



HSE Resourcing Strategy

Resourcing Our Future



Contents

Foreword	3
Thank You	4
Executive Summary	5
01. Programme Introduction	11
Programme Context	12
Programme Establishment	14
Service & Stakeholder Engagement	15
02. Programme Approach	16
Programme Governance	17
Programme Journey to Date	19
03. Programme Delivery	20
Building the Action Plans	21
The Structure for Delivery	22
Themes from EIGs: Prioritising for Implementation	23
Our Progress to Date	24
Action Implementation Process	25
04. Action Plans	26
Common Actions: Implementation Phase 1	27
Common Actions: Further Implementation Phases	29
High Service Impact Actions: Implementation Phase	30
Medical & Dental Action Plan	31
Nursing & Midwifery Action Plan	35
Health and Social Care Professions Action Plan	39
Patient, Client Care & General Support Action Plan	44
Management, Administration & Technical Action Plan	48
05. Summary & Next Steps	52
Summary & Next Steps	53
06. Appendix	54
Governance Group Structure	55
Governance Group Members	56
Expert Implementation Group Members	57
Action Implementation Plan	58
List of Figures	60
Reports Reviewed	61

Foreword

The central role of our health service is to deliver safe, sustainable health and social care services to the people of Ireland. Fulfilling this role requires a dedicated, qualified healthcare workforce who can deliver this care safely to patients, service users and their families across acute, community and residential settings.

As we transition to the Regional Health Area (RHA) structure and fully implement the Sláintecare model of integrated care, we acknowledge the critical role that our healthcare workforce plays both in our services and in Irish society and the focus that we must now place on resourcing our services to meet the changing demands of our population.

In the past three years, our services have demonstrated incredible commitment and resilience in the most difficult of circumstances, truly living our values of Care, Compassion, Trust and Learning. During this time, service leadership and HR colleagues have worked hard to grow our workforce, adding 17,400 WTE since 2019 to enable us to respond to service demand and service developments.

Notwithstanding this, our services are continuing to face significant resourcing challenges.

As we emerge from the COVID-19 pandemic and progress our 2021–2024 Corporate Plan, retaining and recruiting the healthcare workforce that we require to resource our services safely and sustainably is increasingly challenging.

Throughout 2022, we have seen growing demand for healthcare services, and we know that this demand is projected to increase. As we transition toward Sláintecare and move to delivering integrated and community-based models of care, substantial increases in our workforce will be required.

We are mindful, however, that this increased demand exists against a backdrop of increasing turnover within our services. Growing numbers of our colleagues are approaching retirement, and greater numbers have chosen to leave our services throughout 2022 than in prior years.

While these challenges are stark, they are not unique to us in a broader context. Healthcare resourcing challenges are significant globally, with notable attempts from other state providers to recruit qualified Irish healthcare workers to address challenges within their own services.

What is also common in the international market is that resourcing challenges of this magnitude require a holistic and strategic response to address the challenges in recruitment but also in retention, engagement and the development of our workforce.

With this in mind, over the past number of months, we have been working to create the first Health Service Executive Strategic Resourcing Plan, which will create resourcing action and implementation plans for each grade category for the short, medium and long term.

This new approach will establish the first whole Health Service strategic response to the resourcing challenges we face. This is a new way for us to work in partnership with services and professions and deliver impact quickly to our services, colleagues, patients and service users.

To date, we have worked with over 80 representatives across our health service. They have brought their expertise and lived experience to share resourcing challenges and agree on actions, and we will continue to work with them to progress this critical Programme of reform.

We recognise the urgency of this work but also the criticality of working together with our services at every step. As we progress to implement resourcing actions, the partnerships that the Programme has created across the services will continue and become more critical as we sustain and deliver resourcing actions and further reform.

Although this work is still underway, we are pleased to share our progress in the form of the Resourcing Strategy.

This is just the first step in our journey. We are proud of the commitment and dedication that each of our colleagues has brought to this Programme of work as we work to empower and support our services to attract, develop, engage and retain the healthcare workforce that is so vital to our services, patients, service users and their families both now and into the future.



Damien McCallion
Chief Operations Officer



Anne Marie Hoey
National Director of HR

Thank You

The HSE’s Resourcing Strategy has been developed with and by representatives from across our Health Service.

Over 80 of our colleagues came together to establish and govern the Programme, bringing their insights and expertise from their professions and individual grade categories. This provided the Resourcing Strategy with the richness of their lived experience working within our services. It will ensure that the practical actions collectively taken will truly support and address the resourcing challenges that our services are facing.

Whilst the Resourcing Strategy is still in its early stages, the progress that has been made to date is due to the commitment of our colleagues across the services who have given their time and expertise to the Programme.

As the Programme continues its work to proceed towards implementation of the resourcing actions identified, we look forward to working with more of our colleagues to ensure that the Resourcing Strategy is aligned with each service within the HSE and to the future RHA model as it is established.

We would like to sincerely thank all of our colleagues who have made such significant contributions to this work.

We wish to extend our thanks to the Health Service leadership who came together to support us in creating the Programme’s strategic pillars and governance framework and to the Executive Management Team of the HSE for their vision and support of this Programme.

We thank the members of the Strategic Workforce Planning & Resourcing Governance Group, Resourcing Steering Group, Cross Functional Enablement Group and particular thanks to the members of the five Expert Implementation Groups who represented Nursing & Midwifery, Medical & Dental, Health & Social Care Professions (HSCP), Patient, Client Care & General Support and Management, Administrative and Technical professions across the HSE.

Your dedication, commitment and lived experience enrich the Recruitment Reform and Resourcing Programme’s work and ensure its progress will continue to be led by and in partnership with our services.



Executive Summary

Our health service is facing a significant period of change. As we transition to the new RHA structure and the Sláintecare model is fully embedded, we remain committed to the principles of equitable access to services based on need.

Resourcing our services with the workforce they need to deliver this transformation while providing safe, high-quality health and social care services that meet the needs of our growing and ageing population requires a strategic approach. We must now consider how to retain, attract, develop, support and include the very best healthcare clinicians, managers and staff to sustain our services and support us as we deliver Sláintecare and the transition to the future RHA model and beyond.

Our Context

As we emerge from the COVID-19 pandemic, our healthcare system faces unprecedented challenges to resourcing, which are having noted impacts on our services and our ability to deliver care. This is despite significant increases of over 17,000 WTE in our healthcare and support workforce since December 2019.

Throughout 2022, we observed increases in the turnover of colleagues leaving our services and growing numbers of our workforce approaching retirement age. Against this backdrop, our services are experiencing sustained and significantly increasing demand for healthcare which is expected to continue. Our colleagues in Strategic Workforce Planning & Intelligence (SWP&I), in partnership with the ESRI, have developed future workforce projections for the Acute sector outlining significant increases in demand for health and social care services.¹ Similar work for the Community sector is underway and will be delivered by SWP&I in partnership with the ESRI in 2024.

As our population grows, ages and avails of care at significantly higher rates, this will result in substantially increased demand for qualified healthcare workers across all professions. This demand is projected to be particularly acute for Health and Social Care Professions (HSCP) and Patient,

Client Care and General Support grades. In this context, it is critical we take action to sustainably grow our health service workforce to support our services to meet projected future increases in demand and to deliver models of integrated and community-based care.

Our Approach

The breadth of the challenges we face requires a service-led, organisational-level approach. To that end, the Recruitment Reform & Resourcing (RRR) Programme was established in June 2022 to form a coordinated response to these challenges in partnership with colleagues from across the services.

This RRR Programme introduces a focused capacity to grow our workforce and support our services to meet projected increased workforce demand while ensuring that staff are enabled to work at the top of their license to maximise the delivery of healthcare services. This Programme is a multi-year, Strategic Programme of work. It aims to increase capacity within services and have positive impacts on the delivery of integrated and community-based care to patients, service users and their families.

This new RRR structure brings together the existing Recruitment Operating Model (ROM) Programme with a new Resourcing Programme of work. The ROM Programme is working to reduce the time it takes to recruit and to bring the selection decision and control closer to the services. It is also developing tools to enhance our recruitment capability and making it easier for services to attract and recruit the healthcare workforce that they need both now and into the future.

This continued development of our services capacity to recruit efficiently is a key objective, but it must now be combined with a broader, holistic approach to resourcing to support our services into the future as we transition to the RHA model and beyond.

¹ ESRI Research Series Number 147 Projections of Workforce Requirements for Public Acute Hospitals in Ireland 2019 – 2035

Executive Summary

Programme Vision and Strategy

As part of the Programme’s establishment, we committed to engaging and partnering with our service colleagues at every step. As such, the Resourcing Strategy is designed **with** the services, **for** the services and implemented **by** the services. In partnership with service leadership, we established the vision and strategic pillars of the Resourcing Programme.



Our Vision

‘Empower our services to attract, develop, retain and engage the workforce that will deliver safer, better health and social care services for the people of Ireland, now and into the future’

To reflect the holistic approach the Programme has taken to address the significant resourcing challenges, five Strategic Pillars were defined and agreed upon:

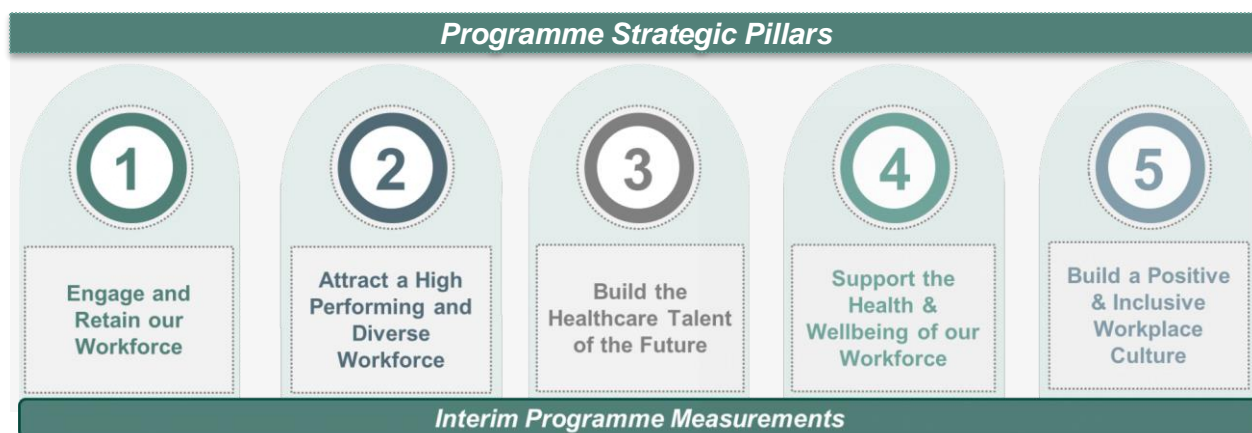


Figure 1: Programme Strategic Pillars

Underpinning each of these Pillars are the Programme Measures, created to ensure that the progress and impact of Resourcing Actions of the Programme are underpinned with data and measurements of success. *These measures are outlined in detail in Figure 10.*

Programme Key Sponsors

The Health Service leadership is committed to addressing the resourcing challenges facing our services. The Executive Management Team (EMT) have reviewed and considered the core principles of the Resourcing Strategy, and support them.

As the Programme progresses to the implementation phase, an EMT Sponsor will be identified for each action within the Strategy, supporting implementation as required.

Programme Governance

Robust governance for the Programme has been established, which is powered by five Service and Profession Led Expert Implementation Groups (EIGs). They are as follows:

- Medical & Dental
- Nursing & Midwifery
- Health & Social Care Professions
- Patient, Client Care & General Support
- Management, Administration & Technical

These EIGs ultimately report to the existing Strategic Workforce Planning & Resourcing Group, which reflects the strategic importance of this work.

The detailed Programme Governance Structure can be found in Figure 25. The full list of all members of the respective Governance groups can be found in the Appendix.

Updates to our Governance Group Membership

As we enter the implementation phase of the Programme, representation on the Governance Group may evolve to reflect changes to support the transition to RHAs. This will allow the Programme to reflect the complexity of the challenges we face as the Programme progresses.

Executive Summary

Where we are now

Since September 2022, the EIG members have worked to identify resourcing challenges within their grade category and professions and to recommend resourcing actions that should be taken to address them.

This process involved a facilitated review of relevant domestic publications and consideration of international research and best practice. This, combined with our EIG members' professional and lived experience, created Resourcing Actions for each EIG, which were subsequently critically analysed within the governance structure. Where appropriate, actions were shared with the HSE's Executive Management Team (EMT) for further review and approval.

At all stages in this process, actions were examined through the lens of an integrated care model and considered in the context of the future structure of the RHA's. We recognise that as the transition to the RHA model progresses, the work of the Programme must continue to evolve to facilitate and complement the establishment of the RHAs across the organisation.

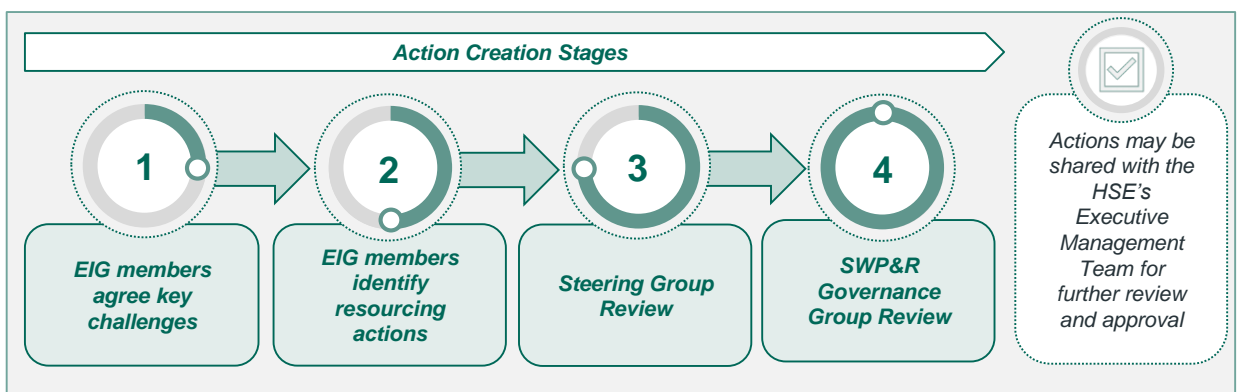


Figure 2: Action Creation Stages

As of April 2023, all five EIGs have drafted Resourcing Action Plans for their grade category and/or profession and submitted them to the Steering Group for review and adoption.

To date, EIG members have identified a total of **112 Actions across all five pillars of the Resourcing Strategy**. The breadth of actions across the five pillars ensures that the strategy will take a holistic approach to resourcing, balancing focus on actions to engage, attract, build, support and include our critical healthcare workforce.

