Health Service Leadership Academy (Action 1.3)

Following significant work and preparation the inaugural cohorts of both the Leading Care I and the Leading Care II programmes commenced in October. Both are blended learning programmes. The Leading Care I programme commenced with various activities that participants need to complete online through the virtual campus in preparation for their first residential workshop in November. Meanwhile the first residential workshop of the Leading Care II programme took place. The mix of clinical and non-clinical participants, disciplines and professions worked really well and participant reaction to the residential workshop was very positive. The Leading Care II programme leads to the award of an MSc in Leadership in Healthcare. The Leadership Academy will develop the leadership our patients, carers, service users and communities deserve by supporting leaders at every level in health and across every sector in healthcare and we wish all participants every success.

Effective Representation Programme (Action 1.5)

At a recent workshop with HSCP professional bodies; there was positive engagement around maximising HSCP representation on national and clinical care programmes. In this latter regard, applications were invited for an additional programme to commence in December, 2017.

Representatives of National HSCP office presented at professional body conferences – AOTI, BEAI, INDI and ISCP. This opportunity affords engagement with the professional bodies staff in these professions across the system.
Staff Survey “Your Opinion Counts” Results 2016 and next steps (Action 2.2)

As you are aware the second Irish public health service wide employee survey “Your Opinion Counts” closed at the end of October 2016 with a response rate of 15% an increase of 8% on the 2014 Staff Survey. 19,288 staff completed the survey which is one of the largest participation rates of any survey in the country. The aim of the staff survey was to access current staff opinions in order to identify opportunities for improvements which will help build a better health service for all.

To date 83 customised survey reports have issued to each of the following: National Divisions, 11 Hospital Groups, 9 CHO’s, Voluntary Agencies, Corporate/National Services, National Ambulance, Individual hospitals with over 15% response rate and staff groupings. Each Hospital Group and CHO area were then asked to organise their own ‘Post Survey Feedback and Planning Event. The purpose of these events was to examine closely the Survey Reports, engage with staff to seek their views on what are the most pressing areas for improvement and develop action plans to address areas for improvement. As the staff survey is being used as a vehicle for staff engagement and to ensure that all staff grades are represented at the local events, it was imperative that organisers ensured that there was a proportional representation of their staff present.

As a result of these post survey feedback sessions some sites have established local staff engagement forums using the staff survey results as a vehicle for engagement. To date local staff survey feedback events have taken place in the following areas:

Table 1. Local Feedback events March-September 2017

<table>
<thead>
<tr>
<th>Divisional Survey Feedback Events</th>
<th>CHO Events</th>
<th>Hospital Group Events</th>
<th>Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health &amp; Wellbeing Division</td>
<td>CHO 9</td>
<td>Dublin East Hospital Group</td>
<td>Naas Hospital</td>
</tr>
<tr>
<td>National Ambulance Division (+ West, East, South and National Emergency Operations Centre)</td>
<td>CHO 7, CHO 8</td>
<td>Dublin Midlands Hospital Group</td>
<td>Portlaoise Hospital</td>
</tr>
<tr>
<td>HR Division</td>
<td>CHO 3</td>
<td></td>
<td>Tullamore Hospital</td>
</tr>
<tr>
<td>Quality &amp; Improvement Division</td>
<td>CHO 2</td>
<td></td>
<td>St Lukes Oncology Network</td>
</tr>
<tr>
<td>Quality Assurance Division</td>
<td>CHO 6</td>
<td></td>
<td>Mayo General Hospital</td>
</tr>
<tr>
<td>Finance Division</td>
<td>CHO 4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The main areas for improvement highlighted in the survey results focused around; Dignity At Work, Staff Engagement, Upward and Internal Communications, Access to Training & Development and supporting Staff Health & Wellbeing. It is important that work has commenced on dealing with the survey results and in progressing issues raised.

The Staff Survey 2018 Steering Group held its first meeting on Monday 23rd October the purpose of which was to consult with key stakeholders across the health sector to ensure that the survey design and data collection method are accessible to all and to increase uptake this time round.

**Post Staff Survey Feedback and Planning Event - CHO8**

HR staff are available to facilitate feedback events and assist colleagues to address areas for improvement and priority areas for action.

**Engagement Fora (Action 2.5)**

We are continuing to support replication of the National Staff Engagement across the delivery system.

