



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 Monday 24 August 2020, 2:30 pm via videoconference facilities.

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), Philip Crowley (National Director QAV) Edna Hoare (HR AND) Dr Lynda Sisson, Workplace Health and Wellbeing Unit, Niamh Drew, Amy Phillips

### 1. Governance and Administration

The Chair commenced the meeting. No conflicts of interest were declared. The minutes from 12<sup>th</sup> June 2020 were approved subject to a minor amendment. The Committee agreed they were happy with the Workplan for the remainder of 2020 and the Chair welcomed any feedback. The Chair highlighted the importance of the Committee Dashboard and welcomed further input from the Committee members.

### 2. National Director's Update

The ND HR provided an overview of the People Strategy priorities and advised she will continue to provide an update on progress at the next meeting in October 2020. The People Strategy 2019 – 2024 is positioned to build a resilient workforce and deliver on the ambition set out in Sláintecare.

- Action: ND HR will provide an update on progress in relation to the 2020 actions for the People Strategy at the October meeting and noted that plans have been impacted due to COVID 19.

**Priority 1: Leadership & Culture:** The ND HR advised that under the Disability Act (2005) there is a requirement is for a staffing level of people with disabilities of 3% rising to 6% in 2024 Reporting of the HSE percentage this contributes to the formation of national policy regarding the employment of people with disabilities. Work has begun with NDA to seek and agree the application of the definition and collection tool. For a census to be undertaken in 2020. The CPSA and DOH have also welcomed the opportunity to participate in the Technical Group. Terms of Reference have been established and discussions are underway to explore the use of the definition within a 2020 context and to review the

collection tool to be used. The NDA and HSE have organised a workshop to discuss this further on 7th September with HSE managers. The NDA have also proposed to invite a speaker from the NHS. Following on, plans will be progress and a date will then be arranged for a census to launch across the HSE. All draft documentation including questionnaire have been forwarded for comments to NDA. A communications strategy has been drafted and engagement with the HSE's Communications is underway. The ND HR advised she will keep the Committee updated on this. Committee members proposed a HR manager in DPER could provide advice on the issues that would be common in undertaking the census. Committee members also suggested a wider survey of Equality factors and across the board would be useful. The ND HR was thankful for the suggestion and will take it on board and noted that the focus in 2020 will necessitate prioritising the disability census.

The ND HR provided an example of services developed in the response to COVID-19 including the testing Hub opened for the public at St Michael's Hospital, Dun Laoghaire to serve catchment area CHO6. The hub was supported by redeployed staff from nursing and patient services from the Ireland East Hospital Group (IEHG), hospital services, ICT, Catering, Laboratory, and the Infection Control team. Initial appointment figures were low, however due to a rapid increase in demand, by Day 4 the operation transitioned to a "drive-through" system with the capacity to test 130 patients per day, seven days a week. Such examples have been replicated across the country.

The ND HR also advised that the Leaders in all CHOs and HGs are working towards providing a caring and compassionate culture with the provision of psychosocial supports for employees during the COVID-19 pandemic.

The Committee were informed The National HR Diversity, Equality and Inclusion office are pleased to announce that National HR have achieved the "Investors in Diversity Silver" award from the Irish Centre for Diversity. The Silver award means building on the Bronze requirements and measures the sense of fairness and belonging from the employee's perspective, providing an overview of the organization's key strengths and areas for development. The HSE plan to continue their progress in this area, with focus on four pillars: Diverse & Inclusive Leadership; Policy, Practice & Process; Recruitment, Retention & Progression; and Recording & Monitoring.

**Priority 2: Employee Experience-** A focused staff survey during COVID-19 went live on 16<sup>th</sup> July 2020. The survey closed on 31st July with a total of 7,055 responses – the target representative sample was 4,000 and therefore the response rate is very positive. Analysis of feedback is now underway Building on the themes identified in the survey data, focus groups will take place mid-September to give staff the opportunity to reflect and review their current working circumstances and aspects of COVID-19 that continue to influence their experience at work. Committee members questioned the selection of staff and method of contact for the survey. The ND HR advised all 140,000 staff members were asked to

respond and the survey was sent out via email, live broadcasts and twitter etc. Respondents were asked to indicate their interest in participating in the focus groups.

**Priority 3: Capability & Talent:** The ND HR advised Practitioners continue to use the Change Guide resources and request support on a need's basis. The small change capacity team have been liaising with the National Integrated Finance & Procurement System (IFMS) programme to support development of a 'Leading Change' programme with similar work ongoing with the Clinical Leadership Centre. She also highlighted the Health Services Change Guide e-Learning programme 'Understanding Change in Complex Health Systems' is progressing and will be completed by the end of September. Funding has been approved to commence a new cohort of both Leading Care II (Masters) and Leading Care III (Professional Diploma in Management). Leading Care II - MSc in Leadership in Healthcare, will accommodate 54 participants with 40 participants accommodated on the Leading Care III – Professional Diploma in Management in Healthcare. Detailed planning and redesign work continue with the faculty for the first residential of each of the new cohorts, which will take place in October. Work has commenced to develop effective e-learning LETD programmes for virtual delivery. Of priority for conversion will be the First Time Managers, People Management the Legal Framework, Coaching Skills for Managers and Managing Teams Remotely. A training provider has been selected to deliver the training programme for LETD facilitators to convert face to face programmes into virtual programmes. LETD facilitators have begun reviewing the LETD programmes in preparation for the redesign of the programmes from classroom to virtual. Also, the first HSE Gradlink tranche induction/CPD day took place on 13th July, with 21 graduates placed in services around the country. An additional 27 graduates are being allocated placements which will commence before 7th September 2020. The ND HR advised the Gradlink participants are not always allied healthcare workers but can be from many different backgrounds.

