



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 Friday 2nd October 2020 at 12.30 pm via videoconference.

Members Present: Yvonne Traynor (Chairperson), Aogan Ó Fearghail, Sarah McLoughlin, Fiona Tierney, Bernie O'Reilly

In attendance: HSE Executive Members: Anne Marie Hoey (National Director Human Resources), Dr Philip Crowley (National Director QAV) Edna Hoare (HR AND) Dr Lynda Sisson, Workplace Health and Wellbeing Unit, John McCusker, Emma Finn, Dr Susan Kent, Dr Philippa Withero, Niamh Drew, Amy Phillips

1. Governance and Administration

The Chair commenced the meeting. No conflicts of interest were declared. The minutes from 24th August 2020 were approved.

2. National Director's Update

The ND HR provided an overview of the monthly national HR Report, noting engaging with and supporting our staff and teams is central to the HR function.

Priority 1 Leadership & Culture

To help the HSE progress towards compliance with Employee Assistance Programme, The National HR has established a Disability Technical Group (DTG) that is working in collaboration with the NDA. To date this collaboration has resulted in an online workshop for HR Managers and employees, it provided valuable learning and models of good practice regarding the employment of persons with disabilities, including data collection tools and methods. A post workshop feedback survey is currently being generated. It is proposed that a census launch across the HSE during October, however a specific

date is yet to be confirmed. A communications strategy has been drafted and engagement with the HSE's Communications team is underway.

Priority 2: Employee Experience

The ND HR noted the pulse survey and internal communications will be discussed further in the agenda (See section 8 & 10).

Priority 3: Capability & Talent

The ND HR advised the Gradlink Programme continues to be a success with over 450 applicants this year and noted there will be a priority to deploy some of these graduates into the COVID-19 response roles such as contact tracing where necessary. The ND HR also highlighted the increasing uptake in HSeLanD with an increased uptake in infection prevention and control modules in light of the COVID-19 pandemic.

Priority 4: Workforce Planning

In response to concerns regarding the additional pressure being put on community pharmacists providing the flu vaccine, the ND HR assured this should not be the case due to the widespread access to vaccinations across both community and hospital settings in addition to primary care contractors. The ND HR also addressed the risk of uptake reluctance and noted they are continuing to work with staff representative organizations to support the messaging to staff. Following concerns from Committee members in relation to the type of communications approach. It was advised the approach involves locally based solutions such as peer to peer support to promote uptake within hospital locations, which is up to 60% from 30% in previous years.

Priority 5: Evidence and Knowledge Service Design & Integration

The ND HR highlighted the HSE is committed to support 'human-centred' co-design to meet the needs of service users and staff. Dublin Midland Hospital Group (DMHG) have implemented a Service Design initiative 'Patient Advocacy: 'Sending Love: Improving Patient Experience during COVID-19' which assists communication between patients and loved ones due to increased visiting restrictions. This is a multi-disciplinary initiative aimed to facilitate communication, dispel anxiety for patients and

families and reduce feelings of isolation for patients, which in turn has been proven to improve Well Being. To date 24 families have availed of the service.

Priority 6: Performance Accountability

The ND HR advised KPIs for both local and corporate level and will be developed in the context of NSP 2021 to capture the number of performance achievement meetings undertaken.

Priority 7: Network & Partner

The ND HR outlined in CHO 7 the Nurture Programme - Our Children's' Health, a Quality Improvement Initiative to improve information and professional supports to parents during pregnancy and the first 4½ years of life is progressing. This project supports staff to use service users/patient/family experiences and feedback to enable cultural change and drive innovation and quality improvements.

Priority 8: eHR and Digital Transformation

The ND HR noted the creation of a digital culture and workforce is an ongoing priority in the health services. For example, to be prepared for the COVID-19 efforts within ULHG, an e-Rostering project was initiated for Nursing and Midwifery. The ND HR advised implementing an e-rostering system must be a joined approach with NiSRP as it is a strategic approach across the HSE. Committee members highlighted the opportunity to include all health care professions to uptake the e-rostering systems through NiSRP. Following questions on the rolling out of e-rostering in hospitals and increased patient involvement at service design level, the ND HR advised she will take this point away and report back with more information. The ND HR also advised she has spoken to the OCIO and he will attend the December Board meeting to go through e- health and digital transformation.

The ND HR noted the training of additional Peer vaccinators for the flu campaign A training programme has been set up by Centres of Nursing and Midwifery Education (CNME) to encourage all nursing homes to participate in the educational programmes and to facilitate the uptake of Flu vaccine of staff providing care in private and public nursing homes. In response to concerns regarding the registration of private sectors availing of HsELanD, The ND HR advised training is made available to staff grades across sectors to keep a high, consistent standard across the board.

Priority 9: HR Professional Services

The ND HR noted the National integrated Staff Records & Pay (NiSRP) Programme is extending SAP HR and Payroll across the HSE. The Programme also has a new eLearning certified course in My HSE Self Service which is now available to all staff. Further modules will be deployed as they are developed.

Committee members suggested a database should be kept documenting what courses staff have completed. The ND HR noted the key priorities for NiSRP currently lies in payroll and annual leave management, but it has the functionality to provide a systemwide database as suggested in the future. She advised such recording for 140,000 employees requires a significant investment in the time taken to populate records and monitor effective inputting of data. The ND HR advised HsELanD does not have that type of functionality to record all staff training.

3. Recruitment and Workforce Planning

Following a presentation to the Committee on Strategic Workforce Planning & Resourcing Delivering on the resourcing requirements set out in the Winter Plan, The ND HR assured confidence in the effort and energy going into this plan to fulfill requirements. The ND HR noted she is happy to take any advice and support on board from Committee members regarding this. The Committee acknowledged the complexity of the challenge that lies ahead. The ND HR advised alternative plans are being considered. In response to concerns around securing the skill required within the HSE, P. Withero noted for example there are graduate programmes in place to train those with general science degrees to become medical scientists.