The HR Forum is meeting in December, the main purpose which will be:

- Create a space about what matters to staff in terms of engagement and gather suggestions on how to improve it by building on existing approaches and continually looking for new ways to engage staff
- To give a sense of ownership and personal responsibility for engagement, building positive and effective communication between all people regardless of their position
- To share good examples of staff engagement
- To provide feedback and advice on improving staff engagement in the design and implementation of initiatives and policies
- To promote staff engagement throughout the health sector to create a positive working environment for staff and service users
- The composition of the Forum will comprise of a proportional representation of staff across Corporate HR Division.

**National Staff Engagement Forum (Action 2.5)**

We recently celebrated our first year of the National Staff Engagement Forum and our Stellar Story book was launched which followed the highlights of the Forum in the 1\textsuperscript{st} year. You can access the link on https://stellar.co/s/7GxbMRueGd2. The National Staff Engagement Forum is co-chaired by Rosarii Mannion and Philip Crowley. Creating an organisation that encourages positive staff engagement is a major priority for us. Where staff engagement is high; patient, service user and staff experiences are better. This includes improvements in clinical care, reductions in the number of incidents and better outcomes including reductions in patient mortality. Staff engagement also helps reduce absenteeism.
rates, improve staff retention and staff wellbeing. We have welcomed new members into Forum for 2018 and increased the membership to 60. The Forum is designed to have a proportional representation of staff which reflects the current staff profile in the Health Service. Future dates for the National Staff engagement Forum are: 16th January 2018; 6th March 2018; 19th June 2018; 18th September 2018 and 4th December 2018. All minutes of the meetings will be available on the website after the event. We are delighted to announce the development of a new Staff Engagement website which will shortly be available on the HSE website and will include the work of the National Staff Engagement Forum as a point of information to all staff. Please contact info.OD&D@hsewest.hse.ie if you require further information.

**Workplace Health & Wellbeing Unit (Action. 2.6)**

**Quality Assessment & Improvement Tool (QA&IT)**

The Tool was successfully tested in the last period with some training delivered. Regrettably due to business demands levels of uptake were lower than anticipated, however this Unit has factored in travelling out to sites / regions for onsite training post launch.

**Strategy for Doctors’ Health & Wellbeing**

Document currently out for consultation in preparation for launch Q1 2018.

**EAP Standards**

Document currently being finalized in preparation for print and production in November.

**Workwell.ie**

The url is now live – advising site is under construction coming soon. The Communications Lead will be completing the mapping over the course of the next 6/8 weeks and commence building content. The site is expected to be complete Q1 2018.

**Irish Healthcare Awards**

Workplace Health & Wellbeing Unit has been shortlisted in the Educational Meeting of the Year category.

**International Commission on Occupational Health Congress, April 2018**

The following have been accepted for Poster Presentations:

- Position Paper for Occupational Health Physicians for the Irish Health Service
- The Development of Standards for Occupational Health Services in the Irish Health Service: Dr Lynda Sisson, HSE, Workplace Health & Wellbeing Unit
- The Development of a Workforce Planning Toolkit for Occupational Health Nursing Services in Ireland: Sibéal Carolan
- Our Gratitude and Appreciation for your Feedback: Anne Marie Howard, HSE South East
- From < 10mIU/ml to > 100mIU/ml post administration of Combined Hepatitis A&B vaccination to non-responder healthcare workers: Anne Marie Howard, HSE South East
• Attitudes to Influenza vaccine uptake: Siobhan Bulfin, HSE, St Vincent’s Hospital

And the following accepted for Oral Presentation:

• The Development of a "Hub and Spoke Model" for healthcare workers support services in the Irish Health Service: Workplace Health & Wellbeing Unit.

Occasional Health Services

Occupational Health Service Standards

Training workshops to support the Implementation of the Occupational Health Service Standards are continuing.

Flu Season 2017-2018

Flu Clinics continue to be available across the service for staff to access the Flu Vaccine and these are being promoted using WHWHU internal and external social media, and email platforms.

The Flu Education module on HSeLand launched on 9th October. 3,140 people successfully completed the programme in the first two weeks.