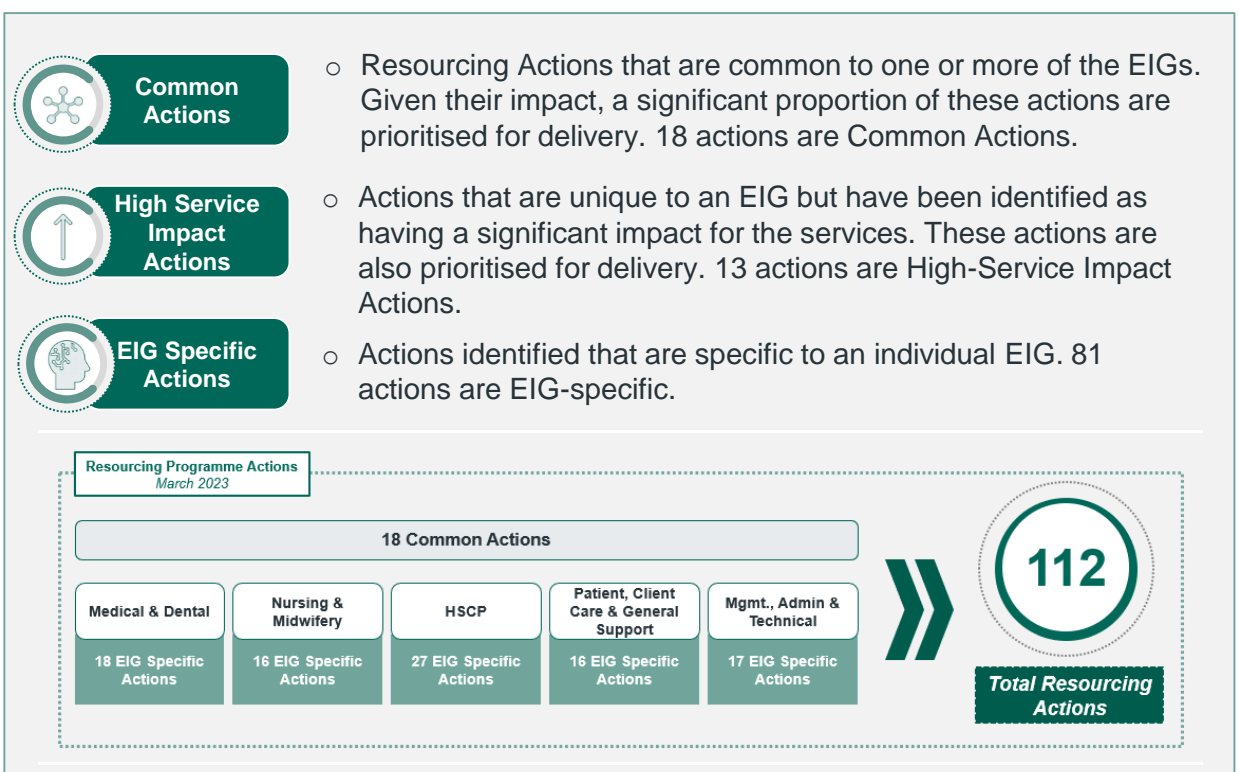


Figure 3: Resourcing Actions Overview

Executive Summary

Actions Prioritised for Delivery

As the Programme progresses toward implementation, the Steering Group have prioritised a number of actions for delivery. **Commencing in early 2023, 27 actions will progress to the Implementation Phase; 14 Common Actions* and 13 High Service Impact Actions.**

Implementation priority is given to actions that will address common challenges and deliver maximum benefit to the services. Many of these actions will involve significant programmes of work and will require continued engagement with the EIG members and representatives from across the services. The Common and High Service Impact actions that have been prioritised for delivery are outlined below.

Common Actions – Implementation Phase	
#	Common Actions
1	Develop future workforce projections for each staff category (in collaboration with the Dept. of Health)
2	Develop resourcing strategies to address the gap between supply and demand
3	Develop consistent data and intelligence in relation to those who leave and move around the system
4	Enhance data collection on the progression of all staff, including international staff, through the system
5	Develop Talent Attraction & Engagement capability with an attraction strategy specific to each grade category
6	Develop and increase the talent pool of suitable candidates for the health service
7	Create specific diversity, equality and inclusion (DEI) attraction and recruitment Programmes to increase talent pools and diversity within staff categories
8	Establish a working group to explore the possible remedies to address issues faced by healthcare workers in securing accommodation
9	Develop an HSE Career Hub to provide information on career pathways and career development supports within the health service
10	Develop the supports for international staff who join our services
11	Introduce a leadership development framework and relevant supports that provides managers with tools to manage effectively, promote a positive workplace culture and engage their team
12	Regularly harness staff ideas for innovation, improved care and enhanced employee experience (think tanks, focus groups, surveys)
13	Understand and quantify the attrition of students from relevant third-level courses/qualifications
14	Review and modernise the current recruitment and selection process to enhance the candidate experience and expedite the recruitment process

Figure 4: Common Actions – Implementation Phase

***The remaining four Common Actions will commence later in 2023.**

Executive Summary

High Service Impact Actions

In addition to the 14 Common Actions, **13 High Service Impact Actions** have been identified for priority progression into the Implementation Phase. These 13 actions, as detailed below, are EIG-specific and have been identified as having significant potential benefits to the services across care groups and geographies.

<i>High Service Impact Actions – Implementation Phase</i>		
#	EIG	High Service Impact Actions
1	Patient, Client Care & General Support	Introduce multi-agency training run at local levels to source & train, for example, HCSA and HCAs to HSE requirements
2	Medical & Dental	Explore the introduction of the Physician Associate grade to build additional capacity within the health service with all relevant stakeholders
3		Develop targeted attraction strategies for Medical Consultants in difficult-to-fill geographies and posts
4		Liaise with the IMC to explore how registration processes may be expedited and to enhance supports available to internationally qualified doctors in navigating IMC registration – including processes, required training and documentation
5		Reduce the number of non-training NCHD posts
6	HSCP	Significantly increase the volume of entry to practice training places to ensure we can meet service demands into the future
7		Development of additional clinical infrastructure to support practice/clinical placements and periods of adaptation
8		Adopt early recruitment of HSCP 2023 graduates – providing employment as providing employment as HSCP Assistants / Pre Reg, until they secure registration
9		Increase the number of trainee psychologists across the system
		Address challenges arising with professional registration processes
11	Nursing & Midwifery	Establish a focused workstream for each division of the NMBI register – commencing with Midwifery and Mental Health
12		Increase the number of Public Health Nurse graduates to meet the gap between demand and supply
13	Management, Administration & Technical	Introduce incremental credit to recognise prior education and private sector experience

Figure 5: High Service Impact Actions – Implementation Phase

Executive Summary

Next steps

To date, 27 Actions have been prioritised for implementation. For the remaining actions (currently 4 common and 81 EIG-specific actions) – as they are approved and prioritised for delivery by the Steering Group, they will follow a standardised implementation process.

This standardised process will ensure clarity of objectives and the timelines for delivery in the short, medium and long term.

In the Implementation Phase, Action Owners will be identified for each resourcing action. These Action Owners may be drawn from local, national or corporate services and selected with the support of the Governance structure of the Programme.

With the support of the Resourcing Programme Team, these Action Owners will lead the implementation of each action by creating an Action Implementation Plan that contains agreed objectives, short, medium and long-term delivery timelines, resource requirements and measures of success.

An EMT Sponsor will also be identified for each action to accelerate the progress of actions and to ensure their successful implementation.

The Resourcing Programme Team will establish action management controls to monitor progress and provide regular reporting to the Steering and SWP&R Governance Group. Regular status updates will also be provided to the HSE's Executive Management Team, the relevant EMT Sponsors and other relevant stakeholders.

The Resourcing Programme is envisaged as a multi-year, strategic programme. As a result it must continually evolve to meet the needs of the services, patients and service users as the RHA model is implemented. The role of the Governance structure of the programme will be critical in this regard and will be regularly revised to ensure alignment with organisational and service needs.





Section 01.

Programme Introduction

Programme Context

As we emerge from the COVID-19 pandemic, the recruitment and resourcing landscape of the health service is more challenging than ever before.

We are experiencing a range of social, environmental and service developments that are significantly increasing the demand from our services for a qualified healthcare workforce, while simultaneously managing a tightening of the supply of this workforce in local and international markets.

Although our services are developing and deploying evolving technologies to enhance how care is delivered, the challenges we face in resourcing our services remain. The factors at play are many and complex but can be grouped as follows:

Social and Environmental Factors

Ireland's population is ageing; one million will be over 60 by 2030 (one in every six people).² This changing demographic leads to increased demand for healthcare services and the qualified workforce who provide them.

Strategic Service Developments

The implementation of Sláintecare and service developments such as Enhanced Community Care, Progressing Disability Services and Integrated Care for Older Persons are among some of the recent and welcome investments in our health service. Progress toward the implementation of the RHA model is also underway.

These developments aim to bring high-quality healthcare closer to our patients, service users and their families in their own localities and move us toward integrated and community-based models of care.

However, these developments require that we significantly increase the number of healthcare professionals to safely, effectively and efficiently deliver these services. In many cases, the workforce demands of these service developments cannot be met with the existing supply.

Talent Attraction & Supply

While the demand for health and social care services is increasing substantially, the supply of qualified healthcare talent does not meet the current or projected future demand.

In many instances, the supply of healthcare professionals from Irish domestic programmes is not sufficient for current or projected future demand, despite the additional roles that our services will require.

Greater numbers of our colleagues chose to leave our services during 2022 than in prior years, with growing numbers of our colleagues approaching retirement age. While we take steps to build the domestic supply of healthcare workers that we need to sustainably resource our services both now and into the future, in the interim, we must continue to recruit internationally. Here, we compete with the UK, Australia, New Zealand and Nordic countries both to retain Irish qualified talent and to attract from international markets.

In order to sustainably resource our services, we must seek to reduce our reliance on international attraction and significantly increase the domestic supply of qualified healthcare workers.

Our Colleagues' Experience

Our colleagues' lived experience of working within the health service speaks to the need to take a holistic approach to how we support, engage and develop our workforce and create the conditions in which our colleagues wish to stay.

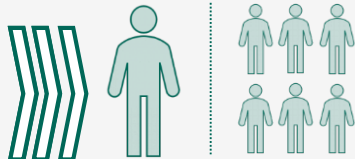
The value that our dedicated workforce place in providing support to their patients and service users in the recent Staff Survey is remarkable. Yet it is clear that we must do more to support our colleagues' health and wellbeing with enhanced communication, supports and opportunities to develop and progress their careers within our organisation.

2. Sláintecare Implementation Strategy and Action Plan 2021-2023

Programme Context

Social & Environmental Factors

1 million
people will be over
the age of 60 by 2030



1 in every 6 people ²

+89%

growth in the
number of
individuals aged
80+ by 2030
(128,000 increase)
⁶

Strategic Service Developments

+17,403

WTE growth since December
2019 – an increase of 14.54%



Additional target of

6,010

in NSP 2023

Challenges in Attraction & Talent Supply



The WHO estimates by
2030 there will be a
global shortage of

5.9 million
nurses globally ³

24%

Of HSE employees are
aged 55+



7.3%

2022 year-to-date
turnover* ⁵



The WHO estimates by 2030
there will be a shortage of

1.4 million

healthcare workers in Europe. ⁴

+ 5,422 WTE

Growth in 2022

Our Colleagues and Services Feedback

33%

of our staff believe the
organisation is good at
developing staff to their full
potential ⁵

34%

believe the organisation
promotes a positive
work/life balance ⁵



91%

of our workforce believe
that their work makes a
difference to
patients/service users ⁵

Figure 6: Programme Rationale Infographic

2. Sláintecare Implementation Strategy and Action Plan 2021-2023
3. "State of the world's nursing 2020: investing in education, jobs and leadership" World Health Organisation, 2020
4. WHO Global strategy on human resources for health: Workforce 2030
5. HSE Staff Survey Results, 2021
6. Health Service Capacity Review 2018

*As at Quarter 3, 2022

Programme Establishment

Setting the Foundations

In March 2022, a small Programme Team came together to establish the Recruitment Reform & Resourcing Programme. This Team conducted preliminary research into international best practices in healthcare resourcing, reviewing 11 comparable healthcare jurisdictions and identifying common structures and themes that were adapted to fit the Irish context.

In the UK, Australia, New Zealand and Nordic countries, Resourcing Programmes were found to combine strategies to both retain and recruit healthcare workers. Internationally, gaps between the demand for healthcare and the supply of healthcare workers needed to deliver it are common, with systems seeking to manage the growing demand for healthcare due to ageing populations and increased healthcare utilisation.

Steps to increase the supply of healthcare workers to meet demand were found in domestic investments in education, expansion of routes of entry to practice, and by proactive attraction in international markets. Investments in existing workforces, such as in E,D&I initiatives, the development of career pathways, and increased health and wellbeing supports were also identified.

A key takeaway from our research was that comparable systems are taking action now while also planning for the long term. The involvement of healthcare workers in designing the strategy was also a common feature.

Our Resourcing Programme has taken these features on board, with a short, medium and long-term focus and a commitment to engage and partner with our service colleagues at every step to identify challenges and realise success. With that in mind, the Programme is designed **with** the services, **for** the services and implemented **by** the services.

Partnering with Our Service Colleagues

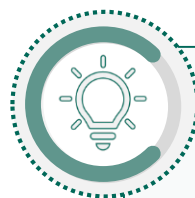
Our first step to partnering with our service colleagues took place in June 2022.

We held workshops with Senior Service Leadership to agree on the Programme's approach and worked together to set the

strategic and practical foundations of the Resourcing Programme of work. We set the Programme vision and agreed that our Resourcing Strategy would have **five pillars**, reflecting the breadth of the response we needed to undertake to develop our resourcing capability.

Following the agreement of our strategic pillars, we engaged with a variety of stakeholders and partners to communicate the Programme's strategy, goals and commitments.

More detail on the stakeholders whom we engaged with in support of the Programme can be found on the following page.



Programme Vision

'Empower our services to attract, develop, retain and engage the workforce that will deliver safer, better health and social care services for the people of Ireland, now and into the future'



Strategic Pillars of the Resourcing Strategy



Figure 7: Programme Vision & Strategic Resourcing Pillars

Service and Stakeholder Engagement

Service and Stakeholder engagement has been vital to the success of the Recruitment Reform and Resourcing Programme to date. Contributions and insights have been provided by over 80 of our colleagues who came together to support, establish and govern the Programme and represent their professions and grade categories. Their ongoing engagement will be crucial to the continued success of this Programme of work.

