

Health Service Excellence Awards 2017

The Health Service Awards are designed to encourage and inspire HSE healthcare staff to develop better services that result in easier access and high-quality care for patients and to promote pride among staff in relation to our services.



Over 330 projects from all around the country entered the 2017 Health Service Excellence Awards, which are open to all staff working in the publicly funded health system. Following a rigorous process 11 projects were selected and teams invited to attend the Health Service Excellence Awards at a Christmas themed ceremony at Farmleigh, Phoenix Park Dublin, Thursday 14th December. The overall winner was announced by Tony O'Brien Director General HSE.

Mary Byrne brought the x factor and sang at the event and Ivan Yates was an entertaining MC for the evening. Rosarii Mannion National Director HR acknowledged and thanked everyone in particular members of the Staff Engagement Forum.

The Winners included;

1. Aoife Conroy, Development of a Serum Eye Drop Programme in Galway Blood and Tissue Establishment, Galway University Hospital won the 'Team Project Award'

The Selection Panel felt this project was specialised and unique with no other site in Ireland manufacturing this product. The panel were highly impressed by the team and their efforts. The panel want to recognise this team for their hard work, without this team, patients/service users would have to avail of this service abroad. The award was presented by Suzanne Dempsey IADNAM.

2. Sarah Maidment, Influenza Vaccination Campaign, Protecting Our Patients -

Temple Street Childrens University Hospital Childrens Hospital Group won an award for 'Improving Our Children's Health'. The panel recognised the Top Hospital vaccination uptake. Award presented by Joan Gallagher.



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to download here



Wishing you all a very happy and successful 2018 from all of us at @hse_hr

Health Service Excellence Awards 2017 (Continued)

3. Paul Maloney, Frail Intervention Therapy Team, Beaumont Hospital received an award for 'Supporting A Healthy Community' presented by Hilary Dolan.

This initiative has greatly improved patients' quality of life and is particularly important in view of the increasing number of frail elderly in our communities. This wonderful positive team have established a special pathway to ensure that frail elderly people who attend the hospital's Emergency Department are managed in such a way that they can either return home or their stay in the hospital is kept to a minimum. This initiative supports a healthy community and is therefore the deserving recipient of the Award. Congratulations to the FIT Team in Beaumont Hospital.



4. Anne Marie Bennett, To Develop a Model System that Promotes the Concept of Food First and in Turn Controls and Manages Hospital Clinical Nutrition Products, St Marys Hospital, Phoenix Park.

This project won the award for 'Improving Patient Experience' was highly commended by the selection panel for collaborative, multidisciplinary, patient-centred approach to transforming the mealtime experience for both patients and residents in St. Mary's Hospital by introducing mealtime innovations, nutrition training for staff and user-friendly standardised dietary documentation. The project has demonstrated how working collaboratively can empower staff to apply their knowledge and expertise to improve services and experiences for our patient, service users and their families. The award was presented by Roberta O Callaghan, an active member of the staff engagement forum.



5. Deirdre Cornally, Development and Introduction of an Acute Diabetic Foot Pathway: A Multidisciplinary Approach, St Vincents University Hospital won an award for 'Best Integration' presented by John Swords.

The Selection panel were highly impressed by this project due to the huge impact the multidisciplinary team involving nurses, doctors, podiatry, allied health and non-clinical departments (such as bed management, clinical audit) has had on patient satisfaction and clinical outcomes by streamlining and improving patient care, dramatically reducing average length of stay, reducing readmission rates within 2 weeks of discharge and reducing the number of lower limb amputations performed.



6. Sandra Cullen, Financial Stewardship: Advancing the Role of the Pharmacy Technician and Delivering Better Value for Money on Hospital Drug Spend, Connolly Hospital Blanchardstown won the award for 'Improving Efficiency and Value in Health Care' presented by Emma Breathnach, active member of the staff engagement forum.

This project demonstrates what can be achieved from a small investment. The savings in the hospital drugs budget as a result of this project were impressive and there is significant potential to make huge savings not just in Connolly hospital but in all hospitals. The panel highly recommended that this project be examined and considered for implementation across all hospitals.

7. Orla Kavanagh, Development of a Nurse Led PICC Line Insertion Service for Haematology and Oncology Patients Using 3CG Technology, University Hospital Waterford won the award for 'Excellence in Quality Care' presented by Joe Ryan Programme for Health Service Improvement.

The Selection panel highly commended this project which is an excellent example of a quality patient focused, practitioner led, initiative which has added enormous value to the capacity of the hospital to deliver a high quality service in a timely manner. It demonstrated excellent initiative from those working closely with patients on a daily basis to think innovatively about the use of technology as a continuous improvement tool. It also demonstrated excellent team working capability in the manner in which all stakeholders engaged enthusiastically in sourcing and implementing a solution which is adding significantly to the lives of those in their care.

8. Siobhan O'Dea, Setting Up of a Nurse Led Asymptomatic Screening Clinic at the Gay Men's Health Service, Gay Mens Health Service, Baggot Street Hospital won an award for 'Innovation in Service Delivery'.

This project demonstrates team work, collaboration and innovation in service delivery, identifying the potential public health implications of delayed treatment due to evening walk-in clinics being unable to cater for all attending clients, this innovative Nurse Led daytime clinic sought to reduce the incidence of



"It is our ambition for staff to have a strong sense of connection to our service, take personal responsibility for achieving better outcomes and support their team colleagues to deliver results. The commitment of staff throughout the public health service contributes in a very significant way to the quality and satisfaction levels acknowledged by the people who use our services."

HSE National Director of Human Resources, Rosarii Mannion



HIV in the community and beyond by offering a rapid HIV test in addition to a full STI screen. In existence for just over a year it has seen 1,000 attendees and its detection and treatment of STIs in this at risk group has reduced transmission and rate of spread as well as reducing ultimate cost of untreated infections.

*The Selection Panel recognised Siobhan O’Dea for her superb work, her commitment, and dedication. Siobhan O’Dea received the Award for ‘Championing Diversity, Equality and Inclusion’ across our Irish health service presented by Jackie Reed, National Health & Social Care Professionals Office.

9. Catherine Farrell and Mr Eoin Sheehan, The Trauma Assessment Clinic, Midlands Regional Hospital Tullamore won an award for ‘Excellence in Patient Flow Management’ presented by Geraldine Smith. This project was Highly Commended by The Selection Panel, our adjudicators were delighted to see that with the support of management, Orthopaedic Surgeons, Nurses and allied Health professionals coming together to design a pathway that has brought huge benefits for patients and created excellence in patient flow management. The Project is a real demonstration of what can be achieved for patients when professionals plan and work together as a team. This novel project should be replicated across the health system.

10. Kevin Stanley HSE HR presents the National HR Award in recognition of ‘Employee Engagement’ to Teresa Quinn, Brontanas , CHO 2 HSE & Tusla.

The Selection panel highly commended this project described as engaging, representing organisational values and instilling pride.

HSE & Tusla employees in Mayo have engaged and come together each year to ensure that each child, who might not otherwise do so, gets a gift at Christmas.

In what is a major logistical exercise, community services compile lists of children whom Santa might not be able to visit and the kind of present each child would like. These gifts are then sourced from generous members of our health service and the public and distributed in time for Christmas.

The Selection panel have complimented the Brontanas initiative stating this is a project which makes us proud to be part of our HSE.



11. Aoife Conroy, Development of a Serum Eye Drop Programme in Galway Blood and Tissue Establishment, Galway University Hospital won the ‘Team Project Award’ earlier and also awarded the ‘Popular Choice Award’ by colleagues via online voting.

The Selection Panel felt this project was specialised and unique with no other site in Ireland manufacturing this product. The panel were highly impressed by the team and their efforts. The panel want to recognise this team for their hard work, without this team, patients/service users would have to avail of this service abroad.

John Connaghan presented the award.

Overall Winner is awarded by Tony O’Brien DG to;

12. Mary Walsh, Samantha Rayner and Sean Moynihan, Support Co-ordination for Older Persons, HSE National Social Care / CHO 9 and Dublin North City and County won the overall HSE Excellence Award 2018.

The selection panel recognised this project as is an excellent example of the qualitative outputs from a well-considered collaboration between our HSE and one of its partners; Alone. The commitment from both organisations to work together to identify synergies between both organisations and to establish the optimum use of its resources has resulted in an invaluable service provision to people who may otherwise be vulnerable. It demonstrates a commitment to real community based care and to improving the lives of its client base through ensuring it supports timely linkages with appropriate services, thus ensuring people can remain cared for and secure in their own homes.

Speaking about the importance of the awards, Tony O’Brien, Director General of the HSE, said: “The Health Service Excellence Awards are designed to identify and recognise the real value we place on excellence and innovation across all of our health service.”

HSE National Director of Human Resources, Rosarii Mannion, “It is our ambition for staff to have a strong sense of connection to our service, take personal responsibility for achieving better outcomes and support their team colleagues to deliver results. The commitment of staff throughout the public health service contributes in a very significant way to the quality and satisfaction levels acknowledged by the people who use our services.”



