all levels. It provides an opportunity to continue to raise professional HR standards and will require major investment in people. This aspect is not addressed in this proposal and will require more detailed consultation and consideration.

**LEVEL ONE: National whole system level – leading on policy and strategy, setting standards and providing assurance**

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| **HR Strategic Business Partner**  **Inputs include**   * DoH * DPER & other Gov depts. * DG & HSE Leadership Team * National Divisions * Chief Officers - CHOs and HGs * Heads of HR (Level 2) * Unions * IBEC * Professional Bodies * Academic and leading practice based thinkers * Regulatory Bodies * Tusla * Section 38s * Other national organisations * Legislation, regulation, EU Directives * Market Forces * Evidence Informed Practices   Sets out strategic HR leadership and direction, operating frameworks, acts as a single point of national HR contact in relation to the following areas of HRM:   * **HR Standards, Accreditation and Assurance** throughout the system (Levels 1 -3) * HR national PPPGs, frameworks/guidance * HR Service Plans, KPIs, budgeting and resourcing * Performance Accountability Framework (HR elements) * HR Performance, Quality, Audit and Risk Management * HR legislative and regulatory compliance * National negotiations, ER, NWAs & T&C * ER consultancy to CHOs & HGs on precedent setting issues * National Investigations / Reviews, HR Early Warning System and escalation framework * HR support on strategic service priorities, impact assessment, including implementation of clinical care programmes across health services * Guidance on mergers and acquisitions, HR due diligence * Managing of national HR contracting/ outsourcing and SLAs * Escalation point for SLA with National HBS on shared service aspects of HR delivery * Development of HR ICT Platforms * HR data audit & information sharing service * National repository for HR * HR reporting aligned to Accountability Framework | **HR Development Partner**  **Outcomes**   * Effective leadership * Values based culture * Connected staff * Developed staff * Workforce Plans * Evidence informed decision making * High performance * Partnering in place * Professional HR services   HRD services organised into Communities of Expertise (CoE), providing national direction and leadership in relation to the following *People Strategy* priorities and outcomes:  **Leadership and Culture** - Leadership Academy, Leadership Strategy, core values embedded in all aspects of organisational activity and leadership behaviours at all levels.  **Employee Engagement** – Engagement Strategy and Framework  **Learning & Development** – learning culture, building individual and organisational capacity and professional CPD, coaching and mentoring systems, on the job development etc.  **Workforce Planning** - WFP Framework / Talent Management, job design, forecasting    **Evidence and Knowledge** - HR Business Analytics  **Performance -** Staff governance frameworks, performance achievement system, employee relations supports  **Partnering** - HR Contracting and Commissioning, Co-production using service users and other delivery partners.    **Strategic Change and Organisational Effectiveness** – service improvement and innovation, OD frameworks, methodologies and tools  **HR Professional Services** – standards, audit and assurance; national Network to create consistency and share knowledge and learning across all levels, communities of practice, HR Users Group |
| **National Shared Services**  Health Business Services – HBS - this service is not directly accountable to HR. It provides services on behalf of HR in relation to the following:  Recruitment, Pensions, Payroll etc.  Delivery dependent on agreed partnering model between HBS and HR (see 8.6 in *People Strategy*)  **HR Shared Services** - what needs to be held nationally that would benefit from economies of scale and standardisation that could be a shared service?  National HR Helpline, Occupational Safety & Health Helpdesk  Other – to be agreed | **HR offering to the CHOs, HGs, NAS and National Divisions/Functions**  The above areas of expertise will be offered to the system by:   * Internal HR expertise and /or contracted/commissioned services * Working as advisors / internal consultants / practitioners co-designing and working with the delivery system * HR Programme and Project Managers * HR National and CHO & HG Leads * Strategic Business Partnering * Driving Service Improvements, Cultural Change and Building Capacity * Contracting/Commissioning on behalf of delivery system - identification of providers, commission national programmes, identifying preferred providers   **HR offering to the Divisions/Functions at national level - tba** |