01

Internal Stakeholders*

- Office of the Nursing & Midwifery Services Director (ONMSD)
- The National Health & Social Care Professions Office (NHSCPO)
- Office of the National Doctors Training Programme (NDTP)
- eHealth & Disruptive Technology
- National Communications
- Office of the CCO

02

External Stakeholders*

- Regulatory Bodies
- Professional Bodies & Networks
- HEIs
- Second Level Schools
- Community Organisations
- HSE People and Culture Committee

03

HR Partners*

- Strategic Workforce Planning & Intelligence (SWP&I)
- Head of HR CHOs/Directors of HR in Hospital Groups

04

Department of Health & other Government Departments*

Significant engagement with the Department of Health & communication to other Government Departments

- Department of Health
- Department of Education
- Department of Higher Education
- Department of Justice
- Department of Social Protection
- Department of Children, Equality, Disability, Integration & Youth



*Note: This is a non-exhaustive list**

Figure 8: Service and Stakeholders Engagement



Section 02.

Programme Approach

Programme Governance

Establishing the Structure

When establishing the governance structure, it was vital to ensure our service colleagues' involvement at every level and a robust governance and review process of the work of the Programme.

The governance structure design ensures that the challenges identified are aligned with the lived experience of our colleagues, provide opportunities for both common challenges and actions, and those that are unique to a grade category or profession can be progressed.

These grade categories were represented in five Expert Implementation Groups (EIGs). The EIG structure is aligned with the HSE's grade category structure with the exception of Patient, Client Care and General Support categories, which are grouped together due to the commonality of the candidate pool.

A representative cross-section of professions was sought within the membership. This membership is currently being further reviewed to include additional professions within the HSCP (Diagnostic and Psychosocial) and Medical & Dental EIGs.

Where existing structures were in place to oversee recruitment and resourcing activities, such as the Strategic Workforce Planning & Resourcing Governance Group (SWP&R), these were further developed to ensure they aligned with the Programme's goals.

A Steering Group to guide and oversee the Programme was established. Additionally, a Cross Functional Enablement Group was formed to support the Programme in relation to Common Actions.

Programme Measures were also defined to facilitate the tracking of action success under each strategic pillar.

As the Programme evolves and as the organisation transitions to the RHA model, the Programme Governance will be regularly reviewed to ensure alignment with organisational and service needs.

** Although the EMT and Senior Leadership team (SLT) are not formal parts of the Programme's governance structure, they play a critical role in supporting the work of the Programme, which will be enhanced as we move to the Implementation Phases.*

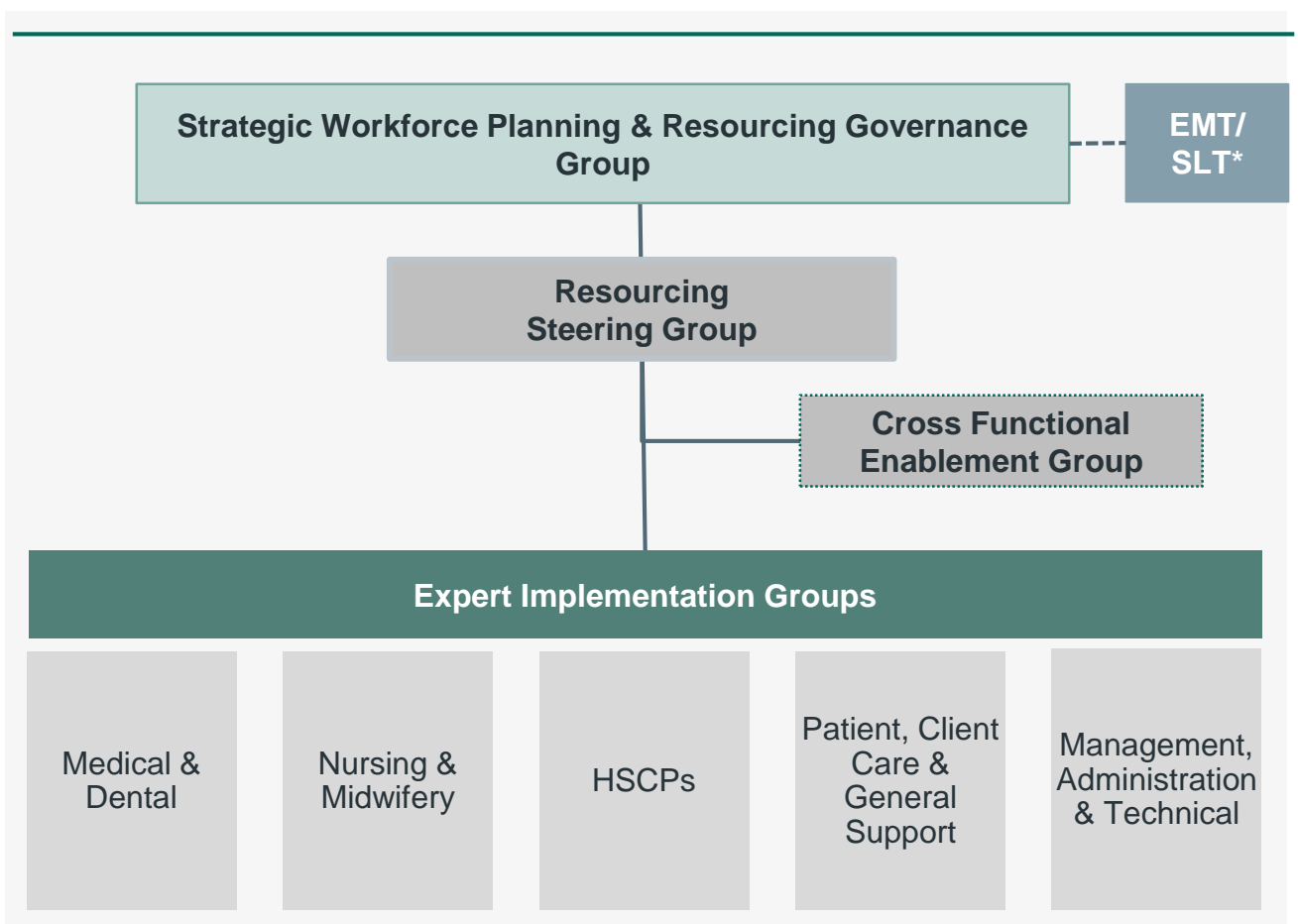


Figure 9 : Programme Governance Structure

Programme Governance

Abbreviated Terms of Reference

Purpose and Responsibilities

Strategic Workforce Planning & Resource Governance Group (SWP&R)

- The SWP&R Governance Group oversees the strategic objectives of the HSE’s Resourcing Programme across the five agreed strategic pillars. This group brings a whole HSE lens to the Programme and provides guidance, insight and support to the activities of the Resourcing Steering Group and its subgroups. It is also responsible for reviewing and approving the HSE strategic resourcing plan and monitoring its activity against agreed measurements.

Resourcing Steering Group

- The Resourcing Steering Group advances the strategic objectives of the Programme across the five agreed strategic pillars. The members of this group collectively provide guidance and support to the EIGs to create Action Plans for the short, medium and long term.
- The Resourcing Steering Group review, align and approve each EIG Action Plan and collate and prioritise these plans into a draft, whole HSE Strategic Resourcing Plan, per profession for the short, medium and long term.
- This draft is shared for review and approval by the SWP&R Governance Group.
- The Steering Group tracks progress against agreed measurements for the HSE and each Action Plan.
- The Group utilises the Cross-Functional Enablement Group to address common resourcing challenges.

Cross-Functional Enablement Group

- This Group take action as directed by the Resourcing Steering Group to support and enable the delivery of relevant Common Actions that have arisen from the EIGs.

Expert Implementation Groups (EIGs)

- Each EIG represents their profession/grade type to ensure the voices of the services are heard at the highest levels of the Programme. The Group’s members utilise their professional and operational expertise to create Resourcing Action Plans for the short, medium and long term to support the development of a whole health service Resourcing Strategy. These groups report to the Steering group and its subgroups on the progress of Actions against agreed measurements.

Programme Measures

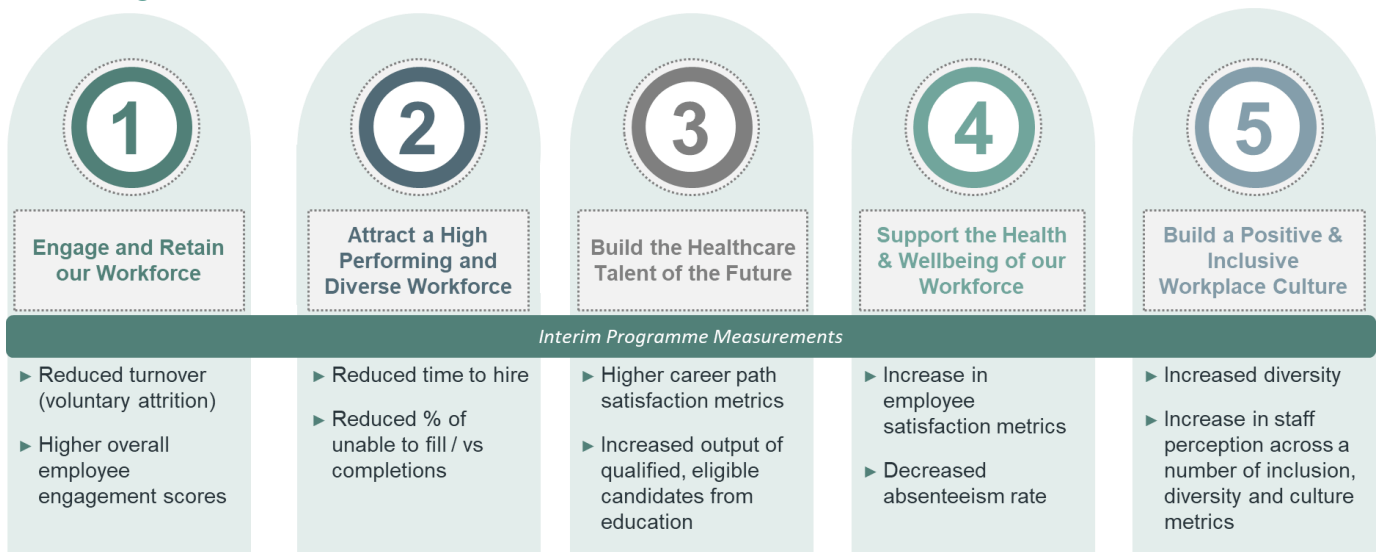


Figure 10 : Programme Measures

Programme: Journey to Date

The Recruitment Reform & Resourcing (RRR) Programme was established in June 2022. This Programme brought together a new Resourcing Programme of work with the ongoing development of our recruitment capability that is underway in the Recruitment Operating Model Programme. Under the RRR banner, this work will progress with digital enhancements and tools to develop our recruitment capability and make it easier for services to attract and recruit the healthcare workforce that they need. This work will continue throughout 2023 and beyond as we address the significant resourcing challenges in our services while ensuring that we build for the future.

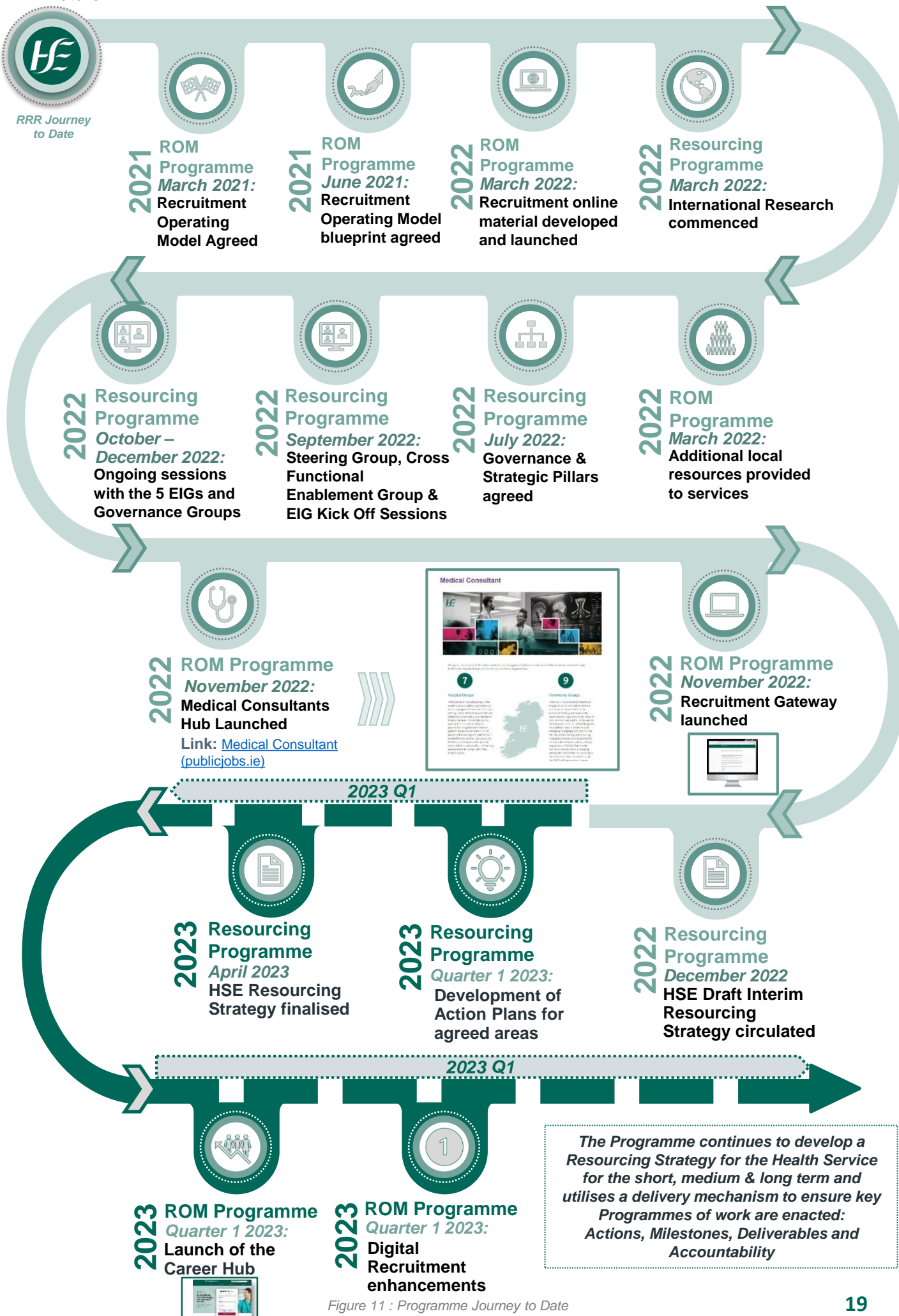


Figure 11 : Programme Journey to Date



Section 03.

