



# HSE Corporate Plan 2021-24



The HSE Corporate Plan 2021-2024 sets out the key actions we will take over the next three years to improve our health service and the health and well-being of people living in Ireland.





# Contents

Welcome from the Chair of the HSE Board	2
Introduction from the CEO	3
<b>Section 1:</b> Where Are We Now and Where Do We Aim to Be in Three Years?	4
<b>Section 2:</b> Our Objectives and Enablers	6
<b>Section 3:</b> Supporting Our People and Becoming a High Performing Organisation	18
<b>Section 4:</b> Resourcing and Delivering Our Plan	23
<b>Section 5:</b> Conclusion	25

# Welcome from the Chair of the HSE Board



## Welcome to our Corporate Plan for 2021-2024

On behalf of the Board, I am pleased to present the HSE Corporate Plan 2021-2024. This is the first Corporate Plan that this Board has produced since being formally established in June 2019. There is no doubt that this Plan comes at a very unique time, when we are all facing unprecedented challenges and rapidly adapting to new ways of life.

Despite these circumstances, we are fully committed to implementing this Plan and driving demonstrable improvements to the health service over the next three years. To ensure this Plan was as meaningful as possible, we commenced the Corporate Planning process by asking for your feedback about key areas for improvement. Your views from these engagement sessions and online surveys were a key input to the development of this Plan. Building on this new approach we are keen to improve how we work together with our staff, patients, service users, partners, and the public as we move forward with implementation.

We know that there are long-standing challenges in our services, some of which have been further impacted due to COVID-19. We recognise that tackling these challenges will not be easy, especially as we anticipate operating within a COVID-19 environment for the foreseeable future. We have seen our teams' incredible commitment during COVID-19 and we are also keen to build upon learnings from the pandemic response. We will need to continue to work together, be open to new ideas, and quickly identify weaknesses and improvements to successfully deliver the ambitious transformation required.

Our role as the Board is to set the vision and strategy, maintain focus and energy and hold the HSE executive team to account for delivery. This Plan, outlining our aims over the next three years, is underpinned by our HSE Values of care, compassion, trust and learning. Guided by our Values, the transformation described in this Plan will enable us to progress Sláintecare by addressing waiting times, shifting care from hospital to community, and improving financial controls.

We have many of the ingredients for success – we have dedicated staff and teams; we have supportive and caring communities; and strong partnerships with colleagues across the public, voluntary and commercial sectors.

Our vision is a Healthier Ireland, with the right care, at the right time and in the right place. On behalf of my fellow Board members, I thank you for taking the time to read our Plan.

A handwritten signature in black ink that reads "Ciarán Devane". The signature is written in a cursive, flowing style.

**Ciarán Devane**  
*Chair HSE Board*

# Introduction from the CEO



This Corporate Plan comes at a time of significant challenge, a time none of us foresaw, a time when what we had taken for granted about the course of our working lives in healthcare has been radically altered. Despite this uncertainty and difficult working environment, we have innovated and we have responded at extraordinary pace. I could not be prouder of our staff who have worked tirelessly and selflessly to keep us safe, by continuing to deliver care and services in very challenging circumstances.

On behalf of the organisation which I have the privilege of running and on my own behalf, I first want to express our deep condolences to those who have lost loved ones to the COVID-19 virus. It has been a sad and difficult time for many of us. Secondly, we want to thank you all for your support in minimising the spread of the virus and also for your constant encouragement. This demonstrated the solidarity within and across the entire health workforce. We hope to maintain this momentum and spirit of working together as we continue to operate in a COVID-19 environment and implement the objectives set out in this Plan.

Our Plan is ambitious. We will seek to accelerate the digitisation of our health service to improve access, support process improvements, and drive value for money. We have purposefully selected a small number of key Objectives that we will devote our collective energies to for the next three years. These Objectives are consistent with Sláintecare, our 10 year vision to transform Ireland's health and social care services. They are informed by the Programme for Government; recognised risks, challenges and opportunities; the wider COVID-19 environment; the HSE Pandemic Plan and feedback from the consultation process. In addition to these Objectives, we will continue to make progress in many other key areas of service delivery, such as women's health and maternity care, which require our focus and commitment to improvement and are important to our patients and service users.

We are determined to turn this Plan into real action – to make demonstrable improvements to our health service and to progress the Sláintecare vision. We recognise the budget pressures and we will work hard to secure the additional resources to deliver this Plan. You will see that we have built on our collective experiences of living with and working in a COVID-19 environment; learning from new ways of working with a relentless 'one team' focus on patients, service users, families and the public. We will support our people to develop skills and to innovate and we will bring about a supportive environment that enables a healthy work life balance and a culture where everyone is free to raise concerns. This includes colleagues that the HSE works with such as GPs, those who work in the voluntary sector and in the social care sector.

In making this Plan real, we will work towards a Healthier Ireland, where:

- You are supported to live well and feel connected with your community.
- You can access the right care, at the right time and in the right place and feel empowered, listened to and safe.
- We will work as one team, supported to do the best we all can for patients, service users, their families and the public.
- You have trust and confidence that the organisation is run well.

Let's all work together to make a lasting legacy for generations to come – a health service that we can all be proud of.

A handwritten signature in black ink that reads "Paul Reid". The signature is written in a cursive, flowing style.

**Paul Reid**  
Chief Executive Officer

# Section 1:

## Where Are We Now and Where Do We Aim to Be in Three Years?

We will focus on key challenges in our health system while also managing the COVID-19 pandemic.



### Where Are We Now?

During the development of this Plan, we heard from the public, staff and partners about areas of improvement which we needed to address. Many of these issues reflect the long-term challenges of our health service and during the COVID-19 pandemic, some of these challenges have become even more prominent.