Health & Safety

During the month of September the following activity was recorded:

<table>
<thead>
<tr>
<th>Activity</th>
<th>No.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health and Safety Helpdesk</strong></td>
<td></td>
</tr>
<tr>
<td>Total Number of calls logged, representing the following:</td>
<td>194</td>
</tr>
<tr>
<td>Training</td>
<td>110</td>
</tr>
<tr>
<td>Audit &amp; Inspection</td>
<td>3</td>
</tr>
<tr>
<td>Information &amp; Advice</td>
<td>77</td>
</tr>
<tr>
<td>Policy</td>
<td>4</td>
</tr>
<tr>
<td>Total Requests Resolved</td>
<td>94</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Activity</th>
<th>No.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NHSF Training, Workshops, Seminars, Meetings etc</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Risk Assessment Workshops in following locations:</strong></td>
<td>5</td>
</tr>
<tr>
<td>• Chamber House Tallaght</td>
<td></td>
</tr>
<tr>
<td>• Dr Steevens’ Hospital</td>
<td></td>
</tr>
<tr>
<td>• Arbour House South Lee Cork</td>
<td></td>
</tr>
<tr>
<td>• Cootehill Cavan</td>
<td></td>
</tr>
<tr>
<td>• DIT Grangeforman</td>
<td></td>
</tr>
<tr>
<td>Total number of courses coordinated by Training Team</td>
<td>17</td>
</tr>
<tr>
<td>Total Attendees</td>
<td>144</td>
</tr>
<tr>
<td>Statistics on HSELand courses to be delivered quarterly - due December 2017</td>
<td></td>
</tr>
<tr>
<td>Information Session held at</td>
<td>Total Attendees : 189</td>
</tr>
<tr>
<td>• University Hospital Kerry – 1 session</td>
<td></td>
</tr>
<tr>
<td>• Kerry/Cork CHO – Killarney – 1 session</td>
<td></td>
</tr>
<tr>
<td>• Cork University Hospital – 1 session</td>
<td></td>
</tr>
<tr>
<td>• Cork Social Care, St. Finbarr’s – 1 session</td>
<td></td>
</tr>
<tr>
<td>• University Hospital Galway – 2 sessions</td>
<td></td>
</tr>
</tbody>
</table>
NHSF Audit Programme

<table>
<thead>
<tr>
<th>Total number of National Level 1 Audits</th>
<th>First time audits</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the following locations: Navan, Portlaoise, Mullingar, University Hospital Waterford, University Hospital Wexford, Tullamore.</td>
<td></td>
</tr>
<tr>
<td>Level 1 Audit Workshops delivered in CHO Area 5</td>
<td></td>
</tr>
<tr>
<td>Meet and greet CHO Area 2</td>
<td></td>
</tr>
<tr>
<td>Delivery of Risk Assessment Training – Cork</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key Projects Currently In Place:</td>
</tr>
<tr>
<td>Management of Work Related Aggression and Violence Training Project Group</td>
</tr>
<tr>
<td>DSE E-learning Project Group</td>
</tr>
<tr>
<td>Launch of Health and Safety Alert Management System</td>
</tr>
<tr>
<td>Work Positive CI Tool National Rollout</td>
</tr>
<tr>
<td>Steering Group on the Development of National Medication Protocols</td>
</tr>
<tr>
<td>National PPPG Education and Learning Sub-Group</td>
</tr>
<tr>
<td>Occupational Safety and Health (OSH) Standards Scoping</td>
</tr>
<tr>
<td>Manual Handling E-learning</td>
</tr>
<tr>
<td>Manual Handling Procurement</td>
</tr>
<tr>
<td>Orientation Programme for CHO Health &amp; Safety Officers</td>
</tr>
</tbody>
</table>

New Documentation Launched
- SAGN Occupational Hygiene Monitoring

Documentation in Development
- HSE Health Surveillance Policy
- Guidance on Writing your Site/Service Safety Statement
- Revision of the HSE Policy on the Management of Work Related Aggression and Violence

The following documentation was reviewed, updated and published on the website:
- FAQ Work Related Stress
- FAQ Work Related Aggression and Violence
- FAQ Chemical Safety
- Safety Alert Winter Safe
- SAGN Pregnant Employee Risk Assessment
- SAGN Slips, Tips and Falls
- Training Terms and Conditions
- Training Brochure

Policies Currently with NJC
1. HSE Manual and People Handling Policy
2. HSE Policy for the Prevention and Management of Stress in the Workplace and supplementary guidance
4. HSE Policy and Procedure for the Management of Intoxicant Misuse

**EAP**

**South East Services non therapy activity**
- Attended CISM Network meeting
- Attended Community of Practice meeting
- Delivered Resilience & Stress Management training x2.
- Participated in Change Awareness training for staff
- Attended clinical supervision
- Accreditation RnI.
- Attended training on Personality Disorders & Pluralistic Counselling

**Midlands Services activity**
- Attendance at CISM Network Ireland Committee Meeting
- EAP Steering Group Meeting
- EAP Standard development Workshop
- Work on CISM Project
- Delivery of Stress Management Workshop to staff