Programme Delivery

Building the Action Plans

Expert Implementation Groups

In designing the governance structure, the involvement of our service colleagues from across the grade categories and professions was critical to ensure that the Resourcing Strategy addresses the challenges and takes action to address the needs of our services.

Fundamental to this approach were five EIGs. The members of these groups have built the Resourcing Strategy and actions from the ground up, ensuring the voices of our services are reflected at the highest levels of the Programme.

As the work progresses, the membership of the groups will continue to evolve to reflect the diversity of the professions and particular areas that require specific attention. For example, the HSCP EIG will soon be extended to include representatives from diagnostic and psychosocial professions. The EIG for Medical and Dental has focused on medicine in its initial phase but will now be extended to ensure the challenges in the dental profession are also considered and addressed. There is a particular challenge in midwifery, which will require targeted focus in 2023, and this will be reflected in the membership of the Nursing & Midwifery EIG.

Identifying Challenges and Resourcing Actions

Since September 2022, we have engaged with all five EIGs continuously following a defined process to identify resourcing challenges affecting their respective professions. From this, Resourcing Actions were agreed upon and prioritised to address these challenges.



Figure 12 : Building the Action Plans

The Structure for Delivery

When establishing the Resourcing Programme, it was vital that the Programme was designed not just to diagnose the challenges that our colleagues face in resourcing their services but to **effectively and consistently implement Resourcing Actions** that will support our services to build sustainable resourcing, now and into the future.

The Resourcing Delivery Tiers have been developed with this in mind and have been agreed upon with the Steering Group as an effective mechanism for delivery. The structure is designed to be agile and to support the services and professions to implement actions with appropriate support from the Programme, as required. The deep involvement of our services will require that this delivery structure is regularly reviewed to continue to meet the needs of the services as we transition to the new Regional Health Areas and beyond.

As actions are adopted by the Steering Group, the members will allocate them to a Delivery Tier and assign an **Action Owner who will be responsible for progressing the action**. The Programme Measures, regular reporting to the SWP&R Governance Group and the involvement of the EMT Sponsor will provide oversight and support to progress the action.

Resourcing Delivery Tiers

Tier One: The **RRR Programme Team** will own all Tier 1 Actions. Resources to deliver these actions will be provided by the RRR Programme Team, and objectives will be defined in consultation with relevant stakeholders. The RRR Programme Team will hold the responsibility for meeting the required deadlines, and benefits realisation will be owned by the Programme Team and tracked accordingly.

Tier Two: Nominated **Service or Profession Leads** will own Tier 2 Actions. Resources to deliver these actions will be provided through a Service/Profession team, with the RRR Programme Team providing supplementary support where required. Objectives will be defined in consultation with the RRR Programme Team, but delivery will be **driven by the Service/Profession Team, including responsibility for meeting the required deadlines**. Benefits realisation will also be owned by the Service/Profession Team and tracked accordingly. Actions assigned to Tier 2 will be regularly reviewed by the RRR Programme Team to ensure that the ownership and delivery tier is aligned with the RHA structure as it is established.

Tier Three: Nominated **Service or Profession Leads** will own all Tier 3 Actions. Resources to deliver these actions will be provided through the existing service/profession network. The RRR Programme Team will provide guidance **where needed**. Objectives will be defined in consultation with the RRR Programme Team, but delivery will be **driven by the Service/Profession Team, including responsibility for meeting the required deadlines**. Benefits realisation will also be owned by the Service/Profession Team and tracked accordingly. Actions assigned to Tier 3 will be regularly reviewed by the RRR Programme Team to ensure that the ownership and delivery tier is aligned with the RHA structure as it is established.

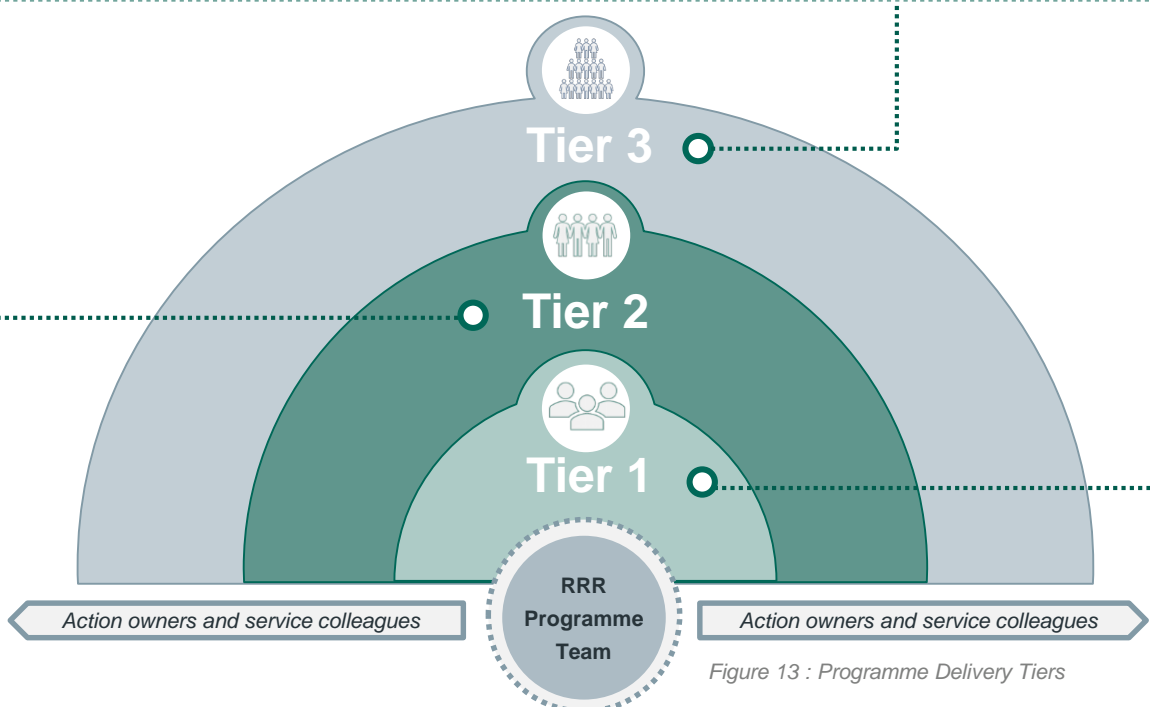


Figure 13 : Programme Delivery Tiers

Themes from EIGs: Prioritising for implementation

As the EIG members worked through the process to build their resourcing action plans at grade category and professional level, 11 consistent themes arose that were common across a number of the EIGs.

To support the Programme to progress quickly to implementation, these themes were prioritised by the Steering Group. Seven themes were allocated high priority, and actions that fell within these themes were prioritised for implementation in early 2023.

Actions that fell within the remaining four themes were allocated to further implementation phases, which will commence throughout 2023.

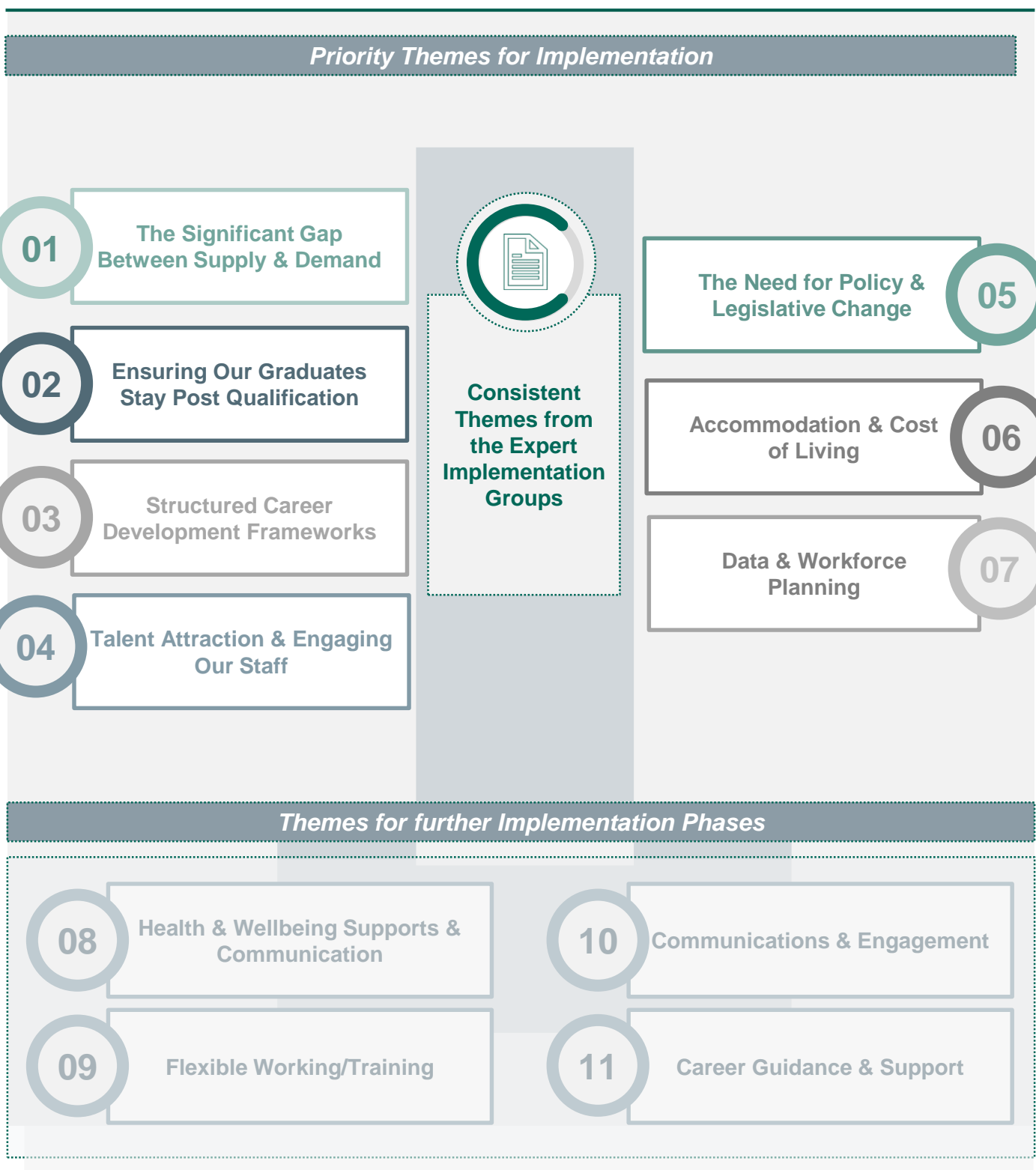


Figure 14 : Themes from EIGs: Prioritising for Implementation

Our Progress to Date

With the establishment of the Resourcing Programme, a significant amount of work has been initiated to identify resourcing challenges and to agree on actions. This is the first step in a workforce planning and resourcing journey for the HSE. As of April 2023, the five EIGs have been engaged and consulted. They have submitted their respective grade category level Resourcing Actions to the Steering Group for review, adoption and prioritisation.

As of April 2023, a total of **112 Actions** have been identified to address the resourcing challenges and have been categorised as detailed below. As the Resourcing Programme progresses and remains agile to complement the EIG members, we anticipate the number of actions to fluctuate to accommodate this. As actions are implemented, additional actions are expected to be identified and prioritised.

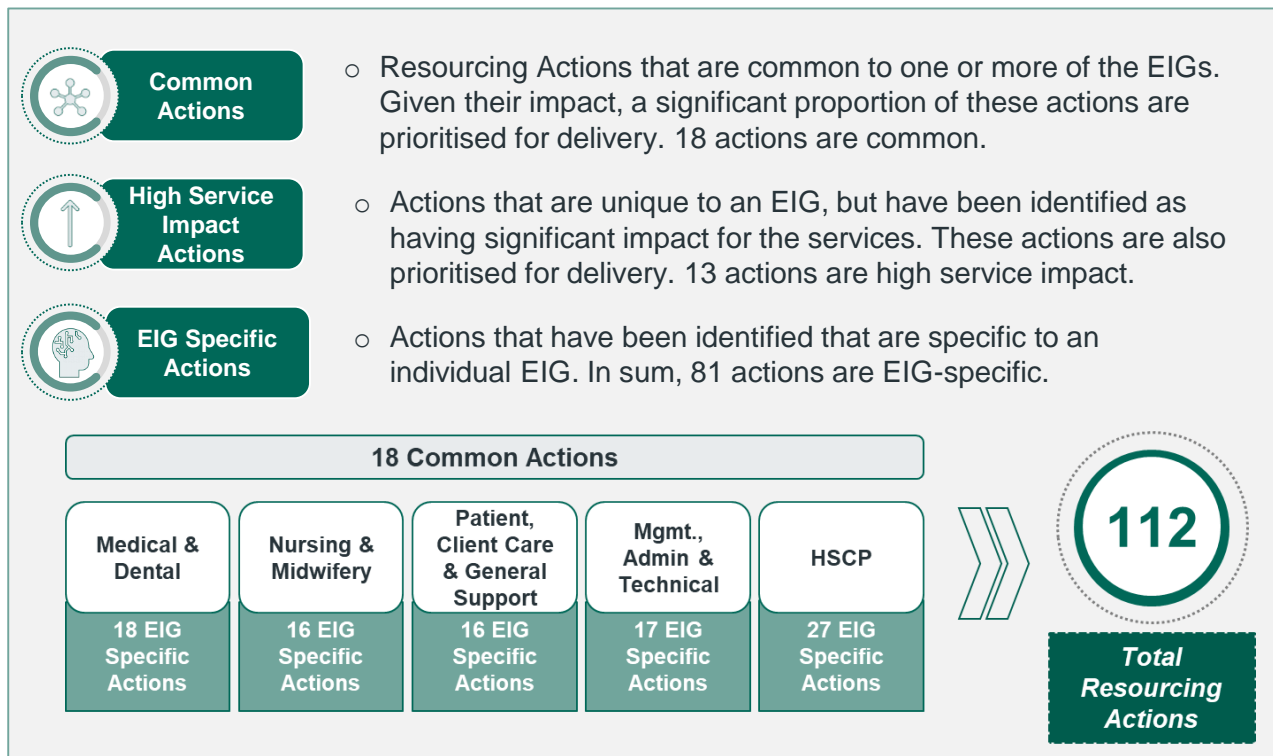


Figure 15: Resourcing Actions Overview

Programme Actions in Detail

As each EIG discussed the unique challenges that impacted their services or profession's ability to resource safely and effectively, several common challenges across the EIGs were identified.