The challenges identified include long waiting lists for scheduled care in hospital and long waits in Emergency Departments, particularly for older people and those who have more complex needs. There are also difficulties for hospitals that are running with very high occupancy levels. There is an over-reliance on residential models of care and we lack the services to enable our aging population to maintain their independence and live well in the community. Waiting times for mental health services for children and adults and long waits for community-based services such as therapies also pose challenges. There is not enough home-based support and a lack of person-centred and responsive support

for people with disabilities and their families. We are also continuing to improve our screening services. There is a need for better support for all our health service staff.

The OECD Country Health Profile for Ireland 2019 noted that in comparison with other countries, we have made positive progress in life expectancy, but that some members of our community still experience worse outcomes than others; we consume too much alcohol and do not maintain healthy weights; accessibility to services is an issue and we have a lower per population number of practising doctors than elsewhere.

We must achieve better health outcomes for everyone, recognising where we are falling behind, focusing our efforts on reversing these trends and accelerating the digitisation of our health service. While we anticipate that the continued management of COVID-19 and the restarting and delivery of core services will be a primary focus of this Plan, the Objectives also include service improvements that are required to occur in parallel in order to emerge stronger from the pandemic and build upon the positive changes we have seen across our health system. This Corporate Plan comes at an extraordinary time where despite the challenges the pandemic presents, there are huge opportunities to make real change happen.

The COVID-19 pandemic has demonstrated how our country and health system can work together as one team towards one goal. Our Corporate Plan sets out how we aim to emerge stronger with better health and a better health service for all.



**Our vision is: a healthier Ireland, with the right care, at the right time and in the right place.**

For each of us, this will mean something different. All of us want to see a health service that puts patients and service users at the centre, is managed well and which makes the best use of public resources. We are committed to making demonstrable improvements and putting in place the required structures to measure, monitor and report on the impact of our Plan.

**Our aim is an Irish health service where:**



**By working together our Plan seeks to deliver:**

- A healthier start for children and reduced health inequities**
- Reduced risk factors for chronic disease focusing on harmful alcohol use and rising obesity rates**
- Increased community services and support to live independently in your own home or in the community**
- Improved access to tests and specialist appointments, closer to home**
- Reduced waiting times for diagnostic tests, outpatient appointments, in-patient and day case procedures**
- Mental health support that aims to keep you well and responds quickly when you need it**
- More person-centred support for people with disabilities to live full, independent lives**

# Section 2:

## Our Objectives and Enablers



Our Objectives



Our Enablers



Our People



Our Resources

### Our Corporate Plan 2021-2024

Our Corporate Plan includes 6 objectives and 5 enablers as outlined in the diagram below.





## Objective 1



# Manage the COVID-19 pandemic while delivering health services safely to the public

We will aim to safely deliver prioritised services in a COVID-19 environment. We will, based on risk and clinical need, retain capacity for potential surges in order to meet patient care needs.

### Why is it important?

- As we live with COVID-19, we must:
  - Treat and support people affected by COVID-19.
  - Support our public health teams to mitigate the spread of the virus.
  - Maintain effective testing and contact tracing services.
  - Ensure excellent communication and engagement with the public, our staff, service users and partners.
  - Maximise the safe delivery of non-COVID-19 services in line with Public Health guidance, using new models of care and technology as appropriate.

### What are we trying to achieve?

- People in Ireland will live as safely as possible with COVID-19 and minimise the spread of the virus.
- Testing and contact tracing will be highly responsive, proactive and timely.
- Clinically prioritised services will be delivered as fully as possible through improved models of care and the use of new technology where appropriate.
- The public, staff and our partners will have the information they need in relation to COVID-19 and the delivery of non-COVID-19 services.

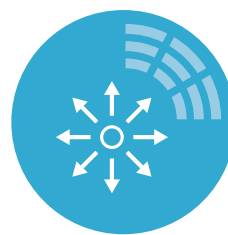
### What will we do?

- We will aim to ensure capacity is available to treat COVID-19 patients, securing appropriate resources from the private sector.
- Our Public health teams will continue to drive our efforts, working closely with the health system, to limit the spread of the virus.
- We will implement a long-term operating model for national testing and contact tracing.
- We will reintroduce non-COVID-19 services in line with national guidance and the HSE Pandemic Plan.
- We will implement a robust communications strategy.

### Performance Measures

- Time between referral and test appointment.
- Time between swab and test result communication.
- Time between result and contact tracing completion.

## Objective 2



### Enhance primary and community services and reduce the need for people to attend hospital

We will build primary and community services to help care for people at home, especially older people and people with chronic conditions. This will reduce visits to and admissions from emergency departments and transfer of care delays. It will also lower the waiting times and the number of people on trolleys.

#### Why is it important?

- Our population is ageing and we must transform our health services to support older people to live as independently in the community, for as long as possible.
- Timely access to primary care, aligned to general practice, and delivering services at home and in the community is what our patients/service users want and need. This will also reduce pressure on our already stretched acute hospital system.
- We must reduce the number of older people in residential care settings by providing services to people as close to home as possible which will allow our ageing population to maintain their independence and live well in the community.

#### What are we trying to achieve?

- Service delivery will be reoriented towards general practice, primary care and community-based services.
- Community Healthcare Networks and Community Specialist Teams will work in an integrated way with the National Ambulance Service and acute services to deliver end-to-end care, keeping people out of hospital and embracing a 'home first' approach.
- The proportion of people over 65 in Nursing Home Support Scheme long stay care will be reduced, through repurposing existing or developing additional intermediate, rehabilitation, reablement and outreach services and by more than doubling home support hours.
- Self-management support and volunteer models will be in place, linked to the COVID-19 Community Call Programme.

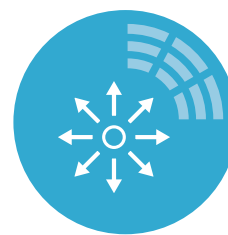
#### What will we do?

