



Health Services
People Strategy 2015-2018
Leaders in People Services
WORK PLANS



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

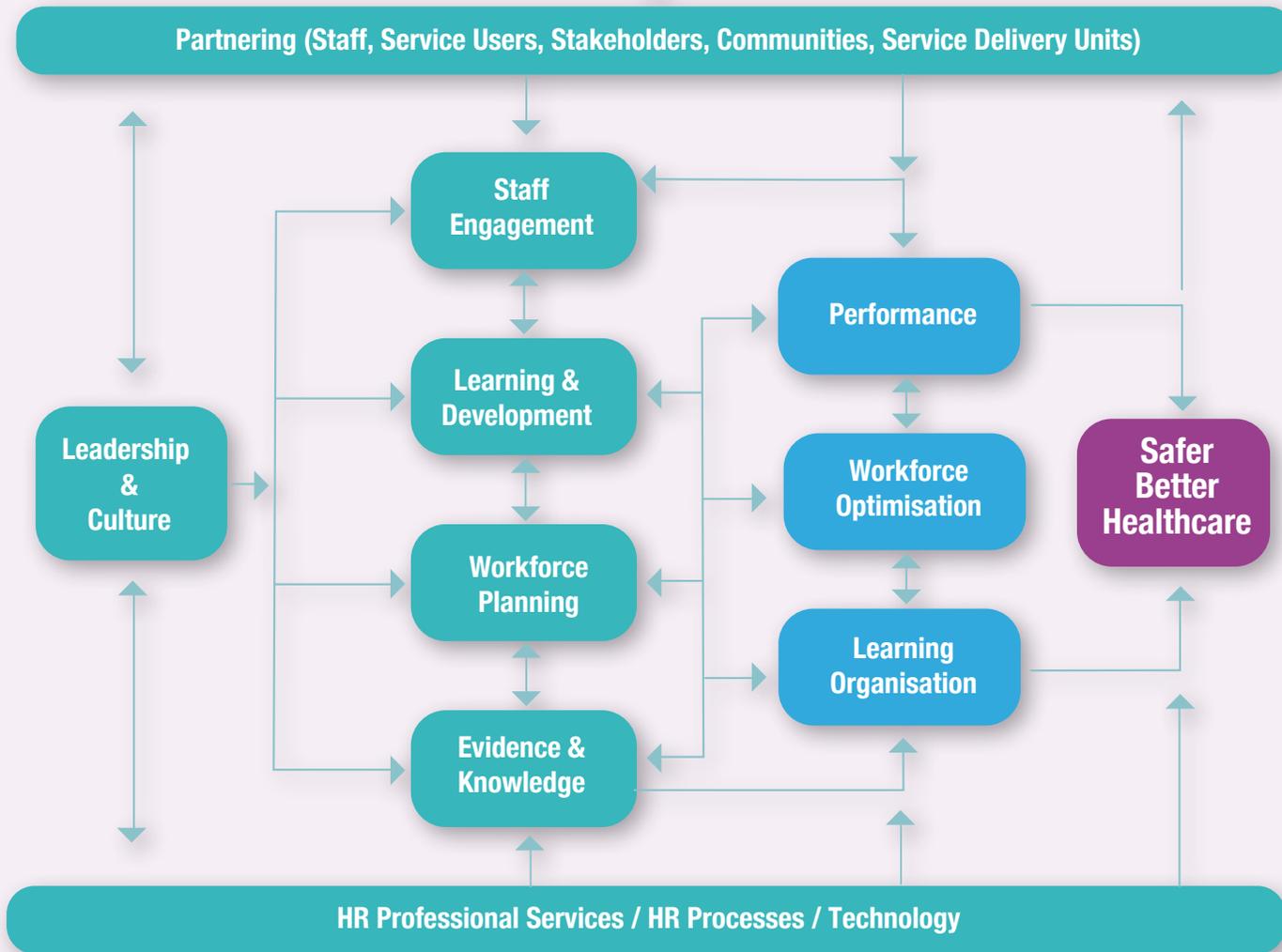
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Note: The Work Plans should be read in conjunction with the *People Strategy 2015-2018* – available from nationalhr@hse.ie.

People Strategy Framework 2015-2018

Leaders in People Services



Legend:

Enablers

Results

Goal

Our  values
Care Compassion Trust Learning

People Strategy 2015-2018: Leaders in People Services

WORK PLANS

1 LEADERSHIP & CULTURE

OUTCOME

Effective leadership at all levels, working collectively towards a common purpose, creating a caring and compassionate culture and inspiring innovation, creativity and excellence throughout the organisation.

	Areas for Action	Dependencies	Deliverables	Time Frame
Leadership Strategy				
1.1	Launch and communicate the <i>People Strategy</i> and associated Work Plans to set out the direction for people services across the system.	Leadership commitment across the system. Robust communication plans.	<ul style="list-style-type: none"> • <i>People Strategy</i> launched. • Work Plans 'signed off' for implementation and reporting in place. 	Q4 2015
1.2	Develop models of shared and distributed leadership nurturing a strong culture of engagement and team working inspiring staff at all levels to deliver high quality, safe services.	Leadership at all levels within and across Divisions.	<ul style="list-style-type: none"> • Model of shared and distributed identified and described. • Model communicated and integrated into Learning and Development (L&D) programmes and competency frameworks. 	Q1 2016
1.3	Create a national <i>Leadership Academy</i> comprising the best thought and practice based leaders from across the system to lead, influence and develop leadership standards, practice and succession management.	Align leadership supports with all Division and Academic Partners.	<ul style="list-style-type: none"> • Terms of Reference agreed and <i>Commissioning Forum</i> established. • Leadership and executive offerings scoped. • Existing programmes realigned to <i>People Strategy</i>, updated and rebranded accordingly. 	Q2 2016 Q3 & 4 2016
1.4	Work in collaboration with stakeholders to develop a single purposeful <i>Leadership and Management Development Strategy</i> .	Working with all Divisions and Academic Partners.	<ul style="list-style-type: none"> • <i>Leadership and Management Development Strategy</i> developed. • Services scoped and resources pooled. • Leadership curriculum developed. • Existing Succession Management, Future Leaders, Leadership and Management Development and other programmes reviewed, updated and realigned. 	Q3 2016 Q3 & 4 2016
1.5	Place particular emphasis on engaging clinicians and supporting them in leading change and quality improvements at all levels.	Working with all Divisions. Clinical Care Programmes. Development of client pathways.	<ul style="list-style-type: none"> • Engagement of clinicians prioritised in all leadership and management development programmes. • Improved coordination and integration of clinical leadership and clinical skills development across all areas of the organisation to create improved synergies and outcomes. 	Ongoing

	Areas for Action	Dependencies	Deliverables	Time Frame
1.9	Increase visibility and connection between leaders and staff listening to feedback, focusing on person centred quality improvements and delivering timely solution focused responses.	Staff Engagement. Communications.	<ul style="list-style-type: none"> Staff Engagement deliverables to support this action – see 2.1. Indicators of senior leadership visibility and engagement in place. 	In progress
	Leadership Culture			
1.10	Work with the Quality Improvement Division to develop a leadership culture that is firmly focused on quality and improved patient and service user experiences and outcomes.	Quality Improvement and all other Divisions. <i>Safer Better Healthcare</i> implementation.	<ul style="list-style-type: none"> Leadership competency framework reviewed and informing workforce planning and L&D. 	Q3 2016
1.11	Strengthen leadership capacity to lead and manage transformational change and reform with a particular focus on a coaching facilitative style of management.	Working with all Divisions. See 3.14	<ul style="list-style-type: none"> Executive leadership support provided through 'External Executive Coaching' panel. Existing panel reviewed. 	In progress. Q1 2016
1.11.1	Strengthen organisational capacity for change management, organisational design and development at all levels.	Capacity of the system to release staff to be up-skilled and deliver interventions.	<ul style="list-style-type: none"> Map existing resources and plan ongoing development programme to increase capacity. 	Q3 2016
1.12	Work with the Communications Division to support a leadership culture that can deliver excellence in healthcare communications.	Communication Division. Quality Improvement Division.	<ul style="list-style-type: none"> Communication skills awareness and training delivered to leadership. 	Ongoing
1.13	Demonstrate leadership behaviours that support front line staff to contribute to and drive improvements in the care they provide through a continuous learning culture.	Quality Improvement Division. Quality Assurance and Verification. Clinical Strategy Programmes. CHOs and HGs. NAS.	<ul style="list-style-type: none"> See 1.1-1.9. Leadership style agreed and integrated into learning programmes, performance management. 	
1.14	Create a team culture of respect for each other's knowledge, skills and viewpoints and change behaviours that negatively impact on patient safety or colleagues' effectiveness.	CHOs, HGs, NAS, Corporate L&D, Nursing, Medical, Health and Social Care Professionals (HSCP), National Directors, SRG, Health and Wellbeing, Academic Partners.	<ul style="list-style-type: none"> System wide 'leadership team development' workshops for all delivery units implemented to assist newly formed teams develop and transition into new roles. 1) Team based training in place: <ul style="list-style-type: none"> Utilisation of multidisciplinary team based training models 2) Audit of training programmes conducted: <ul style="list-style-type: none"> Part of HR indicator mapping 3) Implementation of Quality and Professional Development Leadership Teams at CHO level 4) Involvement with Health Service Excellence Awards. 	Q3 2016 Q4 2015 Q1 2016

