



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 9th April 2021, 1.00pm via videoconference facilities.

Members Present: Dr Yvonne Traynor (Chairperson), Aogan Ó Fearghail, Bernie O'Reilly, Dr Sarah McLoughlin, Deirdre Cullivan.

In attendance: HSE Executive Members: Anne Marie Hoey (ND Human Resources), Edna Hoare, AND HR; Mark Brennock (ND Communications), Emma Finn (Head of Internal Communications), Fran Thompson (ND ICT), Martin Curley, John Delamere, Niamh Drew, Amy Phillips.

1. Governance and Administration

The Chair commenced the meeting. No conflicts of interest were declared. The minutes of the People and Culture Committee meetings from the 5th February 2021 were approved. The Chairperson, on behalf of the Committee welcomed new Committee member Deirdre Cullivan to the meeting.

The Committee discussed the annual report and made several recommendations to more accurately reflect the role of the Committee. The changes will be made and approved by the Chair accordingly.

2. HR National Director's Update

The meeting began with a presentation from the National Director HR which provided an update of the People Strategy Priorities and an update on the National HR Dashboard.

The National Director HR spoke to her report which provided an update and overview the people strategy priorities: Leadership and Culture; Employee Experience noting the WHO Healthy Workplace framework and model has been accepted by EMT, endorsed by the State Claims Agency and work has begun to design an implementation plan including robust stakeholder consultation and management; Capability and Talent, the ND HR informed the Committee on the success of the HSE Gradlink Programme; Workforce Planning noting the NSP 2021 and COVID-19 posts have 1,464 campaigns underway, 746 posts at offer stage and 3500 posts accepted; Evidence Knowledge & Service Design Integration, the ND HR discussed the progress made to successfully communicate and raise awareness of the Change Guide. The ND HR agreed to share the Change Guide with new Committee member D. Cullivan; Performance and Accountability noting guidance for performance accountability meetings were finalised in late 2020 and collection of data of performance accountability for Q1 2021 is

currently underway; Network and Partner, the ND HR informed the Committee the implementation of the Corporate Centre Review has commenced and there has been a realignment to a number of teams. Staff Engagement, Culture Leadership Learning and Talent Management and Diversity Equality and Inclusion will now come under the Capability and Talent function within National HR Division. Following questions on this, the National Director HR assured the Committee she is working with the head of NRS to stabilise and improve HR and IT resources for the recruitment, pensions and personnel records functions. The National Director HR advised National HR has full support from EMT; e-HR and Digital Transformation, the National Director HR highlighted the successful implementation of NiSRP across all staff in HSE South East and East; HR Professional Services, the Committee were advised this will be discussed in more detail later in the agenda with a presentation from J. Delamere.

The Committee welcomed the new designed HR monthly report which is aligned to People Strategy 2019-2024. The Committee discussed the benefit of reflecting on the People Strategy following the impact of COVID-19 on the health service to ensure its scope can capture the current environment.

The Committee engaged in a discussion with the National Director HR on performance metrics, noting the HR Dashboard is a subset of the HSE's performance metrics specific to HR. The Chair agreed to share the Board Strategic Scorecard with non-Board members of the Committee to provide background and context of the performance metrics of the organisation.

The Committee requested more culture related aspects in the workplan and for the consideration of a culture audit. The ND HR informed the Committee the staff survey planned for 2021 will include relevant questions to capture culture.

The Committee discussed the National HR People and Recruitment Dashboard noting the 16, 000 additional posts, and work is progressing in this area. The Committee addressed the challenges of the COVID-19 third wave which led to further redeployment of staff, and staff absence rates for January will be much higher than December due to this., The National Director updated the Committee in relation to work ongoing to recruit vaccinators to assist the implementation of the vaccination programme. The National Director HR advised the media reports regarding the difficult recruitment process for vaccinators requiring junior cert results etc was not true and the specific media have since apologised for same. She also noted the CPL recruitment process is working well to process vaccinator recruitment campaigns.

Following concerns on the impact of COVID-19 on frontline and allied health professional recruitment, the National Director HR confirmed like last year, they will consider offering nursing graduates a permanent position alongside an international nursing framework. In terms of allied health professionals' panels have been formed and plans are in place to secure placements. The National

Director HR advised although it is difficult to forecast this for Q2 and Q3, the Managed Service Provider (MSP) contract approved at the March Board meeting, alongside an extended recruitment capacity will assist in addressing this challenge. The Committee were supportive of the plans in place and noted challenges that may lie ahead such as geographical recruitment. The National Director HR advised work is ongoing to address the geographical recruitment risk and the Committee highlighted the Sláintecare consultant contract that is due to be approved by the Minister may help address the challenges discussed.

The National Director HR assured the Committee that the recent recruitment of contact tracers and swabbers should be sustainable enough to release redeployed staff back to their original posts.