- Action: ND HR will include the talent programmes in the December Committee meeting to focus on Leadership Education Training and Development

The Committee were advised that a number of Hospital Groups introduces new measures to induct their NCHDs during COVID. An example where this occurred is within the SAOLTA HG, who provided an online induction portal to support the July transfer of NCHDs in GUH.

Based on the Schwartz Round concept where staff have the opportunity to discuss the emotional impact of their work, "Team Time" was introduced by the Point of Care Foundation across the SAOLTA HG to help improve staff wellbeing, resilience and support which in turn results in improved patient care.

- Action: Board members will be invited to attend a Schwartz Round workshop at a future date (Dr Crowley).

The ND HR also noted The Health Service Excellence Awards received a record number of entries this year. 610 entries were submitted from Hospital Groups (236 entries), CHOs (284 entries) and Corporate Services, Voluntary Bodies and the National Ambulance Service (90 entries). Following shortlisting, 65 projects were invited to present to the Selection Committee, each of the 65 received a Certificate of Achievement and their project published in an e-booklet Due to COVID limitations.

- Action: A Health Service Excellence Awards finalist will be invited to attend a future Committee meeting to provide an overview of the service and the winning initiative.

**Priority 4: Workforce Planning-** The development of a workforce projection model with the Economic and Social Research Institute (ESRI) is progressing. Committee members questioned the timeframe for the ESRI model, the ND HR advised it is a medium to long term project and will be completed towards the end of 2021.

The workforce projection model for the short-term planning regarding COVID-19/ COVID-19 recovery planning is in build phase within the HSE, with data inputs on current workforce, redeployment, absence, etc. incorporated into the model. The ND HR advised she will provide an update on the outputs of this at the October Committee meeting.

Committee members also requested further updates on consultants whom are not in the specialist register acting in specialist consultants' posts and the ND HR advised she will revert on this in October.

Work with ICT and HPSA recommenced in July. The ICT project mandate is complete, and a detailed business case is in development, with assessment of potential systems underway to inform decision on progressing to next stage of the project. The ND HR also provided an update on the continued meetings and support to Children's Health Ireland in place to develop WFP strategies for new services/hospital, through the governance of the CHP&P Steering Group.

- Actions: Update on consultants acting in specialist roles, but not on the specialist register at October meeting.
- Update on the outputs of the workforce projection model for the short-term planning regarding COVID-19/ recovery planning

**Priority 5: Evidence and Knowledge Service Design & Integration-** OD - Improving Change Capacity has developed a Team Reflection on Change to assist teams to acknowledge and make sense of the very rapid and emergent change they have been involved in over recent months. The guidance assists teams to engage in a process to Reflect, Recover and Renew (RRR), gives consideration to how they experienced the impact of Covid-19 on service delivery and practices and helps to identify sustainable improvements

for the future. A number of online sessions shared across acute and community settings have been delivered.

Following the RRR broadcast on 15<sup>th</sup> July 2020, there has been an increase in the number of requests for support.

Telehealth initiatives that facilitated The Midlands Hospital Group where staff, utilised the St Luke's Radiation Oncology Network (SLRON) project and engaged in the rollout of virtual consultation software with the assistance of ICT staff, Committee members queried uptake in relation to telehealth, the ND HR advised that there was positive uptake however noted change management supportive processes may be required when transitioning from face to face to telehealth settings.

**Priority 6: Performance Accountability-** Performance Achievement webinars were developed and uploaded to HSeLanD on 17th July, with regular statistics on segment completions to be reported on. In order to assist with the management of poor performance, development of the new e-learning Informal Counselling programme for launch on HSeLanD continues. Updated Policy and guidance documentation in relation to Performance Achievement has also been developed and signed off. A communication strategy is under development to refresh Performance Achievement to staff to encourage them to engage in this process, particularly following the recent changes and redeployment. Committee members emphasised the importance of accountability and suggested an overarching accountability framework is crucial for performance achievement. Committee members also questioned the ongoing EY review of the centre, the ND HR advised the CEO plans to update the Board in September.