- We will establish 96 Community Healthcare Networks and 32 Community Specialist Teams for Older People and Chronic Disease supporting our 26 Hospitals ensuring integrated care is provided locally at the appropriate level of complexity.
- We will expand Community Diagnostics to improve access for General Practice and Community Specialist Teams.
- We will implement the 2019 GP Agreement, including a structured programme for chronic disease management and prevention for all GMS/GPVC holders, with an anticipated 75% uptake, equating to 431,000 patients.
- We will work with the DoH to establish and implement the Statutory Home Support Scheme with a target of doubling the existing home support hours, focusing on older people with high and moderate levels of frailty.
- Through repurposing our Residential Care services, we will deliver 3,400 additional intermediate and rehabilitation places, while reducing the need for people over 65 to be in long stay care.
- We will implement the recommendations of the COVID-19 Nursing Home Expert Panel, in collaboration with DoH, HIQA, service providers and service users.

#### Performance Measures

- Reduction in hospital bed days required for individuals with chronic disease and for the frail elderly.
- Reduction in the proportion of older people requiring long stay care.
- Increase in the number of people receiving Home Support and in the number of Home Support hours per person.

## Objective 3



# Improve scheduled care to enable more timely access and reduce the number of people waiting for services

We will deliver significant reductions in scheduled care waiting times, working towards achieving waiting times outlined within the Sláintecare report.

### Why is it important?

- The numbers of people waiting for treatment are at record levels, with thousands of patients waiting years.
- While waiting for care, patients will often be in pain, they and their families may be anxious and they are likely to be in frequent contact with their GP and hospital.
- The Sláintecare Report called for an end to long waiting times as delays in care can have significant and adverse impacts on patient outcomes.
- Due to reduced capacity while operating in a COVID-19 environment, it is crucial that actions are taken to prevent lengthening waiting lists and waiting times.

### What are we trying to achieve?

- Making significant progress towards achieving waiting times outlined within the Sláintecare report; 10 weeks for a new outpatient appointment, 12 weeks for an appointment for a procedure, and 10 days for diagnostics.
- GPs have access to a single source of up to date information on patient pathways and referrals and will have direct access to consultant's advice and diagnostic services.
- Patient-centred booking arrangements that will support attendance levels and support patient-initiated reviews.
- All referrals reviewed by a consultant or other appropriate team member to ensure the selected care pathway is most suited to the patient's needs.
- Robust data and information to support planning and decision making and to monitor the impacts of interventions on our services and our patient outcomes.
- A strategic, organisational approach to procurement to secure additional capacity for clinical services.

### What will we do?

- We will work with GPs and hospital staff to ensure consistent integrated referral pathways for all patients.
- We will work to increase capacity by implementing elective only care centres, purchasing additional capacity from the private sector, funding more hospital beds and using resources more effectively.
- We will establish dedicated teams at national, regional and hospital levels, to support the effective planning and delivery of the scheduled care reform.
- We will implement a Health Visualisation Platform to enable our clinicians, managers and policy makers to have appropriate access to timely, accurate data to support scheduled care planning and delivery.
- We will conduct a comprehensive demand and capacity analysis at regional, hospital and individual specialty team levels to identify productivity opportunities and specific capacity gaps including beds, theatres, diagnostics, staff, and other infrastructure.
- We will introduce a new patient-centred booking system nationally to reduce DNAs (Did Not Attends) and enable patient-initiated reviews.

### Performance Measures

- Waiting time for a new outpatient appointment.
- Waiting time for an appointment for a procedure (inpatient/day case).
- Waiting time for diagnostics.

## Objective 4



### Prioritise early interventions and improve access to person-centred mental health services

We will progress the implementation of the new policy ‘*Sharing the Vision – A Mental Health Policy for Everyone*’, prioritising child and adolescent early intervention, and enhancing early interventions for adult mental health services.

#### Why is it important?

- Too many people are currently waiting too long for access to mental health services.
- Mental health services are underfunded compared to international standards.
- Early intervention of mental health issues and timely access to treatment can have significant positive impacts on individuals and their families.
- Mental health consequences of the COVID-19 crisis are likely to be present for a long time and peak in the months and years after the pandemic.

#### What are we trying to achieve?

- Our system will work to address the mental health needs of the population through a focus on the requirements of the individual.
- Service delivery models will be integrated and person-centred and people will be able to access care when and where they need it:
  - No child will wait longer than 12 weeks to access mental health services.
  - 90% of adults will be offered an appointment within 12 weeks.
- Our model of care will focus on early intervention, recovery-based, co-developed and co-produced services as well as specialist needs-based services such as suicide prevention.
- Virtual assessment and care will be available as part of a range of solutions to meet individual needs.

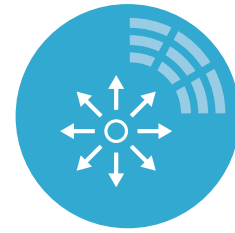
#### What will we do?

- We will implement six Child and Adolescent Mental Health Services (CAMHS) Telehealth Hubs to offer increased access to assessments.
- We will resource CAMHS Community Mental Health Teams nationally to reflect the recommendations of ‘*Sharing the Vision – A Mental Health Policy for Everyone*’ to provide more timely support for children and young adults.
- We will provide greater access and reduce waiting times for Adult Mental Health Services by resourcing home-based Crisis Resolution Teams and Crisis Cafes nationally.
- We will work collaboratively with Department of Health Colleagues and system partners to develop a multi-annual implementation plan for ‘*Sharing a Vision*’ including a robust performance measuring and monitoring system.

#### Performance Measures

- Percentage of adult referrals/re-referrals offered first appointment and seen within 12 weeks.
- Percentage of CAMHS referrals/re-referrals offered appointment within 12 weeks.

## Objective 5



### Work to reimagine disability services, to be the most responsive, person-centred model achievable with greater flexibility and choice for the service user

We will support people with disabilities to live a full life in the community with access to a range of person-centred community services and supports, across their life spans. We will work to ensure compliance with standards and the highest quality of life of each individual. We will also reduce the number of people living in institutional settings, by providing more appropriate community-based accommodation.