In order to prioritise and quickly deliver the most benefit to the services, actions that were common to more than one EIG were grouped as Common Actions and prioritised for delivery.

Of the 112 Actions identified by the EIGs to date, 18 have been identified as common and grouped as Common Actions. Of these 18, **14 have been prioritised for delivery** in the Implementation Phase, with the remaining four common actions being allocated to commence later in 2023.

In addition to the Common Actions, **13 High Service Impact** actions have also been approved by the Steering Group to be carried out during the Implementation Phase. These profession-specific High Service Impact Actions have been identified in discussion with the relevant EIGs as having a significant impact on their respective professions and have been prioritised for delivery.

The remaining **81 grade-category-specific actions**: Medical & Dental (14 actions), Nursing & Midwifery (14 actions), HSCP (22 Actions), Patient, Client Care & General Support (15 Actions) and Management, Administration & Technical Support (16 Actions) have been presented to the Steering Group and are in the process of finalising delivery tiers and action owners.

Where actions have been approved they will progress into the implementation phase of the programme. All action plans are outlined in Section 4, Action Plans.

Action Implementation Process

Following the progression of the actions through the governance review and approval process, the implementation process is initiated. All actions within the RRR Programme will follow the same process to ensure consistency across the EIGs and ensure that priority actions, as identified, transition quickly to delivery. This process has been developed to be agile and ensure that at each stage, it delivers the most beneficial outcome to not just the wider HSE but to each RHA as they are established.

The **Implementation Process** is a five-stage process that will begin with identifying the required action necessary to be implemented, through to the prioritisation of the action, development of the implementation plan and the review and validation of the action by the respective governance forums and finally, into implementation. All stages will be completed in order to gain validation of the Implementation Plan.

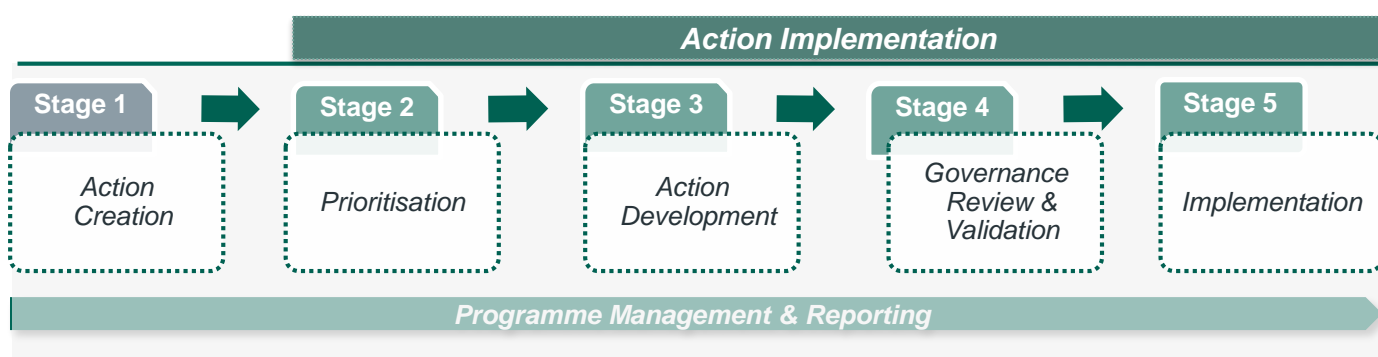


Figure 16: Action Implementation Process

Stage 1: Action Creation

EIG members bring their lived experience within the services and identify the challenges they face in resourcing. The EIG members, in collaboration with the RRR Programme Team, will then identify and agree on the proposed resourcing actions to address the challenges. This proposed action will then be presented to the Steering Group for adoption to progress through the implementation pathway. *This stage is outlined in detail in Figure 2, Action Creation Stages.*

Stage 2: Prioritisation

As the action is adopted by the Steering Group, it is prioritised for delivery. Central tracking and reporting of all actions and their priority is maintained by the RRR Programme Team. **EMT Sponsor and Action Owners are identified.**

Stage 3: Action Development

Action Owners commence the development of individual implementation plans for each action. Each implementation plan will have short, medium and long-term deliverables and will clearly define the impact of each action, any risks, and the stakeholders required to support it.

Stage 4: Governance Review & Validation

After finalising the Action Plans with the Action Owners, the Action Plans are presented to the relevant Governance Groups and EMT (as necessary). The governance groups may update or amend the implementation of actions with their changes adopted.

Stage 5: Implementation

Following the review and endorsement of the Governance Groups, the action will progress into implementation and mobilisation. The Action Owner will commence the activities required to deliver, with the support of the EMT Sponsor, as required.

Throughout the five Stages, a continued programme management and reporting mechanism will be in place. The reporting structure will align with the Governance Structure previously discussed.



Section 04.

Action Plans

Common Actions: Implementation Phase 1

As of April 2023, **112 actions** have been developed across all five EIGs. Of these 112 actions, a total of 27 have been prioritised for delivery in the Implementation Phase by the Steering Group.

As the EIGs worked through the process to build their action plans at grade category and professional level, a number of consistent themes emerged (*included on page 23*). To support the Programme to progress quickly to implementation, these themes were prioritised by the Steering Group, and actions that were aligned with the prioritised themes will be delivered in the first implementation phase of the Programme, commencing in early 2023.

The **27 Actions for delivery in the Implementation Phase** comprise **14 Common Actions** across the five EIGs and **13 High Service Impact Actions** for the individual staff categories. High Impact Actions are those that have been identified in discussion with the relevant EIGs as having a significant impact on their respective professions and so have been prioritised for delivery by the Steering Group.

The development of **Action Implementation Plans** has commenced for actions within the Implementation Phase group in partnership with the defined action owner, service or profession leads. Each Action Implementation Plan will contain agreed objectives, delivery timelines, resource requirements and measures of success.

Although it is critical that action owners are identified, successful implementation for each action will be dependent upon collaboration and shared responsibility across multiple stakeholders.

Common Actions – Implementation Phase

#	Pillar	Common Actions	Delivery Tier
1	Engage	Develop future workforce projections for each staff category (in collaboration with the Dept of Health)	2
2	Engage	Develop resourcing strategies to address the gap between supply and demand	1
3	Attract	Develop consistent data and intelligence in relation to those who leave, move around the system	2
4	Include	Enhance data collection on the progression of all staff, including international staff, through the system	3
5	Attract	Develop a Talent Attraction & Engagement capability with an attraction strategy specific to each grade category	2
6	Engage	Develop and increase the talent pool of suitable candidates for the health service	1
7	Include	Create specific diversity, equality and inclusion (DEI) attraction and Recruitment Programmes to increase talent pools and diversity within staff categories	1
8	Engage	Establish a working group to explore the possible remedies to address issues faced by healthcare workers in securing accommodation	1
9	Engage Attract	Develop an HSE Career Hub to provide information on career pathways and career development supports within the health service	1

Common Actions: Implementation Phase 1

Common Actions – Implementation Phase			
#	Pillar	Common Actions	Delivery Tier
10	Support	Develop the supports for international staff who join our services	1
11	Include	Introduce a leadership development framework and relevant supports that provides managers with tools to manage effectively, promote a positive workplace culture and engage their team	3
12	Include	Regularly harness staff ideas for innovation, improved care and enhanced employee experience (Think Tanks, Focus Groups, Surveys)	3
13	Build	Understand and quantify the attrition of students from relevant third level courses/qualifications	1
14	Attract	Review and modernise the current recruitment and selection process to enhance the candidate experience and expedite the recruitment process	1

Figure 17 : Common Actions – Implementation Phase One

Common Actions: Further Implementation Phases

Four Common Actions that have been approved, prioritised by the Steering Group, and have had action owners assigned will commence implementation later in 2023.

<i>Common Actions – Further Implementation Phases</i>		
#	Pillar	Common Actions
1	Attract	Develop a mechanism to feed workforce data to the Resourcing Programme and services on a regular basis
2	Support	Review the current flexible working policies and practices
3	Support	Implement a structured approach to support the health and wellbeing of Staff Category professions, tailored to their identified needs
4	Include	Increased focus on Values in Action

Figure 18: Common Actions – Further Implementation Phases



High Service Impact Actions: Implementation Phase

13 High Service Impact Actions have been approved by the Steering Group for priority to enter the **Implementation Phase** of the Programme. These profession-specific High Service Impact Actions have been identified in discussion with the respective EIGs as having a significant impact on their respective professions and so have been prioritised for delivery.

<i>High Service Impact Actions – Implementation Phase</i>			
#	EIG	High Service Impact Actions	Delivery Tier
1	Patient, Client Care & General Support	Introduce multi-agency training run at local levels to source & train, for example, HCSA and HCAs to HSE requirements	2
2	Medical & Dental	Explore the introduction of the Physician Associate grade to build additional capacity within the health service with all relevant stakeholders	2
3		Develop targeted attraction strategies for Medical Consultants in difficult-to-fill geographies and posts	2
4		Liaise with the IMC to explore how registration processes may be expedited and to enhance supports available to internationally qualified doctors in navigating IMC registration – including processes, required training and documentation	2
5		Reduce the number of non-training NCHD posts	2
6		Significantly increase the volume of entry to practice training places to ensure we can meet service demands into the future	2
7	HSCP	Development of additional clinical infrastructure to support practice/clinical placements and periods of adaptation	2
8		Adopt early recruitment of HSCP 2023 graduates – providing employment as providing employment as HSCP Assistants / Pre Reg, until they secure registration*	2
9		Increase the number of trainee psychologists across the system	2
10		Address challenges arising with professional registration processes	2
11	Nursing & Midwifery	Establish a focused workstream for each division of the NMBI register – commencing with Midwifery and Mental Health	2
12		Increase the number of Public Health Nurse graduates to meet the gap between demand and supply	2
13	Management, Administration & Technical	Introduce incremental credit to recognise prior education and private sector experience	2

Figure 19 : High Service Impact Actions – Implementation Phase One



Medical & Dental

Medical & Dental Action Plan

18 Resourcing Actions

Medical & Dental EIG Overview

The Medical & Dental EIG comprises clinicians and non-clinicians from across the services, including representation from Medical Manpower (Acute & Community), NDTP, the Lead NCHD, Chief Clinical Director, National Employee Relations and Human Resources – all of whom brought diverse perspectives to the EIG.

The membership of the EIG will be extended over the coming months to include Dental representation which will no doubt result in the inclusion of additional resourcing actions.

Full membership of this EIG can be found in the Appendix.

Current Challenge Overview

The Medical & Dental EIG members identified significant resourcing challenges relevant to their membership. Particular challenges for this EIG were identified in relation to the Non-Consultant Hospital Doctors (NCHD's) and are represented in the actions listed.

In addition to challenges specific to the professions within this EIG, members across multiple EIGs identified consistent resourcing challenges and recommended similar actions to address them. Where this occurred, these actions were grouped together as Common Actions. All Common Actions are listed on pages 27 to 29.

Some additional challenges discussed in the Medical & Dental EIG included:

- **Gaps Between Supply and Demand** – both in terms of the absolute volumes of doctors within the system, and the optimal workforce at each level (i.e. Interns, NCHDs, Consultants)
- **High numbers of newly qualified doctors exiting the health service**
- **Challenges in Medical Consultant Recruitment** – In 2022 there was an increase in the number of Medical Consultant roles being recruited for within the organisation, however, there has been significant challenges in filling this roles resulting in a high number of unfilled posts
- **Onboarding Challenges** – Challenges in onboarding new doctors who are recruited from international jurisdictions, particularly from outside of the EU
- **Challenge in relation to the volume of non-training NCHD posts** – The challenges of a disproportionate number of non-training NCHD posts compared with training posts
- **Training Programmes** – Alignment of training programmes with the skills and capabilities needed across the system
- **Challenges in attracting consultants in Model 3 hospitals**

To support addressing the gap between supply and demand, the members discussed the potential benefits of introducing a **Physician Associate grade** within the services, with further exploration of this being agreed upon as an action

High Service Impact Actions

As the Steering Group considered EIG-specific actions, four **High Service Impact Actions** were identified and **prioritised for delivery**.

- Current gaps between supply and demand
- Current gaps in the workforce in certain geographies
- Registration challenges faced by doctors outside of Ireland who wish to join the workforce
- Challenges with the number of non-training NCHD posts currently in place

Medical & Dental Action Plan

Medical & Dental EIG Specific Actions

In total, the Medical & Dental EIG members identified 18 EIG-specific actions (listed below) to address challenges specific to the Medical & Dental staff category, including:

- Providing flexible working and training options for Doctors at all grades to help improve retention and attraction
- Several acute challenges faced by NCHDs, including retention, work-life balance and access to training/career opportunities
- Implementing a workforce strategy for all medical grades to ensure a sufficient supply of qualified clinicians
- Increase in training infrastructure to enhance supply to fill specialists' posts and deliver specialist care where needed
- The need to develop improved supports for doctors during training

EIG members are conscious of the ongoing work to address some challenges, including the work in the National Taskforce on the NCHD Workforce.

Medical & Dental – EIG Specific Agreed Actions

#	Pillar	Grade Category Specific Actions	<i>Indicative</i> Delivery Tier
1	Engage	Explore the introduction of the Physician Associate grade to build additional capacity within the health service with all relevant stakeholders*	2
2	Attract	Develop targeted attraction strategies for Medical Consultants in difficult-to-fill geographies and posts*	2
3	Attract	Liaise with the IMC to explore how registration processes may be expedited and to enhance supports available to internationally qualified doctors in navigating IMC registration – including processes, required training and documentation*	2
4	Engage	Reduce the number of non-training NCHD posts*	2
5	Engage	Develop integrated workforce strategy for all medical and dental specialties	2
6	Build	Map the existing landscape of balance between Generalist and Specialist roles across care settings, ensuring appropriate alignment with service needs	3
7	Build	Increase the number of postgraduate training places	2
8	Build	Identify current and future specialist roles with actions to address high skill shortages	3
9	Build	Increase availability of training and associated infrastructure to meet demand for specialist posts	2
10	Build	Explore options for increasing the number of fellowships for specialist training to address shortages	3
11	Build	Enhance the visibility of speciality training scheme logistics	2

* Included as High Service Impact Actions

Medical & Dental Action Plan

Medical & Dental – EIG Specific Agreed Actions			
#	Pillar	Grade Category Specific Actions	<i>Indicative</i> Delivery Tier
12	Engage	Continue to track medics as they progress through their careers	3
13	Build	Liaise with training bodies to ensure that course curriculum is in line with HSE current and future needs	3
14	Build	In consultation with NDTP, review training requirements to address associated costs (i.e. exams and courses)	2
15	Build	Explore flexible and differentiated approaches to training and working	3
16	Build	Identify practices in place nationally for provision of protected time for trainees and trainers and address issues arising	3
17	Engage	Review the role of Lead NCHD role on Clinical Leadership Team	3
18	Build	Support HSE NDTP plan to develop a careers and training website for graduates	2

Figure 20 : Medical & Dental- EIG Specific agreed Actions List



Nursing & Midwifery

Nursing & Midwifery Action Plan

16 Resourcing Actions

Nursing & Midwifery EIG Overview

The Nursing & Midwifery EIG is comprised of clinicians and non-clinicians from across the services including representation from the Group Chief Directors of Nursing & Midwifery, Area Directors of Mental Health Nursing, Directors of Public Health Nursing, Disabilities, Older Persons Services, the Office of the Nursing & Midwifery Services Director (ONMSD) and Human Resources. *Full membership of this EIG can be found in the Appendix.*

Current Challenge Overview

EIG members identified substantial challenges in their ability to resource their Nursing & Midwifery services. Challenges were identified in resourcing to General Nursing roles and specialisms such as Children's, Intellectual Disability, Mental Health Nursing and Midwifery. The complexity of challenges within the specialisms requires focused work on each specialism, which is due to commence in 2023.