Overall Award

Innovative Support Coordination for Older Persons: HSE National Social Care Division/CHO 9 and ALONE voluntary organisation.

The Support Coordination Service supports older people to age at home for as long as possible.

Trained volunteers provide support to older people by providing:

- a befriending and events service
- benefit and entitlements activation
- access to primary care services
- applications and oversight of adaption grants
- end of life planning
- budgeting

The programme intends to:

- create a cost effective, scalable, and transferable model by working with all services in the area
- reduce hospital admission and support older people being discharged to return home
- avoid nursing home admissions, for older people with lower support needs
- identify factors preventing an older person from living well at home and identify the practical, social resources and supports addressing these factors



- link in with the community and primary care supports
- coordinate multiple supports across state agencies and local community and private services
- apply for grants and aids with housing adaption's help with practical home modifications
- combat loneliness and isolation through befriending and advocacy services

The programme is trialling the roll out of assistive technology to produce needs-based outputs available in real time. The

programme is a partnership project between the HSE National Social Care Division Staff and the voluntary organisation ALONE.

They work with statutory bodies and community organisations to provide tailored individual support to guarantee best use of local services. This promotes independence, choice and wellbeing to older people.

Impact:

To date, 489 older people have been supported through the project. The team have developed a Management Information System (MIS) to enhance measuring and reporting.



HR award

Bronntanas Project, Co Mayo – Project managed by Tusla staff in Co Mayo in collaboration with HSE and Mayo Co. Council staff

The Bronntanas Project supports parents in Mayo who are experiencing difficulties at Christmas by providing a gift for them to give to their children on Christmas morning.

Volunteers from around the county purchase a small Christmas gift for a specific child whose parents are unable to do so. The families are identified by community services or by their contact with the Scheme Coordinator. Their requests are then coded and volunteers are given brief details of what gift to purchase and a central point to drop it off.

The scheme is coordinated by HSE and Tusla staff and has become a part of their working lives from October to December each year. They rely on the goodwill of the general public. Some volunteers have been donating for more than a decade. The scheme is a cooperative between HSE, Tusla and the people of Mayo.



Bronntanas Project, Co Mayo – Project managed by Tusla staff in Co Mayo in collaboration with HSE and Mayo Co. Council staff

Impact:

The parents who use the scheme find the professional way in which the gifts are organised to be supportive and non-judgemental. Every year there is more demand for gifts. Last year the scheme provided over 350 gifts for children in Mayo. This project was submitted by the Prevention, Partnership and Family Support Programme TUSLA, Castlebar, Co Mayo.

Click here for more information



Popular Choice Award



Development of a Serum Eye Drop Programme in Galway Blood and Tissue Establishment, University College Hospital Galway.

The Galway Blood and Tissue Establishment at Galway University Hospital has dedicated years of service to obtaining the Good Manufacturing Practice license to produce autologous and allogeneic serum eye drops (ASE's).

- Galway University Hospital is the only hospital in Ireland licensed to produce Serum Eye drops (SE's). SE's are a serum-derived product used to treat a range of ocular surface disorders.
- Prior to 2011, all patients prescribed ASE's in Ireland had their serum, derived from a unit of autologous blood, shipped to Speke, Liverpool for processing. In Speke, the serum was diluted and the product was dispensed, unlicensed, using an open system. The product was then shipped back to Ireland and issued to the patient by the Irish Blood Transfusion Service. This system was both time consuming and expensive, also the open nature of production had the potential for contamination of the product during manufacture.
- The ASE team in Galway Blood and Tissue Establishment carried out extensive research into the manufacture of the product in various sites worldwide and the therapeutic benefits of the treatment, and felt that GBTE had the resources, skill and knowledge to address this service need in Ireland.



- As there is no other site in Ireland manufacturing this product, all aspects of the procedure from patient assessment and acceptance, donation, production, release and follow up has been devised entirely by GBTE.

Impact:

There are many patients throughout the country whose lives have been radically improved thanks to this treatment.



Development of a Nurse Led PICC Line Insertion Service for Haematology and Oncology Patients, University Hospital Waterford Hospital



This project involved the development of a nurse-led peripherally inserted central catheters (PICC) line insertion service for haematology and oncology patients using 3CG technology.

Prior to this, PICC lines were typically inserted by a consultant interventional radiologist.

- Analysis and bench marking of the pre-existing PICC line insertion service was completed. The project team developed a comprehensive business case to support development of a nurse-led PICC line insertion service. This was approved by the Medical Directorate Leadership Team and Executive Management Board and governance arrangements put in place
- Protocols, referral pathways, patient pathways, data collection tools and audit process agreed. A standard operational procedure was developed

- Two oncology clinical nurse specialists (CNS's) and one haematology clinical nurse specialist completed a training programme and competency assessment
- A pathway was developed with the community intervention team to carry out PICC line flushes in the patients' home within 24 hours post line insertion
- A weekly PICC line insertion clinic commenced.

The team

A nurse led PICC line service was developed. Three clinical nurse specialists were trained to autonomously insert PICC lines using 3CG technology.

Impact:

29 PICC lines have been inserted by CNS's. Patients no longer wait for extended periods for a PICC line insertion. This decreases anxiety patients experience, while waiting to begin chemotherapy treatment. Other impacts include:

- patients spend less time in hospital by not being admitted to a surgical day ward
- wait times for insertion of PICC lines reduced
- patients commenced cancer treatment in a timely manner
- Total savings were estimated to be €47,860.
- Database developed to gather all the relevant evidence which will allow for a full audit after 12 months.



Influenza Vaccination Campaign 2016/2017 at Temple Street Children's University Hospital, Dublin

The Temple Street Children's Hospital Influenza Vaccination Campaign encouraged the uptake of the vaccine among staff through a far-reaching campaign.

How it works

A number of innovative activities took place among all hospital staff. The campaign began with a 'Jabathon': During this phase almost 25% of the hospital staff were vaccinated.

Other campaign initiatives included:

- 'Selflu' photo competition
- pop-up clinics at locations and times designed to suit front line staff
- peer vaccinators and champions
- mannequin challenge involving hospital leaders and all disciplines to boost campaign
- poster displayed on the website and photo of a long-term patient receiving the vaccination

Communications specific aspects of the campaign included:

- photo collage displays in public areas of staff receiving their vaccines
- link between immunisation and protection of patient messages
- promoting vaccination and clinics using social media, intranet and screensavers
- regular uptake figures displayed daily using graphic meter
- promoted through daily hospital huddle



Maintaining the momentum was achieved by changing the times and frequency of the pop up clinics.

The vaccination campaign was designed by the Nursing and Occupational Health Department. A wide range of individuals from all disciplines in the hospitals championed and supported the campaign.

Impact:

Temple Street had the top hospital vaccination uptake for mid-season influenza among HSE funded hospitals and long-term care facilities 2016-17. Uptake was with 63.7%.



Nurse Led Asymptomatic Screening Clinic, Gay Men's Health Service (GMHS), Baggot Street Hospital, Dublin

The Gay Men's Health Service set up an innovative Nurse led asymptomatic screening clinic to reduce the incidence of HIV in the MSM community and beyond.

How it works

In response to a dramatic increase in STI's among men who have sex with men (MSM) in 2016, the Gay Men's Health Service (GMHS) set up a new walk in clinic on a Monday afternoon 2pm to 4pm to increase testing among this population.

Unlike the other two evening clinics at GMHS, this clinic is nurse led and offers a rapid HIV test in addition to a full STI screen. Prior to setting up this service the GMHS was unable to cater for the number of patients who attended the walk in service on a Tuesday and Wednesday evening. This resulted in between 25 and 35 MSM potentially positive for STI's being invited to return to the next available clinic or seek help at another service. The delay in treatment had the potential to have significant public health implications.

The team

The Gay Men's Health Service is a community service funded by the HSE and works in collaboration with many statutory and voluntary organisations to reach its goal of serving the community. This successful project is a collaboration of the Gay Men's Health Service, the Health Protection Surveillance Centre, Sexual Health and Crisis Pregnancy Programme, Gay Health Network, Gay Switch Board Ireland, GMHS Outreach Programme and St. James's Hospital Infectious Disease Services.



Impact:

This nurse led screening service has proved to be extremely cost effective not only in terms of the high quality of the clinical service delivered by Nurses but also the numbers of service users catered for. The high detection and treatment of STI's of 15% in this at risk group has ultimately reduced transmission and rate of spread as well as reducing ultimate cost to the HSE of untreated infections.

The measurement and results are a statement of the success of the service. The clinic has been in operation for 11 months now with over 1,000 attendees. This Asymptomatic screening service is a recipe that clearly works and could be very easily transferred to other settings within the community.