#### Why is it important?

- Ireland has ratified the United Nations Convention on the Rights of Persons with Disabilities, with a commitment “to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity”.
- Multi-annual investment and wide-ranging reform of the disability sector is necessary to address the scale of unmet need that exists now and to improve service responsiveness and outcomes for people with disabilities.
- There is a disproportionate focus on centre-based residential care and a lack of access to more appropriate personalised supports.
- Prioritising access to early intervention, therapies and community supports for children with disabilities is essential to support them to reach their full potential.

#### What are we trying to achieve?

- A commitment throughout society to removing the barriers between people with a disability and the lives they wish to lead.
- A more responsive, standards-based and person-centred model that results in greater community involvement, maximum transparency in the use of resources and greater flexibility and choice from the perspective of the person with a disability.
- More people will be living in communities of their choice.
- Everyone with a disability will have access to a timely, multi-disciplinary assessment of their needs.
- Structures will be in place to support dialogue and collaborative working with voluntary organisations, people with disabilities, their families and advocates.

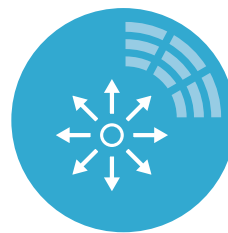
#### What will we do?

- We will develop and implement a multi-annual funded plan for the reform of the Disability sector in line with the UN Convention, and in collaboration with government departments and agencies and disability services stakeholders.
- We will provide increased services to meet demographic need identified in the Disability Capacity Review in the context of sector reform, focusing on:
  - Significant increases in personal assistant and home support hours.
  - Increased and improved day services and the implementation of a refreshed and responsive New Directions policy, seeking to ensure access to appropriate and innovative developmental services and social activities.
  - More appropriate residential services with a focus on community-based and supported housing options.
  - Expanding centre-based and alternative respite services (e.g. home-sharing and summer camps).
  - Increasing therapy services with a particular focus on multi-disciplinary needs assessment and early intervention.
- We will develop the structures to enable service users to become active participants in their care and support, not only through the use of personalised budgets but also in the co-design of their services.
- We will provide more people with disabilities who are currently living in congregated settings with more person-centred homes in the community.

#### Performance Measures

- Increase in the number of service users with Home Support and Personal Assistant hours and in the number of hours per person.
- Number of respite houses and intensive alternative respite packages provided per annum.
- Number of planned and Emergency Places provided.

## Objective 6



### Prioritise prevention and early intervention services focusing especially on children's health, obesity and alcohol harm

We will significantly enhance our focus on prevention and early intervention to improve children's health and well-being now and into the future; we will reduce the risk factors for chronic disease, with a clear focus on tackling harmful alcohol use and rising obesity rates.

#### Why is it important?

- We must improve population health and well-being and address health inequities.
- We need to act early in a person's life to have the greatest impact on their health and well-being; with 25% of the population under 18 years this is particularly relevant for Ireland.
- Ireland performs poorly for healthy weight (80% of adults over 55 in Ireland are overweight or obese) and harmful alcohol use (Ireland is currently 21% above the national target).
- 85,000 children of this generation in Ireland will die prematurely due to overweight and obesity.
- €1.5b is spent annually on alcohol-related hospital utilisation.

#### What are we trying to achieve?

- The health outcomes in Ireland will be the same or better than OECD averages.
- Children in Ireland will have access to a high quality, integrated child health service focused on prevention and early intervention.
- Community services will provide a continuum of preventative, management and support services for overweight and obesity.
- The prevalence of obesity will decrease annually (by 2% for socially disadvantaged populations).
- Harmful alcohol consumption will be significantly reduced due to increased in-person and virtual services available.

#### What will we do?

- We will strengthen local delivery, ensuring the full staff complement is in place across management and delivery, and training and skills development opportunities are provided.
- We will establish a dedicated child health workforce and parenting support teams in each Community Health Organisation.
- We will reduce the prevalence of obesity by introducing an end-to-end Obesity Model of Care with integrated delivery of early intervention, weight management and obesity treatment across the lifespan.
- We will establish 9 new community-based integrated alcohol services and roll out a digital support service for harmful and hazardous alcohol consumption (similar to quit.ie) to reduce harmful alcohol consumption.

#### Performance Measures

- Percentage uptake of the 'five core child health contacts'.
- Percentage decrease in bed days required for alcohol-related admissions to hospital.
- Annual decrease of 0.5% in prevalence of overweight and obesity across all ages.

## Enabler 1



### Patient and Service User Quality and Safety

Patient safety is a key priority across our entire healthcare system. Our vision for patient safety is that all patients engaging with our health and social services will consistently receive the safest care possible. National and international evidence demonstrates that as many as 1 in 8 patients suffer harm while using healthcare services and up to 70% of this harm could have been prevented.

Our national Patient Safety Strategy 2019-2024 aims to create an environment where patients, families, carers and advocates are listened to and are actively involved in making our services better and safer. The importance of quality improvement, patient safety and safe reliable delivery of care is central to the Strategy.

By implementing the Strategy, health and social care staff will understand the need for responding with compassion, openness and transparency when harm events occur. Services will be trusted by patients to identify and manage any risks to their safety. The safeguarding of vulnerable adults or children will be prioritised. Our staff will learn from things that go wrong and from examples of good practice along with showing measurable progress in reducing levels of preventable harm.

#### What will we do?

1. We will foster a culture of partnership to maximise positive patient experiences and outcomes and minimise the risk of error and harm. This will include working with and learning from patients to design, deliver, evaluate and improve care.
2. We will work to embed a culture of open disclosure, learning and improvement that is compassionate, just and fair. We will support staff to practice safely, including identifying and reporting safety deficits and managing and improving patient safety.
3. We will place an increased emphasis on safeguarding vulnerable adults and children and proactively identifying risks to patient safety to create and maintain safe and resilient systems of care.
4. We will undertake to reduce patient harm, with particular focus on the most common causes of harm.
5. We will use information to provide intelligence that will help us recognise when things go wrong, learn from and support good practice and measure, monitor and recognise improvements in patient safety and quality.
6. We will embed a culture of quality and safety improvement at every level of the health and social care service through effective leadership and governance.

