



HSE People and Culture Committee Meeting

Minutes

A meeting of the HSE People and Culture Committee was held on Friday 14th October 2022 at 9am in Dr Steevens' Hospital, Dublin 8.

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

HSE Executive Attendance: Ms Anne Marie Hoey (ND Human Resources), Ms Phillipa Withero (HR), Ms Eithne Fox (AND HR), Ms Niamh Drew (Deputy Corporate Secretary).

Joined the meeting: Mr Dean Sullivan (Chief Strategy Officer – Item 2.4), Mr Liam Woods (Item 2.4), Ms Yvonne Goff (Item 2.4), Ms Emma Finn (Item 3), Mr Tom Malone (Item 4.1), Mr Tony Canavan (Item 4.1), Morgan Nolan (Item 4.1), Patrick Lynch (CRO - Item 5), Morgan Lucey (Item 6).

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

The Chair welcomed all and commenced the meeting.

2.1 Declarations of Interest

No declarations of interest were declared.

2.2 Minutes 2nd September 2022

The minutes of the People and Culture Committee meeting of 3rd September 2022 were approved.



2.3 Committee Meeting Dates 2023

The proposed meeting dates for 2023 circulated in advance of the meeting were approved.

2.4 RHAs – Briefing ref Actions from Sept meeting

CSO, Liam Woods, Yvonne Goff joined the meeting

The CSO provided an update on the timelines for the implementation of Regional Health Areas (RHAs) as requested by the Committee at its September meeting. He advised that RHAs will provide for the alignment and integration of hospital and community healthcare services at a regional level, based on defined populations and their local needs, making this a multi-year plan with the first elements due to go live in January 2024. The project overall will run until 2025-26.

Following queries from the Committee, the CSO advised that feedback from the regional meetings with staff concerning RHAs was largely positive; that there is a research office and Personal and Public Involvement (PPI) planned in each RHA; and that the governance structure for the RHAs has yet to be confirmed. It was agreed that a copy of the report on RHA breakout station output would be circulated to the Committee when available and that a written progress update focusing on risk challenges is to be shared with the Committee monthly with the CSO to return to a Committee meeting mid-2023.

CSO, Liam Woods, Yvonne Goff left the meeting

3. Communications

3.1 Internal Communications Report

Emma Finn joined the meeting

Emma Finn provided the committee with an update on the CEO services visits during the summer. The purpose of the visits was to engage with staff and hear their opinions, and promote a collaborative, open and transparent relationship between the HSE and its stakeholders. Staff were surveyed following the visits and their feedback was overall very positive about the visits.

During these visits the CEO met with local leadership and management teams, conducted interviews with local radio, had services and staff meetings across community and hospital services, and undertook online political engagement with local politicians. The main concerns raised from meeting with local politicians were



around access and waiting lists. Going forward, visits will be undertaken with the new CEO and incorporate media regarding vaccines. The committee welcomed the update.

4. HR Bi Monthly Report

Morgan Nolan, Tom Malone and Tony Canavan, CEO, SAOLTA Hospital Group joined the meeting

4.1 HR Bi-Monthly Report

The NDHR gave the Committee a high level update on a number of topics in her HR Bi-Monthly Report.

The Committee was provided with a progress update on engagement of the National Taskforce with the IMO re NCHDs issues re working conditions. The purpose of the Taskforce is to put in place sustainable workforce planning strategies and policies to improve the NCHD experience and to support present and future retention of NDHDs in Ireland. The committee was advised that over the course of engagement progress has been achieved on proposals to address a range of NCHD grievances. One of the issues related to NCHDs working hours. A high level verification group has been set up to verify hours NCHDs are working. The Committee was advised that agreement on a range of proposals is awaited. The Committee was given a broad outline of the draft agreement. The Committee was advised that the IMO has agreed to take the plan to its members and further contact from the IMO is expected imminently. Committee welcomed the recommendations of the working group.

The ND HR provided the Committee with an outline of the supports currently available to NCHDs through the National Doctors Training Programme (NDTP). The Committee requested a report at the next meeting on the uptake of NCHDs supports available.

The ND HR provided an update on an interim solution to addressing the implications for emergency taxation when NCHDs rotate to a different area of the HSE. The solution involves the payment of a temporary recoverable once off payment of €850 which would be recovered from NCHDs in subsequent payroll period.

Special Pandemic Recognition Award:-

The ND HR provided an update on the numbers who have received the Special Pandemic Recognition Award. To-date almost 124,000 HSE and Section 38 employees have received the payment.

The ND HR advised the Committee that a contract has been awarded to a 3rd party contractor to progress the payment to Section 39 agencies and other groups covered by the government decision.

HSE Consultants not on Specialist Register:-



The ND HR gave an update to the Committee on the number of Consultants not on the Medical Council's Specialist Register. The number has reduced from 153 to 104. Explanation for the continued employment of Consultants without Specialist Registration was provided. It is HSE policy that when a Consultant is being appointed all options to recruit a suitable candidate with Specialist Registration must be exhausted before appointing a candidate from the General Register. The ND HR provided the escalation process involved in appointing a Consultant who is not on the Specialist Register. The committee requested follow up information on the number of specialists recruited by exception and how many are refused admission.