*Note: examples in quadrants above are for illustration purposes and require further consideration*

**LEVEL TWO - Operational Delivery Level - CHOs and HGs, NAS – Whole Group Level**

**Inputs include**

* National HR
* National Divisions
* Quality Improvement Division
* CHOs and HGs
* HIQA, MHC etc
* Academic Partners
* Unions
* Local Statutory and Voluntary Sector
* Local Electorate - TDs
* Community, Voluntary and Advocacy Groups
* Voluntary Bodies - 38s
* Population needs assessment and client profiles (HR data)
* Health Forums

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| **Head of HR at CHO / HG Level – will take up a Business Partner Role as follows:**  Works as strategic Business Partner to Chief Officers and CHO / HG Management Teams.  Also working with Heads of Divisions, Network Managers and Line Managers in CHOs, Clinical Directorates (others in HGs) on HR policy direction, governance on people related matters and HR operations in support of the CHO/HG service objectives.  **Works with HR Operations Managers** - site specific, directorate specific or within Networks  Accountable for ensuring HR systems and processes are in place to support the line manager in the delivery of his / her role as a people manager.  Translates national HR policy and frameworks into implementation / service development plans at operational level.  Provide technical professional HR expertise in relation to the following:   * Strategic business / service priorities * Strategic WFP (including medical manpower planning) * Future skills mix forecasting in line with service needs * Employee Relations and Conflict Management, Mediation * CHO/HG Trade Union negotiations * Positive Workplace Initiatives * Managing performance * Implementing Performance Achievement system * Occupational Health & Wellbeing, Health & Safety * Leave - career break, study leave, sick leave etc. * Professional Registration * Grievance and disciplinary procedures * Dignity at Work * HR Quality and Risk Management * HR Data Gathering and Analytics * Supporting matrix management * Enabling roles redesign and development * Interface with National HBS on shared service aspects of HR delivery | **HR Development Partner**  **Outcomes**   * Effective leadership * Values based culture * Connected staff * Developed staff * Workforce Plan * Evidence informed decision making * High performance * Partnering in place * Professional HR services   HRD services organised into Communities of Expertise (CoE) in relation to the *People Strategy* priorities and outcomes.  Connected to national Communities of Expertise in respect of those outlined in Level One with particular reference to:   * Manpower Planning * Leadership Development and Succession Planning * Talent Development * Coaching * Supporting Cultural Change * Developing internal capacity * Skills mix and development * Employee Engagement & Communication * Service improvement, change management and organisational effectiveness * Partnering and building relationships with whole range of local stakeholders * Leverage CHO / HG academic, practice based and community development * Lead expertise to act as Project Managers on priority issues * Co-production using service users and patient’s feedback and collaboration with other delivery partners. |
| **CHO or Hospital Group HR Shared Services (distinct from National HBS)**  This is the transactional role of HR where a high level of HR administration knowledge, expertise and skills are required with a particular focus on legislation, schemes, policies, procedures, eligibility criteria etc. Some of these services will exist outside of the CHOs / Hospital Groups i.e. national shared service. There is also a need to agree what can be shared at CHO / HG level.     * Personnel administration * Recruitment processes * Medical manpower processes * Pension administration * HR data gathering and data cleaning * KPI returns * Attendance recording and reporting * HR / Payroll (integrated model) * Training - mandatory / statutory and scheduled training * Manage e-learning technologies * Others to be agreed | **Head of HR / Operations HR Managers offering to line managers:**   * Work with Chief Officers taking up a consulting role with senior management   + Drive employee engagement and empowerment   + Strategic talent management and workforce planning   + Leadership development and capacity building   + Organisational change and organisational effectiveness   + Design and deliver with colleagues HR programmes that lever change and adapt to the specific service needs * Contracting/Commissioning services from CoE nationally or at CHO / HG level and from Shared Services i.e. HBS, HR Shared Services * Inputting into national design of HR policy and strategy * Co-designing with national HR - programmes that can be adapted to local context (bespoke) * Advice, guidance and practice support in relation to areas identified in other quadrants. * Driving HR professional services and cultural change |