## Enabler 2



### Data and Information

Data and information is an integral part of the healthcare system and is an essential support to the delivery of high quality, effective health and social care. People expect their health and care information to be available to them, and to those responsible for helping them, when and where they need it. At the same time, they want assurance that their personal information is being handled appropriately, safely, securely and in an approved and controlled way. Our current system lacks access to timely, accurate and robust data that is essential to informing decision making and assessing resource utilisation across operational, clinical and strategic departments.

A coordinated national approach to how data and information is collected, stored, shared, and accessed across the health service is required. A more transparent and informative picture is needed so that staff, patients and service users understand the importance of the use of information in decision making, process improvement and public health.

Access to high quality, timely and relevant data will help us understand the needs of our population. With appropriate access to information we will be able to measure and track our progress and the impact of our actions. It will also identify areas of underperformance and support improved decision making.

We need to harness the power of information and technology to make health and care better across Ireland.

#### What will we do?

1. We will identify and agree appropriate information and data sources and address key gaps.
2. We will implement an Integrated Information Service which will consolidate information and provide insights to inform decision making.
3. We will implement a Health Performance Visualisation Platform to support our clinicians, managers and policy makers to have appropriate access to timely, accurate data; to provide insight into current status and trends across our care settings; and allow us to safely manage our services in a COVID-19 environment.
4. We will adopt appropriate technologies, build capacity for modelling and predictive analytics, standardise reporting and automate where appropriate, to better understand demand and support population health planning.



## Enabler 3



### Technology and eHealth

Implementing technology and eHealth solutions and accelerating the digitisation of our health service will support a culture of continuous improvement and innovation. It will allow for increased access, sharing, and analysis of information across the health service. Technology will enable predictive health delivery identifying where the services are needed most and support person-centred healthcare. Our Technology and eHealth solutions need to be radically overhauled.

Today our health service continues to be held back with inefficient, and often paper based patient interactions, with patient presence required due to the lack of tools rather than the patient need. While patient presence is critical in a health setting in some cases, it is not required in all settings. We need eHealth platforms that allow information to be shared across care teams with patient and service user consent, regardless of location. This will optimise the efficiency of our health care staff whilst also improving the experience for the patient by delivering safe, integrated and high-quality care. Leveraging appropriate innovative and emerging technologies will enable a greater proportion of care to be delivered within community settings and allow patients to access care closer to home.

#### What will we do?

1. We will implement digitally connected clinical systems, and eHealth solutions across acute and community care to support integrated care delivery (e.g. electronic discharge system, National Laboratory Information System (MedLIS) and ePharmacy).
2. We will implement eHealth and technology solutions that will enable patients to access care closer to home (e.g. Remote Consultation and the Patient Portal).
3. We will implement a shared care record that enables clinical staff to work collaboratively to care for patients and service users regardless of the setting.
4. We will implement technology that allows accurate and integrated data collection to support data-driven decision making across the organisation.
5. We will continue to invest in the infrastructure, and security to ensure that our eHealth and technology solutions can deliver patient outcomes while robustly protecting their information.

## Enabler 4



### Communication and Engagement

Effective communication and engagement is fundamental to how we manage, deliver and improve our services. It benefits the general public, people who use our services, staff and all of our stakeholders. We know that honest, transparent and frequent communications in healthcare improves outcomes for the people who use our services. We also know that two-way communication is integral to ensuring that our services are informed by the experiences of staff, patients, service users and families. We are committed to developing structures and processes that will allow us to work more effectively with staff and the public to co-design changes and improvements. This will support us to better meet population needs and to demonstrate our values of care; compassion; trust and learning.

#### What will we do?

1. We will communicate openly and effectively to build confidence in the health service.
2. We will develop digital communications and invest in designing and delivering patient focused digital health communication platforms.
3. We will develop the necessary structures to effectively involve and engage staff, patients, service users, families and the general public in the planning, design and improvement of our services.
4. We will identify innovative ways and work with partners in order to provide information and engage with those who are unable or do not prefer to use digital channels.
5. We will provide appropriate training to health service professionals to ensure that all communication is easily understood and accessible to the public.
6. We will build capacity and skills within our health service leaders to manage risk and crisis communication.

## Enabler 5



### Infrastructure and Equipment

Investment in infrastructure and equipment is essential to the provision of good health services. Suitable accommodation across our varied range of care settings will allow us to provide healthcare services closer to home, reducing the number of people in congregated facilities. It will also mean that more people will live in accommodation of their choice.

Investment will support necessary capital developments in primary, community and acute settings, including the construction of new or expanded facilities. It will also provide for the purchase of new equipment and technology.

Over the 3 years of this Plan we will progress key capital developments required to support the achievement of our Objectives, in line with our current Capital Plan, the Programme for Government and Sláintecare.

#### What will we do?

1. We will progress key capital developments in the acute sector including the new children's hospital, projects to provide additional capacity in our hospitals, and acute facilities upgrades as set out in our Capital Plan.
2. We will provide suitable accommodation to enable Primary Care and community services to deliver a full range of services in the community.
3. We will refurbish, upgrade or replace Community Nursing Units to ensure all facilities meet HIQA's National Residential Care Standards for Older People.
4. We will secure more person-centred housing for individuals with disabilities.
5. We will invest in equipment and PPE to enable our health service to safely deliver excellent care within a COVID-19 environment and beyond.
6. Where necessary, alternative procurement options will be explored to fulfil capital requirements such as lease agreements and Public Private Partnerships.

## Section 3:

# Supporting Our People and Becoming a High Performing Organisation



## Supporting Our People

### We value our staff and teams

Our staff are our biggest resource and we recognise and value their commitment to our health service and our communities. Throughout our response to COVID-19 our teams have demonstrated exceptional dedication, perseverance and skill. Over the past several months the risk of working at the frontline has increased for our staff and their families and working conditions have become more challenging. We have seen our teams living our values of care, compassion, trust and learning every day.

