



HSE People and Culture Committee Meeting

Minutes

A meeting of the HSE People and Culture Committee was held on Friday 10th March 2023 at 9:00 on Microsoft Teams.

Members Present: Dr Yvonne Traynor (Chair), Brendan Whelan, Bernie O'Reilly, Dr Sarah McLoughlin, Aogán Ó Fearghail

Apologies: Deirdre Cullivan, Michelle O'Sullivan.

HSE Executive Attendance: Anne Marie Hoey (ND HR), Theresa Heller (AND Corporate Business Partner), Philippa Withero (AND Strategic Workforce Planning and Intelligence), Jo Shortt, (AND Change Planning & Delivery), Dean Sullivan (Chief Strategy Officer), Mark Brennock, (ND Communications), Ivan McConkey, NiSRP Lead, Dara Purcell, (Corporate Secretary), Niamh Drew (Deputy Corporate Secretary).

Joined the meeting: Bernard Gloster (CEO)

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.

The Chair introduced and welcomed Bernard Gloster, the new HSE CEO and wished him well in his new role. She thanked him for taking the time to attend the meeting.

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.

2.4 Minutes

The Minutes of the People & Culture meeting held on the 13th January were approved.



3. Regional Health Areas

3.1 Regional Health Areas (RHA) – update on planning, design and implementation

Dean Sullivan, CSO and Jo Shortt, AND Change Planning & Delivery joined the meeting.

The CSO provided an update on progress since last meeting. He informed the Committee that RHA high-level functional design is now substantially complete. Further work will take place over the coming weeks across Operations, Strategy and Clinical to agree detailed functions and required structures. The CEO advised the committee that he will now lead the project. Under the current draft Implementation Plan the 6 RHAs will be in place by Jan 2024 but not fully functional.

The NDHR advised that recruitment of RHA CEOs will be undertaken by the Public Appointments Service when sanctioned.

The CEO and Committee discussed the importance of the branding of the RHAs and it was agreed that this is an opportunity to promote public sense of ownership of the new structures. The importance of developing and implementation culture into the new structures was agreed.

The Committee also highlighted the importance of ensuring user group involvement in implementing the RHA plan with particular emphasis on patient involvement at every level. The Programme Lead for Change informed the Committee that she has met with patient representative groups in line with “Better Together: The Health Services Patient Engagement Roadmap” and this was welcomed by the Committee.

4 Communications

4.1 Internal Communications Report

The ND, Communications provided a general update to the Committee on recent communications campaigns in relation to Covid-19 booster, quit smoking, launch of the diversity and inclusion strategy and on graduate opportunities in the HSE. It was noted that the recently published circular on Blended Working policy was the most visited web page on the HSE site. The ND Communications advised that the CEO will lead on the implementation of the Trust and Confidence Strategy. The ND Communications advised that an implementation update will be provided at the next meeting. The Committee enquired re mechanisms used to measure public trust and confidence similar to the approach to independent polls in relation to the level of satisfaction with political leaders/political parties The ND Communications advised that they are trialling this approach to measuring satisfaction with the HSE but further work is needed in this regard.



5 HR BI Monthly Report

5.1 Bi Monthly Report

The ND HR presented her Bi Monthly report.

The ND HR informed the Committee that the new public-only Hospital Consultant Contract is in place since the 8th March. The contract provides for greater flexibility with core hours now ranging from 8 am to 10 pm weekdays and 8 am to 6 pm Saturdays. She provided the Committee with an overview of the overall contract and informed the Committee that Local implementation groups have been set up in each CHO and Hospital Group. Briefing Webinars have been provided for staff. HR will commence writing to all Consultants advising what the new contract entails for them. The ND HR stated that the new contract is about the future of the health service. The Committee raised the recent report of a reduction in CAO interest in medicine and the impact this may have on future recruitment of doctors. The ND HR, whilst noting the reported fall in CAO interest in medicine, advised that CAO places for medicine remain oversubscribed.

The NDHR informed the Committee that the first national HR Conference will take place in April 2023. The purpose of the conference is to update HR staff from across the public health services on the movement to the Regional Health Authority (RHA) structure, to encourage networks and to support staff with practical and inspirational information. The Committee raised concern regarding a training and demand gap in relation to HSCPs. The NDHR advised the Committee that the HSE has made a submission to the Department of Health regarding Health and Social Care Profession (HSCP) requirements. The Health Service is facing sustained and significant demand for qualified health and social care professionals within its services. This demand will remain and become more significant. The submission identifies that there is not a sufficient supply of HSCPs within the domestic market and calls for a significant increase across all professions in 3rd level college places in Ireland. The HSE accepts this will require significant investment in the clinical infrastructure to support the clinical placements required.