Frail Intervention Therapy (FIT) Team, Beaumont Hospital

The Frail Intervention Team (FIT) set out to develop a whole system pathway for frail older people to ensure they are managed assertively and their length of stay is kept to a minimum.

established in 2016, facilitating a joint approach to service redesign. Many MDT work streams were formed to shape the service. There is now the use of the frailty trigger across the team, ensuring a common language and ethos.

How it works

Emergency Department overcrowding is associated with increased mortality, increased length of stay and patient harm.

The Frail Intervention Team introduced an organisational quality improvement approach to ensure the care delivered is safe, effective, patient centered, timely, efficient and equitable.

Priorities identified:

- Develop an assessment service at the 'front door' to enable a multidisciplinary team consensus to ensure best possible care for the patient with admission avoidance where possible
- Create a frail elderly ward to implement the frail elderly pathway and support safe early discharge where possible. Ensure ethos of daily decision making, communication and planning for discharge from admission. Prevent deconditioning by promoting independence and activity
- Expand the existing Day Hospital service as the navigational hub for integrated services to facilitate both admission avoidance and early supported discharge
- Liaise with community services to support integration and rehabilitation. Coordinate required services across both domains with intention to maintain the older person at home where possible

The team

Development of integrated services for frail older people between primary and secondary care services was possible only through a partnership approach between Beaumont Hospital and CHO9. A project Steering Group and supporting Implementation Team were



Impact:

- This project has reduced the requirement for additional acute care beds, rehab beds and nursing home beds by promoting a home first ethos has saved significant money.
- The ultimate success of this project includes patients reduce their length of stay and go home.
- There has been a 28.5% increase in the volume of discharges by Day 10 of admission. 95% of patients are discharged in 49 days in 2017 compared with 65 days in 2015 and bed utilisation has reduced by 13% despite an 11% increase in admissions as our local population gets older.
- Feedback from the patients has been overwhelmingly positive: "Normally, when you leave hospital they forget about you but this service has been brilliant. You've given me my mother back." (Patient's daughter). "This is the best help we've had leaving the hospital, you've given him a huge boost to his confidence" (Patient's wife)



Promoting Food First model and managing Hospital Clinical Nutrition products, St Mary's Hospital, Phoenix Park, Dublin

The Food Project, Phoenix Park reduces patients' reliance on Oral Nutritional Supplements by improving mealtime practices in St. Mary's Hospital.

How it works

A new system was introduced to make mealtime a much better experience for both patients and residents in St. Mary's Hospital.

This was done with a step-based approach which involved:

- Screening patients at risk of malnutrition
- The introduction of mealtime innovations
- Nutrition training for staff
- The standardisation of dietary documentation

Alongside improving practices, a new ordering system for Oral Nutritional Supplements was designed by a senior dietitian to monitor usage and associated costs.

The team

The success of this project would not have been possible without the enthusiasm and passion displayed by interdepartmental hospital staff for patient-centered care.

Led by dieticians, this campaign was a collaborative project including the catering department and ward catering staff, the speech and language therapy department, nursing and nurse practice development, stock department, St. Mary's hospital and Cherry Orchard hospital, health care assistants, the activity department and hospital management.



Impact:

The previous system was inefficient, time consuming, expensive and often led to high wastage. This project not only addressed these issues but also raised awareness around the importance of good nutrition practices. It also subsequently achieved cost savings for the hospital.

This project has demonstrated how working collaboratively, streamlining existing practices, providing education and effective communication can empower staff to apply their knowledge and expertise to make good nutrition everyone's responsibility in the hospital.



Advancing the Role of the Pharmacy Technician and Delivering Better Value for Money on Hospital Drug Spend, Connolly Hospital, Blanchardstown

A Senior Pharmacy Technician was employed on a specified purpose contract for a 12-month proof-of-concept period to demonstrate the savings that could be made from a targeted 'purchasing-for-quality' approach to drug procurement.

How it works

The Senior Pharmacy Technician worked closely with the Chief Pharmacist to identify and prioritise elements of the drug budget appropriate for targeted work. They then defined the appropriate criteria for assessing drugs, for example licensing status, medication safety features, lead times, continuity of supply, vendor reputation, and price.

A scoring tool was then developed, assigning suitable weighting to each criterion. The scoring tool was then piloted for a number of test drugs and refined. To track workflow, drug spend and savings, a database was developed, which gave clear visibility on spending and saving for the year-to-date as well as projected spending/saving for whole year. Work commenced on assessing selected high-spend drugs and recording the savings achieved.

The team

The role of the Pharmacy Technician in Ireland has been relatively underdeveloped until now, particularly when compared with the United Kingdom. This means that the particular skills and expertise of this group of healthcare workers are being underutilised.

This project seeks to both harness and enhance these skills to deliver measurable and meaningful improvements in performance. This will also, we hope, pioneer a new role for Pharmacy Technicians in Connolly Hospital and in the Irish Hospital setting more generally.



Development and Introduction of an Acute Diabetic Foot

Pathway: A Multidisciplinary Approach St Vincent's University Hospital, Elm Park, Dublin

The Acute Diabetic Foot Pathway is a multidisciplinary approach that improves patient care in St. Vincent's University Hospital.

How it works

Over a 3 year period (2012-2015) the number of patients admitted to St. Vincent's University Hospital for the management of the acute diabetic foot increased by 52%. These patients had an average length of stay of 26 days and a readmission rate of 43% within 2 weeks of discharge. There was also a 20% increase in the number of lower limb amputations performed.

A multidisciplinary task force was established to audit the service and identify any areas for improvement. Inpatient and theatre data over a 12 month period was retrospectively analysed. The task force identified five key areas which were:

- Reduce patient length of stay (LOS)
- Streamline and improve patient care
- Improve patient outcomes
- Improve access to diagnostics and interventions
- Ensure multidisciplinary approach to patient care

The task force reviewed the current national guidelines (Model of Care for the Diabetic Foot, HSE, 2011) and international best practice guidelines to establish a quality improvement plan. From this plan, the Acute Diabetic Foot Pathway booklet was developed.

The team

To successfully implement this project, task force and all the members of the multidisciplinary team were committed to improving patient care and outcomes based on best practice guidelines. This involved nurses, doctors, podiatry, allied health and non-clinical departments (such as bed management, clinical audit).

The entire team was committed to providing high quality care Learning. Team members gained experience in developing a care pathway, performing audits and maintaining KPIs. All members were up to date on the best practice in the management of these patients. The development implementation of the pathway was a valuable learning experience for all involved.



Impact:

Patients demand and deserve medication of the highest quality. This project seeks to ensure that this demand is met while also delivering savings in drug spend. Such savings, in turn, may be reinvested in services which will enhance the patient experience.

This project seeks to accept the reality of finite healthcare budgets, while also finding ways to retain a quality focus. After nine months, the overall savings achieved is in excess of €427,000 with total projected savings for 2017 in excess of €500,000.



Impact:

This project has had a huge impact on patient satisfaction and outcomes. Length of stay is greatly reduced and patients are now treated at home if OPAT is available in their area. There are less major limb amputations performed and less readmissions. Anecdotally some patients have re-engaged with their local diabetic services From an organization's perspective there was a dramatic reduction in length of stay, less readmissions within 2 weeks of discharge and a substantial cost saving.



Trauma Assessment Clinic, Midlands Regional Hospital, Tullamore

The Trauma Assessment Clinic improves and streamlines the patient journey after an injury without compromising care.

How it works

The Trauma Assessment Clinic is a new care pathway for patients. The patient arrives in the Emergency Dept. with an injury and is treated to a recognized protocol. They are given information and a splint or cast and followed up by phone call from the orthopaedic team. Within 24 hrs the patient's x-rays/notes are assessed by the orthopaedic consultant. The patient is called and advised as to their planned treatment.

This approach helps to:

1. Avoid all the disruption associated with hospital attendance.
2. Free up Consultant and clinic staff time for more needy patients.
3. Review patients' injuries by a consultant led team in a much faster way than before. This speeds up treatment delays.

The team

Run by Consultant Trauma and Orthopaedic Surgeon in the Midlands Regional Hospital, Tullamore, the service uses a team approach. This involves a consultant, a registrar (junior doctor), a CNS Clinical nurse specialist and a physiotherapist to review each patient's case. The patient is then contacted directly via telephone with the plan of action for their injury.

This empowers nursing specialists to execute a treatment plan and allows local staff to deal with their own patients rather than physically referring them to a tertiary center.



The nature of the project means that there are many departments involved including: Clinical, Nursing and Administration, Clinical Care Programme Orthopaedics, Emergency dept., outpatient service, General Practice, Physiotherapy Dept, Management and Clinical Directors.

Impact:

So far, the Trauma Assessment Clinic pilot project has seen 1,668 patients. 30% of patients are discharged at this stage, 40% are referred to an appropriate clinic or a follow up trauma clinic, 30% are referred onto physiotherapy services. Therefore 60% do not attend the fracture clinic. In the past 100% of these patients would have attended the hospital clinics. Patients who don't need follow up are discharged and those that do are seen quicker and more efficiently, either in a clinic or a physiotherapy service.