	Areas for Action	Dependencies	Deliverables	Time Frame
	Leadership Accountability			
1.15	Develop accountability arrangements so that each staff member and team is clear regarding role, decision making authority and fit within the organisation in line with the <i>Performance Accountability Framework</i> for the Health Services.	CHO, HGs, NAS, HSE National Directors, Nursing, Chief Medical Officers, Managers. Implementation of CHOs.	<ul style="list-style-type: none"> Accountability training support to delivery units provided. Clarity as to role in: <ul style="list-style-type: none"> CHO Management Team in place 1:1 meetings with Senior Management Team held 	Q1 2016 Q4 2015 Q1 2016
1.16	Ensure that health outcomes for service users and communities are central to leadership accountability and measurement frameworks.	HSE Performance Accountability Framework. Service Plan Targets. <i>Safer Better Healthcare</i> implementation.	<ul style="list-style-type: none"> Accountability Frameworks in place. 	In progress
1.17	Put in place performance and accountability review systems at individual, team and service levels.	ICT support systems such as SAP and other HR Management Information Systems. Use of HR Balanced Scorecard to help performance manage the HR function and aspects of the workforce. HSE LanD, SRG.	<ul style="list-style-type: none"> System wide Training Needs Analysis (TNA) to inform development priorities against delivery unit objectives in place. e-form to capture review data and metrics at individual, team and service levels developed. Align performance data to performance achievement process at individual level. HR Balanced Scorecard – Learning Management System (LMS) – ICT SAP system. Monitor and review x 3mths. 	Q4 2015 Q2 2016 Q2 2016
1.17.1	Progress implementation at CHO level.	Implementation CHO.	<ul style="list-style-type: none"> Full implementation of 1:1 meetings across all levels of CHO system to include: <ul style="list-style-type: none"> Training needs assessment Developmental needs assessment Team based reviews Audit of activity as per 1.7.1, 1.13, 1.14 at CHO level <ul style="list-style-type: none"> Part of HR indicator mapping 	By year end 2015 Q1 2016

2 STAFF ENGAGEMENT

OUTCOME

Staff have strong sense of connection to the service, take personal responsibility for achieving better outcomes and support team colleagues to deliver results.

	Areas for Action	Dependencies	Deliverables	Time Frame
Staff Voice				
2.1	Embed an engagement culture as a hallmark of leadership by taking a whole system approach to developing a <i>Staff Engagement Strategy</i> working with all Divisions building on the experiences and contributions of staff.	<p>Engagement of key senior stakeholders to enable a more cohesive approach.</p> <p>Working with for example:</p> <ul style="list-style-type: none"> • Quality Improvement Division • Health and Wellbeing • Communications • Director General's (DG's) Office • All Service Divisions • All other Corporate Divisions • Community Health Organisations (CHOs), Hospital Groups (HGs), National Ambulance Service (NAS) etc • Engagement at all levels in the system from the front line to senior management <p>Build on existing initiatives, opportunities and communication processes i.e. <i>Inspire Suggestion Hub</i> (DG's Office), <i>Walking with the Frontline Engagement Programme</i>, <i>Listening into Action Programme</i> and others.</p> <p>Devolved decision making as a core enabler of staff engagement.</p>	<ul style="list-style-type: none"> • <i>Staff Engagement Strategy</i> developed based on a whole system approach to employee engagement, reducing current fragmentation and inconsistencies in the system. • Existing structures and processes which support employee engagement mapped. • Learning from other systems gathered. • Examples of good practice across the system identified and used as a basis for further development. • Findings from 2014 Staff Survey and staff ideas from focus groups inputted into the <i>Staff Engagement Strategy</i>. • Whole system 'parallel structure' to steer the development of the <i>Staff Engagement Strategy</i> set up. • Processes for developing policies and procedures agreed that involve staff at all levels in their development. • Category for employee engagement included as part of the Health Service Excellence Awards. 	Q2 2016
2.2	Conduct annual <i>Staff Survey</i> and work with the delivery system to take actions based on findings.	Engagement at all levels to increase awareness of the survey and encourage response.	<ul style="list-style-type: none"> • Staff Survey 2016 conducted. • Target of 40% response rate. • Findings analysed and feedback provided. 	Q2 2016
2.3	Prioritise effective two way communication as a core enabler of meaningful staff engagement.	HSE Internal Communications. HR Communications. HR User Group – see 2.5.	<ul style="list-style-type: none"> • Planned approach to HR communication and related system improvements in place. 	Q1-4 2016
2.3.1	Produce HR Newsletter to inform employees of HR developments.	Timely and up-to-date information from all HR functions.	<ul style="list-style-type: none"> • HR newsletter established. • Bi-monthly publications in 2016 and onwards. 	Q4 2015

	Areas for Action	Dependencies	Deliverables	Time Frame
2.3.2	Work collaboratively with Internal Communications to publicise relevant HR information.	Clear understanding on the type of information that employees require and establishing good working relations with Internal Communications so that it can be made available to staff in an easily accessible way.	<ul style="list-style-type: none"> User friendly HR section on HSE website with helpful, timely information. Communications network with the wider Health HR Family established to ensure information is disseminated throughout the services in a timely manner. Effective working relationship with Internal Communications established. 	Q4 2015
2.4	Value the unique position of front line workers by systematically listening to their feedback, responding appropriately and initiating service improvements.	<i>Staff Engagement Strategy.</i> Quality Improvement, Health and Wellbeing, Communications, DG's Office. All Service and Corporate Divisions. CHOs, HGs, NAS etc at all levels.	<ul style="list-style-type: none"> See 2.1. 	Q1-Q4 2016
2.4.1	In line with the leadership commitment (see 1.9) to Increase visibility and connection between leaders and staff and to systematically listen to the feedback of front line staff (see 2.4) put in place measures to track progress across the system.	Working with Service Managers/Line Managers at delivery level.	<ul style="list-style-type: none"> Leadership visibility and engagement indicators in place. 	
2.5	Establish HR User Groups to ensure greater connectivity with the service delivery units (SDUs) and partners across the system.	Representative group of HR service users i.e. staff and managers throughout the system. <i>HR Early Warning System</i> as a source of data.	<ul style="list-style-type: none"> HR User Group established with Chartered Institute of Personnel and Development (CIPD) Director as Chair. Terms of Reference agreed. 	Q1 2016
2.5.1	Establish a communications network with the wider Health HR including Section 38s, Hospital HR Directors Group, CHO HR Directors and the NAS.	Building trust and 'buy-in' with the wider HR family. Consulting and taking on board their views where appropriate. Regular meetings and information exchange.	<ul style="list-style-type: none"> Regular and effective contact/meetings with HR User Groups established. Workshops where appropriate undertaken to ensure that their views are listened to. Clear and concise information communicated in all HR publications to ensure consistent application. 	Q1 2016 onwards
2.5.2	Ensure good communications with all relevant Government Departments e.g. Department of Health (DoH) and Department of Public Expenditure and Reform (DPER).	Consult with Departments on all relevant HR matters. Establish good working relations with key members from relevant Departments. Ensure Departmental approval is ascertained before progressing certain projects if appropriate, e.g. transfer of employees.	<ul style="list-style-type: none"> Regular and effective contact/meetings with relevant Departments where appropriate established. Departmental participation on projects as appropriate in place. 	Q4 2015 onwards
Staff Commitment				
2.6	Enable staff to have meaningful roles, performance feedback and recognition, appropriate decision making autonomy and development opportunities.	Clarity regarding delivery models and organisation and governance structures. See 6.1.	<ul style="list-style-type: none"> See Priority 3 – Learning and Development. See Priority 6 – Performance. 	Q1-Q4 2016

	Areas for Action	Dependencies	Deliverables	Time Frame
2.6.1	Support devolved decision making as a core enabler of staff engagement in line with clear accountability arrangements.	See 2.6.	<ul style="list-style-type: none"> Decision making framework described including levels of accountability. 	Q2 2016
2.7	Support staff to act as advocates for service users and enable their participation in decision making regarding care planning and solution focused approaches.	<p><i>Safer Better Healthcare</i> implementation. Working with all Divisions.</p>	<ul style="list-style-type: none"> See 1.5, 7.1, 7.2, 7.3. Development supports aligned to <i>Safer Better Healthcare</i>. 	
2.8	Support collaborative practice through investment in team working, team leadership and service user engagement to deliver integrated quality care.	See 3.6, 7.2, 7.3.	<ul style="list-style-type: none"> See Priority 3 – Learning and Development. Priority focus given to team based interventions. Leaders supported in developing and managing teams in collaborative practice. Organisational guidance on multi/inter/intra disciplinary working provided to support cultural change. 	Q1-Q4 2016
2.9	Promote Diversity, Inclusion and Equality across the system valuing different perspectives, depth of experience and the strengths and potential of individuals and teams.	<p><i>Staff Engagement Strategy</i>. Ongoing leadership and cultural change.</p>	<ul style="list-style-type: none"> <i>Diversity, Inclusion and Equality Statement</i> in the HSE agreed. Steering Group established with clear Terms of Reference and agreed membership. Action plan on Diversity, Inclusion and Equality in place under leadership of Siobhan Patten. See 2.13. 	Q2 2016
Staff Health and Wellbeing				
2.10	Develop Staff Health and Wellbeing Strategy to support staff in managing their own health and wellbeing.	<p>Work with the Health and Wellbeing Division. Alignment with <i>Healthy Ireland, 2013-2025 and Healthy Ireland in the Health Services National Implementation Plan 2015-2017: Strategic Priority – Improving Staff Health and Wellbeing</i>. Collaborate and co-ordinate tasks with: Occupational Safety and Health function, Occupational Health function Employee Assistance function Stakeholder input Legislation/case law input Government policy/strategy Staff Survey results</p>	<ul style="list-style-type: none"> Strategy document containing objectives, deliverables, time frames and persons responsible/accountable completed and implementation commenced. 	Q2 2016
2.11	Ensure policies and procedures are designed to enable staff to maximise their work contributions and work life balance.	See 2.1, 8.8.	<ul style="list-style-type: none"> HR Policies, Procedures, Protocols and Guidelines (PPPGs) reviewed and updated. Staff Engagement in policy development – see 2.1. 	

