



## HSE People and Culture Committee Meeting

### Minutes

A meeting of the HSE People and Culture Committee was held on Friday 2<sup>nd</sup> December 2022 at 9:00 on Microsoft Teams.

**Members Present:** Dr Yvonne Traynor (Chair), Brendan Whelan, Derick Mitchell, Bernie O'Reilly, Michelle O'Sullivan, Dr Sarah McLoughlin, Deirdre Cullivan.

**Apologies:** Aogán Ó Fearghail

**HSE Executive Attendance:** Anne Marie Hoey (ND HR), Eithne Fox (AND Recruitment Reform & Resourcing) Theresa Heller (AND Corporate Business Partner), Philippa Withero (AND Strategic Workforce Planning and Intelligence), Dara Purcell (Corporate Secretary).

**Joined the meeting:** Yvonne Goff (ND Change and Innovation – Item 2.1), Mark Brennock (ND Communications – Item 4.1), Enda Saul (Communications – Item 4.1), Maeve Power (Communications – Item 4.1), Norah Mason (AND Employee Relations Policy, Advisory & Investigative services – Item 5.3), Patrick Lynch (CRO – Item 6.1), Pat O'Boyle (AND Capability and Culture – Item 7.1), James Glover (HR – Item 7.1), Vera Kelly (HR – Item 7.1).

Minutes reflect the order in which items were considered and are numbered in accordance with the original agenda. All performance/activity data used in this document refers to the latest information available at the time.

#### 1. Committee Members Private Discussion

The Committee held a private session where the Chair provided a brief summary on the agenda, the relevant papers and approach to conducting the meeting.

#### 2. Governance and Administration

##### 2.1 Declarations of Interest

No conflicts of interest were declared.

##### 2.2 Minutes October 2022

The minutes of the People and Culture Committee meeting of 14<sup>th</sup> October 2022 were approved.

##### 2.2 Committee Workplan 2023



The Committee Workplan 2023 was approved.

### 3. RHA

#### 3.1 Regional Health Areas – update on planning, design and implementation

*Yvonne Goff, National Director Change & Innovation joined the meeting*

The ND Change & Innovation provided an update on progress since last meeting. The RHA programme team has been developing 5 work streams to explore what functions should be devolved, and what should be centralised. A target operating model and a draft implementation plan will be presented to the Board for approval when it is ready. The Committee was updated on the briefings held to date. The Team met with the Chief Academic Officers, and there has been a number of engagements with service managers. When questioned about the role of Chief Academic Officers in RHAs, the ND Change and Innovation said that they have met with them to consider their role in recruitment and training, to get their perspective of the RHA context, and to discuss potential training schemes and acute training in RHAs. The Team also met with patient advocacy groups and unions. Lot of engagement has happened but there is more to do. Work is required in relation to clinical governance within RHAs. The Department of Health has suggested that funding would go directly to RHAs from the Department, but HSE not in favour of this approach. ND HR advised that while roles may change with RHAs many will not be affected.

On timelines, the ND Change and Innovation said it will take a number of years before RHAs are fully implemented, and the Committee requested that she come back in January to provide more information on that.

### 4. Communications

#### 4.1 Earning Trust and Confidence -Trust and confidence strategy for the HSE 2022 – 2025

*Mark Brannock, ND Communications, Enda Saul, Communications, Maeve Power, Communications, joined the meeting.*

Ms Saul provided the Committee with an update on progress achieved in relation to the Trust and Confidence programme. The programme aims to have an evidence based approach to understanding trust in the HSE and taking action to earn trust of the public, staff, and external partners. The health service is for everyone, it is a public resource and a public good. If people trust in our services, this helps preserve the health and wellbeing of everyone living in Ireland. The Committee discussed how long waiting lists and a failure to acknowledge



mistakes impact on the public trust in the service and questioned if RHAs will be resourced to ensure trust and confidence. It was agreed that trust and confidence must be built at local level but questioned if it will be possible to address the public perception. The ND Communications highlighted difficulties with how the press present health stories and advised the Committee that he was due to meet with Primetime to discuss their approach. The CFO's office is working on how to explain the complex finance arrangements across the HSE with a view to explaining to the public and the DOH how the HSE spends public monies. The Committee asked how we score comparatively internationally and Ms Saul advised that their research is now included in the IPSOS Global Health Service Monitor and agreed to circulate the Committee with the Global Advisory Survey Sept 2022. The Chair asked for a progress update next year.

## **5. HR BI Monthly Report**

### **5.1 Bi Monthly Report**

The ND HR presented her Bi Monthly report. Following discussion at the October Committee meeting, she provided an update on NCHD supports available noting that uptake is dependent on the NCHD and what exams, courses, and conferences they decide to take. She confirmed that NDTP is satisfied with uptake. She advised Committee that engagement with the Irish Medical Organisation (IMO) has continued and following a meeting yesterday details of an offer have been finalised. It is expected that the IMO will put the offer to members for a ballot. Progress has been made in relation to the Emergency Tax issue for NCHDs. Payroll are working on a permanent solution to the issue but in the meantime it has been agreed that a payment of €850 will be made to NCHDs to mitigate the impact of emergency tax. This payment will be recouped over subsequent pay cycles.

The ND HR advised the Committee that Oct 22 – year to date staffing levels show a total growth of +3769 WTE. Current projection to year end is estimated at +4,600 net growth. The ND HR outlined actions taken further to the staff survey 2021 to improve staff experience and improve retention. Work has progressed on the Recruitment Reform and Resourcing Programme. It is expected that the final report will be available for the next meeting. It was agreed that the Committee Work plan 2023 would need to be amended to include this piece of work.