This project uses technology and teamwork to improve the delivery of care for patients. It allows hospital staff to deal with patient injuries in a professional, efficient and speedy way. It values the patient's time and it empowers them. It allows healthcare workers to apportion more time to deal with serious injuries and address other orthopaedic patients waiting to be seen. It up-skills paramedical staff and fosters a teamwork approach to managing patients.



View our Health Service Excellence Awards Stellar Story here



Planned activity for Q1

Expand our mentoring programme for Women in Leadership

Expand our Internability Programme

Examine common themes between Staff Survey (Your Opinion Counts and recent Patient Experience Survey) and ensure HR interventions are targeted appropriately

Enhance our coaching service

Continue to expand our Leadership Academy

Publish HSE Change Model and support implementation

Launch Healthy Workers Strategy

Extend our HR Staff Rotation Policy focused on our HR Future Leaders

Provide further training in Irish Sign Language

Monthly webinars on HR topics identified by service delivery units starting 19th January (Garda Vetting)

Work with Quality Improvement Division on embedding Person Centred Cultures focusing on the human connection to patient care

Publish our research study on Engagement and Experience of Working Parents in the HSE on return to work from birth/ adoption of a child and implement recommendations

Health Service Excellence Awards Sharing The Learning 2018

Watch this space to share the learning nationwide from our HSE Excellence awards, as we invite winners to present and share the learning. Here is a list of dates to watch out for in 2018:



<p>Share The Learning Event: 1st February 2018 RCSI Hospitals Group, CHO Areas 8 & 9 and relevant voluntary providers:</p>	<p>Regional Co-ordinators Ms Yvette Keating</p>
<p>Share The Learning Event: 14th March 2018 South / South West Hospitals Group, UL Hospitals Group, CHO Areas 3, 4 & 5 and relevant voluntary providers:</p>	<p>Ms Tess O'Donovan</p>
<p>Share The Learning Event: 19th April 2018 West / North West Hospitals Group, CHO Areas 1 & 2 and relevant voluntary providers:</p>	<p>Mr Francis Rogers</p>
<p>Share The Learning Event: 22nd February 2018 Ireland East Hospitals Group, Dublin Midlands Hospital Group, Childrens Hospital Group, CHO Areas 6 & 7 and relevant voluntary providers:</p>	<p>Ms Mary Gorry</p>
<p>Share The Learning Event: 1st February 2018 National Ambulance Service, PCRS, Corporate, Health Business Services, Health & Wellbeing and relevant voluntary providers:</p>	<p>Ms Michele Guerin</p>

For all details regarding our Share the Learning events taking place in 2018, email: excellenceawards@hse.ie

HR webinar training schedule 2018

Month	Time	Presenter(s)	Subject
January 31 st	11:00 – 12:30	HR Advisory Employee Relations	Garda Vetting
February 28 th	11:00 – 12:30	HR Advisory Employee Relations	Sick Leave
March 28 th	11:00 – 12:30	HR Advisory Employee Relations	Annual Leave
April 25 th	11:00 – 12:30	HR Advisory Employee Relations	Parental & Paternity Leave
May 30 th	11:00 – 12:30	HR Advisory Employee Relations	Maternity Leave
June 27 th	11:00 – 12:30	HR Advisory Employee Relations	Data Protection Legislation

Find details of our 2018 webinar training schedule, contact edna.hoare@hse.ie for further details.



Senior HR Learning Network

As part of our People Strategy implementation we have designed and delivered a skills development programme for senior members of the Human Resources team. The Programme focused on key areas of concern and interest to practitioners in the Irish health care setting.

The programme was run over five days between August and December 2017.

The delivery of the programme is in line with the Learning and Development objectives of the Health Services People Strategy 2015-2018 and its commitment to the creation of a learning culture which prioritises staff development.

The modules on current and recurrent HR and employment law topics incorporated relevant case law including those from the HSE and wider public service. The lectures were highly interactive allowing for questioning throughout and were accompanied by detailed written papers. Interactive workshops to consider case studies and question and answer sessions were also a core part of the programme.

Subjects reflect the range of issues we meet and are responsible for resolving on a daily basis including:

- The application of fair procedures in decision making, what constitutes a fair process and recent case law
- Issuing and renewing contracts of employment
- Managing probationary employees
- Reasonable accommodation in the context of various disabilities
- Agency workers and their rights
- The legal status of sessional workers
- Disciplinary procedures including procedures for consultant medical staff under different contracts

- Employment investigations and healthcare investigations

Of particular interest were the sessions that dealt with our day to day issues of challenge. It was very clear throughout the sessions that many cases are won or lost on procedural issues and there is an absolute requirement to adhere faithfully to our own procedures and their enshrinement of the principles of natural justice. Recent legal cases that considered disciplinary matters and fair procedures when making decisions concerning employees were dealt with in depth and accompanied by a substantial paper to expand on the lectures.

Given the complexity of the IR environment in the HSE a full day was devoted to the topic. The module commenced with a comprehensive overview of legislation and case law which demonstrate the rights and obligations of employees, trade unions and employers in the industrial relations arena. Following this legal grounding, the module moved to topics of particular interest to the audience including the framework for dispute resolution in our sector – both the nationally agreed Framework as well as the third party disputes procedures and institutions. Overall this was an important module which served as an important reminder and update to practitioners of the rules at play as we go about our daily business in the health care setting and encounter disputes. Overall, this innovative programme has been a very welcome and important addition to HR staff development. The tailoring of the programme to health sector realities and its interactive nature contributed significantly to the programme's success and its value to participants as did the ever-valued opportunities for networking. HR practitioners in the health care setting operate in a complex, challenging environment and our development needs are ongoing. Participants rated the programmes as invaluable in equipping us for these challenges.

Further information from
Edna.hoare@hse.ie.



The tailoring of the programme to health sector realities and its interactive nature contributed significantly to the programme's success and its value to participants as did the ever-valued opportunities for networking.

The Commission for Public Service Appointments

The Commission for Public Service Appointments (CPSA) was established on 19 October 2004 under the terms of the Public Service Management (Recruitment and Appointments) Act 2004. As the principal regulator of recruitment and selection processes within the public service, the Commission has a statutory role to ensure that appointments in the organisations subject to its remit are made on merit and as the result of fair and transparent appointment processes (this includes our HSE).

Appointment processes for recruitment to all positions within the remit of the Act are subject to Codes of Practice published by the Commission. The Codes set out the regulatory framework for such appointment processes centred on the following five

recruitment principles;

- 1. Probity**
- 2. Appointments made on merit**
- 3. An appointment process in line with best practice**
- 4. A fair appointment process applied with consistency**
- 5. Appointments made in an open, accountable and transparent manner**

The HSE's recruitment licence is contingent on compliance with the CPSA Codes of Practice. This requirement applies at all levels of the organisation and for all types of recruitment; i.e. national competitions, locally run competitions, permanent posts, and specific purpose posts.

The Commission revised its main Code of Practice for Appointments to Positions in the Civil Service and Public Service March 2017. A copy of the 2017 revised Code is available on the CPSA's website at www.cpsa.ie



The Commission published a CPSA Casebook highlighting the importance of addressing a number of themes commonly occurring in complaints from candidates which include;

- Training for interview boards
- Reference-checking
- Connections between candidates and selection board members
- Provision of feedback to candidates

This Casebook sets out the approach the Commission has taken in its examination of these common complaints. This aims to help 'Office Holders in their management of appointment processes and also inform Complainants and Office Holders alike on the position the Commission takes in these particular situations'.

Please contact
Kevin.Molloy@hse.ie with queries relating to the CPSA codes.

For information about the CPSA casebook
[CLICK HERE](#)



The National HSCP Office is expanding and we are delighted to welcome three new colleagues; Nuala Flynn is leading out on supervision, Alison Enright and Sinead Fitzpatrick have recently been appointed HSCP Development Managers.

The Office has had a busy 2017 delivering on the HSCP Education and Development Strategy 2016 -2019 and beginning to deliver on the new much expanded functions of the National Office. A particular highlight has been the many opportunities to meet with and hear from Health and Social Care Professionals at their professional body conferences and at various team meetings and events. The level of passion and commitment coupled with so many examples of innovative person centred practice developments never ceases to impress and so it was not surprising to see HSCP well represented in the finalists for the HSE Excellence awards – well done to all!

Key priorities include 1) ensuring HSCP representation and input into the design, planning, management and delivery of services to ensure the full potential of these professions is realised in the delivery of person centred integrated care and; 2) creating a database of HSCP innovations and developments, putting in place frameworks for evaluation and governance so that new evidence based innovations that should be replicated at scale and brought forward.



L-R Caroline Cronly, Nuala Flynn, Jackie Reed, Frances Conneely and Aideen Lawlor.