The ND HR advised the Committee that negotiations on a new Consultant Contract are progressing.

Accountability update:-

The ND HR confirmed that KPMG are supporting the HSE on the Accountability Framework programme. Work is ongoing to identify current gaps compared to national and international best practice and how to improve accountability arrangements.

Internal Audit Report – Consultants Leave Records Sligo University Hospital

The CEO, SAOLTA Hospital Group responded to the recent Internal Audit Report on Consultants Leave in Sligo University Hospital. He assured the Committee that Consultants in Sligo University Hospital are not exceeding their annual leave entitlement and gave an outline of the local procedures in place when a Consultant applies for annual leave. The ND HR gave an outline of the national policies in place regarding leave entitlements. The committee was informed that local policies are not in place, given that there are National policies which are applicable. It was agreed that local standard operating procedures are required and work on these is in progress. The Committee sought assurance that similar audit findings will not arise again and asked if the audit findings have been communicated to all areas.

The Committee thanked the CEO SAOLTA and the ND Internal Audit for their contribution.

The Committee also complimented the CEO SAOLTA for work on supporting the people of Cresslough, Donegal on the recent tragedy.

Morgan Nolan, Tom Malone and Tony Canavan, CEO, SAOLTA Hospital Group left the meeting

4.2 HR Dashboard



The NDHR presented to the Committee the October 2022 HR Dashboard. She highlighted areas such as recruitment progress against the Resourcing Strategy minimum target; staff completion of mandatory training courses; and reasons healthcare workers have left their role.

4.3 Recruitment and Retention

Eithne Fox, AND HR joined the meeting.

The AND HR advised the Committee that the HSE faces significant challenges with recruitment and retention of staff. There is a global shortage for talent and every healthcare provider faces similar challenges. In order for the HSE to maintain its current employment levels recruitment activity must take account of the requirement to replace staff who resign or retire. There has been a significant increase in the % turnover rate for Q1 and Q2. Availability of foreign travel/work opportunities and possible delayed retirements due to Covid-19 is likely to be a factor in the increased turnover rates. The Committee queried if the HSE has accurate data regarding reasons why staff leave, this information is critical in formulating strategies to improve retention rates. The AND HR advised the data in this area is not available across the HSE. One of the 5 pillars in the Recruitment Reform and Resourcing Programme which is currently in development is Retention. Exit interviews with staff who leave aims to capture data on reasons for leaving. Pilot programme underway in Mayo Hospital

5. Corporate Risk Register

5.1 Q3 Report

CRO joined the meeting

CRO gave the committee an overview of the risks relevant to the committee, CRR 009 Health, wellbeing, resilience, and safety of staff, and CRR 016 Workforce and recruitment.

On CRR 009, CRO advised the Committee that a review of the HSE's Risk appetite statement will be undertaken early in 2023. This will include a review of the risk appetite levels for staff related risks compared to patient/ service user risks.

It is planned that risks associated with violence aggression will be looked at separately as a new risk, and a detailed risk assessment will be performed in Q4.

For CRR 016, the risk appetite is cautious, with an inherent rating of 20, and a residual rating [with controls] of 16. The committee questioned if the inherent should be higher. CRO and ND HR agreed to review ratings



during the Q4 review of the CRR. The focus needs to be on the management controls in place to reduce the residual level of risk. The committee discussed the link of attracting and retaining staff with the availability of housing in Ireland. They raised the possibility of linking in with Department of Housing and the Department of Health and the HSE on this issue. On this matter, the issue of communications between HSE and Department of Health regarding risks was also raised. CRO stated that work was continuing between HSE and Department of Health to establish a risk communication process.

Considering the target scores (to reflect the risk appetite), questions arose on whether or not they are they realistic and if we will ever reach the target level. The Committee asked if more serious action is required, or are the targets unrealistic. If they are unattainable, they should perhaps be re-considered, as they then become meaningless. CRO said this will be a central element of revising the Risk Appetite Statement.

It was agreed that CRO will join extra parts of the meeting as required in future.

CRO left the meeting

6 Deep Dive

6.1 Employee Assistance Program (EAP)

Morgan Lucey joined the meeting

Morgan Lucey gave a presentation to the Committee on the HSE National Employee Assistance Programme (EAP) Service, advising that the EAP provides supports for HSE staff including counselling, consultation to managers on staff wellbeing and psychosocial issues, workshops on staff wellbeing issues, and Critical Incident Stress Management (CISM) Response.

Following the presentation, the Committee discussed the most pressing issues raised by staff in the EAP with workplace stress being number one, particularly among frontline staff. Mr Lucey advised that similar issues arise in every health service and programmes such as the EAP have a positive impact, with building resilience among staff a key priority. In terms of global best practice, he confirmed that the HSE EAP is performing well comparatively.

The process for investigation of cases involving administrative leave is too slow. There is a need to address issues before they become a formal process. This requires management training.

Morgan Lucey left the meeting



7 AOB

No matters arose and no further issues were discussed.

The meeting concluded at 13.45pm.

Signed: 

Date: 2nd December 2022

Yvonne Traynor
Chairperson