**Merlin Park, Galway Services activity**
- Sept 6: Facilitated a session on “Self Care in relation to Bereavement” at a study day for CNM managers in UHG entitled “End of life care for our patients –respecting diversity of culture beliefs and values”.
- Sept 13: EAP National steering committee meeting
- Sept 20: EAP Community of Practice meeting
- Sept 23: Attended Suicide or Survive conference, “Governance of Suicide or Survive”.
- Sept 25: CISM In-service training
- Sept 29: Attended CPD session on “Traveller Culture and Mental Health” hosted by Suicide or Survive.
- 1:1 client contacts 41
- Supervision 2 hours.
- Attended briefing on open disclosure training
- 1 day on policy meeting to develop national standards
- Stress control planning with healthy Ireland lead Greg Conlon on role out of phase 2 of stress control in Saolta hospital Group
- Critical incident stress management in service training
- Staff wellness meeting and preparation for staff wellness day.
### Mid-West Services activity

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>New Clients</strong></td>
<td></td>
<td>20</td>
</tr>
<tr>
<td><strong>Counselling Sessions</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual sessions</td>
<td></td>
<td>111</td>
</tr>
<tr>
<td>Support sessions re work place issues</td>
<td></td>
<td>1 (ongoing)</td>
</tr>
<tr>
<td><strong>Support Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support to managers</td>
<td></td>
<td>Ongoing</td>
</tr>
<tr>
<td>Case Management to affiliate counsellors</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td><strong>Workshop / Group Sessions</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stress Management – work/workload &amp; personal</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td><strong>Meetings / Communications</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CISM training day</td>
<td></td>
<td>Galway</td>
</tr>
<tr>
<td>Regional meeting</td>
<td></td>
<td>Galway</td>
</tr>
<tr>
<td>COP re EAP Standards</td>
<td></td>
<td>Dublin</td>
</tr>
</tbody>
</table>

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**Changing Gears Programme (Actions 2.1, 2.9)**

HSE Diversity, Equality and Inclusion, in partnership with Age & Opportunity, are facilitating 3 x three-day Changing Gears programmes with the support of the Calouste Gulbenkian Foundation as part of their Transitions in Later Life (TILL) programme.

Changing Gears is a course designed to help both workers aged 50+ and their employers. The course helps these workers to plan their goals for the next ten years, be they in employment or retirement. It also aims to support them in facing change and challenges in their workplaces and personal lives.

60 staff will attend the courses taking place in Ballyshannon, Galway and Dublin in November and December. There will be evaluation process to determine the future of this programme.
Irish Sign Language programme (Action 2.9)

Post 2017 programme is being developed where HSE staff who completed Qualification, Quality Ireland (QQI) Level three in Irish Sign Language is continuing with their learned ISL skills through group conversation gathering. The plans for Levels 3 and 4 in 2018 are currently being considered.

Diversity Guide for Managers (Action 2.9)

DEI Team are continuing their work on developing diversity guide for managers to support HSE staff, which will move into consultation stage in November.

Guide for HSE managers and colleagues to support deaf and hard of hearing in the workplace (Action 2.9)

This document is complete and will issue to all staff shortly.

HSE Career Days with Transition Students (Action 2.9)

The HSE People Strategy 2015-2018 sets out in goal 2.13 our objective to create a diverse workforce which best meets the needs of service users. One area for development is profiling the HSE as an employer of choice for diverse groups, by creating pathways to employment, having a visible and felt presence and supporting the principles of equality and inclusion. In this regard a series of career days, which connect with Transition Year students. Presenters attended from Environmental Health, Speech and Language Therapy, Ambulance Services, Portering and Physiotherapy Assistant, Mental Health Services Nursing and Management Administration. The presenters engaged the students and brought their roles into the room to create an awareness of employment opportunities in the Health Service. Feedback was very positive with a 80% stating they would consider the HSE as a future employer and didn’t realise there were so many career opportunities available. The full story can be reviewed on Steller Stories https://steller.co/s/7WtkZETkdpt.

LGBTI & Allies Network (Action 2.9)

Workshop took place on 20th October. Composition of Steering Committee and Terms of Reference agreed and further meetings scheduled.

The National Disability Action Group HSE (Action 2.9)

Quarterly meeting took place in October. Intern Ability project at the top of the agenda.