Dates for your diary;

- **1st February 2018**
National Health and Social Care Professions Day
- **July 2018**
Making Practice Education Work for you: Inter-professional Perspectives (working title) Health and Social Care Professions Practice Education Conference
- **14th November 2018**
Health and Social Care Professions Research Conference

We look forward to meeting as many HSCPs as possible around the country during 2018 and in the meantime we can be contacted at [hscp.nationaloffice@hse.ie](mailto:nationaloffice@hse.ie)




Above HSCP Conference

We continue to support implementation of our Diversity, Equality and Inclusion Plan and are now working with a number of DEIS Schools across the country.

Action 2.9 of our People Strategy: Promote Diversity Equality and Inclusion across the system

Action 7.4: Recognising our Corporate Social Responsibility and public services ethos through initiatives that support staff as citizens and add value to local communities

DEIS Schools - HSE Career Days November events took place in Galway Community College and Portlaoise Community College.

Colleagues presented from EHO, S<, Catering, Health Promotion, Nat Ambulance Service, Portering, Mental Health Nursing and Mgt Admin. The career days also highlighted diversity in the workplace - highlighting Women in Leadership, challenging gender stereotyped roles, disability in the workplace and inclusion of ethnic groups such as the Traveller community. Feedback and evaluation from the students was very positive with a high percentage stating they would consider the HSE as a future employer.

[Click here for the Portlaoise story](#)



Photos from Galway Community College event





Irish Human Rights and Equality Commission Public Sector Duty:

Kevin Stanley recently represented the HSE at the conference on Implementing the Public Sector Equality and Human Rights Duty, organised by IHREC. It was aimed to assist public bodies in understanding their statutory obligation to implement the Public Sector Equality and Human Rights Duty under Section 42 of the Irish Human Rights and Equality Commission Act 2014. There is a need to create equality and human rights between public service organisations and service users, which can be created through national coordination and supporting Public Sector Duty.

Integrated Workforce Planning Unit

Work is ongoing in the Unit to finalise a workplan for the implementation of the recently published "Working Together for Health - A National Strategic Framework for Health and Social Care Workforce Planning."

Further information available from
Philippa.withero@hse.ie



Building Inclusion Together - International Men's Day 19th November 2017.

Priority 2.9 of the People Strategy, valuing different perspectives, depth of experience and the strengths and potential of individuals and teams.

International Men's Day (19th November, 2017) was celebrated with a "Building Inclusion Together" event in Mullingar giving male staff the opportunity to discuss culture and the role of unconscious bias in the workplace and to help identify challenges and opportunities for each of us to support an inclusive workplace in the organisation.



All queries in relation to equality matters to
Michele.guerin@hse.ie



Work continues on supporting implementation of a Positive Workplace For All

through creating a team culture of respect for each other's knowledge, skills and viewpoints and change behaviours that negatively impact on patient safety or colleagues effectiveness. To date 9 events have now taken place across the HSE with a number of follow up Action Learning Sets established.

Further information available from
mona.eames@hse.ie



Irish Sign Language Programme

In response to demand further sign language training will run throughout 2018, email Kevin.stanley@hse.ie for further information. Guide for HSE managers and colleagues to support deaf and hard of hearing in the workplace. This document is complete and has issued to all staff in HSE via email .

Guide can be accessed by clicking **HERE**



Values in Action

Thanks to our colleagues in Communications the VIA Programme is currently being rolled out across the HR Division.

Please contact our champion
Marie.f.oSullivan@hse.ie for further details



HSE HR Welcome health Care Students from San Diego University

HSE HR hosted an event in Dublin on 25th August to welcome students, lecturers and team leaders from the University of San Diego. Rosarii Mannion National Director welcomed all visitors and presenters and showcased an overview of our HSE and People Strategy. June Boulger National Lead for Patient and Public Partnership, Acute Hospitals HSE presented 'People caring for People' and shared the new patient experience survey.

Karen Brennan, Psychologist shared techniques and tools to self-care for the carer and encouraged visitors to write a letter to their future selves from Dublin, Ireland. Stephen McMahon, Director of Irish Patients Association Ireland shared his knowledge and learning in relation to Patients, Advocacy and Partnership in Ireland. Deirdre Munro discussed innovation, co-design methods and the value of global networks in healthcare.

A lively questions and answer session closed this engaging event.

For full story click **HERE**



International Coaching Federation Awards

On Saturday, 25th November, 2017 the Annual International Coaching Federation (ICF) Awards ceremony took place. The awards ceremony recognises achievements in the field of Coaching by organisations throughout Ireland.



HSE HR team attending the Annual International Coaching Federation (ICF) Awards ceremony.

The 'Organisation Coaching Culture Award' recognises the exemplary commitment to building a strong, professional coaching culture in their organisation ...

The HSE was hugely successful scooping three awards on the night!

- Rosarii Mannion, National Director of Human Resources won the 'Business/Executive Coach of the Year Award'
- National Human Resources Division, Workplace Relations Unit won the 'Organisation Coaching Culture Award'
- Margo Kelly, St. Conals in Letterkenny won the 'Life Coach Award'



The 'Organisation Coaching Culture Award' recognises the exemplary commitment to building a strong, professional coaching culture in their organisation in Ireland and is testament to the value that the HSE places on Coaching. The Coaching Service which is managed by the HSE National HR Division, Workplace Relations Unit, compliments and supports the key elements of the HSE People Strategy 2015-2018, to build individual and group capacity in the area of coaching.

The 2nd National Continuous Professional Development (CPD) Event for HSE Internal Coaches was held in November, 2017. The theme for the event was entitled "The Growth Mind-set Coach" and focused on providing new tools and knowledge to the coaches attending. Key topics covered included; gaining insight into the world's most scientifically validated framework for measuring EQ (Emotional Intelligence) Leadership, Solution Focused Coaching: A direct route for developing EQ and Solution Focused Coaching Tools: Mastering the knowing doing gap.

For full story click **HERE**



GOVERNMENT DECISION ON RETIREMENT AGE

Government Decision on Retirement Age and Interim Arrangements to allow certain public servants to be retained until they reach the age of eligibility for the Contributory State Pension (CSP).

The recent Government decision relates to an increase the compulsory retirement age for public service employees to age 70 and to the drafting of legislation to give effect to that decision. The Government also agreed that, in advance of the legislation coming into effect, interim arrangements could be introduced, for serving public servants who reach the age of

65 between the date of the Government decision 5 December 2017 and the coming into effect of the necessary legislation, to enable them to remain in place until they reach the age of eligibility for the CSP.

Further details are available on our **website**

or by contacting infot@hse.ie



Our People Strategy goes Global at the Fourth Global Forum on Human Resources for Health

The Fourth Global Forum on Human Resources for Health - 'Building the health workforce of the future' was held in Dublin, Ireland, from 13-17th November 2017. This was the largest open conference on human resources for health related issues with over 1,000 delegates registered from 90 countries.

The adoption of the Global Strategy on Human Resources for Health: Workforce 2030 and the work of the UN High level Commission on Health Employment and Economic Growth - have made a bold economic case for investing in the health and social workforce and intensified intersectoral collaboration. The theme of the Forum was 'Building the health workforce of the future' and was convened by the Department of Health, Department of Foreign Affairs and Trade, World Health Organization, Trinity College Dublin, Health Service Executive and Global Health Workforce Network.

The main objectives of the forum were to

- Advance the implementation of the Global Strategy on Human Resources for Health and the Commission's recommendations towards achieving Universal Health Coverage and the Sustainable Development Goals
- Promote innovations in policy, practice and research
- Promote the engagement of HRH stakeholder groups in learning, knowledge sharing, networking and collaborative actions

There were over 60 sessions which provided an opportunity for all stakeholders to discuss and debate innovative approaches towards advancing the implementation of the Global Strategy and the UN High Level Commission's recommendations.

The HR Division HSE led track sessions on decent work, rights and responsibilities which was titled Building an Enabling Environment for Our Staff, outlining the Health Services People Strategy 2015-2018 and objectives in planning to support staff to deliver health and social services to Ireland's population and on 'Aligning Education and utilisation of skills to optimise workforce performance'.

Presentations available from nationalhr@hse.ie



who also gave an address and finally, by the Minister for Foreign Affairs Simon Covney who participated in the closing plenary.

The feedback from the Forum delegates centred around valuing and empowering women working in healthcare recognising that over 75% of the healthcare workforce are female.

The Department of Health launched Ireland's National Strategic Framework for Health and Social Care Workforce Planning. This is a major step in addressing Ireland's health workforce challenges. The objective of the framework is to align Ireland's workforce planning systems in order to identify, agree and implement appropriate solutions to health workforce challenges –within the health sector and with education and other partners. This Framework will support the recruitment and retention of the right mix of health workers across the Irish health system to meet planned and projected service need.

Most notably a partnership agreement between the HSE signed by Mr Tony O'Brien and the Federal Ministry for Health in Sudan was signed further enhancing collaboration regarding health services between Ireland and Sudan.

