



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

## HSE People and Culture Committee Meeting Minutes

A meeting of the HSE People and Culture Committee was held on Friday 11<sup>th</sup> February 2022, 9am via videoconference facilities.

**Committee Members Present:** Dr Yvonne Traynor (Chairperson), Mr Aogan Ó Fearghail, Mr Brendan Whelan, Ms Bernie O'Reilly, Dr Sarah McLoughlin, Ms Deirdre Cullivan.

Apologies:

**HSE Executive Attendance:** Ms Anne Marie Hoey (ND Human Resources); Ms Theresa Heller (AND HR); Mr Mark Brennock (ND Comms); Ms Fidelma Browne (AND Strategic Comms); Ms Niamh Drew (Secretary); Mr Pat Galvin.

**Joined the meeting:** Ms Lynda Sissons (National Clinical Lead – Workforce Health and Wellbeing); Ms Leah O'Toole (AND NDTP); Dr Brian Kinirons (ND NDTP)

### 1. Governance and Administration

The Chair welcomed all and commenced the meeting. The minutes of the People and Culture Committee meeting from the 3<sup>rd</sup> December 2021 were approved subject to minor rewording.

No declarations of interest were declared.

### 2. Communications

*ND Comms, AND Strategic Comms joined the meeting*

ND Comms introduced the Committee to a presentation on Trust and Confidence, noting that the Board had received an update on the programme at its December meeting. The programme sets out the development of a plan for building trust and confidence in the organisation, a key Board objective being led by the ND Comms. The ND Comms provided an overview of the Trust & Confidence programme; the drivers of trust within the HSE which are public good, respect, integrity, and competence, a number of public survey findings, and the implications of research for the next steps.

It was noted that the actions arising at the moment are interim while research is being carried out. A programme of research and consultation is being carried out between now and Q3 of 2022. This will feed into the final Trust and Confidence report, and a fuller action plan which will be presented to the Committee and the Board in due course.

The Committee questioned the relationships with external organisations that are funded by the HSE and their place in this plan. ND Comms advised that improving those relationships will be part of the action plan, with a more detailed action plan later this year, with Governance over the actions to drive the results. It was noted that this is a long-term action plan and it will take time to make changes and see positive results. The Committee commented that any positive changes and responses that the stakeholders were happy with need to be retained and focus on driving those actions. The Committee also questioned have service providers been considered such as the Irish Cancer Society, as they are strong voices for their own communities and having good relations with these should be part of this plan. The question was also asked is the HSE being asked to create public confidence in areas that are outside of their control? ND Comms informed the Committee that the likes of waiting lists are not entirely in the control of the HSE and there is a limit to what can be done but the HSE press briefings are important as it provides a platform to engage honestly and openly with stakeholders. ND Comms acknowledged that there has been issues in the past and even though some may arise in future, it is about communicating and being open about the subject to maintain trust and confidence.

The Committee were advised that the next phase of the programme is to rerun the survey to get an idea of how things are measuring up. The programme structure consists of four different workstreams with a timeline of August 2022 for the final strategy & actions and implementation will then follow, with an Action Plan review a year later to look at any problem areas. The Committee were informed that there has been engagement with other organisations with some suggestive feedback received. It was explained that even though some issues are outside the control of the HSE that there is honest and open engagement happening which shows external organisations that they are important and that they are being actively listened to, which is hoped will build better relationships. The Committee thanked the Comms team for their presentation and look forward to future updates.

*ND Comms, AND Strategic Comms left the meeting*

### **3. National Director Bi-Monthly Report**

ND HR gave the Committee a High-Level update, on a number of topics, by means of the Bi-Monthly Report including;

The ND HR briefed the Committee on the ongoing discussions in relation to the introduction of a new Consultant Contract with the Department of Health and HSE, noting that engagement is due to resume in 2022.

The ND HR highlighted that the Staff Survey 2021 has identified a number of areas for action which will be prioritised nationally through the delivery of the NSP 2022 including: Increasing the size of the workforce to enable all existing roles to be supported and fulfilled, enhancing the level of career development and training to increase retention of staff, and addressing the issues of culture identified in the staff survey through engagement with staff, improved communications, and awareness of the policies and supports available to staff when needed. She also informed the committee that the WHO Healthy Workplace Framework implementation plans are continuing, and all the work streams are progressing as scheduled to deliver their projected outputs. The committee requested that the actions/focus areas arising from the survey should be communicated to staff in advance of the next survey.

The Committee welcomed the briefing on the new Diversity, Equality and Inclusion team, which is a newly formed team within HR who have commenced work on the expansion of the range of staff engagement activities on DEI over the coming year.

A discussion was held on strategic workforce planning. The ND HR noted that employment levels at the end of December 2021, show there were 132,323 WTE's, which is an increase of 1059 on the November figure. The staff absence rate for December was 7.9%, which is higher than would like to be seen but the figure is inflated for Covid related reasons and it is expected this figure will reduce in the coming weeks. The Committee questioned the figures relating to absences and the process for backfilling crucial posts. ND HR advised that backfilling will be a combination of using staff from other areas, using agency staff or overtime but this will only be for crucial services, with other areas dealing with absences under the normal sickness procedure. The Committee also questioned the Performance Management figures as the uptake was considerably low and asked should this be mandatory. ND HR advised that it should be mandatory as it has been agreed in the Public Sector Agreement, but Covid had affected the process as face to face meetings hadn't happened, but it is something that is getting renewed focus.