	Areas for Action	Dependencies	Deliverables	Time Frame
	Staff Working Environment			
2.12	Strengthen occupational safety and health (OSH) support and advice across the system to support managers in developing working environments that are conducive to the delivery of safer better healthcare.	Legislation/caselaw. Government policy/strategy. Stakeholder input. Integration with Quality Improvement and Quality Assurance & Verification Divisions. Responsible persons identified in the Corporate Safety Statement. Resources: Workforce and ICT infrastructure.	<ul style="list-style-type: none"> • OSH Helpdesk established as a single point of contact for all support requests. (This will allow the tracking of emerging issues and key risk areas.) • Occupational Health Service Business Unit established. • Concept of self-help for front-line duty-holders established. • Tool-kit of reliable and consistent information, alerts, templates and guidance documents developed. • Reduced emphasis on classroom-based face-to-face training in favour of a national blended learning strategy (greater use of e-learning and web-based training), supporting a new policy on statutory OSH training. • Best practice based OSH policy development and approval processes in place. • Increased emphasis on assurance, benchmarking and quality improvement, through Key Performance Indicators and the introduction of a structured audit and inspection programme that aims to examine OSH management at all levels. 	Q3 2015 Q1 2016 Ongoing to 2018 Ongoing to 2018 Q1 2016 Q3 2015 Ongoing from Q4 2015
2.13	Build on <i>Positive Workplace Initiatives</i> that recognise our social and collective responsibilities to create sustainable and nurturing environments that recognise staff and value resilience and innovation.	Legislation/caselaw. Government policy/strategy. Stakeholder input. Resources: workforce and ICT infrastructure.	<ul style="list-style-type: none"> • <i>People Management Legal Framework</i> revised and updated. 	Q3 2016
2.13.1	Progress the Health Service Excellence Awards to recognise and celebrate the commitment and outstanding contribution of health and social care staff.	Partnership with locally based HR Partners. <i>Staff Engagement Strategy</i> – staff engagement inherent in the process.	<ul style="list-style-type: none"> • National working group to roll out awards established. • Local working groups led by HR Partners established to liaise re the roll out of the Awards. • Award ceremony where excellence is recognised scheduled. 	Q2 2016
2.14	Put in place protocols to empower staff to raise concerns and take action if they perceive risks to service users, colleagues or themselves and support them in relation to adverse events.	Quality Improvement and Quality Assurance & Verification Divisions. Alignment with HR Early Warning System . <i>Safer Better Healthcare</i> implementation.	<ul style="list-style-type: none"> • Protocols in place and communicated. 	Q2 2016
2.14.1	Use data from Occupational Safety and Health, <i>HR Early Warning System</i> , Risk Management and other sources to identify staff concerns and offer timely supportive interventions.	See 2.14.	<ul style="list-style-type: none"> • Support system described and communicated. 	Q2 2016

3 LEARNING & DEVELOPMENT

OUTCOME

A learning culture that prioritises development to ensure staff are equipped to confidently deliver, problem solve and innovate safer better healthcare.

	Areas for Action	Dependencies	Deliverables	Time Frame
	Learning and Development Plan			
3.1	Develop a <i>Learning and Development (L&D) Plan</i> with an agreed funding stream that builds individual and organisation capacity and knowledge to meet current and strategic requirements.	L&D stakeholders identified – Nursing, Medical, Health and Social Care Professionals (HSCP) etc. L&D Delivery Plan developed in collaboration with delivery units.	<ul style="list-style-type: none"> • <i>Learning and Development Plan</i> developed and communicated to the system. • Existing L&D activities across the organisation and funding streams including e-offerings scoped and mapped. 	Q4 2016
3.1.1	Ensure the <i>Learning and Development Plan</i> is informed by the leadership competency framework (see 1.6) agreed at leadership levels.	See 1.6.	<ul style="list-style-type: none"> • <i>Leadership and Development Plan</i> proofed against agreed leadership competency framework – see 1.6. 	Q1 2016
3.2	Communicate what staff can expect by way of supports to progress learning and development in a fair and transparent manner.	HR Communications informed by L&D. Staff Engagement.	<ul style="list-style-type: none"> • Clarification to staff re L&D supports available, clearly communicated as part of HR commitment to improve engagement. • Existing L&D policies for 3rd level financial supports reviewed and communicated. • National standards, protocols and policies aligned. • Equitable division of funding achieved. 	Q1 2016 Q3 2016
3.3	Develop processes for learning needs analysis and learning transfer to support current and anticipated future service delivery standards.	Establish group to review system wide Learning Needs Analysis. <i>Safer Better Healthcare</i> Standards. All relevant health and social care standards.	<ul style="list-style-type: none"> • Training Needs Analysis (TNA) conducted and aligned to service outcomes, future plans and offerings scoped. • Processes to support learning transfer developed and built into organisational practices. 	Q3 2016
3.4	Assess and develop the capability and capacity of current leaders against future service requirements, anticipated challenges and agreed leadership competencies.	Working with all Divisions. Leadership competency framework. See 1.6.	<ul style="list-style-type: none"> • Analysis of leadership competencies completed and supports for current talent and future leaders designed with targeted actions outlined in <i>Learning and Development Plan</i> – see 3.1. 	Q1 2016
3.5	Ensure all L&D interventions delivered internally or contracted through academic or other partners are aligned to organisational priorities and the requirements of the Community Healthcare Organisations (CHOs), Hospital Groups (HGs) and the National Ambulance Service (NAS).	Corporate Learning Education and Development (LED), CHOs, HGs, Medical, Nursing and HSCPs.	<ul style="list-style-type: none"> • Effectiveness of current L&D offerings reviewed at delivery unit level to ensure alignment to organisational/service priorities. 	Q3 2016

	Areas for Action	Dependencies	Deliverables	Time Frame
3.6	Increase the focus on multi-disciplinary development to enhance the patient experience, support team working/ collaborative practice and bring about evidence based service improvements.	Working with all Divisions.	<ul style="list-style-type: none"> • Multi-Disciplinary Leadership Development Programmes appropriately designed and delivered to each Delivery Unit. • Action Learning Team Facilitation development in place. • Coaching and mentoring supports. • First Time Managers Programme (aligned to the People Management Legal Framework). 	Q1-4 2016
Learning and Development Delivery				
3.7	Integrate all aspects of L&D into a single consolidated delivery service.	All branches of L&D consolidated into a single delivery function.	<ul style="list-style-type: none"> • Key stakeholders in L&D identified. • Single consolidated delivery service agreed and in place. 	Q2 2016
3.8	Invest in internal HR and L&D professionals to support them in the optimum delivery of innovative thought-leading leadership and development programmes and interventions.	HR Staff and HR Professionals. Leadership support at all levels. See 8.14, 8.15.	<ul style="list-style-type: none"> • HR Future Leaders Programme designed and offered to the system. • Service impact measures regarding Return on Investment (ROI) built into the programme. • Effectiveness evaluated through pre-agreed deliverables. 	Q4 2015 Q2 2017
3.8.1	Support development of HR and L&D professionals through HR Accreditation programme.	National Standards Authority of Ireland (NSAI) HR accreditation, Excellence Through People.	<ul style="list-style-type: none"> • HR Accreditation Programme and schedule in place with engagement of HR staff and HR Service Users across the system. 	Q1-4 2016
3.8.2	Continue the HR Division Master Class Series and progress the 'HR in Health' Annual Conference as opportunities to develop HR staff.		<ul style="list-style-type: none"> • Annual series of HR Master Classes agreed and delivered. • Presentations by expert HR thought leaders at Master Classes. • 'HR In Health' Annual Conference (planned for June 23rd 2016). 	Q1, 2016, 2017, 2018 Q2 2016
3.9	Prioritise delivery of mandatory and statutory training and commission new training provision related to prioritised need.	Working with all Divisions. Stakeholder analysis.	<ul style="list-style-type: none"> • Key stakeholders to inform and monitor the provision of statutory and mandatory training identified and involved in planning. • National policies and standards aligned and oversight of implementation in place. 	In progress
3.10	Collaborate internally and externally to lead innovative design of critical learning interventions and programmes across the organisation.	Liaise with internal key stakeholders and external academic partners.	<ul style="list-style-type: none"> • 'Bespoke' programmes to delivery units based on service needs identification provided. 	In progress
Learning and Development Approach				
3.11	Put in place Personal Development Plans (PDPs) and enable staff exercise personal and professional responsibility for the quality and safety of services provided.	L&D reference group, Nursing, Medical, HSCP, CHOs and HGs. HSElanD and ICT.	<ul style="list-style-type: none"> • PDP reviewed and improved. • Implementation plan across the delivery units in place. • Workshops/clinics for managers provided. 	Q1 & 2 2016 Q1 & 2 2016
3.12	Ensure personal development planning and staff supervision are core management practices focusing on the competencies, knowledge and behaviours of staff.	Learning Education and Development (LED), Performance and Development (P&D) develop generic supervision supports for staff – link with HSCP.	<ul style="list-style-type: none"> • Existing HSCP <i>Supervision Guidelines</i> used as a reference for further development. • e-learning component enhanced. • Series of workshops with managers across the delivery system delivered. • Current 'staff supervision' practices evaluated. 	Q4 2015 Q3 2016 Q2,3 2017