During the Global Forum the HSE Global Health Programme met with delegates to strengthen links with a number of countries in Africa. Most notably a partnership agreement between the HSE signed by Mr Tony O'Brien and the Federal Ministry for Health in Sudan was signed further enhancing collaboration regarding health services between Ireland and Sudan. The formalising of the partnership results from a process over several years to consolidate and institutionalise this relationship, align efforts, mobilise resources, and build momentum towards better health services and health outcomes. This is the second such partnership, the HSE also has a similar partnership with Mozambique.

For more information contact: globalhealth@hse.ie

The Forum also convened a Youth Forum which served as a venue to build a network of young change agents to generate ideas, explore best practices, encourage future collaborations, and network with other youth leaders from different backgrounds and professions.

A storytelling session titled 'Lives in their hands: Stories by health workers from around the world' was held with Paul Nolan, Cardiac Physiologist University Hospital Galway representing Ireland.

Health Minister Simon Harris who opened the Forum, Minister for State Ciaran Cannon (Diaspora and International Development)

The Forum concluded with the Dublin Declaration, an eight point multisectoral and multi-stakeholder declaration for improved governance, strategic investments and financing for an effective, performing and sustainable workforce.

A big thank you to Marie O' Sullivan a lead member of the organising committee.

HEALTH SERVICE LEADERSHIP ACADEMY PROGRAMMES UNDERWAY

Following significant work and preparation the inaugural cohorts of both the Leading Care I and the Leading Care II programmes have commenced.

Leading Care I is a blended learning programme where participants engage with a virtual campus, attend residential workshops and work together in small groups called learning sets. Self-managed learning and peer assessment are key components of this programme. The Leading Care I programme commenced in October with various activities that participants need to complete online through the virtual campus in preparation for their first residential workshop in November. The residential workshop focused on behavioural and personal development including group work, simulated learning, collaboration and networking. The first cohort of participants has a mix of clinical and non-clinical colleagues and feedback from participants about the programme has been very positive.

Meanwhile the first residential workshop of the Leading Care II programme also took place. The Leading Care II programme leads to the award of an MSc in Leadership in Healthcare. It too is a blended learning programme which incorporates engagement with a virtual campus, attending residential workshops, participating in action learning sets and individual and group tutorials. The mix of clinical and non-clinical participants, disciplines and professions worked really well and participant reaction to the residential workshop was very positive.



Leading Care 1 Residential

HEALTH SERVICE LEADERSHIP ACADEMY EVENT FOR MANAGERS

In November a Health Service Leadership Academy event was held for managers or and prospective managers of participants on the Leading Care I and Leading Care II programmes.

There was great interest and enthusiasm at the event which was an opportunity to learn more about the two programmes, get a preview of the virtual campus and also insight into supporting programme participants. The event concluded with a lively questions and answers session. Participants went away with lots of food for thought about the Leadership Academy and both Leading Care programmes. Establishing the Leadership Academy is a key priority within our People Strategy. It will develop the leadership our patients, carers, service users and communities deserve by supporting leaders at every level in health and across every sector in healthcare and we wish all participants every success.

LEADERS IN MANAGEMENT PROGRAMME

November 2017 saw eighteen managers from CHO 1 complete the inaugural Leaders in Management programme via Leadership Academy West

The programme ran over eight months and comprised core modules, practical tools, seminar groups, action learning sets, coaching, eLearning, completion of a project which culminated in a poster presentation to senior management. Participants found the programme to be hugely positive, an opportunity to develop both personally and professional and to network and collaborate which was very valuable.

Cara O'Neill, Head of Health and Wellbeing for CHO 1 said "I am truly delighted that the first cohort of managers has gone through this hugely relevant leadership training and I want to acknowledge their success in completing the programme. At a time of enormous change and challenge in the Irish Health Service this programme has given managers time to reflect, confidence and some of the necessary toolkit for their leadership role in transforming and providing better services for our patients and communities".

In addition, a Leaders in Management programme was launched in Ardee in October and continued throughout November with modules taking place on organisation change, leading on quality improvement projects along with leading teams which included an opportunity to explore their personality type using MBTI.

The **National Staff Engagement Forum** is well established, into its 2nd year with new members on board. The Staff Engagement Forum is leading out on the exciting development of a HSE Staff Engagement website, which will launch in the New Year.

Dates for future National Staff Engagement Forum 2018 meetings;

16th January 2018

6th March 2018

19th June 2018

18th September 2018

4th December 2018



There has been big interest in the establishment of local Staff Engagement Groups. The National Ambulance Service has held 3 regional meetings in the South & West regions and a further one for National Emergency Operations Centre and the East. A Staff Engagement event for HR staff was held on 11th December.

Planning for the Staff Survey 2018 is well under way, following a review of the learning from the Staff Survey 2016. We are currently tracking the developments and improvements that have happened in response to the survey in 2016. If there is anything that you would like to share with us regarding activities in your area please contact Denise O'Shea at denise.oshea@hse.ie

Its not late to be a flu fighter contact our Workplace Health & Wellbeing



Update on our Change Hub

The Change Hub is the HSE's on line change management resource, accessible to all staff working in the Irish Health and Social Care Service. The Hub exists to support all staff to gain the understanding, skills and confidence to participate in, and bring about, service improvement in a way designed to ensure a good outcome for all and currently supports a community of practice of 11,000 members.

It includes a multi media Case Study repository of over 460 services improvement stories, drawn from all health and social care settings, which share the experience and learning of our staff who have brought about improvement in their own service.

We actively partner with 3rd Level Colleges, including the Royal College of Surgeons, the Royal College of Physicians, Trinity College Dublin, etc, to harvest and share the learning from health service staff undertaking a service improvement initiative as part of their post graduate programmes in Health Services Leadership, Leadership in Quality and Safety, Health Services Management, etc.

In 2017, the Case Study Repository received over 2500 page visits, the fourth most popular page on the Change Hub.

If you would like to visit the Change Hub online, please log onto www.hseland.ie, click on Create an Account to generate a Username and Password, then find the Change Hub in the Learning Together Hubs Section.

Further information from Patricia.blunden@hse.ie



Well done to our team in Workplace Health & Wellbeing who received a commendation at the Irish Healthcare Awards for the best educational meeting in 2017

eLearning Flu Vaccine Programme

HSELand our eLearning platform is going from strength to strength, over 12,000 staff have completed our eLearning Flu Vaccine Programme since October 2017

12,000 staff

We invite staff in our health service to share their stories and experiences working on our Health Service. We received lots of emails and excitement to share stories and we encourage others to do the same by emailing nationalhr@hse.ie. We are collecting all your amazing stories and create a book of positive staff stories entitled 'Our HSE – Proud to Be...'

Here is a little taster, we are delighted to share Roberta's story...

Hello my name is ...

Roberta Callaghan but everyone calls me Bobbie, I qualified as a Nursery Nurse in the 1980's and I have spent most of my life working as part of a multidisciplinary team with children with Autism in the HSE. My role is to support families within a respite setting looking after their loved ones in a beautiful house that has a real homely environment and is a HIQA designated centre. I am passionate about the work I do. I always go into work wanting to achieve the best that I can, I never know what to expect as I start my shift but at the end of the day when I hand over to the people on the next shift I can always without exception find something positive to say about our day/night, even if it might have been emotionally challenging and physically exhausting at times, I always hope that because I was there I made it a little easier for everyone to get through whatever situation arises. People often praise me for working with Autistic children and this I can never understand as I think I have one of the best jobs in the world. No two days are ever the same, they can vary so much, from teaching someone how to put their clothes on the right way around, make their bed, look after their own personal hygiene or cook a simple meal for themselves, but we always encourage them to make their own choices in what they wear and eat, what they do with their day and where they want to go. During my shift, I might end up playing Minecraft, crazy golf, laser tag, bowling, going to a playground or simply just sitting painting someone's nails, watching a movie or chatting about any issues that might be worrying them. Some might think because I work in a respite house and only see the children for a few

days every 8 weeks that we can't make a difference, but each of them has a care plan with goals that as a keyworker I ensure are updated and reviewed, they are shared with everyone else involved in their lives at multidisciplinary care plan meetings with the children's family, these care plans make a huge difference in their lives.