*Note: examples in quadrants above are for illustration purposes and require further consideration*

**LEVEL THREE - Line Management / People Management Level (front line service delivery)**

* HR success ultimately depends on the ability of line manages to manage, coach and develop their employees. Line managers play a critical role in motivating and retaining staff. Concentrating resources on supports and developments at this level is critical. Line managers are the front line of HR delivery – the HR Delivery Model cannot underestimate the importance of this role.
* The HR Delivery Model needs to therefore explicitly prioritise the line manager role as key to people management. Line managers need to be supported in their role by HR professionals in a timely, appropriate and applied manner. Engagement at this level will also ensure that HR is connected to local service priorities and will increase the relevance and added value of HR to supporting service/business priorities.

**Inputs include**

* Staff members and teams
* Team Leaders
* Clinical Managers
* Voluntary providers
* Political representatives
* Advocacy representatives
* CORU and regulatory bodies
* Professional bodies
* Services users, families and carers

**Outcomes**

* Effective leadership
* Values based culture
* Connected staff
* Developed staff
* Workforce Plan
* Evidence informed decision making
* High performance
* Partnering in place
* Professional HR services

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| **HR Operations Managers providing HR leadership to Line Managers to effectively manage individual staff and teams:**  Direct employee services such as:   * Day to day management and supervision * Employee guidelines * Performance management / achievement * Leave arrangements (attendance management) * Staff deployment and rostering * Skills Mix * Job rotation * Health and Safety * Occupational Health and Wellbeing * Implementation of grievance and disciplinary procedures * Enabling and supporting matrix management / managing staff across boundaries * Recruitment - agreed HR aspects and interface with National HR and HBS for contracted services | **HR Operations Managers taking a developmental role supporting Line Managers to deliver:**   * Induction * Training and development needs analysis * Coaching * Succession Management * Career Planning * Leadership and Management Development * CPD / PDP * Registration * Designing team development and leadership interventions * Practice and skills development * Change management and service improvement |
| **Shared Services - National and CHO / HG levels**   * National HBS - recruitment, payroll, pensions, sick pay * National HR Shared Services i.e. Help Desk, Occupational Safety & Health Helpdesk * HR Shared Services at CHO / HG level - tba | **HR Operations Managers offering to line managers:**    HR Operations Managers present in the system proactively working with line managers to improve people management outcomes and drive cultural change.  Assessing HR impact of service plans and improvements/innovation initiatives enabling these to be implemented. |

*Note: examples in quadrants above are for illustration purposes and require further consideration*

*HR Delivery Model adapted from D. Ulrich HR Model – see references*

**7 Description of the Operating Structure**



**8 Next Steps - Ongoing Development of the HR Service Delivery Model**

The HR Service Delivery Model is at an early stage of development and is presented to assist discussion - it will require a process of **engagement** both with staff in HR and more widely across the system to develop the model further. Staff with HR expertise and experience and those who receive HR Services are best positioned to contribute to its ongoing development. Particular focus is needed on the **requirements** of the Hospital Groups and Community Healthcare Organisations from a whole system perspective. An impact assessment of the model in terms of current and future HR service delivery will be required to bring it to a more informed and advanced stage of development. This process of engagement will be led by the National HR Director and HR Leadership Team supported by HR Managers across the country.

*Drafted in consultation with HR Leadership Team by C. Heslin and A. Ryan, Organisation Development & Design, HSE, Kells, County Meath,* ***18th May 2016.***

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*Note: The HR Delivery Model was commissioned by Rosarii Mannion, National Director of HR as part of the development and implementation process for the People Strategy 2015 – 2018.*

*This work was also informed by development work with the HR Managers, RCSI Hospital Group, May/June 2015.*

1. Design principles informed by Reform Programme process and HR Leadership Team and (21 April 2016 and 3 May 2016) [↑](#endnote-ref-1)