	Areas for Action	Dependencies	Deliverables	Time Frame
3.13	Work with leadership colleagues to embed systematic processes to identify talent and support leadership and career development.	Working with all Divisions. Academic and Education Partners. Workforce Planning. See 4.9.	<ul style="list-style-type: none"> • Current processes for identifying 'talent' reviewed. • Career development aligned to PDP process. • Action plan in place. 	Q2 2016 Q2 2016
3.14	Develop coaching and mentoring as a key leadership and line management support in facilitating improved performance and service developments.	L&D Coaching and Mentoring Leads. Professional Accredited Coaching Bodies. HSElanD etc.	<ul style="list-style-type: none"> • <i>HSE Coaching and Mentoring Frameworks</i> with associated Coaching Register developed. • <i>Coaching and Mentoring Guidelines</i> finalised and communicated to the system. • Manager information sessions delivered. • Internal pool of coaches increased. • Mentoring pool established. • Systematic team coaching for newly formed teams provided to assist integration. • Effectiveness of internal and external coaching and associated supporting materials evaluated – best practice governance group to quality assure implementation established. 	Q1,2 2016 Q4 2015 Q4 2015 Q3,4 2016 Q4 2016
3.15	Work with professional bodies and staff representative associations to develop Continuous Professional Development responses that support improved performance.	Establishment of an implementation group – CHO, HG, Learning Education and Development (LED), Corporate Employee Relations Services (CERS), System Reform Group (SRG), education partners and staff representative associations. See 6.4 and 6.8-6.10.	<ul style="list-style-type: none"> • Existing Performance Management System reviewed and improved with strong emphasis on 'performance achievement' – see 6.4. • Guidelines developed and workshops provided to support managers as part of <i>Coaching Quality Conversation</i> supports. • Effectiveness of approach evaluated. 	In progress Q4, 2015 Q2, 3, 4 2016
3.16	Support staff to achieve professional registration and credentialing.	Professional Registration Bodies.	<ul style="list-style-type: none"> • Information available and shared regarding professional registration requirements. • Supports identified and aligned to PDP process. 	Q2 2016
3.17	Prioritise 'on the job' experiential learning through job rotation and shadowing and consider augmenting existing capability through partnerships, secondments and interchanges.	Internal Stakeholders, L&D, Academic and Education Partners, CHOs and HGs.	<ul style="list-style-type: none"> • Internship Programme for Graduates developed. • Consultation completed with internal and external stakeholders to scope Job Rotation and Shadowing Scheme and plans developed. 	In progress Q2 2016

	Areas for Action	Dependencies	Deliverables	Time Frame
	Learning and Development Evaluation			
3.18	Review effectiveness of current learning delivery and support systems and embrace new methodologies including further development of e-learning approaches (e.g. www.hseland.ie)	HSELand, P&D functions, ICT Directorate.	<ul style="list-style-type: none"> Existing e-learning and blended learning offer to delivery units scoped and reviewed. Cost effectiveness and transfer of learning effectiveness against traditional 'face to face' learning methodologies evaluated. e-core modules in support of leadership and management competency frameworks developed. 	Q4 2015
3.19	Quantify the L&D spend, evaluate and measure learning and development outcomes to ensure organisational relevance and return on investment.	P&D Departments, Corporate HR.	<ul style="list-style-type: none"> Service improvement measures and learning outcomes developed to assist in evaluation. HR Effectiveness Tool Kit related to ROI implemented to ensure HR development interventions are aligned with delivery service priorities. 	Q4 2016 Q3 2016
3.19.1	Develop focused and relevant learning and development metrics using the Balanced Scorecard approach to drive performance.	Workforce Planning and Corporate HR. Learning Management System (LMS). HSELand and SAP software.	<ul style="list-style-type: none"> HR Balanced Scorecard and other metrics to assess ROI developed and implemented. 	In progress

4 WORKFORCE PLANNING

OUTCOME

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

	Areas for Action	Dependencies	Deliverables	Time Frame
	Workforce Planning Framework			
4.1	Develop an integrated multi-disciplinary <i>Workforce Planning Framework</i> based on best practice to attract and retain talent and deliver on organisational goals.	HSE has appropriate representation on the Department of Health (DoH) led project group and work collaboratively to progress the development and high level implementation plan for the <i>National Strategic Workforce Planning Framework for Health</i> .	<ul style="list-style-type: none"> • <i>Workforce Planning Framework</i> developed in partnership with DoH. • <i>Workforce Planning Framework</i> and associated methodology actively supportive of Hospital Groups (HGs), Community Healthcare Organisations (CHOs) and National Ambulance Service (NAS) in their development of annual and multi-year workforce plans. 	Q2 2016
4.1.1	Conduct workshops with relevant stakeholders to identify strategic, operational and considerations to enable the HSE to influence the development of the <i>National Strategic Workforce Planning Framework for Health</i> .	<p>Participation required from CEOs of HGs, Chief Officers (COs) of CHOs, Divisions, NAS, and national support services; especially ICT, Office of Nursing and Midwifery Services Director (ONMSD), and HR Directorate, as well as the Clinical Strategy and Programmes Division and the System Reform Group (SRG).</p> <p>Assistance required for workshop development and analysis of outputs from workshops.</p>	<p>Workshops will identify:</p> <ul style="list-style-type: none"> • Current Workforce Planning (WFP) capability in HGs and CHOs – skills, knowledge, technical know-how. • WFP functionality of existing HR MISs. • Potential contribution of existing WFP tools and processes. • Existing WFP and Development roles, structures and processes in the HGs, CHOs, Divisions and National Services. • Promotion of a consistent methodology. 	Q2 2016
4.1.2	Implement DoH/HSE <i>National Strategic Workforce Planning Framework for Health</i> .	<p>Stakeholders briefed on the implications of the finalised <i>National Strategic Workforce Planning Framework for Health</i> in relation to implementing an operational model, systems, processes and tools as required by the high level implementation plan.</p> <p>Stakeholders resourced, structured and supported to operationalise the <i>National Strategic Workforce Planning Framework for Health</i> on a phased basis.</p>	<ul style="list-style-type: none"> • National Support Units working collaboratively with the Divisions, HGs, CHOs and NAS to implement the <i>Workforce Planning Framework for Health</i>. • Engagement and support processes with service delivery units (SDUs) reviewed and amended as appropriate. • Process created to support development of annual medium and long-term workforce plans by SDUs. 	Q2 2017
4.2	Develop the knowledge and skills to undertake high quality workforce planning including future scanning to respond to changing needs in healthcare.	Deliverables identified in 4.1.1 are accurate and robust and are the basis for the development of the skills and knowledge identified in the <i>National Strategic Workforce Planning Framework for Health</i> .	<ul style="list-style-type: none"> • Development/training programmes in place to equip the relevant personnel in the Divisions, HGs, CHOs and NAS with the knowledge and skills to undertake high quality workforce planning. • Required IT functionality and the structures and processes required to support the HGs, CHOs and NAS annual and multi annual WFP identified. 	Q4 2016
4.2.1	Review and summarise workforce planning research related to the development implications of clinical programmes, revised care pathways, service redesign, required skill mix and current workforce planning projects.	Collaborative working of existing WFP units focused on current capability, processes, data availability, ICT systems and resource requirements based on clinical programmes, care pathway, service de-design and skill mix requirements.	<ul style="list-style-type: none"> • Summary of research completed and implications for workforce planning distilled. 	Q2 2016

	Areas for Action	Dependencies	Deliverables	Time Frame
4.2.2	Develop further workforce research capability.	Research and report on existing WFP & Organisation Development (OD) roles and structures in the HGs, CHOs, NAS and National Services.	<ul style="list-style-type: none"> WFP research requirements defined and plans in place to strengthen capacity. 	Q3 2016
4.2.3	Build and develop workforce analytics and planning capability.	<p>Identify and assess potential contribution of existing WFP tools and processes.</p> <p>Involvement of existing workforce planners and those involved in WFP Projects.</p> <p>Identify and engage workforce planning expertise and processes at National level to support HGs, CHOs, NAS in the development of "Workforce 2017".</p> <p>Data ownership, data quality, and data maintenance critical as a foundation.</p>	<ul style="list-style-type: none"> Workforce analytics and planning capability defined and plans in place to strengthen capacity. 	Q4 2016
4.3	Provide HR support to strengthen capacity to engage in business case development to ensure compatibility between service planning, workforce planning and workforce resourcing.	<p>Development of accurate HR data sets, including developmental, resourcing and labour market information.</p> <p>Ability to establish a link between HR data, service data and service developments.</p>	<ul style="list-style-type: none"> Dissemination of usable reports with meaningful analysis to enable planning activity in the HGs, CHOs and National Units to develop annual and multi annual workforce plans. WFP models appropriate to service planning developed. Business Case planning tools developed. 	Q4 2016
4.3.1	Develop the workforce planning and resourcing knowledge, skills and capability of local HR Managers.	<p>Appointment of HG and CHO HR Managers and up-skill as necessary.</p> <p>HR Managers actively engaged and supporting service managers in workforce planning and resourcing activities.</p> <p><i>National Strategic Workforce Planning Framework for Health implemented.</i></p>	<ul style="list-style-type: none"> Development sessions available for HR Managers on workforce planning and related skills/knowledge. 	
4.3.2	Develop the workforce planning and resourcing knowledge, skills and capability of Service Managers.	Service managers actively monitoring workforce data, workforce profiles and trends in conjunction with service data.	<ul style="list-style-type: none"> Service managers aware of relationship between service data and workforce data. Supports in place to enhance capability of Service Managers. 	Q4 2016
4.3.3	National resourcing strategy and operational practices are service driven and based on evidence based workforce data, planning projections, and labour market characteristics.	Dependent on achieving 4.11.	<ul style="list-style-type: none"> Resourcing strategy and operational practices reviewed and appropriately configured. 	See 4.11.
4.4	Work with service managers and the Higher Education Institutions (HEIs) in taking a strategic approach to graduate supply, education and practice placements and ensure robust governance arrangements are in place in line with health service requirements.	<p>Health Education Authority.</p> <p>HEIs.</p> <p>Health and Social Care Professionals (HSCPs).</p>	<ul style="list-style-type: none"> Strategic approach with HEIs agreed. Governance arrangements in place. 	Q1 2017