We have continually improved the services we provide to meet the needs and expectations of our families and over the years I have used a mixture of AAC systems (Augmentative and alternative communication) such as Picture Exchange Communication System (PECS) and sign

It challenges everyone's belief about how we manage behaviours of concern, rather than putting the emphasis on the child's changing behaviours it has changed how I approach and react to different situations.

language (LÁMH) and interventions and behavioural programs, such as ABA, PBS, TEACCH, and Social Stories. All these help our children achieve positive outcomes and hopefully continue to improve their social interaction and communication skills. Out of all these interventions I have used I find sign language one of the most valuable to me as it challenges everyone's belief about how we manage behaviours of concern, rather than putting the emphasis on the child's changing behaviours it has changed how I approach and react to different situations. I constantly update my skills by participating in as many interesting courses as I can, at the moment I am in the process of completing an online Autism studies course in UCC which has been very interesting and has provided me with additional skills and knowledge. Years ago, I was asked how would I know what was wrong with someone or what they wanted

if they were nonverbal and my answer was and still, that in my job it is important to pay attention to the visual cues our children give us so I always listen to them with my eyes as well as my ears and always think outside the box. One of my favourite quotes about Autism is by Stephen Shore, he said "If you've met one person with autism, you've met one person with autism" and I agree, I remember every single child I have looked after as a unique individual. Something else I enjoy doing is promoting things I truly believe will make a difference, like being a member of the National Staff Engagement Forum, where we promote Staff Engagement within the HSE. I

helped to develop our own definition of Staff Engagement and put a video together explaining what I thought staff engagement meant to me. I am very proud

of the work we have achieved so far and if I can quote from our definition, I can truly say that I am 'emotionally connected, fully involved, enthusiastic and committed to providing a good service'.



Medical Workforce Planning Seminar January 2018



Mentoring Programme to support Women in Leadership

The requirement for mentorship and support for women in leadership was one of the key issues identified from our event celebrating International Womens Day in 2017. If you are interested in training as a mentor or

would like mentoring please email nationalhr@hse.ie for further information



@hse_hr have hosted live tweet chats on burnout in the workplace, flexible working and supporting balance and inclusion in the workplace



Medical Workforce Planning Seminar 2018

HSE NDTP has organised a Medical Workforce Planning Seminar to take place in January 2018 on the theme of "Doctor Recruitment and Retention in Ireland: Rising to the Challenges to Implement Change". The event will take place on Thursday 18th January 2018 in RCSI, 123 St Stephens Green, Dublin 2. Of international interest, the findings of an EU project on recruitment and retention of doctors and other healthcare workers across Europe and Australia will be discussed. The event will include a practical workshop session looking at the question: How should the HSE continue to innovate and develop policies to recruit and retain the Irish medical workforce?



For further information or to book places please contact Claire Lenehan, Medical Workforce Planning Intern at: claires.lenehan@hse.ie



Using Social Media to engage

@hse_hr we want to embrace the power of Social Media and have worked with Dr. Farrell of #IrishMed. #IrishMed <https://irishmed.wordpress.com/> is a live discussion on twitter every Wednesday at 10.00 pm Irish time, 5.00 pm ET, on all things relating to medicine. Participants include healthcare professionals (HCPs), patients, carers, advocates, general public; #IrishMed is non-hierarchical, and a core objective is the democratisation of healthcare, breaking down the artificial barriers between HCPs and patients. The dialogue goes both ways; HCPs learn about patient frustrations, patients can more appreciate the difficulties and limitations of medical care. All perspectives are valuable, and everyone is welcome.

Founded and curated by Dr Liam Farrell (@drliamfarrell), #IrishMed has grown into a global network, with regular participants from Europe, North America, Africa + Asia. We usually have over 100 participants, and trend both in Ireland and in worldwide healthchats. Connecting with people from all across the globe has been a wonderful experience, all generous with their time, knowledge, and wisdom, all trying to make the world a better place.

The topics are diverse; patient involvement in research, ehealth, integrated care, expert patients, music and health, rare diseases, the HPV vaccine, etc. The format enables and encourages engagement, and each discussion is facilitated by an expert co-host and the transcript is published soon after. Twitter is the perfect platform for this kind of interactive forum, easily accessible to everyone and enabling rapid exchange of ideas. The concise format demands careful thought; as Samuel Johnson said, "I'm too busy to be brief."

Social Media is soft power; words are cheap, and as we screen-writers say, "action reveals character." but you never know when a message will have an effect, and someone, somewhere will be helped because of it.

How to take part:

<https://irishmed.wordpress.com/how-to-participate-in-irishmed/>

Do you have a topic you wish to discuss?

<https://irishmed.wordpress.com/contact/>

or follow us on @hse_hr to see what chats we're hosting with #IrishMed

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CIPD Annual Awards 2018 reward and celebrate outstanding achievement and progress in People Management and showcase the industries highest standard.

We are very proud to be finalists in the following 4 categories

Diversity and inclusion

Excellence in HR leadership

Talent management

Use of technology in HR and People Management



Let's hear from – Jessie Ennis part of our Gradlink Programme

Hello my name is...

Jessie Ennis and I am part of the 2017 GradLink program. In 2015 I graduated from DCU with a Bachelor's of Science in Health and Society. I've always had an interest in health and this degree taught me the many different perspectives of health including biological, social, ethical and psychological. My thesis was on how surfing can act as a form of therapy for children with disabilities and I met a lot of amazing individuals while developing it. After a summer in San Diego and a year working for the Asthma Society of Ireland, I went on to do a Master's in Public Policy in UCD. I was able to specialise in health and social policy and focused a lot of my work on the Irish healthcare system. Instead of a thesis, I opted for an internship and worked in the Disability Federation Ireland over the summer as a research and policy intern. It was great timing as the Department of Justice just

released the National Disability Strategy and DFI needed a draft shadow response covering all 120 actions, which span across all public policy areas. It was a busy summer!

Over the summer I was delighted to see the HSE graduate program open. I applied straight away as I've always wanted to work for the HSE and thankfully, I was successful. I'm currently working in the new Integrated Workforce Planning Unit in the HR

Division. It's exciting to be part of such a new and vital part of the organisation. With limited HR background I have already learnt a lot about the HSE People Strategy, labour markets, the implications of Brexit and strategic workforce planning. The main project I'm working on is the 'New Year, New Career' Onboarding campaign and supporting the workforce planning implementation framework. After six months I will move to another

area of the HSE which will give me a great opportunity to increase my skills and knowledge within the HSE. This year, there are approximately 30 graduates, placed across Ireland and we will meet 4 times over the year. We each have a mentor who guides and supports us with any issues we come across. There are also a number of us interns with disabilities and we are supported with AHEAD's WAM (Willing Able and Mentoring) programme

I'm currently working in the new Integrated Workforce Planning Unit in the HR Division. It's exciting to be part of such a new and vital part of the organisation.

too. It's fantastic to see the HSE embrace diversity and equality in the workplace so well and the supports I have experienced so far have been exceptional. Overall, it's great to have this network of GradLink colleagues from the beginning and hopefully we will all continue to work together throughout the HSE over the years, bringing our new and innovative ways of thinking to the organisation.

Health Services Change Guide – *incorporating the Change Framework (2018)*

As you are aware Improving Our Services: A Users' Guide to Managing Change in the Health Service Executive has been in use in the HSE since 2008. It is referenced in the Public Service Agreements as the agreed guide for managing change in the HSE.

We are now pleased to inform you that work has progressed well on the development of the revised *Health Services Change Guide* and associated *Change Framework*. This resource complements service, quality improvement and development initiatives and projects in the system by specifically

focusing on the people and cultural aspects of change and further supports implementation of our People Strategy. It offers a methodology to connect the core components of change building on the evidence which indicates that an integrated approach to addressing the people and cultural factors is essential to deliver practice and behaviour change that can be sustained over time. The Change Guide is targeted at providing practical guidance to service leaders and to managers and staff who mediate change at the 'front line'. It also sign posts potential users of the Guide to key resources and supports in the HSE and the wider system acknowledging the level

of expertise and guidance that is currently available and evolving.

The development process for the revision of the Change Guide, undertaken by Organisation Development & Design within the HR Division has been comprehensive, inclusive and robust. It has been evidence informed and key aspects of the Guide have been tested in practice over the past 12 months. We are now in the final stages of document editing and also undertaking the final sign off consultations with our commissioners and partners prior to planned publication Q1 2018.

Workplace Health and Wellbeing Unit Strategy for Doctors' Health and Wellbeing 2018-2021

Following the publication of a number of reports on doctors' health and factors influencing migration; the HR Division, through the Workplace Health and Wellbeing Unit, has developed a draft *Strategy for Doctors' Health and Wellbeing 2018-2021*.

The purpose of the Strategy is to provide standards and promote doctors' health and wellbeing. Implementing the standards, in conjunction with the use of workforce planning tools available through NDTP, will contribute to ensuring healthy doctors in the health service, and support the sustainability of doctors through enhanced engagement and retention.

An inter-professional project group developed the standards over a 9-month period during the course of 2017. Over 30 healthcare professionals were invited to contribute, including representation

from third level colleges, regulatory bodies, hospital administrators, doctors at all grades, medical students, educators and representatives from professional associations.

Workplace Health and Wellbeing Unit secured a licence from the National Institute for Clinical Excellence (NICE) for the adaptation of the Quality Standard QS147 Healthy Workplaces: improving employee mental and physical health and wellbeing, to support the development of these standards.