Following on from a Committee request at the January meeting the ND HR provided data on staff compliance with mandatory training. The Committee raised concerns regarding low levels of compliance with areas such as cyber security training and requested that a further briefing be provided on this at the next meeting. The Committee welcomed high levels of improvements in other training areas. The NDHR agreed to feedback the Committee's concern to the EMT and all services.



5.2 HR Dashboard

The Committee reviewed the National HR People and Recruitment Dashboard. The ND HR advised that recruitment monitoring will be against the target of 6,010 of WTEs.

The Committee requested further information on how the effectiveness of increases in recruitment in areas such as Management and Administration are being monitored. The ND HR confirmed that this is monitored through the monthly HBOG meetings and is reported on in to the Planning and Performance Committee

The Committee noted that one of the Ministers top health care priorities for 2023 is workforce capacity planning and effectiveness. The Committee sought further discussion with regards to how this is being achieved and a discussion was held on the HSE's performance achievement tool. The Committee welcomed the briefing and noted the importance of the data provided in the Board Strategic Score Card under item 12 Recruitment and Retention.

5.3 HR Dashboard – Internal Management Data Dashboard

The Committee discussed the data in relation to the ratio of management/admin posts compared to clinical/frontline posts. The ND HR confirmed that 80% of admin staff are employed in frontline services which releases valuable clinical time and is critical to the support infrastructure of our hospital and community care services. Clinical staff have increased by 13,000 over the past 3 years and additional admin staff are needed to support these posts. The Committee noted the value of our admin staff in this regard.

5.4 Technology within HR

Ivan McConkey, NiSRP Lead joined the meeting

The Committee was updated on the status of the continued roll out of NiSRP. The South went live on Monday 6th March. 80,000 staff are now on NiSRP. Engagement has commenced with the West and North East to progress implementation in those areas. In addition, a Business Case is now in development which will establish the timing, benefits (monetary and non-monetary), resourcing requirements, costs and timing of NiSRP solution delivery to all Section 38 Agencies. This work includes engagement with all Agencies, further data collection, options assessment and preferred option selection with supporting rationale. It is expected that the initial deployments to these agencies will be in 2025 (noting as above that this is subject to further planning and review as part of the Business Case development process).



5.5 Pay & Conditions Benchmarking Exercise / Report

The Committee reviewed and discussed the data in relation to their request for a Pay & Conditions comparative benchmarking exercise across other jurisdictions.

6. Risk Management

6.1 CRR Q4 2022 Report

CRO joined the meeting

The CRO provided an update to the Committee on the HSE Corporate Risks Q4 2022 report in relation to the three corporate risks assigned to the Committee.

The Committee held a discussion on the analysis of the People and Culture committee assigned risks. The Committee highlighted the importance of aligning the Corporate Risk Register with the Board Strategic Score Card. The Committee strongly emphasised that risk management and performance management are not separate organisation agenda items

The Committee has raised queries in relation to how assessment of risk is carried out and the process of bringing more clarity to risk. The CRO advised the Committee that a simple tool has been developed to allow for analysis of individual risks. This tool is currently being tested as part of a review of each of the HSE's corporate risks. Once the review is complete, the tool will also be of use to the Board Committees as they review the risks that have been assigned to them for oversight purposes.

7 Deep Dive

Martina O Byrne Head of HR CHO Midlands Louth Meath, David Tully Head of HR CHO Dublin South, Kildare & West Wicklow and Enda Moloney, SAOLTA Hospital Group joined the meeting

The Heads of HR CHO Midlands Louth Meath, CHO Dublin South, Kildare & West Wicklow and the Director HR SAOLTA gave a presentation on some of the supports available to staff which enhance staff morale and service delivery.

Presented to the Committee was overviews of how both Community Operations and Acute inter-act and work with the Corporate Centre. Discussion were held with process in regard to how corporate policies were implemented on the ground and how learnings are shared between areas.



It was agreed that the establishment of RHAS would provide both change and opportunities as to how local areas have the capacity to carry out their roles effectively. The Committee welcomed the theme of sharing that came through in each presentation and it was noted that RHAs are seen as giving local areas the ability to deliver integrated care with joined up thinking and the ability to give confidence at local levels

It was also felt that the newly established RHA's will support in attracting and retaining employees as it has the potential to allow better development opportunities.

The Chair thanked the members of the HR Team for their attendance.

8 AOB

No matters arose and no further issues were discussed.

The meeting concluded at 1.15 pm

A handwritten signature in blue ink that reads 'Y Traynor'.

Signed:

Date: 12th May 2023

**Yvonne Traynor
Chairperson**