	Areas for Action	Dependencies	Deliverables	Time Frame
Workforce and Service Design				
4.5	Build capacity to redesign/reconfigure services and the workforce in line with best practice, evidence based models of care and anticipated future needs including the Clinical Care Programmes.	<p>Actions aligned to Leadership and Culture (see Priority 1) and Learning and Development (see Priority 3).</p> <p>Work in Clinical Care Programmes and other service developments aligned to Workforce Planning – acknowledgment of need to meet full team and support staff requirements to enable developments.</p>	<ul style="list-style-type: none"> • Integrated and cross service approach to workforce and service design evident. • Interface work between Clinical Care Programmes and Workforce Planning progressed as part of service and work force planning processes. 	
4.6	Support individuals and teams to adopt new ways of working and practice changes informed by evidence and research.	Actions aligned to Leadership and Culture (see 1.5, 1.7, 1.8, 1.11), Staff Engagement (see 2.7, 2.8), Learning and Development (see 3.3, 3.4, 3.6).	<ul style="list-style-type: none"> • Evidence and research used to inform practice changes and ways of working. 	
4.7	Evaluate vacancies as they arise so that every vacancy is seen as an opportunity to change and reform how services are delivered in line with evidence.	Ability to identify projected workforce requirements in the context of skill-mix, re-configuration of services and budget.	<ul style="list-style-type: none"> • Scenario planning undertaken as a routine activity centrally and in service delivery units (SDUs). 	Q1 2016
4.8	Support the reform of Community Healthcare Organisations (CHOs), Hospital Groups (HGs) and the National Ambulance Service (NAS) through practice based interventions at individual and team levels.	4.5 to 4.7 achieved. See 1.7.1, 8.3.	<ul style="list-style-type: none"> • HGs, CHOs and NAS supported in the development of their capability to produce multi-annual Workforce Plans in line with the <i>National Strategic Workforce Planning Framework for Health</i>. 	See 4.5 to 4.7.
4.8.1	Define and communicate the national offering to the system with regard to workforce configuration and service redesign.	4.1 to 4.8 achieved. See 1.7.1, 8.3.	<ul style="list-style-type: none"> • HGs and CHOs sharing learning and duplication of effort avoided. 	See 4.1 to 4.8.
Workforce Talent Management				
4.9	Develop a talent management framework that takes account of the employee life cycle and supports staff along the entire career journey maximising their contribution to the organisation.	<p>Talent management framework aligned with workforce planning and service requirements in terms of skills, skill-mix and organisational competencies required.</p> <p>Actions aligned to Learning and Development.</p>	<ul style="list-style-type: none"> • Talent management framework developed from the <i>National Strategic Workforce Planning Framework for Health</i> and aligned with workforce planning and service requirements. 	Q4 2016
4.10	Identify and nurture talent, including staff mobility to facilitate and support improved performance and career development (see 3.17).	<p>Process aligned with workforce planning and service requirements in terms of skills, skill-mix and organisational competencies required.</p> <p>Dependent on 3.17.</p>	<ul style="list-style-type: none"> • Job Rotation and Shadowing Scheme completed and plans developed. • See 3.17. 	Q2 2016

	Areas for Action	Dependencies	Deliverables	Time Frame
4.11	Work with Health Business Services (HBS) to restructure recruitment to achieve optimum delivery of workforce plans (see 8.10).	HR Directorate to develop a <i>Resourcing Strategy Framework</i> for the HSE and funded agencies in support of the <i>National Strategic Workforce Planning Framework for Health</i> . Resourcing process to act on requirements of the 'requester' within the limits of the HR policy of resourcing and the HSE's Recruitment Licence and Code of Practice. Dependent on 8.10. See 4.3.3.	<ul style="list-style-type: none"> Action Plan agreed between HBS and HR progressed. <i>Resourcing Strategy Framework</i> developed. Workforce plans developed based on an appreciation of the labour supply for the targeted professions and grades. Workforce plan in place to establish how and when the resourcing strategy will be operationalised. Resourcing strategy to be incorporated into the workforce plan at the outset. Clean documentation to be developed as part of the workforce plan prior a request to recruit. 	Q2 2016 See 8.10.
4.12	Prioritise approaches to attract and retain talent including flexible working arrangements that meet service and staff needs.	HR Directorate to develop a <i>Resourcing Strategy Framework</i> for the HSE and funded agencies in support of the <i>National Strategic Workforce Planning Framework for Health</i> .	<ul style="list-style-type: none"> As contained in the <i>Resourcing Strategy Framework</i> – see 4.11. 	
4.13	Prioritise succession planning and progression opportunities for staff at all levels.	<i>National Strategic Workforce Planning Framework for Health</i> and <i>Resourcing Strategy Framework</i> to guide this activity. Succession Planning based on future service requirements, service configuration and projected core organisational competencies required.	<ul style="list-style-type: none"> <i>National Strategic Workforce Planning Framework for Health</i>. <i>Resourcing Strategy Framework</i>. 	
Workforce 'Organisation'				
4.14	Prioritise staff deployment that responds and is adaptable to changing health and social care needs across the organisation.	<i>Resourcing Strategy Framework</i> – see 4.11, 4.13.	<ul style="list-style-type: none"> <i>Resourcing Strategy Framework</i> – see 4.11. 	
4.15	Conduct targeted skills audit across priority areas, targeting skills that underpin existing and future health service needs.	Required skills are identifiable. Identified skills must be capable of being measured. The recording/coding of these skills must be practicable.	<ul style="list-style-type: none"> Priority areas identified and skills audit conducted. 	
4.16	Develop solutions to close gaps highlighted in the skills audit paying particular attention to skill mix within teams and services.	Skills gaps to be classified by type of corrective action required and the baseline of existing skill. Time scale to develop required skill or improvement in skill identified. Understanding if improvement can be generated internally or externally through a development programme and if sufficient time exists to build the skill. Acknowledgement that some skill gaps can only be closed by hiring new staff who already possess the required skill.	<ul style="list-style-type: none"> Plans developed to address skills mix or skills gaps within teams or services. Identification completed of skills that can be developed through learning and development interventions and skills that need to be sourced through hiring new staff. Plan in place to address the above. 	
4.17	Build capacity to support effective staff deployment through e-rostering and use of 'staff banks'.	See HR e-Human Resource Management (e-HRM) & Technology – see 8.16 to 8.20.	<ul style="list-style-type: none"> See 8.16 to 8.20. 	

5 EVIDENCE & KNOWLEDGE

OUTCOME

Work practices and client pathways are evidence informed and decision making is based on real time and reliable data.

	Areas for Action	Dependencies	Deliverables	Time Frame
	Data Gathering and Reporting			
5.1	Develop streamlined data gathering and reporting processes and systems to meet requirements of the <i>Performance Accountability Framework</i> – including the <i>HR Early Warning System</i> , learning from investigations, Health Information and Quality Authority (HIQA) reports, reviews etc.	<p>Analysis of the relevance of HR data currently being recorded and related processes.</p> <p>The implementation of an integrated Business Warehouse approach to build on current Health Service Personnel Census Reporting and analytics to support the development of Workforce metrics and reporting.</p> <p>Business Warehouse in Health Business Services (HBS)/Enterprise Resource Planning Service (ERPS) to have the functionality to deliver these requirements.</p>	<ul style="list-style-type: none"> Relevant, timely reports in a usable format relevant to various requirements developed. HR data linked to and integrated with service/business data in a meaningful manner to assist decision making. 	Q4 2016
5.2	Develop information systems that efficiently capture, store and retrieve HR data to assist decision making, support Balanced Scorecard approach and reporting to the National Performance Oversight Group.	<p>Workforce data accurate and relevant.</p> <p>An analysis of the capability, functionality, understanding and usage of existing systems is completed.</p>	<ul style="list-style-type: none"> Rollout of required information systems in all areas. HR Balanced Scorecard to be reviewed to include other metrics as appropriate – see 5.1.1. 	Q2 2016
5.3	Develop workforce metrics reporting (including dashboards) at all levels in a format that is user friendly and avoids duplication.	<p><i>Performance Accountability Framework</i>.</p> <p>Development of data sets that are meaningful and usable and support improvements.</p> <p>Basic HR data collected, entered correctly and maintained regularly.</p> <p>Development of <i>HR Early Warning System</i>.</p>	<ul style="list-style-type: none"> HR Balanced Scorecard reviewed to include other metrics as appropriate. Development of a HR Dashboard for workforce analytics and performance management on a health sector-wide basis. Users at all levels receive the data/reports that are meaningful and usable for them in a timely manner. <i>HR Early Warning System</i> in place. 	Q2 2016
5.4	Integrate HR and Finance systems to ensure single source data and aspire to capture data through existing processes rather than additional input.	<p>Systems functionality, alignment of data and organisational mapping, consistency of definitions and capability.</p> <p>Organisational willingness to support and resource the change required.</p> <p>HR acting as a business partner to serve and support service developments.</p>	<ul style="list-style-type: none"> Integrated HR, Payroll, and Finance systems advanced. Integrated data informing service/business planning in line with the service planning cycle. 	Q2 2016
5.5	Work with Health Business Services (HBS) and the Office of the Chief Information Officer (CIO) to drive and capture the benefits of an e-HRM System.	<p>Systems functionality and capability.</p> <p>HR e-Human Resource Management (e-HRM) & Technology.</p> <p>Organisational willingness to support and resource the change required.</p>	<ul style="list-style-type: none"> See 8.16-8.20. 	