The HSE has developed and approved a blueprint for a new recruitment operating model which aims to meet the needs of the current global competitive market and the future requirements of Slaintecare. This includes maximizing recruitment capacity both locally and centrally and which will be under pinned by standard processed training; and a quality assurance unit and appropriate digital enablers. This work is now in implementation phase.

Covid recognition payment of €1000, no final details available yet from the Department of Health.

The Committee were informed that under the Haddington Road Agreement that additional working hours had been implemented in 2013, however, the Report of the Additional Hours Body appointed as a recommendation from the PSA Building Momentum be considered by Government in the coming

weeks. She noted that this will be a challenging piece of work to implement if, as expected, this proceeds in mid-2022.

The Committee were informed that the Dignity at work policy is currently under review and hope to have a final draft in the next few weeks.

The Committee held discussions on a number of areas that had been highlighted by the ND HR and posed a number of questions in particular to the data relating to staff absences, the backfilling of posts and the governance of staff relating to the backfilling of posts. The Committee also discussed in depth the challenges of recruiting in 2022 and what retention strategies were currently being considered. ND HR advised that a strategic plan for this has been presented to the Board and that she would keep the Committee updated on this matter.

#### **4. Risk Management**

*National Clinical Lead – Workforce Health and Wellbeing joined the meeting*

National Clinical Lead in Occupational Medicine led the Committee through an overview of Risk 19 – Staff Safety, Health and Wellbeing. The Committee were advised that this Risk has been rewritten with ‘Resilience’ being added to the title of the Risk. This Risk refers to an accumulation of risks that staff face on a daily basis. Physical risks are the biggest and most frequent risk that staff face. The focus currently is violence and aggression towards staff. It was explained to the Committee that this seems to be happening more in the Community settings where lone working can happen, and it affects staff in disability and intellectual disability settings. The focus this year, to help this situation, is to ensure staff perform a risk assessment before going out into the various community settings to see what risks might be faced and to take mitigating actions. The Committee asked is there any other changes to highlight and the Committee were informed that a targeted approach to violence & aggression and a review of the number of Health & Safety Officers available were the main points of focus for this year. The Committee requested that Lost Time Incident Rate (LTIR) be considered as a metric, which is to be considered for future updates, with the Committee being advised that there is a review currently being carried out on this, with some details being available on NIMS and through HIQA reports.

A paper, for noting, on the Risk Appetite Statement was distributed to the Committee prior to the meeting with a briefing due to be presented by the Chief Risk Officer at the next meeting.

*National Clinical Lead – Workforce Health and Wellbeing left the meeting*

## 5. Deep Dive

*Dr Brian Kinirons and Leah O'Toole joined the meeting*

### **Medical Workforce Staffing**

The Committee welcomed a high-level presentation from the National Doctors Training Programme (NDTP). The NDTP perform an annual assessment of needs to ensure a specialized workforce is available and track progress of consultant led training.

The Committee were informed that while the number of consultant posts has increased over the last 10 years the proportion of consultants as compared to Trainee and Non-Training NCHDs has decreased. In 2011 Consultants represented 35% of the medical workforce and it is now 32%. In the last 10 years and there has been a 70% increase in the number of non-training NCHD posts. The Consultant Application Approvals Committee (CAAC) have approved 550 new posts in 2021 but it was noted that there was approximately 284 training exits in 2021 so it will prove difficult to fill all approved posts. It was noted that Ireland has the highest amount of NCHD's per 100k population, when compared internationally, with a ratio of consultants to NCHD at 2 to 1. Dr Kinirons advised that there is a need to increase consultants and training doctors, noting completion of a training programme takes a number of years, and this will need to be managed in a controlled and incremental way. There are various initiatives being investigated with incentives for recruitment and retention to be considered. The Committee discussed the fact that there are not enough full-time contracts available, with a lot of the Non-Training NCHDs on long term temporary contracts, which will not attract some people into the service. The Committee questioned the NDTP on what would be required to bring Ireland in line with comparable jurisdictions and Dr Kinirons advised that a mixture of financial support and reorganising will be required, as Dr Kinirons feels more can be done with what is currently available, but infrastructure support will be required as well. NDTP are looking at data from 2016 to look for clues as to how to retain staff and avoid emigration. The Committee were advised that the majority of the training programmes allow for trainees to undertake research or fellowships abroad during the training programme. NDTP noted the current focus on the GP training programme, as more GP's are required countrywide, with a plan to increase intake to 350 candidates over the next number of years. The Committee acknowledged the work done to date and can see that things are going in the right direction.

*Dr Brian Kinirons and Leah O'Toole joined the meeting*

## 6. AOB

No matters arose and no further issues were discussed.

Meeting concluded at 12.35

Signed: Y. Traynor.  
Yvonne Traynor  
Chairperson

08/04/2022  
Date