In order to attract recruitment in rural areas besides salary, E. Fox noted the greater use of hospital group networks to support people, identifying those within the area and supporting them through educational programmes to upskill to work within such areas. Dr P. Withero noted one of the key principals to address this is the engagement with local services and understanding the connections between hospital groups, CHOs and what they have to offer such as working hours, facilitates etc.

In relation to time to recruit, the ND HR noted technology is allowing us to take on high volume processes that will speed up this process, she noted recruitment processes nationally can sometimes take longer for high volume campaigns. Regarding queries on Garda Vetting timeframes, E. Fox advised traditionally garda vetting can take longer than 14 days, however this is being improved, noting there is no longer a substantial delay. The Committee noted the importance of effective garda vetting and emphasised it is not a process that should be rushed. The Committee commended the hard work put into the plan in place.

4. Bullying and Harassment

Dr. L. Sisson and Dr. S. Kent provided an overview on the National HR response to bullying in the workplace. The revised Dignity at Work Policy for the Health Service was produced on a partnership

basis by a Working Group comprising representatives from the HSE, Voluntary Hospitals and Intellectual Disability sectors, health service unions, HSE-Employers Agency and IBEC.

Dr. L. Sisson advised the Work Positive assessment tool has been implemented in Letterkenny and Limerick, she noted the State Claims Agency advised the implementation of this tool has proved to be effective in reducing stress related work claims. The pilot of this tool was due to be rolled out but was paused due to COVID-19.

At an individual level, local counselling and therapy services are also widely available to employees and this activity is tracked on a monthly basis. On average about 12-14% of work-related referrals cite alleged bullying as a presenting issue. Over-all work-related referrals constitute about 50% of the overall pattern of EAP referrals both internally and externally. Dr. L Sisson also highlighted the mentoring and coaching services within the HSE can support employees both professionally and personally.

The Committee were briefed on the evidence of Bullying in the medical profession noting In Ireland, 41% of trainees reported they had experienced some form of bullying or harassment in their roles, an increase from 34% in 2014, according to the latest Your Training Counts report, which was based on data collection in 2017 by the Irish Medical Council. There were, however questions about the low response rate and questions on the methodology of this survey. The same survey showed that 70 per cent of trainees reported a good or better quality of life, with 77 per cent saying they enjoyed good mental wellbeing. In recent years, medical schools and post graduate training bodies (PGTB) have started to include modules on health and wellbeing in their curriculum, addressing the issue of bullying with young doctors. Work is ongoing with the RCPI to implement a multifaceted positive work environment and anti-bullying amongst junior/trainee doctors.

Dr S. Kent noted the HSE held the inaugural symposium on Anti-Bullying in February 2019. Simultaneously to the symposium, a national localized campaign was undertaken in workplaces to ask staff for solutions that could #CUTITOUT. The response to both events was encouraging with a large attendance and interaction at the symposium and in response to the call for solutions. Following this event, a thematic analysis was taken of the responses and feedback. The ND HR advised the dignity at work policy outlined the processes that take place regarding the instance of employees being removed from posts due to bullying.

Committee members commended Dr L. Sisson and Dr S. Kent on the immense hard work put into this area of work.

5. Corporate Risk Register

Dr P. Withero briefed the Committee on Risk 10 of the CRR, Workforce, the existing controls and necessary actions. The Committee thanked P. Withero for her update. Following concerns on the long-term issues such as those cocooning, the ND HR assured members that the matching work with those who are cocooning at home are being continually reviewed. Dr P. Withero noted 0.5% of the HSE are noted as cocooning.

6. People Strategy Q3 Update

The ND HR updated the Committee on the status update of the People Strategy Actions 2020. Committee members questioned the target for the service plan 2021, the ND HR advised this will take place with a target of approx. 70% but will have to investigate this further. In response to concerns regarding services that are behind schedule related to Sláintecare, the ND HR advised the Sláintecare initiatives are reflected in the winter plan and work is ongoing. The ND HR assured the committee a significant proportion of the winter plan is aimed towards the avoidance of acute hospitalisation with support for services in community.

7. People Strategy Measures Dashboard

The ND HR updated the Committee on the People Strategy Dashboard Measures this month which reflect the referrals to EAP, e-learnings, absence rates (reduced), and WTE employment. The Committee suggested to strive for targets on areas such as best practise and performance evaluation, recruitment, and training targets.

Pulse Survey

The ND HR updated the Board on the HSE COVID-19 Pulse Survey results noting they were robust and statistically accurate. The ND HR advised focus groups following this survey are underway and the ND HR will report back to the Committee following this. The Committee commended the high-quality survey and highlighted the need to capture the positive outcomes from this survey and act on them to bring forward permanent change.

8. Excellence Awards

J. McCusker, a category winner from the Excellence Awards presented his winning submission presentation on the Placement and Support (IPS) in the Mental Health Service. The Committee commended J. McCusker and his team for all the hard work, dedication and informative presentation.

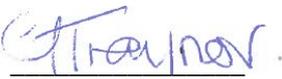
9. Internal Communications

The head of internal communications provided an update on the Internal Communications within the HSE and its strategic objectives she also highlighted the significant work going into the staff newsletter and website. The Committee applauded E. Finn for a very informative presentation and commended the work being done in the internal communications department.

10. Any Other Business

The next meeting will take place on 4th December 2020.

Meeting concluded at 16:25.

Signed: 

Yvonne Traynor

Chairperson

05/02/2021

Date