	Areas for Action	Dependencies	Deliverables	Time Frame
Data Analysis				
5.6	Develop capacity to create intelligence from HR data and to predict trends, spot anomalies and highlight early warnings.	5.1 to 5.5 achieved. Accurate HR data, ownership and maintenance of data. Systems functionality and capability. Regular engagement of service managers, workforce planners and HR managers with workforce reports. HR data adding value and 'intelligence' and supporting comparative analysis.	<ul style="list-style-type: none"> Engagement with service managers and HR Leads in relation to using data to create organisational/service intelligence and inform decision making. HR data supporting relevant comparative analysis and solution focused approaches to addressing service and cross service challenges. HR Early Warning System in place and informing the system – see 6.3. 	Q1 2017
5.6.1	Carry out analysis of current situation and identify current level of engagement, usage and understanding.	Resources and engagement of all stakeholders.		
5.7	Build and develop workforce metrics, analytics and planning capability within HR and across line management by working with the Business Intelligence Unit (BIU), ICT, HBS Enterprise Resource Planning Service (ERPS) and external support as required. (See 4.1 and 5.3.)	See 4.1, 5.3. <i>National Strategic Workforce Planning Framework for Health implemented.</i>	See 4.1, 5.3.	
Knowledge Management (Deliverables from 5.1 to 5.7 above)				
5.8	Provide managers with the required HR & Workforce Metrics and Business Intelligence (BI) in a timely manner to enable accurate decision making.	Dependant on 5.1 to 5.7. Working with all Divisions – connecting HR data to service/business data to increase relevance and knowledge.	<ul style="list-style-type: none"> HR data linked to service/business data to increase relevance and knowledge. 	Q2 2017
5.9	Encourage utilisation of data and knowledge to support the sharing of good practice and shared learning.	Establishment of a team from HR, BIU, HBS, and ICT to lead out on this educational requirement. Supporting managers to extrapolate, interpret and link data to the business.	<ul style="list-style-type: none"> Team established to lead out on educational requirements to support managers with data utilisation, knowledge sharing etc. 	Q1 2017
5.10	Work with colleagues in Health and Wellbeing and other relevant Divisions to ensure that the library service can effectively support services in evidence informed practice.	Working with Health and Wellbeing Division. Transfer of Library Services to Health and Wellbeing Division from HR and other current locations to a National Library Service.	<ul style="list-style-type: none"> National Library Service in place. 	
5.11	Ensure compliance with Freedom of Information and Data Protection Legislation and Regulation.	L&D training. HSE Consumer Affairs.	<ul style="list-style-type: none"> Staff aware of responsibility and training programmes in place. 	Q4 2016

	Areas for Action	Dependencies	Deliverables	Time Frame
Application of Evidence (Deliverables from 5.1 to 5.7 above)				
5.12	Measure improvements in HR performance through the provision and use of high quality HR information and metrics.	Measures capable of being measured. Qualitative measures also included.	<ul style="list-style-type: none"> Meaningful metrics both quantitative and qualitative identified and use. 	Q4 2017
5.13	Use HR data to assist in service redesign and support service modernisation in line with revised clinical care pathways, shared care arrangements, practice changes and models of service.	Working with all Divisions.	<ul style="list-style-type: none"> Accurate and meaningful data available. Organisation structure accurately represented on the HR system. Data available complimentary to clinical pathways, shared care arrangements, practice changes and models of service. 	

6 PERFORMANCE

OUTCOME

Staff and teams are clear about roles, relationships, reporting and professional responsibilities so that they can channel their energy and maximise performance to meet organisational targets.

	Areas for Action	Dependencies	Deliverables	Time Frame
Performance Governance				
6.1	Provide clarity for each staff member and team regarding role, professional responsibilities, reporting relationship and fit within the organisation in line with the <i>Performance Accountability Framework</i> .	Clarity regarding organisational governance, accountability and management arrangements. Requirement at all levels to clarify structures into the future to provide stability. Line management and team leader involvement.	<ul style="list-style-type: none"> HR will, within its remit and where requested, provide oversight of the establishment of the staffing structures required to support the new delivery units. Relevant negotiating processes to bring finality to outstanding issues, such as new job structures in Community Healthcare Organisations (CHOs) and Hospital Groups (HGs) etc will be utilised. Revised governance arrangements will be communicated. 	Q4 2015 Q1 2016
6.2	Work with leaders and staff at all levels to achieve compliance with professional, regulatory and quality standards and be accountable for service targets.	Working with all Divisions. <i>Safer Better Healthcare</i> and other relevant service targets.	<ul style="list-style-type: none"> Support and necessary HR tools provided to leaders and staff at all levels to assist in compliance with necessary regulatory requirements. 	Q2 2016
6.3	Implement the planned <i>HR Early Warning System</i> to ensure HR moves to more proactive approach to prevent and mitigate risk to service users and staff.	Consistent approach by all relevant personnel to dealing with matters at an early and timely stage. See references to <i>HR Early Warning System</i> – 2.5, 2.14, 2.14.1, 5.1, 5.1.1, 5.6, 6.10.	<ul style="list-style-type: none"> <i>HR Early Warning System</i> implemented across the organisation. Timely return on a regular basis from all units to Corporate Employee Relations Services (CERS) on issues that pose a threat to the ongoing delivery of services. Patterns of risk and trends identified and action plans in place to address improvements. Regular updates including trend analysis provided to the system to drive improvement in HR practices. 	Q4 2015
Performance Management				
6.4	Implement and roll-out a revised, redesigned performance management system that is supportive and developmentally based.	HR CERS, staff representative agencies. Performance and Development (P&D). Skills development to deliver across the system. Monitoring system in place.	<ul style="list-style-type: none"> Performance Achievement system redesigned and roll out commenced. 	Q2 2016
6.4.1	Provide related skills development and supports for line managers, teams and individual staff.	P&D Divisions and Corporate Learning Education and Development (LED). See 1.7.2, 1.11, 3.6, 3.14, 3.15, 6.8, 6.8.1, 6.10, 8.14.	<ul style="list-style-type: none"> Defined development in place for managers in the delivery units to assist in having coaching conversations with staff to support performance achievements. Framework agreed to implement performance achievement across the system. 	Q1 2016
6.5	Continue to position employee relations 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 legislative frameworks.	Working with all Divisions. CHOs and HGs. CERS.	<ul style="list-style-type: none"> Review of current offering to the Delivery System undertaken and redefined employee relations service in place. 	Q1 2016

	Areas for Action	Dependencies	Deliverables	Time Frame
6.5.1	Reinvigorate Mediation Services to ensure the deployment of the service to the most appropriate need where best outcomes can be achieved.	Buy in from newly established structures. Availability of trained and accredited mediators.	<ul style="list-style-type: none"> HSE National HR Mediation Service established and communicated. Usage and benefits of mediation services to date reviewed in order to determine patterns and outcomes and to inform future development of the service. Protocols developed to assist in providing this proactive service in the most appropriate conflict situations i.e. assessment of potential to bring about an improvement or likely resolution of issues in a timely and respectful manner. 	Q4 2015 Q2 2016
6.6	Establish a unified National Investigation Unit that provides a timely and efficient response and uses learning outcomes to continuously improve performance.	Service Delivery Units (SDUs). Quality Improvement Division. Quality Verification Division. Occupational Safety and Health.	<ul style="list-style-type: none"> National Investigation Unit established. Streamlined and efficient HR investigation processes in place in line with Key Performance Indicators (KPIs). Feedback and learning process in place. External accreditation in place. 	Q1 2016 Q4 2016 Q4 2016 Q4 2016
6.6.1	Increase number of trained Investigators to support the work of the National Investigations Unit and develop their skills and competencies.	Attracting interest in additional Investigators. Training and review of skills/competencies.	<ul style="list-style-type: none"> Training for Workplace Investigators in place. Increased number of Workplace Investigators available. 	Q1 2016
6.7	Develop systems to celebrate success, recognise good performance and the provision of regular feedback to staff on their work contributions.	HR National Office – Communications, Staff Engagement. Learning Education and Development (LED). ICT HSELand. See 2.1, 2.13.1 – Health Service Excellence Awards.	<ul style="list-style-type: none"> Systems established to collect data. Notification communicated through HR Staff Newsletter. 	Quarterly 2016
Performance Capacity				
6.8	Support managers in recognising good and poor performance and provide them with the skills to give feedback in real time/on the job on a consistent basis at individual and team levels.	Learning Education and Development (LED). Managers at all levels.	<ul style="list-style-type: none"> HR Supports embedded in the system by offering managers assistance in conducting 'performance achievement' review and development meetings – Coaching conversations part of business as usual. PDP process established. 	In progress
6.8.1	In line with the HR commitment to prioritise coaching and mentoring supports, target specific skills related to managing performance and providing feedback to staff.	See 3.14. LED. Managers at all levels.	<ul style="list-style-type: none"> Coaching supports available – see deliverables 3.14. 	
6.9	Develop competence to manage poor performance in a timely and respectful manner ensuring that clear process guidance is available.	Corporate LED and P&D, CERS, staff representative agencies, CHOs and HGs.	<ul style="list-style-type: none"> HR supports provided to line managers in delivery units to support having 'difficult conversations' and personal development planning' for staff. Clear process guidance available. 	In progress
6.10	Implement approaches (including performance management and education/training) to assist leaders, managers and staff to recognise behaviour or conduct that has or is likely to have a negative impact on patient safety and/or on team colleagues and develop skills to intervene in a constructive way.	Corporate LED, P&D, CERS, CHOs and HGs. Quality Improvement Division. Early Warning System. <i>Safer Better Healthcare</i> implementation.	<ul style="list-style-type: none"> Set out an agreed code of conduct and protocols for implementation. 'First Time Managers Programme' and 'The Legal Framework for People Management' aligned. 'Employee Engagement' and 'Performance Achievement' coaching conversations in place. Approaches to competency frameworks and positive behavioural indicators linked. 	Q2 2016 Q3 2016

7 PARTNERING

OUTCOME

Partnership with staff, service managers and stakeholders effectively developed and managed to add value and support the delivery of safer better healthcare for local communities driving change and improving the client experience.