Our multi-generational and diverse workforce provides us with a wealth of talent and capability. We are committed to creating a culture across our organisation where staff feel valued and supported to be the best that they can be. We need to develop, support and retain our existing staff and engage a newer generation of healthcare employees. We will encourage increased flexibility in our work patterns, locations and ways of learning, with people moving through their work and careers to fit their personal needs. Developing the next generation of leaders is critical for the future.

### We need to empower our staff to deliver change

We need to maintain the new ways of working that were demonstrated during the COVID-19 response, by empowering our staff to be resilient, and support them to deal with the pressures of constant change. This will require us to continue to improve change capability across the organisation and become more adaptable to rapid change. We will equip our people with the skills, supports, and resources necessary to embrace, participate in and effect positive change, including continued leadership development through the Health Services Leadership Academy and education and training programmes aimed at the needs of all staff.

During the consultation process for the development of this Plan, respondents highlighted the importance of communicating in a way that was meaningful to all of our staff. We are eager to improve our communication and engagement so that staff are aware, involved and actively working towards delivering this Plan.

### We need to develop a strategic workforce plan

Addressing key challenges around recruitment and retention of clinical staff (in particular doctors, and also nurses, allied health professionals and clinical support staff) will be critical to implementing the transformation outlined in this Plan. We will take forward an approach across the public sector ensuring education and health sectors work collectively and creatively to meet the evolving health care needs of the State. Alongside long-standing challenges, significant staff redeployment has taken place in order to generate capacity for COVID services. As we continue to operate in a COVID-19 environment and implement the transformation outlined within the six Objectives of this Plan, we need to ensure that staffing levels and skills reflect our new ways of working. We will develop and implement a strategic workforce plan and work with colleges, universities and governing bodies to deliver it, improving staffing levels and skills mix across the health service and addressing key gaps.

### We need to deliver a professional HR service for our staff

We are committed to delivering a professional HR function enabled by strong relationships and collaboration across the whole system. By engaging with and supporting our staff we can strengthen our connection with the people we serve. Listening carefully to the views of frontline staff and recognising



their contribution in a meaningful way will result in better employee experiences and better outcomes for all. We want our people to feel engaged: passionate about our Plan; connected to our values; motivated to achieve their potential; and committed to continuous improvement.

### **We need to create the environment for our people to excel in their work**

We need to create the environment for our people to excel in their work and provide care to patients, service users and the public. To create this environment, we will support our people to have a healthy work life balance and encourage our staff to speak up about concerns and areas for quality improvement. By developing and implementing a strategic workforce plan we will support leadership capability and personal growth. We will provide regular feedback to our staff and seek regular feedback from our staff with an increased focus on teamwork and collaboration. We will strive to ensure that our people feel proud to work at the HSE, remove obstacles, and empower people to attain their personal and professional ambitions.

### **We need to enable our employees to be the best that they can be**

At the core of our Corporate Plan is our commitment to enable employees to 'be the best they can be'. An engaged and empowered workforce will enable us to turn Our Plan into action and realise significant improvements over the next three years. Together we must deliver on the ambition to ensure 'we have the right people, with the right skills, in the right place, and at the right time delivering safer better healthcare'.

#### **What will we do?**

1. We will develop, support and retain our existing staff by increasing flexibility in our work patterns, supporting internal career progressions, and offering professional development opportunities to support our people to achieve career and personal ambitions.
2. We will continue to improve change capability across the organisation to enable our staff to be more adaptable to rapid change. This will involve providing resources and training and developing necessary structures (e.g. developing locally based change and improvement networks, communities of practice etc).
3. We will empower our staff to deliver change, identify barriers and implement improvements for patients and service users by developing the necessary channels to meaningfully engage with our staff, identifying opportunities for staff to participate in the planning process for change, and amplifying the voice of our staff across the organisation.
4. We will create an environment for people to excel in their work by supporting a healthy work life balance, encouraging staff to raise concerns and ideas, and both seeking and providing feedback more frequently. This environment will enable us to retain and attract highly skilled professionals who are aligned to our shared vision.
5. We will develop a strategic workforce plan to inform our recruitment and retention and ensure the right staffing levels and right mix of skills across our organisation.



## Becoming a High Performing Organisation

### Developing an organisational culture that supports our vision

We need to develop a culture which will support us on our ambitious journey ahead. Organisational culture is built on shared values, beliefs and assumptions about how people behave and interact, how decisions are made and how activities are carried out. We recognise that we need to work hard to develop a culture which supports our organisation and enables the transformation outlined in this Plan. We are committed to building a positive culture where there is a common sense of purpose and pride in the team and all our people are treated with dignity and respect. We need to address both written attributes, such as the organisational structure, accountability, and processes and unwritten attributes, such as behaviours and leadership styles. Over the next three years, this Plan will guide everything that we do in order to unite all of our teams to a shared vision, building the positive culture that we need.

### Ensuring our organisation structure is fit for purpose

Our Corporate Plan sets out an ambitious set of objectives for the organisation for the next three years. To be successful we need to have the right structures, systems, processes and procedures in place for delivering and managing our services and to support effective performance management, risk management, internal control and financial control.

We must ensure that the health system is easy to understand, is rationally organised, and that our funding is always spent wisely and on the right things. By improving the way in which the HSE is run and managed we hope to build the trust and confidence of those that work in the health service, that use our services and that we work with to deliver our services.

At a corporate level we must eliminate systemic obstacles to care and ensure that the interests of our health system are fully aligned with our purpose, with our core values, and with our best traditions of quality care. Any future structural changes to the HSE at corporate or service delivery level will be made with the singular purpose of converging the whole of our system around a high quality, integrated model of patient care.