The National Director HR provided a breakdown of the employment of consultants not registered in the specialist division of the Register of Medical Practitioners (non -SDR posts) noting the number is decreasing. Challenges such as historical permanent contracts in place that contribute to this list were discussed. The National Director HR advised there are protocols and controls in place to reduce non SDR posts from increasing. The Committee had concerns around such non SDR posts and the risk to safety and quality noting this is a very serious issue which is also a concern of the Safety and Quality Committee. The Committee will revisit this register at the end of the year to get assurance that the numbers are decreasing.

3. Corporate Employment Relations

John Delamere provided a presentation on Employee Relations/ Industrial Relations (ER/IR) 2021 and beyond which provided the Committee with an overview of the landscape of industrial relations, industrial relations machinery in the health sector, current issues and main issues arising, ER/IR engagements, building momentum in relation to bargaining units, hours of work and action plan for reform.

The Committee thanked J. Delamere for an informative presentation and discussed the challenges that may lie ahead with ER/IR such as Sláintecare, public health consultant contracts. Following questions on the monitoring of certain implementation agreements J. Delamere advised review periods are built in at 6-month intervals and payments were made upon validation the changes/implementation agreements were carried out however, he advised it must be kept under constant monitor. The National Director HR advised in relation to the 2019 nursing agreement, there is a robust governance structure in place chaired by the COO which involves active monitoring of building momentum. The Committee also discussed the impact of COVID-19 on ER/IR noting it highlighted the vital role of the health service and J. Delamere advised in relation to the vaccine there is a good level of cooperation and influence from unions.

4. Risk Management

The ND HR and ND QAV presented an update on Risk 19 Safety, Health and Wellbeing of staff from the Clinical Risk Register (CRR) which highlighted the Risk description, Risk Controls, Current Risk Rating of 20. The ND QAV advised the purpose of the CRR is to seek to identify critical corporate risks which were identified by EMT in 2020. Following COVID-19 additional risks were added to the identified corporate risks and changed the overall risk profile and every other risk rating. The CRR is formally reviewed every quarter by the Audit and Risk Committee who have assigned a set of risks to each committee. The People and Culture Committee has a role of scrutinising the risks assigned to them. The National Director HR assured the Committee there is a robust process for risk review within National HR to ensure the ratings controls and mitigations are still appropriate noting Dr L Sisson is responsible for risk 19 within National HR to review the description, controls and mitigation of this risk.

The Committee discussed the importance of risk ratings and having adequate controls in place to reduce the likelihood or impact of the risks occurring.

5. Communications

E. Finn updated the Committee on the work of internal communications to the fore in recent months such as the commencement of work on the new Internal Communications Strategy, an update on the staff website and the regional staff webinar with Saolta HG and Community Healthcare West with the CEO which almost 200 staff registered for. The link to each staff webinar is sent to the HSE Board.

The ND Communications subsequently provided an overview of the Trust and Confidence Project. He informed the Committee on the implementation of the steering group that includes a combination of National Directors from clinical and operational areas of the organisation and two Board members, and a research programme is underway.

The Committee welcomed the approach taken in the Trust and Confidence Programme and acknowledged the fragility of trust and confidence in such a large organisation, the ND Communications advised developing longer term, sustained levels of trust and confidence will be looked into. Regarding past wrongdoings within the organisation that may impact trust and confidence in the organisation, the Committee welcomed the approach of honesty and highlighted the importance of it being reflected in the culture of the organisation.

6. Digital Transformation

The CIO updated the Committee on ICT Capital Plan Update Q1 2021. The Committee noted ICT enabled projects are critical to the success of the people strategy and the reform of the Health Service.

The CIO and M. Curley provided a presentation on eHealth and Digital Transformation and e-rostering in conjunction with regards to HR Priority & EHR & Digital Transformation which provided an overview of the e-health strategic plan 2020-2024 and the targeted objectives, HSE technology in acute, integrated care and communicatee care settings, developing and actioning a strategic plan for e-health and a solution framework. The CIO provided an update on the NISRP – e-rostering and Nurse Workforce planning and the Digital Academy.

The Committee thanked the CIO and M. Curly for the informative presentation noting digital transformation is the way forward and an important element of the People Strategy. The Committee were informed digital transformation is business led and requires utilisation of internal and external support. Following questions on the progress to date which varies across different health settings, the CIO advised innovative work is ongoing to speed up elements in areas that are further behind on progress.

The Committee discussed the Digital Academy, a new master's in digital health transformation designed and commenced across 90 HSE multidisciplinary staff with 20 digital change projects initiated. In relation to disruptive technology mentioned in the presentation, Committee members suggested such technology should be beneficial for patients as well as clinicians, the CIO advised work is ongoing to include relevant patients' feedback and evolve prototypes as necessary.

The Committee welcomed the work to date and acknowledged the challenges and demands associated with COVID-19. The Committee highlighted change management is a key element to the success of digital transformation.

7. A.O.B

The Chair thanked all in attendance for their contribution to the discussion at the meeting. Meeting concluded at 17.11.



Signed: _____

Yvonne Traynor
Chairperson

Date ____11th June 2021____