	Areas for Action	Dependencies	Deliverables	Time Frame
Partnering with Staff, Service Users and Local Communities				
7.1	Position person centred care and continuous quality improvement as a priority for all staff and teams enabled by leadership and learning and development supports.	Quality Improvement and all Divisions. <i>Safer Better Healthcare</i> implementation.	<ul style="list-style-type: none"> Person centred care and continuous quality improvement as an inherent proof in all HR, leadership, learning and development interventions. <i>People Strategy</i> plans and associated frameworks, HR Policies and Protocols proofed for: people centred care, continuous quality improvement and engagement. 	Q2 2016
7.2	Ensure leaders and staff have the skills to engage with service users as equal partners and local communities in the co-design, development and evaluation of services taking a joined up approach.	Buy in from relevant front line and other staff. Working with Quality Improvement and other Divisions.	<ul style="list-style-type: none"> Skills and competencies integrated into all relevant leadership and learning and development interventions. Training models that up skill relevant personnel in place. 	Q2 2016
7.3	Support staff to utilise service user experience and feedback to enable cultural change and drive innovation and quality improvements.	Buy in from relevant front line and other staff. Working with Quality Improvement and other Divisions.	<ul style="list-style-type: none"> Staff equipped with necessary skills and support to ensure that 'messages' coming from service users are reported to relevant personnel and decision makers, and acted upon as part of service development/improvement processes. 	Q2 2016
7.4	Recognise our corporate social responsibility and public service ethos through initiatives that support staff as citizens and add value to local communities.	Working with Quality Improvement, Health & Wellbeing and other Divisions. <i>Ethics in Public Office Framework</i> . See 2.13.	<ul style="list-style-type: none"> Statement of intent to support corporate social responsibility development and communicated. 	Q2 2016
Partnering with Stakeholders				
7.5	Develop HR as a respected and equal business partner at strategic and service delivery unit (SDU) level throughout the system.	Full buy in to and recognition of <i>People Strategy</i> across all SDUs. Expectations clarified and offering to the system defined. Avoidance of HR/IR risks that arise where policies are implemented in an inconsistent fashion.	<ul style="list-style-type: none"> Business partner approach defined. Employee Relations Managers, Learning and Development Teams working in an integrated manner as a national team supporting the Delivery Units. Consistent approach/ways of working on HR matters evident. Learning shared across the system and improvements implemented in a consistent manner. Forum to share learning established. Partnership working evident between Hospital Groups (HGs), Community Healthcare Organisations (CHOs) etc. 	Q1 2016

	Areas for Action	Dependencies	Deliverables	Time Frame
7.6	Agree a collaborative approach with staff and their representative associations to support the delivery of this <i>Strategy</i> .	Strengthening of existing fora, National Joint Council (NJC), Parallel NJC. Joint Information and Consultation Forum (JICF) – established as a national body whose main remit is to enable employers to consult and inform employee representatives. Buy in from all SDUs.	<ul style="list-style-type: none"> Review of consultative fora completed. Measures and improvements agreed, following conclusion of the review. Reestablishment of NJC as primary vehicle for dealing with HR matters at national level. Joint Union Management Forum strengthened. 	Q1 2016
7.7	Develop relationships with key external stakeholders including professional and accreditation bodies to progress organisational goals.	Provision in Service Level Agreements (SLAs) with external stakeholders to ensure delivery of HR in a consistent way.	<ul style="list-style-type: none"> Existing relationships with HSE funded agencies improved. Meet with representative bodies, e.g. Irish Business and Employers Confederation (IBEC), National Federation of Voluntary Bodies (NFVB) etc. on a regular basis. Support and representation provided to those agencies as required. Updates, circulars etc. disseminated in a timely way. 	Q1 2016 and ongoing to 2018
7.7.1	Examine potential and scope options for professional regulation/accreditation for Management Administration.	Review arrangements in other jurisdictions. Engage with staff associations.	<ul style="list-style-type: none"> Scoping paper available for discussion. 	Q1 2016
7.8	Continue to improve working relationships with Trade Union partners to create a workplace culture and environment based on best practice and compliance with negotiated agreements.	Ongoing positive working environment between leaderships in health and Trade Unions.	<ul style="list-style-type: none"> Outcomes of 3rd party processes implemented in a timely manner. Managers in service units equipped with the necessary skills set to deal with issues of a local nature in a timely way. Ongoing engagement with managers to provide full awareness of new legislative measures, policy changes etc. completed in a more collaborative way by involving trade unions. 	Q2 2016
7.8.1	Review Policies and Procedures documents.	See 8.8.	<ul style="list-style-type: none"> Review completed and policies updated as required. 	Q2 2016
7.9	Increase our interaction with key stakeholders at national level including key health and social care agencies, the Department of Health (DoH), the Department of Expenditure & Reform (DPER) and the Oireachtas on matters of policy alignment, shared learning, budget planning and management, and information reporting.	Continue to maintain lines of communication with all external stakeholders, agencies etc.	<ul style="list-style-type: none"> Regular engagement with DoH, DPER and other relevant external bodies in place. HSE position communicated in a consistent and thorough way to such agencies. HSE personnel dealing with these bodies are fully acquainted with all relevant matters. 	Q4 2015
Partnering with Service Providers				
7.10	Ensure our governing and commissioning standards and processes are explicit and designed to ensure best possible outcomes for service users and customers and are subject to ongoing review and evaluation.	Collaborative approach required from all HSE personnel.	<ul style="list-style-type: none"> Relevant staff involved and supported in agreeing SLAs or other commissioning processes. 	Q1 2016
7.11	Improve organisational capacity to commission effectively utilising system and specialist knowledge enhancing our partnerships with service providers.	Collaborative approach required from all HSE personnel.	<ul style="list-style-type: none"> See 7.11.1. 	Q2 2016

	Areas for Action	Dependencies	Deliverables	Time Frame
7.11.1	Develop skills and capacity to negotiate assertively, develop robust contracts and strongly manage provider performance.		<ul style="list-style-type: none"> • Skills and competencies to support interface work with service providers identified. • Relevant staff targeted for dedicated interventions to support them to conduct their roles to the optimum level for the benefit of the organisation. 	<p>Q1 2016</p> <p>Q1 2016</p>
7.12	Build on relationships with academic and other external providers to continually improve HR standards and practice in line with new developments and research.	Learning Education and Development (LED). HR Accreditation Process. Academic Partners.	<ul style="list-style-type: none"> • Employees' exposure to the learning being brought by academic and learning providers encouraged, supported and facilitated. • Relationships with outside bodies to ensure our business is based on evidence based practice is actively promoted and supported. 	Q1 2016

8 HUMAN RESOURCE PROFESSIONAL SERVICES

OUTCOME

HR Services designed to create value, enhance people capacity and positioned to deliver organisational priorities.

	Areas for Action	Dependencies	Deliverables	Time Frame
	HR Delivery Model and Structure			
8.1	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.		<ul style="list-style-type: none"> HR Delivery Model signed off by National HR Leadership Team. 	Q4 2015
8.2	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).	<p>Working with leaders in each of the CHOs, HGs and NAS.</p> <p>Working with all other relevant Divisions.</p>	<ul style="list-style-type: none"> HR Structure agreed and communicated to the system. Populating the structure underway. 	Q4 2015
8.3	Define and communicate the corporate HR offering to the system to meet organisational goals and front line service requirements aligned to performance accountability arrangements.	<p>See 4.8.1.</p> <p>HR offering aligned to service outcomes and integrated into service accountability arrangements.</p> <p>Working closing with CHOs and HGs.</p>	<ul style="list-style-type: none"> Delivery system has clarity regarding the corporate HR offering. HR supports provided with built in agreed service outcomes. 	Q2 2016 Q2 2016
8.3.1	Ensure HR development supports and interventions are tailored to front line services requirements and are aligned to agreed performance targets for each service area.	Linked to National Accountability Framework.	<ul style="list-style-type: none"> HR proofing of Divisional requirements in place as standard practice. HR business partnering model established. 	Q1-4 2016
8.3.2	Develop robust HR accountability measures to monitor progress in relation to the relevance and added value of HR supports offered.	<p>Division Service Plans.</p> <p><i>Safer Better Healthcare</i> and other relevant service standards.</p>	<ul style="list-style-type: none"> HR Key Performance Indicators (KPIs) agreed and tracked through performance management system. 	Q1-4 2016
8.3.3	Develop specialist HR areas that can enable the system overall to function more effectively.		<ul style="list-style-type: none"> Specialist areas of HR identified and plans in place to prioritise development. 	Q2 2016
8.4	Ensure HR is anticipating service needs and helping to shape service delivery at all levels as well as responding to the operational needs of the business in a timely, supportive manner.	<p>Division Service Plans.</p> <p><i>Safer Better Healthcare</i> and other relevant service standards.</p>	<ul style="list-style-type: none"> HR proofing of Divisional requirements in place as standard practice. HR business partnering model established with strategic and operational focus. 	Q1-4 2016
8.4.1	Proof HR interventions in line with <i>Safer Better Healthcare</i> and other relevant service standards to monitor HR relevance and added value.	<p>Division Service Plans.</p> <p><i>Safer Better Healthcare</i> and other relevant service standards.</p>	<ul style="list-style-type: none"> HR activities aligned to <i>Safer Better Healthcare</i> and other relevant service standards. 	Q1-4 2016