Significant challenges were also identified in relation to nursing retention, both within the services and from third-level training programmes. The significant gap between the supply of nurses from domestic programmes and the demand for qualified nurses across the services was also identified as an area requiring focused action.

In addition to challenges specific to the professions within this EIG, members across multiple EIGs identified consistent resourcing challenges and recommended similar actions to address them. Where this occurred, these actions were grouped as Common Actions. All Common Actions are listed on pages 27 to 29.

Some of the challenges outlined by Nursing & Midwifery EIG members are as follows:

- **Gaps Between Supply and Demand** – Significant challenges were identified in the services' ability to attract and recruit staff, with the international market being a key supply source. Difficulties in recruiting for development posts, replacing nurses within the system, and recruiting for Person In Charge or senior posts were identified by EIG members.
- **Inadequate Supply of Domestic Nurses** – An identified need to increase the number of domestic higher education places
- **Retention Challenges** – The discussion focused on retention challenges, including nursing and midwifery staff retention, increased staff burnout and staff feeling valued
- **Challenges in retaining Nursing and Midwifery students and recent graduates** – The EIG members wish to better understand the volume of students and recent graduates who choose to withdraw from third-level programmes and also those that leave the services on graduation. In gathering this data and insight, they hope to identify and address the challenges arising
- **Engaging staff/understanding leavers** – the EIG members also wish to better understand the reasons behind student drop-outs from third-level courses, track data in relation to the volumes of nurses who leave the health service, and track data in relation to those who move around within the system. This will help to identify and address challenges arising
- **Clinical Adaptation & Onboarding Supports for International Nurses** – a reliance on recruiting international nurses to staff services requires additional supports, e.g. periods of clinical adaptation. Providing/addressing these compensatory measures is a challenge for services in relation to supporting infrastructure

Particular challenges were identified in Midwifery training and resourcing and in Children's and Mental Health resourcing, which will be addressed with a focused response in early 2023.

Nursing & Midwifery Action Plan

High Service Impact Actions

As the Steering Group considered EIG-specific actions, they identified two **High Service Impact Actions** to be **prioritised for delivery**.

- Establishing a focused workstream to address issues arising in relation to each division of the NMBI register – commencing with Midwifery and Mental Health
- Addressing issues associated with the current gap between supply and demand regarding Public Health Nurses

Nursing & Midwifery EIG-Specific Actions

In total, Nursing & Midwifery EIG members identified 14 actions specific to the Nursing & Midwifery staff category. These challenges included the following:

- Identifying and enhancing flexible working and education practices for nurses and midwives to improve attraction and retention
- Advancing the recruitment process and data gathering – understanding nursing & midwifery talent supply and ensuring a streamlined recruitment process
- Implementing a workforce strategy for all nursing & midwifery grades to ensure sufficient workforce supply
- Working with higher education bodies to identify opportunities to increase graduate college places and alternative pathways of entry into Nursing & Midwifery
- Enhance retention of Irish nurses or promote their return to the Irish public health service following a desire to travel. Consider developing ‘twinning’ partnerships with international healthcare systems to facilitate the exchange of nurses for agreed periods

The Programme will align with the Expert Review Body on Nursing & Midwifery, which has established an implementation group to progress recommendations from this report

Nursing & Midwifery – EIG Specific Agreed Actions

#	Pillar	Grade Category Specific Actions	Indicative Delivery Tier
1	Build	Establish a focused workstream for each division of the NMBI register – commencing with Midwifery and Mental Health*	2
2	Build	Increase the number of Public Health Nurse graduates to meet the gap between demand and supply*	2
3	Attract Build	While significant increases in undergraduate domestic supply are being built, increase, in the short term, international recruitment for General Nurses	2
4	Engage	Examine & communicate benefits and rewards provided to Nursing & Midwifery staff	1
5	Attract	Review and recommend improvements for overseas nurse and midwife adaptation and induction processes, including children's, mental health and midwifery recruitment	2
6	Build	Promote the use of all compensation options available, including aptitude tests, minimising the time to onboard international nurses and reducing ‘bottlenecks’ due to the adaptation process.	3

* Included as High Service Impact Actions

Nursing & Midwifery Action Plan

Nursing & Midwifery – EIG Specific Agreed Actions			
#	Pillar	Grade Category Specific Actions	Indicative Delivery Tier
7	Attract	Undertake research to identify challenges with attraction to the midwifery profession	2
8	Attract	Identify the barriers impacting on applications to promotional posts at Clinical Nurse Manager and Person-in-Charge levels with required corrective actions	2
9	Build	Explore part-time, condensed or flexible methods of education delivery, e.g. hybrid programmes	2
10	Attract	Identify opportunities with educational bodies nationally to develop alternative pathways of entry into Nursing & Midwifery	2
11	Build	Increase undergraduate places and geographic locations, including the appropriate clinical infrastructure to support this	2
12	Engage	Examine reasons why Nursing & Midwifery graduates leave the organisation and develop focused initiatives to address same as appropriate	2
13	Engage Attract	So as to enhance the retention of Irish nurses & midwives and promote their return to the Irish public health service following a desire to travel, consider developing 'twinning' partnerships with international healthcare systems to facilitate the exchange of nurses & midwives for agreed periods of time	2
14	Build	Expand the Sponsorship for Public Health Service Employees wishing to train as Nurses/Midwives scheme	3
15	Build	Review what is disincentivising Registered Nurses from working in the community and address issues arising	3
16	Build Engage	Develop focused initiatives to examine the future delivery of nursing services in the community inclusive of (1) increased education places, (2) development of a cRGN academic programme, and (3) attraction and retention initiatives in urban areas and Nurse Management roles	2

Figure 21 : Nursing & Midwifery- EIG Specific agreed Actions List



Health & Social Care Professions

Health & Social Care Professions Action Plan

27 Resourcing Actions

Health & Social Care Professions EIG Overview

The Health & Social Care Professions (HSCP) EIG to date, has been comprised of representatives from the following: SLT, Physiotherapy, OT, Dietetics, the National Health & Social Care Office and Human Resources. *Full membership of this EIG can be found in the Appendix.*

In 2023, the membership is being expanded to include representatives from diagnostic and psychosocial professions to better reflect the breadth of health and social care professions. This will no doubt result in additional actions being identified beyond those outlined in this document.

Current Challenge Overview

The HSCP EIG members outlined significant and diverse challenges that impacted resourcing for the membership of this EIG. Like many of the EIG groups, the HSCP EIG members expressed concern with the significant gaps between the supply of qualified HSCP from domestic programmes and the demand for HSCP across the services.

Opportunities to expand routes of entry and encourage HSCPs to enter the professions were discussed, such as outreach to school leavers and graduates, offering Therapy Assistant roles to recent graduates prior to registration (OT and SLT) and developing attraction approaches to encourage applications from internationally qualified HSCPs, where appropriate. The need to enhance access to professional development opportunities and to develop the career pathways for HSCP were also outlined.

Particular challenges were noted in the building of supply and the necessity to expand the infrastructure for clinical placements for college students and internationally qualified HSCPs who require adaptation measures.

In addition to challenges specific to the professions within this EIG, members across multiple EIGs identified consistent resourcing challenges and recommended similar actions to address them. Where this occurred, these actions were grouped as Common Actions. All Common Actions are listed on pages 27 to 29.

Examples of the challenges faced by this EIG include:

- **Gaps between supply and demand** – A demand for specialist skills at both staff and senior grades is being felt within the services – with potential impacts on the availability of services, particularly in models of integrated or community-based care such as within Children's Disability Network Teams and Mental Health Services
- **Significant challenges in the building of supply** – and developing the clinical and practice placement infrastructure to support this
- **The need to build and expand talent pools** – The necessity to explore alternative routes of entry, expand on sponsorship and educational partnership programmes and support HSCP through the registration and adaptation processes
- **Challenges attracting and retaining staff in the current landscape** – Opportunities for HSCPs to join private practice and the high demand for HSCPs internationally are seen as barriers to attraction and retention
- **Creating opportunities for HSCPs to develop within their profession** – Increasing the number of Clinical Specialist roles and opportunities to develop Advanced Practice and by creating development opportunities for HSCPs at the Head of Discipline and clinical management levels

Health & Social Care Professions Action Plan

High Service Impact Actions

As the Steering Group considered EIG-specific actions, five **High Service Impact Actions** were identified and **prioritised for delivery** to address the following:

- Significantly increase the volume of HSCP college places to expand the talent pipeline to meet service demands
- Address the challenges that exist regarding the provision of sufficient clinical placements and periods of adaptation
- Adoption of early recruitment of HSCP 2023 graduates to help meet service demands
- Increase the number of trainee psychologists across the care settings
- Support for HSCP in obtaining professional registration

Health & Social Care Professions EIG Specific Actions

In addition to these challenges, the current HSCP EIG membership also identified 22 EIG-specific actions. An overview of these challenges includes:

- Identification of alternative pathways of entry into the HSCP workforce
- Development of enhanced adaptation processes for internationally qualified HSCPs to enhance attraction and onboarding experience
- Insufficient funding for professional development across all levels for the HSCP cohort
- Flexible training or working options are limited – there is a need to provide enhanced flexible training and working options to help improve attraction and retention.
- Implementing a workforce strategy for all HSCP grades to ensure sufficient workforce supply
- Need to enhance Health & Wellbeing supports available to HSCP staff

Health & Social Care Professions – EIG Specific Agreed Actions

#	Pillar	Grade Category Specific Actions	<i>Indicative Delivery Tier</i>
1	Attract	Significantly increase the volume of entry to practice training places to ensure we can meet service demands into the future*	TBC
2	Build	Development of additional clinical infrastructure to support practice/clinical placements and periods of adaptation*	TBC
3	Support	Adopt early recruitment of HSCP 2023 graduates – providing employment as providing employment as HSCP Assistants / Pre Reg, until they secure registration*	TBC
4	Build	Increase the number of Trainee Psychologists across the system*	TBC
5	Attract	Address challenges arising with professional registration processes*	TBC

* Included as High Service Impact Actions

Health & Social Care Professions Action Plan

Health & Social Care Professions – <i>EIG Specific Agreed Actions</i>			
#	Pillar	Grade Category Specific Actions	<i>Indicative Delivery Tier</i>
6	Engage	Develop integrated workforce strategy for HSCPs with DOH to include staff planning and forecasting	<i>TBC</i>
7	Engage	Understand reasons why posts remain unfilled and take appropriate action to address issues arising	<i>TBC</i>
8	Attract	Develop a marketing & communications strategy to raise the profile of HSCPs (e.g. through professional bodies) to help entice the return of Irish students studying abroad and to attract new talent into the profession	<i>TBC</i>
9	Engage	Identify additional rewards and benefits to engage and retain current staff (e.g. bursaries, supervision support, targeted communications)	<i>TBC</i>
10	Attract	Develop agile approaches to remuneration and contracting, e.g. less than full-time hours	<i>TBC</i>
11	Include	Review career progression, flexible working and promotion practices to understand how they impact career decisions/influence career progression	<i>TBC</i>
12	Include	Continue to roll out initiatives to ensure that staff feel appreciated and connected to the organisation, e.g. Health Service Excellence Awards	<i>TBC</i>
13	Build	Explore opportunities to expand the available talent pool by introducing additional routes to entry, e.g. outreach, sponsorship or apprenticeship programmes	<i>TBC</i>
14	Attract	Continue to deploy recruitment campaigns in each RHA for as long as positions remain unfilled	<i>TBC</i>
15	Build	Increase training budget and organisational support for ongoing supported training and CPD opportunities	<i>TBC</i>
16	Build	Provide local training, including post-graduate training, to meet specific geographic population needs	<i>TBC</i>
17	Support	Active collaboration with training providers to support those undertaking training programmes to join and have a positive placement experience	<i>TBC</i>
18	Build	Explore flexible and differentiated approaches to training with training providers	<i>TBC</i>

Health & Social Care Professions Action Plan

Health & Social Care Professions – EIG Specific Agreed Actions			
#	Pillar	Grade Category Specific Actions	Indicative Delivery Tier
19	Build	Enhance skills development for staff grade posts via rotations between Speciality Hospitals, Model 2,3,4 hospitals and community care settings	TBC
20	Build	Increase the number of Clinical Specialist roles and opportunities to develop Advanced Practice	TBC
21	Build	Create opportunities for HSCP Managers to provide additional career development options	TBC
22	Support	Ensure that with changes in organisational structure (e.g. networks), professional team support structures are not lost	TBC
23	Engage	Identify solutions to reduce the administrative time of HSCPs; conduct benchmarking to identify quantifiable evidence of the impact of administrative support on clinical productivity in other jurisdictions	TBC
24	Include	Develop and implement a communications plan that supports effective and consistent two-way communications throughout the services	TBC
25	Support	Develop Health & Wellbeing Communications strategy	TBC
26	Support	Develop and introduce policies and supports for staff dealing with abusive service users	TBC
27	Support	Introduce a buddy system to enable employees in similar roles to interchange with each other to cover shifts (where relevant)	TBC

Figure 22 : HSCPs – EIG Specific agreed Actions List



**Patient, Client Care &
General Support**

Patient, Client Care & General Support Action Plan

16 Resourcing Actions

Patient, Client Care & General Support EIG Overview

The Patient, Client Care & General Support EIG is comprised of service managers across the services, including representation from Heads of Services (Mental Health, Disability and Older Persons), Head of Primary Care, Assistant Director of Nursing (Acute), the National Ambulance Service, Head of Home Support Service and HR Shared Services. *Full membership of this EIG can be found in the Appendix.*

Current Challenge Overview

The Patient, Client Care & General Support EIG members outlined significant and diverse challenges that impacted resourcing for these grade categories. Of primary concern are difficulties in recruiting particular grades, such as Healthcare Support Assistants (HCSAs) and Healthcare Assistants (HCAs), as well as challenges in competing with the private and voluntary sectors to access a skilled workforce.