As set out in Sláintecare, one of the key steps towards restructuring the health service is the establishment of six new Regional Health Areas (RHAs). Each RHA is to be responsible for the planning and delivery of integrated health and social care services. They are to have their own budget based on population needs. This should result in integrated service management structures that better support simplified and joined up end to end patient care pathways. It will also support clear financial and performance accountability, empower frontline staff and devolve appropriate authority from the HSE Corporate Centre to the local regions. We will work with our colleagues in the Department of Health to progress the RHAs by putting in place key building blocks in advance of any potential RHA restructuring. These include: completing population needs analysis; developing demand and forecasting models; implementing new pathways of care and progressing new funding and commissioning models.

### Developing an accountable organisation

One of the key features for high-performing organisations is having an effective performance management framework. We have made good progress in this area and have outlined some of the key developments below.

We have introduced regular reviews by senior management of performance and financial reports setting out HSE performance against budgets/forecasts, with the HSE Board playing a key role in these processes. In addition, there are regular reviews by the Department of Health of the HSE's performance in terms of budget and service plans and other non-financial reporting such as workforce planning. The CEO and the Executive Management Team meet as part of normal business at least twice monthly to



monitor performance, with individuals responsible for reporting on progress using agreed performance metrics. There are also monthly Board meetings which are attended by the CEO and members of the management team to provide progress and performance updates.

The National Performance Oversight Group (NPOG) has responsibility as part of the overall accountability process to oversee performance against the National Service Plan (NSP), meeting on a monthly basis. A report on performance is prepared for the CEO which includes details of any serious performance issues requiring formal escalation. Regular performance updates are provided to the Board's Performance and Delivery Committee and to the Board which include the relevant outputs from the NPOG.

Despite the progress outlined above, we recognise there are still areas of accountability that require further improvement. We will continue to work with our colleagues to strengthen our approach to performance management and develop a more accountable organisation.

### **Improving risk management and internal controls**

The management of risk and having effective internal controls is an integral part of a high-performing organisation and is a key focus for the HSE Board. The HSE has developed an integrated risk management policy which clearly defines the roles and responsibilities for all levels of staff in relation to risk (financial and non-financial). We are committed to ensuring that risk management is seen as the concern of everyone, is embedded as part of normal day to day business and informs the strategic and operational planning and performance cycle.

Management at all levels of the HSE are responsible to the CEO for the implementation and maintenance of appropriate and effective internal controls in relation to their respective functions and organisations. This embedding of responsibility for the system of internal control is designed to ensure not only that the HSE is capable of detecting and responding to control issues should they arise, with appropriate escalation protocols, but also that a culture of accountability and responsibility pertains throughout the whole organisation.

Our actions for improving our approach to risk management and internal controls include: adopting an Enterprise Risk Management (ERM) approach; establishing an ERM Programme; setting out a medium to long term controls improvement plan; and appointing a dedicated Chief Risk Officer. It is also important given the challenging and uncertain environment envisaged over the life time of this Plan that we regularly review the Corporate Risk Register and progress the actions relating to Enterprise Risk Management above as a priority.

### **Improving financial control**

The HSE is required to use the resources available to it to deliver the type and volume of services provided for in the annual NSP. An ongoing challenge is to maximise the provision of safe services to the people we serve and to deliver these services within our budget. This is complex due to a number of factors; the level of unmet need and rising demand; current health structures and models of care; demographic, technology and price inflation trends. In addition, the on-going measures to manage the pandemic have placed significant additional pressure on our resources and places a degree of uncertainty about future demand and resources available.

Despite improvements to the overall financial planning and financial management of the HSE, it remains an area for improvement. For example, the absence of a single financial and procurement system presents additional challenges to the effective operation of the system of internal financial control. A key action to address this during the Corporate Plan period is the implementation of the Finance Reform Programme, which is one of the most important non-clinical priorities and is a key enabler for Sláintecare and the wider health service improvements it underpins. The purpose of this Programme is to implement a single modern integrated financial management and procurement system (IFMS) across the Irish health service. This system, along with the standard national processes it will support, aims to change



how Finance operates in the health service. It will enable our finance teams to better support our services in operating within their available resources while also enhancing their ability to deliver and demonstrate value for patients.

Financial control will be an ongoing challenge in the context of the ever-increasing level of demand for our services and the ongoing pandemic. Despite the uncertainty that COVID-19 presents we will continue to work towards improving our financial planning and management to demonstrate greater financial control and to meet budget expectations.

### What will we do?

1. We will create an organisational culture that supports our vision by developing and implementing a change plan which is meaningful and practical.
2. We will make necessary structural changes to eliminate systemic obstacles to care and to enable a high quality, integrated model of patient care.
3. We will work with our colleagues in the Department of Health to progress the RHAs by putting in key building blocks including: completing population needs analysis; developing demand and forecasting models; implementing new pathways of care and progressing new funding and commissioning models.
4. We will continue to work with our colleagues to strengthen our approach to performance management and develop a more accountable organisation.
5. We will improve risk management and internal controls by adopting an Enterprise Risk Management approach; establishing an ERM Programme; and appointing a dedicated Chief Risk Officer.
6. We will regularly review the Corporate Risk Register and progress the adoption of an Enterprise Risk Management approach.
7. We will implement a single modern IFMS across the Irish health service, including all voluntary organisations funded under s.38 of the Health Act and larger organisations funded under s.39. This work commenced in 2019 and efforts in 2021-2023 will focus on implementing the system and processes.
8. We will carry out an externally supported assessment of the level, mix and location of financial staff that will be required when this new system is in place.
9. We will standardise financial management and other control processes nationally to achieve greater financial control and meet budget expectations.
10. We will continue to embed Activity Based Funding across the system to increase understanding of and accountability for costs and identify opportunities for improved efficiency and effectiveness.
11. We will expand the capacity of our Health Care Pricing Office to enable it to lead our efforts to enhance the costing of community services. This is a key precursor to the expansion of Activity Based Funding within our community services.