	Areas for Action	Dependencies	Deliverables	Time Frame
8.5	Develop a strong customer service focus within HR to respond in a consistent and efficient manner to the needs of service managers and staff.	Staff Engagement. Leadership developments. Internal HSE Communications. Consumer Affairs.	<ul style="list-style-type: none"> • <i>Staff Engagement Strategy</i> in place. • HR Communication targets achieved. 	Q2 2016
8.5.1	Establish a HR National Employee Help Line to provide individual employee support in conjunction with local HR Offices and Corporate Employee Relations Services (CERS).	CERS. Local HR Offices.	<ul style="list-style-type: none"> • National HR Help Line established. 	Q4 2015
8.6	Clarify the HR elements of the shared services operating model, processes and customer relationship between Health Business Services (HBS) and HR to optimise outcomes.	Health Business Services. ICT.	<ul style="list-style-type: none"> • Service Level Agreement (SLA) with Health Business Services agreed. • Best practice, responsive and timely delivery of HR Shared Services i.e. management of common, frequent and high-volume HR issues and queries. 	Q2 2016
8.7	Quantify the direct HR spend and ensure it is targeted to maximise return on investment.	Finance. HR Corporate, Learning Education and Development (LED), CHOs and HGs.	<ul style="list-style-type: none"> • HR resource mapped across the system, costs analysed and action plan agreed. • HR Effectiveness Tool Kit related to ROI developed and implemented. 	Q3 2016
HR Processes				
8.8	Review HR Policies, Procedures, Protocols and Guidelines (PPPGs) to ensure that they reflect best practice in line with legislative/regulatory requirements, professional standards, compliance with staff agreements and European Directives, and monitor consistent implementation.	CERS. Legal guidance when required. Support for managers putting policies into practice at operational level. Processes clearly described and communicated. Clear delegated authority for managers. See 2.11.	<ul style="list-style-type: none"> • HR PPPGs reviewed and updated. • Priority given to updating of <i>Grievance and Disciplinary Policy</i> in line with revised organisational design arrangements and best practice. 	Q1 2016
8.9	Ensure optimum transactional efficiency is achieved by working with the Health Business Services (HBS) to improve current outcomes in support of the delivery system (see 8.6, 8.10).	HBS <i>HBS Strategy 2014 to 2016</i>	<ul style="list-style-type: none"> • SLA with HBS agreed. • See 8.6, 8.10. 	Q1-4 2016
8.10	Work with HBS to specifically address the responsiveness of the recruitment process to add pace to the timeline between approval and appointment including the establishment of 'transfer' panels (see 4.11).	HBS <i>HBS Strategy 2014 to 2016</i>	<ul style="list-style-type: none"> • Action Plan agreed between HBS and HR progressed. 	Q2 2016
	Source: An action partnership between the HR Directorate and Health Business Services	HBS <i>HBS Strategy 2014 to 2016</i>	<ul style="list-style-type: none"> • Action partnership between the HR Directorate and HBS agreed. 	Q1-4 2016
8.10.1	Assess the fit between the recruitment elements in the <i>HBS Strategy 2014 to 2016</i> and the content and intent of the People Strategy.			

	Areas for Action	Dependencies	Deliverables	Time Frame
8.10.2	Review current recruitment governance arrangements, structures, activities and staffing levels in the National Recruitment Services (NRS), CHOs and HGs.			
8.10.3	Develop and implement a new recruitment strategy, governance arrangements, structure and operating model based on 8.10.1 and 8.10.2 above.			
8.10.4	Develop and implement a fit for purpose SLA between the HR Directorate and the NRS for the delivery of recruitment services to HGs and CHOs and National Services.			
8.10.5	Review and research the use of panels to establish best practice to meet service needs and employee development.			
8.10.6	Review current NRS activity reports and develop a new range of reports which generate usable a recruitment and workforce intelligence for the benefit of the services and workforce planning.			
8.11	Utilise Lean Process Mapping to ensure all HBS systems that are aligned to HR are robust, effective, cost efficient and demonstrate value for money.	HBS. L&D supports.	<ul style="list-style-type: none"> Lean Process Mapping project established and targets set for 2016. 	Q2 2016
HR Profession				
8.12	Achieve Excellence Through People Accreditation for the HR Service.	National Standards Authority of Ireland (NSAI) HR accreditation, Excellence Through People.	<ul style="list-style-type: none"> Steering Group and Project Co-ordinator in place. Working Groups established under key themes, timelines and duties agreed. Schedule and supports in place to support achievement of accreditation by seven delivery units by 2017. 	Q4 2015 Q4 2015 Q1 2016
8.13	Progress the achievement of professional registration for existing HR staff (Chartered Institute of Personnel and Development – CIPD membership) and seek registration as a recruitment criteria for new staff.	CIPD Ireland and UK. HSE Corporate Membership under consideration.	<ul style="list-style-type: none"> Options for accreditation for HR staff reviewed. 	Q2 2016
8.14	Commence leadership development with the Senior HR Leadership Team and develop professional learning and development opportunities for all HR staff using a range of methodologies.	Learning Education and Development (LED) and Academic Partners – HSE CHOs and HGs. HR accreditation process.	<ul style="list-style-type: none"> HR Leadership Development Programme for HR Professionals at Grade VI upwards in place. HR Professionals nominated to participate. Programme effectiveness evaluated. Coaching and mentoring supports in place. 	Q4 2015 Q4 2015
8.15	Up-skill HR professionals with the skills they need to act as business partners and technical experts to support line managers particularly in relation to employee relations, manpower planning, change management etc.	Learning Education and Development (LED). HR Accreditation.	<ul style="list-style-type: none"> HR competency framework developed aligned to CIPD Professional Map (HR Professional Areas and HR Behaviours) Training Needs Analysis (TNA) to identify skills required for HR professionals carried out. Accredited supports for HR staff developed. 	Q4 2015 Q2 2016

	Areas for Action	Dependencies	Deliverables	Time Frame
e-Human Resource Management (e-HRM) & Technology				
8.16	Develop an e-HRM Strategy to harness ICT and technology to improve administration, transactions and process performance in the context of the <i>People Strategy</i> .	Work collaboratively with ICT and HBS HR Shared Services and HBS Enterprise Resource Planning Service (ERPS). <i>ICT Strategy</i> . Development of HR website, communication apps etc.	<ul style="list-style-type: none"> e-HRM strategy and operational plan developed. 	Q4 2016
8.17	Use technology to become a key enabler to delivering HR services and allow HR professionals to be more strategic.	Significant required ICT investment in e-HRM and needs to be funded through National Service Planning and estimates process.	<ul style="list-style-type: none"> Estimates process for National Service Plan 2017. 	Q4 2016
8.18	<p>Operational e-HRM: Develop and harness e-HRM to maximise the contribution of automation in the management of personnel and pension records, payroll, training and development administration, and recruitment administration, e.g.,</p> <ul style="list-style-type: none"> HR, HBS and the Office of the Chief Information Officer (CIO) will develop a plan to have an e-Personnel Record Develop and support plans to have an e-recruitment portal for all health jobs Develop and support plans to have a learning and development system to manage and record all learning activities through HSELand i.e. ensuring integration with a wider e-HRM Platform including SAP and other HR Management Information Systems Enable and support the further roll-out of e-Time and Attendance and e-rostering 	Work collaboratively with ICT, HBS and Service Delivery Units (SDUs) and within context of the System Reform Group (SRG) process.	<ul style="list-style-type: none"> Project plan to action developed. 	Q3 2016
8.19	<p>Relational e-HRM: Develop and harness e-HRM to support service delivery units (SDUs) and processes in talent management, staff banks, change management, training, performance management, e.g.,</p> <ul style="list-style-type: none"> Change-Hub to support change management (see www.hseland.ie) e-learning and shared learning e-recruitment employee and management self-service Support the creation of HR dashboards in organisational and workforce monitoring, planning and performance 	Integration within HR professional services and collaboration with ICT, HBS, SDUs and Department of Health (DoH), by building on existing technologies and processes.	<ul style="list-style-type: none"> On-going incremental development and roll-out. 	Q1 2016 to Q4 2018

	Areas for Action	Dependencies	Deliverables	Time Frame
8.20	Transformational e-HRM: Develop and harness e-HRM to support strategic HR activities in knowledge management, strategic change management and communications.	Collaboration with ICT and National Communications.	<ul style="list-style-type: none"> e-HRM communications plan to integrate with National HR Directorate Communications and <i>Staff Engagement Strategy</i>. 	Q1 2016
8.21	Work with the Communications Division to develop an evidence based and end user-focused approach to the development of transformational e-HRM that is integrated and aligned with the organisation's <i>Digital Communications Strategy</i> .	National Communications. ICT.	<ul style="list-style-type: none"> e-HRM integrated and aligned with the <i>Digital Communications Strategy</i>. 	Q3 2016

Content of Work Plans based on submissions by members of HR Leadership Team and HR Leads from October to November 2015.

The Work Plans to support the People Strategy will be further developed and reviewed at agreed intervals in line with service needs and agreed priorities.

List of Abbreviations

BI	Business Intelligence	IT	Information Technology
BIU	Business Intelligence Unit	JICF	Joint Information and Consultation Forum
CEO	Chief Executive Officer	KPI	Key Performance Indicator
CERS	Corporate Employee Relations Services	L&D	Learning and Development
CHO	Community Healthcare Organisation	LED	Learning Education and Development
CIO	Chief Information Officer	LMS	Learning Management System
CIPD	Chartered Institute of Personnel and Development	MISs	Management Information Systems
CO	Chief Officer	NAS	National Ambulance Service
DG	Director General	NFVB	National Federation of Voluntary Bodies
DoH	Department of Health	NJC	National Joint Council
DPER	Department of Public Expenditure and Reform	NRS	National Recruitment Services
e-	electronic	NSAI	National Standards Authority of Ireland
e-HRM	e-Human Resource Management	OD	Organisation Development
ERPS	Enterprise Resource Planning Service	ONMSD	Office of Nursing and Midwifery Services Director
HBS	Health Business Services	OSH	Occupational Safety and Health
HEI	Higher Education Institution	PDP	Personal Development Plan
HG	Hospital Group	P&D	Performance and Development
HIQA	Health Information and Quality Authority	PPPGs	Policies, Procedures, Protocols and Guidelines
HR	Human Resources	ROI	Return on Investment
HSCP	Health and Social Care Professionals	SAP	Systems Applications and Products
HSE	Health Service Executive	SDU	Service Delivery Unit
HSELand	Health Services e-Learning and Development Service	SLA	Service Level Agreement
IBEC	Irish Business and Employers Confederation	SRG	System Reform Group
ICT	Information and Communication Technology	TNA	Training Needs Analysis
IR	Industrial Relations	WFP	Workforce Planning

Published by the Human Resources Division, Health Service Executive

The *People Strategy* is available on <http://hsenet.hse.ie> and <http://www.hse.ie>

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