The Committee discussed in detail the Heat Map demonstrating workforce expansion and turnover. The data showed clear variance between the East and West. The Committee acknowledged that some of the reasons for this are outside the control of the HSE e.g. accommodation difficulties in the East which impact on staff taking up/leaving posts in the East. The Committee requested that the Heat Map be amended to show



variance against targets. It was suggested that CHOs and HGs should have their own targets and should be measured against their targets. The variance at community level demonstrates the challenge of attracting health and social care professionals to community posts. In addition, domestic supply of health and social care professional is very low. Recruiting from abroad requires additional resources and infrastructure. The Committee requested that the Heat map be amended to show where there is a shortage. The ND HR thanked the Committee for the feedback.

The ND HR advised the Committee that it is estimated that 95% of Covid 19 payments have been issued to those in statutory services and S38. Section 39 payments have commenced, over 500 agencies have submitted returns. Payments have commenced to agencies.

## **5.2 HR Dashboard**

The ND HR updated the Committee on staff turnover. She informed the Committee that despite remaining behind the overall minimum target by -563 WTE, in October, the target of +607 WTE was achieved. 2022 has seen a dramatic increase in the % turnover rate (and the number of leavers) increasing by 0.9% in Q1 and increasing by 0.7% in Q2 respectively. While Q3 has slowed, this trend would give rise to further substantial increased turnover across the remaining quarter and full year turnover in 2022. This creates a further potential risk to the delivery of the 2022 Resourcing Strategy & NSP for example due to COVID restrictions continuing to ease with greater opportunity for travel coupled with potentially higher numbers of retirees, arising from those staff that had delayed retirement in the COVID response.

The ND HR informed the Committee that 4.1 million log-ins on to HSeLanD have been recorded to date in 2022. Regarding mandatory training courses, the Committee requested that mandatory training numbers be pitted against the target.

*Norah Mason, AND Employee Relations Policy, Advisory & Investigative services, joined the meeting.*

## **5.3 Recruitment & Retention - Overview of new Blended Working Policy**

The AND Employee Relations Policy, Advisory & Investigative services provided an update on the Blended Working Policy for the HSE and Section 38 agencies. The policy is currently being finalised with Unions. Managers will be provided with guidance on managing staff working remotely. The Committee welcomed the update and has requested review and audit as time goes on.



## 6 Risk Management

### 6.3 CRR 016 – Workforce & Recruitment

*Patrick Lynch, CRO, joined the meeting.*

The CRO and the ND HR presented the Committee with the Q3 2022 Corporate Risk Register (CRR) 016 – Workforce and Recruitment. After feedback from the last Committee meeting relating to our dependency on having a well-qualified workforce to deliver on the HSE’s critical service priorities and the challenges with recruitment and retention, the CRR 16 was reassessed and the inherent risk rating was changed from 20 to 25. This will be reflected in the Q4 2022 version of the CRR. The CRO explained that the residual rating has stayed the same while the inherent rating, as advised, has been increased.

The Committee requested that the controls to mitigate the risk include all elements of the risks including staff retention. The Committee welcomed the update.

## 7 Deep Dive

### 7.3 Diversity, Inclusion & Equality Strategy 2022 – 2024 and Developing Organisational Culture - A Guide for the Health Service Executive 2022

*Pat O’Boyle, AND Capability and Culture, James Glover, HR, Vera Kelly, HR, joined the meeting.*

The AND Capability and Culture, James Glover and Veronica Kelly presented the *Diversity, Equality and Inclusion Strategy 2022-2024* to the Committee. The strategy sets out the main priorities and supporting actions for the Health Service Executive (HSE) to enhance the way in which the HSE addresses diversity, equality and inclusion (DEI) for its workforce. As part of this strategy, the aim is to achieve diversity in the workforce that reflects the general population, commit to meeting legislative requirements relating to equality and to remove barriers to create true equality for opportunity and outcome as an employer, and to create an organisational culture where all individuals are treated with dignity and respect. They outlined the strategy’s six priorities that support the HSE People Strategy, and the actions that arise from these priorities. These priorities set out what they plan to do over the next six years.

As part of the International Day of People with Disability on the 3<sup>rd</sup> December, they presented the Committee with a video, which showed the work the HSE has done and what it plans to do regarding employing those with a disability. Mr Glover informed the Committee that as part of the 2005 Disability Act, a minimum of 3% of people employed in the public sector should have a disability. The Disability Authority are currently happy with how the HSE are proceeding.

Regarding *Developing Organisational Culture - A Guide for the Health Service Executive 2022*, the Committee



were presented with the aims of the guidance document, which are: to build an understanding and awareness around factors contributing to organisational culture; to enable workplace teams to begin to assess their workplace culture and determine areas of strengths and weakness; and to establish the steps to be taken in order to enable culture change. To measure culture, Ms. Kelly said that there are specific questions in the survey that they issue to staff with disability which allows them to gauge this.

The Committee thanked them for the informative presentation. It was suggested that this becomes a standing item on the agenda and asked that it comes back to the Committee mid-2023. It was also requested that the Committee hears from a HSE employee with disabilities to get their first-hand experience.

## 8 AOB

No matters arose and no further issues were discussed.

Signed: 

Date: 13<sup>th</sup> January 2023

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**Yvonne Traynor**  
Chairperson