The EIG members are acutely aware of the importance of roles within these grade categories in delivering services and the support they provide to clinical practice in both acute and community settings. This group is recognised as fundamental to the delivery of integrated and community-based care. EIG members believe that roles within these grade categories should be professionalised, that links with education to build talent should be created and that staff within these grade categories should be supported to join and build a career within the health service.

In addition to challenges specific to the professions within this EIG, members across multiple EIGs identified consistent resourcing challenges and recommended similar actions to address them. Where this occurred, these actions were grouped as Common Actions. All Common Actions are listed on pages 27 to 29.

Some of the challenges outlined by the EIG members are as follows:

- **Gaps between supply and demand** – Significant staff shortages are currently being experienced, particularly in HCSA and HCA workforces. As our population ages and models of integrated and community-based care are implemented, a sustainable supply of this workforce is essential to deliver care
- **Underdeveloped links with education** – Current students on programmes are not guaranteed placements with the health service or employment on graduation. Course content may not reflect the needs of the services
- **Challenges with remuneration** – Challenges exist when competing with the private sector, and issues relating to state benefit thresholds were highlighted for some professions, which may be serving as a disincentive to people being able to work more hours
- **Cost of living challenges** – These included challenges associated with the time and expense associated with travelling to and from work, and competition with the private and voluntary sectors where people can, for example, work from home
- **Challenges attracting and retaining talent in the current landscape** – Lack of visibility of these roles, limited knowledge in relation to career progression pathways available

High Service Impact Actions

As the Steering Group considered EIG-specific actions, one **High Service Impact Action** was identified and **prioritised for delivery**:

- Introduce multi-agency training run at the local level to source and train, for example, HCSA and HCAs to HSE requirements

Patient, Client Care & General Support Action Plan

Patient, Client Care & General Support EIG Specific Actions

In addition to the Common Actions and High Service Impact Actions, the Patient, Client Care & General Support EIG members identified 15 EIG-specific actions to address challenges specific to the Patient, Client Care & General Support staff categories. These challenges included the following:

- A need to standardise healthcare QQI level courses to HSE requirements through engagement with educational partners
- Standardising current regulatory and educational requirements to become an HCA and HCSA
- Supporting the attraction and recruitment of international (non-EU) Home Care Workers under the new employment permit scheme (2023)
- Develop and implement a small specialised function to oversee the development and professionalisation of the Patient, Client Care and General Support Workforce
- Review how eligibility criteria for State benefits may disincentivise those engaging in part-time employment in this staff category

Patient, Client Care & General Support – EIG Specific Agreed Actions

#	Pillar	Grade Category Specific Actions	Indicative Delivery Tier
1	Build	Introduce multi-agency training run at local levels to source and train, for example, HCSA and HCAs to HSE requirements*	3
2	Build	Create competency frameworks/eligibility criteria for roles within these job categories, standardising Eligibility Criteria where possible to streamline requirements and open talent pipelines	3
3	Build	Review regulatory and educational requirements to become an HCA, and other related roles as well as the supervisory and managerial model it currently operates	3
4	Build	Review and extend roles to maximise multidisciplinary team (MDT) working (e.g. the Therapy Assistant role)	2
5	Build	Engage with education providers at all levels to standardise healthcare QQI level courses to HSE requirements	3
6	Engage	Offer placements to students on training programmes (e.g. sponsorships, apprenticeships) and create the infrastructure to support placements that may be required as part of the training	3
7	Build	Collaborate with training providers to support and improve the training experience of new trainees	3
8	Engage	Encourage students/new graduates to stay in service after finishing their training programme placements by ensuring they have a positive and supported work experience	1

* Included as High Service Impact Actions

Patient, Client Care & General Support Action Plan

Patient, Client Care & General Support – EIG Specific Agreed Actions			
#	Pillar	Grade Category Specific Actions	Indicative Delivery Tier
9	Engage	Develop and implement a small specialised function to oversee the development and professionalisation of the Patient, Client Care & General Support Workforce	2
10	Engage Attract	Conduct data analysis on required posts across all service areas to inform the workforce plan to include identification of roles for inclusion on the Critical Skills Occupations list	1
11	Attract	Conduct a deep dive into ‘difficult to fill’ roles and develop a specific plan to address issues arising	2
12	Engage	Review the eligibility criteria for State benefits with a view to ensuring that these do not disincentivise engagement in part-time employment (for example, working part-time on 5 days of the week)	2
13	Attract	Support the attraction & recruitment of international (non-EU) Healthcare Support Assistants under the new employment permit scheme (2023)	2
14	Engage	Review current offering to ensure that it is attractive in comparison with the private sector (e.g. incremental credit)	2
15	Build	Promote existing supports aimed at reducing travel-to-work expenses	1
16	Support	Introduce a buddy system to enable employees in similar roles to interchange with each other to cover shifts	2

Figure 23 : Patient, Client Care & General Support- EIG Specific agreed Actions List



**Management,
Administration &
Technical**

Management, Administration & Technical Action Plan

17 Resourcing Actions

Management, Administration & Technical EIG Overview

The Management, Administration and Technical EIG comprises representatives from Estates, Human Resources, Finance, eHealth, Local Services Recruitment and Administrators (Acute & Community) to ensure a breadth of perspectives to represent this diverse EIG group. Full membership of this EIG can be found in the Appendix.

Current Challenge Overview

The Management, Administration and Technical EIG members outlined significant and diverse challenges that impacted resourcing for this grade category. They shared challenges in accessing talent, both in being restricted to run internal-only recruitment campaigns for certain grades and difficulties in trying to attract and compete for talent with the private sector. Like many of the EIG groups, the Management, Administration & Technical members are concerned with the need to build talent and capability within this grade group.

Opportunities to expand routes of entry to school leavers, graduates and apprentices were discussed, as were opportunities to support career and professional development for colleagues across the services.

The importance of roles and colleagues who undertake roles within this grade category was also emphasised due to their support of clinical practice and the essential central infrastructure they provide in the provision of healthcare and maximising clinical time.

In addition to challenges specific to the professions within this EIG, members across multiple EIGs identified consistent resourcing challenges and recommended similar actions to address them. Where this occurred, these actions were grouped together as Common Actions. All Common Actions are listed on pages 27 to 29.

Examples of the challenges faced by this EIG include:

- **Gaps between supply and demand** – The demand for specialist skills such as ICT, Cyber, Finance and Human Resources is felt within the services
- **Restrictions to accessing external talent** – Restrictions for Grades IV to VII negatively impact services' access to specialist skills
- **Challenges when competing with the private sector** – Positioning the health service as an employer of choice and being able to offer comparable rewards and benefits
- **Paper-based or difficult-to-navigate recruitment processes** – In today's employee-led talent market, there is an expectation that candidates can engage in a digitally enabled recruitment process that is efficient and user friendly
- **The lack of recognition for private sector experience** – for incremental credit purposes
- **Growth in clinical staffing without a concurrent growth in administrative support** – for example, in terms of Medical Consultant Recruitment

High Service Impact Action

As the Steering Group considered EIG-specific actions, one **High Service Impact Action** was identified and prioritised for delivery, as it is seen as a clear barrier to attracting and recruiting key talent.

- Introduce incremental credit to recognise prior education and private sector experience

Management, Administration & Technical Action Plan

Management, Administration & Technical EIG Specific Actions

In addition to the Common Actions and High Service Impact Actions, the Management, Administrative & Technical EIG members identified 16 EIG-specific actions to address challenges specific to the Management, Administrative & Technical staff category. An overview of these challenges includes:

- **Need to enhance entry routes** – utilising apprenticeship models and developing the Gradlink Programme
- **Difficulty expanding talent pool** – support services to expand talent pools to recruit specific professional skills and attract Grades IV to VII from the external market
- **Challenges recruiting in-demand roles** – allow services to recruit in-demand and specialist skills such as those in IT, Cybersecurity and HR
- **Insufficient training** – increase entry-level education pathways and training available to existing staff to support career progression
- Review measures to support colleagues within this grade category, including cost-of-living measures

Management, Administration & Technical – EIG Specific Agreed Actions

#	Pillar	Grade Category Specific Actions	Indicative Delivery Tier
1	Attract	Introduce incremental credit to recognise prior education and private sector experience*	2
2	Attract	Develop agile approaches to remuneration and contracting	2
3	Build	Promote the profile and value of roles within this job category in the delivery of health services	2
4	Attract	In collaboration with all relevant stakeholders, consider opening candidate pools for Grade IV to Grade VII in line with best practice and legislation	2
5	Build Support	Engage with education providers to (1) align training content to HSE requirements and (2) increase training places to increase the talent pipeline	1 & 2
6	Build	Review options around the formal introduction of student placements/work experience (TY, college placements etc.)	1 & 2
7	Build	Introduce Apprenticeship Programmes to attract people into more specialised roles in this category	1 & 2
8	Build	Expand on Gradlink Programme	2
9	Attract	Enhance communications of entry routes into grade category roles	2
10	Attract	Continue to deploy recruitment campaigns for as long as positions remain unfilled	2

* Included as High Service Impact Actions

Management, Administration & Technical Action Plan

Management, Administration & Technical – EIG Specific Agreed Actions			
#	Pillar	Grade Category Specific Actions	Indicative Delivery Tier
11	Attract	Identify key roles that are difficult to fill and address challenges arising	2
12	Engage Attract	Allow flexibility to recruit specialist roles, e.g. in ICT, engineering and HR and develop eligibility criteria accordingly	2
13	Attract	Review eligibility criteria of roles to ensure they are aligned with evolving service needs	2
14	Engage Build	Develop robust succession plans for senior management posts	1 & 3
15	Engage	Develop a mechanism to support staff to transfer around the system, e.g. develop Staff Mobility Policy	2
16	Build Support	Enhance staff capabilities through targeted training programmes to develop career pathways and broaden the variety of roles available to colleagues	1
17	Build Support	Enhance awareness of and increase places on Leadership Development Programmes, including targeted support for senior management	2 & 3

Figure 24: Management, Administration & Technical – EIG-Specific agreed Actions List



Section 05.

Summary & Next Steps

Summary & Next Steps

Summary

Since early 2021, work has been underway to deliver recruitment capacity and capability to support our services to recruit efficiently and effectively. The Recruitment Operating Model (ROM) was agreed upon in March 2021, and since then, the recruitment capacity within our system has increased. This work will help us to grow the health service workforce we need to meet current and future demand.

A new approach is required to deliver the projected workforce increases as identified by our colleagues in Strategic Workforce Planning & Intelligence and to support the services in meeting increased projected demand for healthcare into the future. While recruitment will remain a fundamental part of our approach to resourcing, there is growing awareness of the need to expand our approach to include a greater emphasis on engagement and retention of our existing staff, building their skills and supporting them to deliver models of integrated and community-based care as set out in Sláintecare and the move to RHAs.

Resourcing Programme

A new Recruitment Reform & Resourcing Programme was established in June 2022. This brought together the established ROM Programme with a dedicated capacity for Resourcing, thereby bringing a more holistic approach to enabling our services to attract, engage, retain, build, support and include the workforce needed to deliver safe health and social care services.

Our vision for this work was partnered with service leadership to: **“Empower our services to attract, develop, retain and engage the workforce that will deliver safer, better health and social care services for the people of Ireland, now and into the future”.**

In partnership with our services, a Programme governance approach was established with representation from colleagues across the grade categories, professions and services. This representation will be further developed as the Programme reaches its next phase.

The membership is now being extended to include representation from Diagnostics and Psychosocial professions on the HSCP EIG. Dental representation has also been added to the Medical & Dental EIG. We are also focusing attention to address particularly acute challenges in Midwifery,

Children’s and Mental Health Nursing within the Nursing & Midwifery EIG.

Throughout each step of this journey, our service colleagues have worked in close partnership with the resourcing team to ensure that at all points, the Programme was designed **with** the services, **for** the services, and for implementation **by** the services.

Action Plans Status

As of April 2023, a total of **112 Resourcing Actions** have been identified and submitted to the Steering Group for review and approval.

Of the **112 actions** submitted to the Steering Group:

- **14 Actions** that are common across a number of EIGs have been approved, prioritised and allocated to Delivery Tiers and action owners assigned.
- **13 High Service Impact Actions** have been approved by the Steering Group for prioritised delivery.
- **4 Actions** that are common across a number of EIGs **will be delivered in 2023 following the Implementation Phase.**

The Implementation Phase will shortly commence for the remaining **81 EIG-Specific Actions** that have been identified within each EIG.

Next steps

As actions progress into implementation, they will be measured against the Resourcing Programme Measures that have been previously established within the five strategic pillars. The measurements will align with the pillar of each action that has been allocated.

These steps are critical to allow the Resourcing Programme to **efficiently transition to implementation and swiftly deliver** meaningful actions to services and professions.

As actions move forward, they will be measured through the lens of an integrated care model and considered in the context of the future structure of the RHAs. We recognise that as the transition to the RHA structure progresses, the work of the Programme must continue to evolve to meet these transitions and the wider health service requirements.



Section 06.