# Section 4:

## Resourcing and Delivering Our Plan



We are committed to fully implementing this Plan and driving demonstrable improvements over the next three years. In order to successfully deliver the Plan we need to adopt the appropriate implementation approach as well as work with our colleagues in the Department of Health to secure the necessary financial resources. The Section below describes the principles which will underpin the Plan's delivery. These reflect a practical and agile approach to drive real progress, build momentum and engage our stakeholders. We have also reflected the learning from the COVID-19 pandemic which highlighted the benefits of more streamlined decision making and governance to drive change. The second half of this section focuses on the financial resources to deliver the Plan and reflects the challenge and uncertainty of the healthcare environment now and into the future.

### Implementation Approach

In order to make real change and transform our services, we have identified seven principles set out below, that will be used to guide the implementation of our Corporate Plan.

**1. We will be agile and flexible:**

Given the uncertainty around when and how we will emerge from the COVID-19 pandemic, we will need to be agile and flexible throughout the implementation phase of this Plan. This means that anticipated timelines, approaches, activities and available resources may change as we deliver on our Objectives.

**2. We will be action-oriented and communicate frequently:**

The urgent need for change also means that we must communicate effectively and move quickly to drive forward the Plan's implementation. Progress is already being made in many areas of the Plan including the reintroduction of non-COVID-19 services, the establishment of Community Health Networks and the transformation of scheduled care services.

**3. All of our processes will be patient-centred:**

As we transform our system, we must ensure patients and service users are at the centre of every planning and implementation conversation. With a shared vision of improving patient and service user experience, we will work together more effectively and overcome barriers that have made change more difficult in the past.

**4. We will co-design improvements with staff and service users:**

We will involve staff and service users in the planning process to increase the likelihood of successful implementation. This will ensure that changes are informed by experience, are appropriately designed to deliver the intended benefits, and have the support of our people.

**5. We will align with Government direction:**

Our Objectives will enable us to advance key Government priorities and we will continue to work collaboratively with colleagues in the Department of Health to drive progress.

**6. We will maintain the momentum and appetite for change:**

Our health service has experienced significant improvements through our response to COVID-19 and changes were implemented rapidly and very effectively. In order to maintain this momentum and appetite for change, we must identify and communicate the existing challenges and work collaboratively with stakeholders to generate and implement innovative solutions.

**7. We will measure and monitor our progress:**

We will put in place the required infrastructure and processes that allow us to collect, analyse and leverage data to track the progress of the Plan against identified performance measures.

We will create a culture of collaboration with a relentless focus on execution.



Adopting a one team approach will determine our success.



## Financial Resources

This is an ambitious Plan aiming to make demonstrable improvements to the health service over the next three years. For the Plan to be successfully delivered the necessary financial resources need to be made available.

The Sláintecare report recommends the growth of the general government health budget by 7% per annum at a minimum (or approximately €1.2bn annually) for each of the years of this Corporate Plan. The report states that: these resources should be used in part to provide for the expansion of entitlements set out in the Sláintecare report at an annual cost of some €380m to €460m. The remainder of the resources are required to address costs attributable to demographics and maintaining current service levels and standards due to changes in disease trends, technology developments, new care models, changing expectations and changing supply of services.

In addition to this ongoing level of funding, the Sláintecare report states that once-off transitional funding estimated at €3bn over 6 years (or €500m for each year of this Plan) is required for capital projects, new structures, new equipment, additional staff training capacity and new services. The Sláintecare Committee believes that the additional investment in our health system is needed now to ensure that it is sustainable in the long term.

It is our view that financial resources are also required to address the cost of meeting unmet need which in Ireland is higher than the EU average. Better value for money needs to be achieved within the Irish health system acknowledging the relatively high input costs required to deliver the services. Research shows that Ireland's relatively high healthcare expenditure may indicate a relatively high price economy with high healthcare input prices, a consideration which along with other issues requires further exploration. The key requirement is for any additional investment to be over and above the 'cost of standing still' i.e. the cost associated with existing services including full year costs of services started or expanded in any year, price inflation, general public service pay and pension awards, demographics, etc.

The pressure on our finances continues and the financial implications of COVID-19, where resources have been diverted to the pandemic response, are expected to be significant. While acknowledging this challenging environment, and despite the wider financial pressures we need to commit the resources to this Plan and grasp the opportunities for reform that the pandemic presents.

# Section 5:

## Conclusion

As we look ahead to the next three years, we will continue to build on the progress made throughout the response to COVID-19. We will develop structures that enable us to collaborate effectively with staff, patients, service users and the general public throughout the implementation of this Plan. We believe that transparent communication and obtaining stakeholder feedback will be important to achieving this ambitious transformation.

We recognise the complexity of implementing system-wide changes and have taken the following steps to ensure that we are successful in making real change:

1. We have prioritised a small number of large service transformations, which will allow us to focus our efforts and resources to make demonstrable improvements to our service.
2. We have identified areas that may impede the health service from improving, such as lack of access to data and information, and outlined actions to address these barriers.
3. We have identified steps to improving our organisational culture and supporting our staff to be the best that they can be.
4. We have analysed progress made to date and identified opportunities to enhance the performance of our organisation (such as financial control and accountability).
5. We have developed an implementation approach that is informed by best practice and will guide us over the next three years.

We know that there is still a lot of uncertainty. Despite this, our Plan outlines actions that we believe will make a positive impact on our health and our health services as we live with and recover from COVID-19. We are committed to delivering this Corporate Plan and we will work hard to secure the resources we need to implement it. Although it will be a challenging road ahead, we are excited about what we can achieve together working as one team towards our aims:

Thank you for taking the time to read our Plan and supporting us as we work towards our vision of:



# Notes

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---





HSE  
**Corporate  
Plan  
2021-24**

**Health Service Executive**

Dr. Steevens' Hospital  
Steevens' Lane  
Dublin D08 W2A8

Tel: 01 6352000

[www.hse.ie](http://www.hse.ie)

© February 2021 HSE

ISBN: 978-1-78602-166-3