**Priority 7: Network & Partner-** Examples of partnering between HGs and CHOs can be seen throughout cross community initiatives IEHG developed plans at Hospital Group level, in co-operation with CHO Partners to develop Intermediate Care Beds within existing repurposed facilities that required capital investment to refurbish and equip for Post COVID Acute Care. Navan Hospital opened services on 27th April with staff redeployed from the main hospital and additional staff recruited locally. St Mary's Hospital, Phoenix Park opened in June 2020

**Priority 8: eHR and Digital Transformation-** The master's in digital health Transformation continued through COVID-19 using virtual lessons. solutions portal was established early on in the COVID-19 pandemic, which received over 100 offerings. A number of these solutions were developed, deployed and/or adopted such as remote monitoring of COVID-19 patients and video consultation in use by Mental Health and St James' Hospital. The ND HR noted such examples transformed the way of working with regards to covid-19. Committee members questioned how such examples will be maintained and rolled out across the country, the ND HR advised she will liaise with the CIO and report back to the committee.

The chairperson advised this topic may also be of use to the performance and delivery committee and will liaise with the chairperson with regards to a potential joined meeting on this.

- Actions: Deep Dive on eHR and Digital Transformation at a future meeting
- ND HR to liaise with CIO re eHR and Digital Transformation.
- Chairperson to liaise with Performance and Delivery Committee Chairperson.

**Priority 9: HR Services-** High level predictive and causation analysis on Absence Management is being prepared nationally across acute services, with a view to producing a paper of findings by end Q4 which is crucial for management. Following the resumption of processes under the National Investigations Unit, a protocol is being developed to resume mostly face to face services observing physical distancing and other COVID restrictions.

The ND HR briefed the Board on the New National HR Metrics Dashboard. The Chairperson noted the Dashboard is a good quality indicator for the organisation and requested consideration should be given to covering areas such as training. The Committee discussed the HSEland portal and how data on training could be captured through it. The Chair noted that every individual should have a training plan and the Committee highlighted the importance of mandatory training. It was suggested it would be helpful if the dashboard also captured reviews of training budget, as well as percentages on performance plans, areas of employment, staff turnover, staff retention, attrition rates, vacancies and time to fill posts. The ND HR advised she can provide attrition rates and data on time to fill posts from a centralised perspective but noted performance achievements is not in the metrics for 2020 and consideration is being given to this for 2021.

The Committee agreed the recruitment process is important and baseline targets are crucial to indicate what works well and what does not. Committee members also questioned if reportable incidences of staff injuries/safety would fall under the committee's remit. Dr L. Sisson agreed to will follow up on this and will revert.

Action: Dr. L. Sisson to follow up if staff injuries/safety would fall under the P&C committee's remit

### **3. Safety Health & Wellbeing of Staff.**

Dr. L. Sisson provided a power point presentation on Workplace Health and Wellbeing to the Committee. The Committee welcomed the presentation and discussed aspects in detail a number of areas, such as access to PPE The Committee were assured PPE is not a major concern as the main concern would be contraction from undetected cases in patients. Dr. Sisson also clarified that healthcare workers awaiting test results would not be working in front line services. Committee members referred to the note on bullying amongst doctors, they highlighted such behaviour is unacceptable in terms of culture and values.

The Chair highlighted absenteeism amongst doctors and noted doctors have a less than 1% absenteeism rate, which is due to a number of factors. The Committee noted coming into Winter months doctors will not be allowed to work when presenting with flu symptoms which will lead to higher absenteeism rates, and this must be built into workforce planning going forward. Committee members also raised caution with fatigue following an infection or illness and advised it can take time before certain workers feel well enough to return to work. Dr L. Sisson confirmed it could take 6 months to 2 years for a very small percentage of staff to return to work due to fatigue but reassured success rates of those who return. Committee members noted if Key learnings or action plans/solutions were noted it would be useful going forward. Committee members also queried the expected absence levels with the potential impact of school closures that may affect healthcare workers who may not have access to childcare. The ND HR advised this will be a challenge that services are aware of. Contact testing and tracing recruitment is also a work in progress to ensure it is a sustainable model.

Committee members questioned the timeframe of the Flu vaccination. Dr L. Sisson advised based on current information, flu vaccinations will be available as of 21<sup>st</sup> September 2020. Committee members questioned if there were any discussions around prioritisation of who receives the flu vaccine. L. Sisson advised that is the responsibility of the National Immunisation Office. She confirmed healthcare workers are usually a top priority. Committee members also raised caution amongst vaccine hesitancy and queried the level of uptake needed to be successful. Dr L. Sisson confirmed there is currently no legislation for mandatory vaccination, but they are working on a mandatory risk assessment in services and increasing access through peer vaccinators, pharmacists and GPs. It is a work in progress on how to increase uptake. Dr L. Sisson also briefed the Committee on Risk 19 Health and Wellbeing of Staff from the CRR and highlighted the main concerns currently include the additional action required of the submission of the proposal for the workforce plan for WHWU and new governance arrangements including occupational health service availability. The Committee members commended Dr L. Sisson for her hard work on providing such a detailed presentation that was very insightful and useful.

#### **4. Any Other Business**

The next meeting will take place on 2<sup>nd</sup> October and focus on Recruitment, Risk 10 Workforce from the CRR, the People Strategy and plans for 2020 . The Chair emphasised the importance of the topic on bullying and harassment, the Committee agreed to follow up on this topic as a separate item at a future meeting.

Meeting concluded at 16:57.

Signed: Y. Traynor.  
Yvonne Traynor  
Chairperson

02/10/20

Date