Appendix

Programme Governance Structure

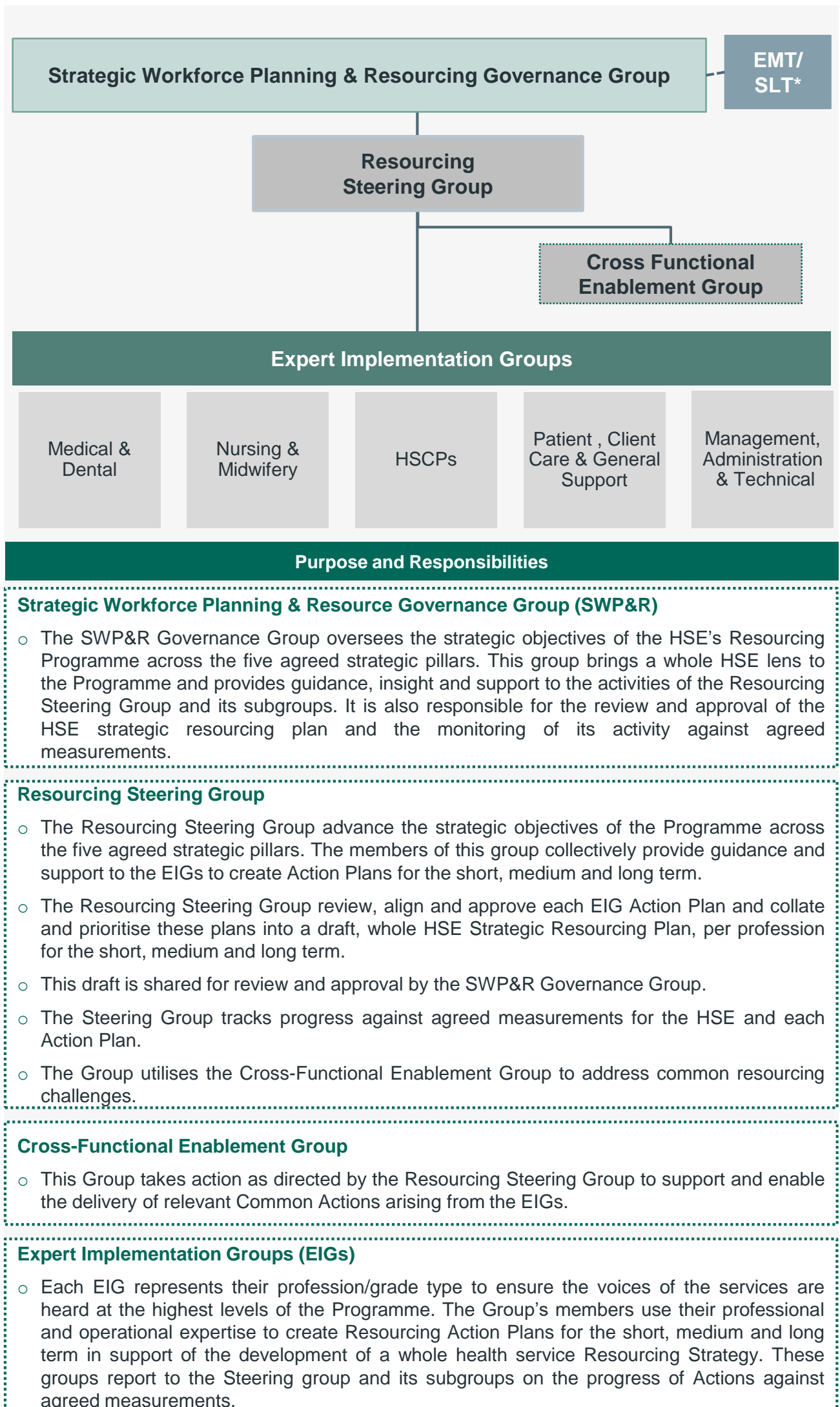


Figure 25 : Programme Governance Structure

Governance Group Members

Strategic Workforce Planning & Resourcing Governance Members
Chief Operations Officer – Joint Chair
National Director of HR – Joint Chair
Asst. National Director – Strategic Workforce Planning & Intelligence
National Director Acute Services
National Director of Community Operations
National Director Operations Planning
Asst. National Director, HR Shared Services
National Director – Clinical Programme Implementation & Professional Development
Head of Operations, Disability Services
Asst. National Director of HR, Acute Services
Asst. National Director of HR, Community Operations
Asst. National Director – Recruitment Reform & Resourcing

Steering Group
Resourcing Programme Representatives
National HR – Corporate Business Partner
National Director – Operational Transition to RHA
National Director – Acute Strategy and Planning
Group Director of HR, ULHG
Group CEO, SAOLTA
Chief Officer CHO DNCC
Head of HR for CHO8
Strategic Workforce Planning & Intelligence
Chief Clinical Officer

Cross-Functional Enablement Group
Resourcing Programme Representatives
Corporate Employee Relations Services (CERS)
Occupational Health
Corporate HR Business Partner
Chief Clinical Officers (COO) Office
National Quality & Patient Safety Directorate
National Communications
HSE Finance
eHealth and Disruptive Technologies

Figure 26 : Governance Group Members

Expert Implementation Group Members

Nursing & Midwifery	Management, Administration & Technical
Resourcing Programme Representatives	Resourcing Programme Representatives
Group Director of Nursing – Acute	Estates Representative
Group Director of Nursing – Acute	Finance/HR Representative
Director of Nursing – Disabilities	eHealth and Disruptive Technologies Representative
Director of Nursing – Older Persons	1 x Administration Community
Area Director of Nursing – Mental Health	1 x Administration Acute
ONMSD	GM/VIII Administrator – Acute/Community
Director of Public Health Nursing	Recruitment Manager (HG/CHO)
Recruitment Manager (HG)	
<i>Regulatory Body (on invitation)</i>	
Medical & Dental	Health & Social Care Professions
Resourcing Programme Representatives	Resourcing Programme Representatives
Consultant Representation	Office of HSCP
Lead NCHD	Representative for SLTs*
Medical Manpower – Acute	Representative for Physios*
Medical Manpower – Community	Representative for OTs*
Chief Clinical Directors	Representative for Dietitians*
Medical Director of the National Doctors Training and Planning	Recruitment Manager (HG/CHO)
Recruitment Manager CHO5	<i>Regulatory Bodies (on invitation)</i>
National Employee Relations	
<i>Regulatory Bodies (on invitation)</i>	
Patient, Client Care & General Support	
Resourcing Programme Representatives	
GM for HR Operations and Transformation	
Head of Service Mental Health	
Head of Service Disability Services	
Head of Service Older Persons Services	
Head of Primary Care	
Assistant Director of Nursing, Acute	
Assistant Director of Nursing, Acute	
National Recruitment Service Representative	
Recruitment Manager (HG/CHO)	
National Lead Home Support Services	
GM for HR Operations and Transformation, National Ambulance Service	
<i>Regulatory Bodies (on invitation)</i>	

Figure 27 : Expert Implementation Group Members

Action Implementation Plan – 1/2

Action Implementation Plan #	
Section A. HSE Resourcing Programme: General Information	
EMT Sponsor	
Delivery Tier*	
Action Owner/s*	
RRR Programme Contact	
Source*	
Action Number*	
Action*	
Steering Group Approval Date*	

Section B. HSE Resourcing Programme: Action Dashboard				
RAG Status 	Projected Delivery Timelines & RAG Status			
	Short-Term	Medium-Term	Long-Term	
	TBC	TBC	TBC	
	G	G	G	
	Projected Action Implementation Stages			
	1	2	3	4
Scoping	Planning	Implementing	Delivery & Review	
Action is in Scoping Stages of implementation and being added to Central Tracker				

Section C. Detailed Action Profile
Action*
Challenge Identified*
Overall Objectives*

Section D. Projected Programme Delivery Outline		
Actions		
1.1. INSERT SHORT-TERM ACTIONS	1.2. INSERT MEDIUM-TERM ACTIONS	1.3. INSERT LONG-TERM ACTIONS
Deliverables		
2.1. INSERT SHORT-TERM DELIVERABLES	2.2. INSERT MEDIUM-TERM DELIVERABLES	2.3. INSERT LONG-TERM DELIVERABLES
Timelines		
Short-Term DD/MM/YYYY	Medium-Term DD/MM/YYYYY	Long-Term DD/MM/YYYY

Action Implementation Plan – 2/2

Section E. Delivery Team			
Action Owner			
Resourcing Lead			
EMT Sponsor			
Section F. Stakeholders Involved		Section G. RACI*	
INSERT TITLE	INSERT NAME	INSERT R/A/C or I	
INSERT TITLE	INSERT NAME	INSERT R/A/C or I	
INSERT TITLE	INSERT NAME	INSERT R/A/C or I	
INSERT TITLE	INSERT NAME	INSERT R/A/C or I	
INSERT TITLE	INSERT NAME	INSERT R/A/C or I	
INSERT TITLE	INSERT NAME	INSERT R/A/C or I	
RACI Matrix Key			
R	Responsible	C	Consulted
A	Accountable	I	Informed
Section H. Detailed Action Overview			
Context		Deliverable/s	
INSERT CONTEXT		INSERT DELIVERABLE/S	
Requirements	Proposed Required WTE		Proposed Total Funding/Costs
	Proposed WTE	WTE Cost	
INSERT REQUIREMENTS	INSERT WTE	INSERT WTE COST	INSERT PROPOSED FUNDING/COSTS

Figure 28: Action Implementation Plan Template

List of Figures

Figure Number and name	Page #
Figure 1: Programme Strategic Pillars	6
Figure 2: Action Creation Stages	7
Figure 3: Resourcing Actions Overview	7
Figure 4: Common Actions – Implementation Phase	8
Figure 5: High Service Impact Actions – Implementation Phase	9
Figure 6: Programme Rationale Infographic	13
Figure 7: Programme Vision & Strategic Resourcing Pillars	14
Figure 8: Service and Stakeholders Engagement	15
Figure 9: Programme Governance Structure	17
Figure 10: Programme Measures	18
Figure 11: Journey to Date	19
Figure 12: Building the Action Plans	21
Figure 13: Programme Delivery Tiers	22
Figure 14: Themes from EIGs: Prioritising for Implementation	23
Figure 15: Resourcing Actions Overview	24
Figure 16: Action Implementation Process	25
Figure 17: Common Actions – Implementation Phase One	27–28
Figure 18: Common Actions – Further Implementation Phases	29
Figure 19: High Service Impact Actions – Implementation Phase One	30
Figure 20: Medical & Dental – EIG Specific agreed Actions List	33–34
Figure 21: Nursing & Midwifery – EIG Specific agreed Actions List	37–38
Figure 22: Health and Social Care Professions – EIG-Specific agreed Actions List	41–43
Figure 23: Patient, Client Care & General Support – EIG-Specific agreed Actions List	46–47
Figure 24: Management, Administration & Technical – EIG-Specific agreed Actions List	50–51
Figure 25: Programme Governance Structure	55
Figure 26: Governance Group Members	56
Figure 27: Expert Implementation Group Members	57
Figure 28: Action Implementation Plan Template	58-59

Reports Reviewed

EIG	Publication or Report
Medical & Dental	<ol style="list-style-type: none"> 1. HSE – National Doctors Training & Planning, 2021. <i>Medical Workforce Report 2021-2022</i>, Dublin: HSE. 2. Medical Council, 2021. <i>Medical Workforce Intelligence Report 2021</i>. 3. National Doctors Training & Planning & HSE Mental Health, 2021. <i>Medical Workforce Planning for the Specialty of Psychiatry 2020-2030: An Expert Stakeholder Informed Review</i>, Dublin: National Doctors Training & Planning. 4. Irish Medical Organisation, 2021. <i>Report of the IMO Survey of Doctor Mental Health and Well-Being</i>, Dublin: Irish Medical Organisation. 5. Department of Health, 2014. <i>Strategic Review of Medical Training and Career Structure</i>, Dublin: Department of Health.
Nursing & Midwifery	<ol style="list-style-type: none"> 1. Department of Health, 2022. <i>Report of the Expert Review Body on Nursing and Midwifery</i>, Dublin: Department of Health. 2. Department of Health, 2020. <i>A Policy on the Development of Graduate to Advanced Nursing and Midwifery Practice</i>, Dublin: Department of Health. 3. HSE – Office of the Nursing & Midwifery Services Director, 2020. <i>Evaluation of the Impact of Implementing a Draft Policy to Developed Advanced Nurse Practitioners (cANPs/RANPs) to Meet Health Service Needs</i>, Dublin: HSE. 4. HSE, 2018. <i>Shaping the Future of Intellectual Disability Nursing in Ireland</i>, Ireland: HSE. 5. Caulfield, P, Hynes, T., O'Connor, P. (2022). A System Dynamics Model of Nursing Workforce Supply, Research Services and Policy Unit, Department of Health.
Patient, Client Care & General Support	<ol style="list-style-type: none"> 1. HSE, 2022. <i>Feasibility Study on the Creation of an Apprenticeship Model for Healthcare Assistants (HCAS) in the Health Service Executive (HSE)</i>, Dublin: HSE. 2. Keegan, C., Brick, A., García-Rodríguez, A. & Hill, L., 2022. <i>Projections of workforce requirements for public acute hospitals in Ireland, 2019–2035: A regional analysis based on the Hippocrates model</i>, s.l.: Economic and Social Research Institute. 3. Department of Health, 2022. <i>Report of the Strategic Workforce Advisory Group on Home Carers and Nursing Home Healthcare Assistants</i>, Dublin: Department of Health. 4. HSE, 2015. <i>National Ambulance Service Strategic Plan 2016-2020</i>, Dublin: HSE. 5. HSE, 2015. <i>National Ambulance Service Human Resources – Workforce Plan 2016-2020</i>, Dublin: HSE. 6. HSE, 2018. <i>Review of Role and Function of Health Care Assistants</i>, Dublin: HSE. 7. <i>National Ambulance Services, 2022. Human Resources Workforce Plan 2022-2028</i>, Dublin: HSE.

Reports Reviewed

EIG	Publication or Report
Health & Social Care Professions	<ol style="list-style-type: none"> 1. National HSCP Office, 2021. <i>Report on Health and Social Care Professions Practice Education During and Post COVID-19: Challenges, Barriers, Solutions and Opportunities</i>, Dublin: HSE. 2. National HSCP Office, 2021. <i>A Strategic Guidance Framework for Health & Social Care Professions 2021-2026</i>, Dublin: HSE. 3. National HSCP Office, 2019. <i>HSCP Leadership: An examination of context, impacts, supports, challenges and areas for consideration</i>, Dublin: HSE. 4. Keegan, C., Brick, A., García-Rodríguez, A. & Hill, L., 2022. <i>Projections of Workforce Requirements for Public Acute Hospitals in Ireland, 2019–2035</i>, Dublin: Economic and Social Research Institute. 5. Department of Health, 2021. <i>Disability Capacity Review to 2032: A Review of Social Care Demand and Capacity Requirements to 2032</i>, Dublin: Department of Health. 6. Department of Health, 2017. <i>Working Together for Health: A National Strategic Framework for Health and Social Care Workforce Planning</i>, Dublin: Department of Health. 7. Department of Health, 2020. <i>Sharing the Vision: A Mental Health Policy for Everyone</i>, Dublin: Department of Health. 8. <i>Sonographer Report – Dr Áine Carroll – HSE Correspondence.</i> 9. <i>Radiography Review Group – HSE Correspondence.</i> 10. <i>Proposal to increase training places for psychologists in the health services.</i>
Management, Administration & Technical	<ol style="list-style-type: none"> 1. PwC, 2021. <i>Conti cyber attack on the HSE: Independent Post Incident Review</i>, Dublin: PwC. 2. HSE – Human Resources Division, 2019. <i>People Strategy 2019-2024</i>, Dublin: HSE. 3. HSE – Children's Disability Network Team, 2021. <i>National CDNT Census and Workforce Review 2021</i>, Ireland: HSE.