The standards are specific to four grades of doctors:

1. Medical students
2. Non consultant hospital doctors
3. Consultants/senior medical personnel
4. General Practitioners

Supplemental considerations are outlined for those in the above categories but who may also be international graduates, retiring doctors, and doctors not in training and/or locum doctors.

Criteria for all parties involved, including the individual doctor/ medical student,

employers, medical schools, and training colleges, as well as government bodies and key decision makers are clearly set out.

The implementation plan is a critical part of the Strategy and outlines clear lines of responsibility and expected timelines for implementation.

To ensure wide communication and engagement a comprehensive consultation process is underway and will conclude at the end of January 2018. We welcome any feedback at hwellbeing@hse.ie.



Dr Lynda Sisson

Click here for the Draft Strategy



Recruitment Awareness Campaign New Year New Career 2018

In support of, and complementary to the current recruitment processes across our services HR have undertaken a 'New Year New Career' in the Irish Health Services recruitment awareness campaign.

The campaign was launched on 18th December 2017, and will run until 31st January 2018.

The aim of the campaign was to create awareness of the many employment opportunities across the Irish Health Service through social and digital media. The campaign targeted interested professionals, including those in particular returning to Ireland over the Christmas period through the use of digital media such as "Aerpods" facilities at Dublin

Airport. The Airport campaign was supported by social media interventions on Twitter, Facebook, LinkedIn and the HSE's own website. Expressions of interest linked to the campaign were made online to our dedicated web-page www.hse.ie/newcareer which went live on the 18th of December and will continue until January 31, 2018. From the Website link, expressions of interest, with detail on preferred careers and work locations, will be routed to live campaigns in Health Business Service and onto each Hospital Group and CHO's directly. It's a great opportunity for people thinking of taking up a career in the Irish health service to let us know they are out there and wish to join us.

Since going live on December 18th there have been over 1,400 expressions of interests submitted via the website, from across an array of professionals and indeed countries, which is an incredible response thus far and demonstrates the interest in working in our Health Service.

A big thank you to our colleagues in the Workforce Planning Unit on a great initiative.



Public Service Pay Commission

The HSE has been actively engaged with the work of the Public Services Pay Commission in 2017 and will continue with this work in 2018.

The HSE has been tasked with supporting the work of the PSPC through detailed information-gathering, reporting and dialogue throughout the health system. The aim of the PSPC is to seek to establish in the first instance whether, and to what extent, a difficulty exists in terms of recruitment and retention for specific groups/grades/sectors of the public

service generally, and health service grades specifically.

The HSE is supporting the Pay Commission to identify:

- Where recruitment and retention issues of the above grades exist, to what extent and to identify the causal factors;
- The context of terms and conditions of employment in the health service, including Pension Related Deductions, Financial Emergency Measures in the Public Interest (FEMPI);
- Supply issues in relation to certain grades;
- Work environmental and organisational

issues which may impact on recruitment and retention

The focus of health service reporting has in the first instance been for the staff groupings of Nursing and Midwifery, NCHDs and Consultants. The second group on which information will be provided to the Pay Commission are Psychologists, Dental Surgeons, Radiographers and Paramedics. The information-gathering will include on-line questionnaires from the PSPC to the staff groups identified.

The outcome of this process will be a report generated by the Commission in June 2018. This will inform future discussions with representative bodies.



SPONSORSHIP for Public Health Service Employees

Would you like to become a Registered Nurse or Midwife?

The Health Service Executive is offering 30 places (9 – HSE DML, 9 – HSE South, 6- HSE DNE, 6 – HSE West) to eligible support staff (e.g. HCAs, MTAs, Attendants) in the Irish public health services nationally who would like to become a Registered Nurse or Midwife under a sponsorship scheme (Circular 009/2010).

This scheme allows successful candidates to retain their salary while undertaking the four-year honours degree programme leading to registration as a nurse or midwife. The sponsorship scheme is open to employees of the Irish Public Health Services, who are directly involved in the delivery of care to patients/clients such as support staff (e.g. HCAs, MTAs, Attendants).

To be eligible for this scheme, Support Staff (e.g. HCAs, MTAs, Attendants) must:

- Have at least two years relevant service in the Public Health Service on the 1st day of January 2018.
- Qualify as a Mature Code Applicant for a place on a Pre-registration Nursing/Midwifery Degree Programme (over 23 years of age on 1st January 2018).
- Have applied as a Mature Code Applicant to the CAO for a nursing/midwifery programme on 1st February 2018.
- Have passed the Public Appointments Service (PAS) written assessment test.
- Submit an application for this scheme by **5pm Friday 15th June 2018** to the Nursing and Midwifery Planning and Development Unit, HSE-South (SE), Office Complex, Kilcreene Hospital Grounds, Kilkenny, who are managing all national applications on behalf of the Office of the Nursing and Midwifery Services Director. (Applications received after this time and date will not be considered.)

NB: Closing date for CAO application is 1st February 2018

For further details and application forms please contact:

Nursing and Midwifery Planning and Development Unit,
HSE-South (SE), Office Complex, Kilcreene Hospital Campus, Kilkenny,

Telephone Number: 056 7785620

Email address:

MargaretM.Hickey@hse.ie

RETIREMENT



We would like to wish Mr. Liam Doran the very best on his retirement from the role of General Secretary INMO. Wishing Liam and his family everything good in the years ahead.



Congratulations and best wishes to Dr. Suzanne O'Reilly recently retired CEO of the Dublin Midlands Hospital Group following a very distinguished career.

National Integrated Staff Records & Pay Programme

In 2018 we will continue to focus on the integration of business systems and structures to achieve our goal to have a single integrated public sector workforce information platform. This will give us clear oversight of our service delivery structures and enable greater effectiveness in the management of our workforce from 'Hire to Retire'. **The National Integrated Staff Records & Pay Programme [NiSRP] will provide the foundation on which we will build a strong 'Hire to Retire' support structure for our staff.**

An engaged, well developed and valued workforce are at the core of our objective to deliver the best possible care to our patients and service users' and we need to ensure that we harness changes in technology to make it more convenient for staff to access and use our business services. The NiSRP will put in place effective business processes for staff records and payroll services, supported by modern IT systems to make our services more accessible and effective for staff. Included in the programme is the introduction of Employee Self Service which will give

drive innovation and better care. We aim to utilise the advances in technology to provide improved services, improved patient care and better outcomes. Investments in technology will be used to improve operational effectiveness, cost efficiency, transparency and patient safety. For that reason **the NiSRP Programme should be seen as a key enabler and strong foundation for 'Building a Better Health Service'.**

To fully deliver on our People Strategy we need to ensure our staff have the right technology, data, processes and organisational structures in place to support them in making the right workforce decisions, at the right time. It is a vital component of gaining greater visibility & control over the HSE's spend on staffing

- **Provide staff and managers with better access to our core HR services** - delivered via SAP self-service access to key personnel information and HR policies via mobile devices;
- **Integrate our end to end HR service** - ensuring key elements of our end to end 'Hire to Retire' process are integrated with a single, stable SAP Staff Records and Payroll platform; and
- **Improve reporting capability relating to our Health System workforce** - ensuring real time / near real time data is available to enable quicker and more accurate workforce decisions at all levels of accountability.

The delivery of these critical components will greatly assist HR and the ongoing **re-organisation of its delivery system and its repositioning to becoming a provider of strategic support to the business on all people related issues.**

The NiSRP Programme should not be viewed, however, as a stand-alone initiative. Rather it is one of a series of HR related initiatives that will gradually upgrade and modernise the services we provide. **Work is already underway in other key areas of the 'Hire to Retire' process that both HR and HBS deliver to our people.** Staff in the HR Division look forward to working with colleagues across the Health System to deliver the intended benefits associated with the NiSRP Programme.

The delivery of these critical components will greatly assist HR and the ongoing re-organisation of its delivery system and its repositioning to becoming a provider of strategic support to the business on all people related issues.

staff greater control over their personal information and allow them electronically update their file, request leave, check payslips etc providing a more efficient experience for those using these services. Automating processes where possible and exploiting developments in digital technology will allow many of our staff transition from manual transactional work to more knowledge based roles. The availability of comprehensive workforce information on completion of **the NiSRP Programme will ensure we have the information we need to manage the resources in the health service in a way that delivers best health outcomes, improves people's experience of using the service and demonstrates value for money.**

We will work to make it possible for all staff to do the best job they can and to

which equates to 70% of the entire budget It is for this reason **the National Integrated Staff Records & Pay Programme (NiSRP) should be viewed as a critical priority within the overall transformation of our Health System.**

To support this we need to ensure that our key HR services are aligned to and can properly support staff and managers across the newly formed Hospital Groups and Community Health Organisations. The NiSRP Programme will play a critical role in helping to address this via the delivery of the following components:

- **Align workforce data to HG, CHO and NAS structures** - to provide greater clarity around staff numbers, reporting lines that will support greater accountability, accuracy and timely workforce related decisions;

Further details available from Project Manager Miriam.keegan@hse.ie