Preventative Measures – Managing for a Positive Workplace for All (Action 2.9)

HR Coordinators for 10 identified sites attended a workshop by Dublin Rape Crisis Centre on 25th October and have since identified Action Learning Set Facilitators from respective sites to receive training on November 8th to support the national roll out of Phase 2 of the training initiative to Managers in those 10 sites.

Post Pregnancy Research (Action 2.9)

An EOI has issued to the system with over 150 replies expressing interest in Manager, female and male focus groups to take place countrywide, in November and December.
International Men’s Day 17th November, 2017 (Action 2.9)

Plans are afoot for an event to celebrate International Men’s Day on Friday 17th November, 2017 in Mullingar.

Health Service Excellence Awards 2017 (Action 2.13.1)

Health Service Excellence Awards projects are still at shortlisting phase. This phase will conclude the middle of November 2017. The Popular Vote will launch towards the end of November in time for the national event taking place in December 2017. The Popular Vote will be decided by a public vote / poll. The Health Service Excellence Awards event will take place in Farmleigh House on evening of 14th December.

The Health Service Excellence Awards Regional Co-ordinators are now considering dates to share re our Engagement and Transfer of Learning events taking place in Q1 and Q2 of 2018.
Professional Supervision for HSCPs (Action 3.1)

The National HSCP Office plan to advertise later in Q4 the expression of interest inviting HSE HSCPs to participate in a Train the Trainer for the newly developed classroom based Professional Supervision for HSCP in 2018. This will support the national delivery of Professional Supervision for HSCP within the HSE.

Learning & Development - Further development of e-learning (Actions 3.1, 3.3, 3.13 & 3.19)

HSELanD Webinar Series

A Pilot Test Webinar, the first in a planned series, facilitated and moderated by the HSELanD in October. This was a joint venture between HSELanD and the National Health and Safety Function. The topic for the Webinar was ‘Health and Safety using Display Screen Equipment (DSE)’. The technology being used is CITRIX ‘Go to Webinar’ which allows a current live capacity for 100 participants but which has the potential to extend to 1,000.

‘Introduction to Children First’ e-learning programme

The ‘Introduction to Children First’ e-learning programme on www.hsland.ie has been designated as mandatory training for all HSE Staff. All Health Services Staff can enrol on the programme by logging on directly to www.hsland.ie.
Develop an Integrated Multi-Disciplinary Workforce Planning Framework (Action 4.1)

The ‘People Strategy’ sets out to develop an integrated multi-disciplinary workforce planning framework based on best practice to add value, attract and retain talent and deliver on organisational goals. In June 2016, the Department of Health convened a Cross-Sectoral Steering Group, with membership and collaboration from National HR, to develop a strategic framework for health and social care workforce planning for Ireland. The Steering Group met on 9 occasions between July 2016 and October 2017, and in the course of its work, undertook a stakeholder consultation process, in collaboration with National HR, on the draft proposals during the second and third quarters of 2017. The ‘National Strategic Framework for Health and Social Care Workforce Planning’ has been approved by the Minister for Health, and will be formally launched at the opening session of the forthcoming WHO Global Forum on Human Resources for Health (HRH) taking place in Dublin over the course of the week of November 13th 2017.

The publication of the Framework, along with the development of a dedicated workforce planning unit, signals an important step in light of the key actions in our people strategy, and preliminary work has begun on the development of an 18-month action plan with a focus on initial implementation. Implementation of the Framework is an ambitious multi-year undertaking, involving actions and activities at various levels of the system, both sectorally and cross-sectorally. Undoubtedly, a substantial advantageous starting point is the tremendous workforce planning activities already taking place in NDTP, Workforce Planning and Analytics, and National HSCP Office. Collectively, the synergistic connection between these and newer elements alongside the establishment of a workforce planning unit create an exciting platform upon which to further build and strengthen our activities towards an integrated workforce planning approach. In further updates, the development of the action plan and key activities within it will be shared as they are progressed.

Practice Placements Protocols (Action 4.4)

Practice Placement Protocols for HSCP students have been developed and agreed by the National Steering Group on Practice Education.

National Vetting (Action 4.4)

Due to changes in the legislation, it is necessary to ensure a sound and effective process for HSCP students on placement as part of pre-registration-entry to profession. National HSCP office has met with HR Directors in hospital groups and CHOs to progress this issue.
Health Sector Workforce – Key Messages (Action 5.1 – 5.13)

At the end of September 2017, health services’ employment stood at **109,338 WTEs**. When compared with the August 2017 figure (109,095 WTEs), the change is an increase of **+243 WTEs** and is **3,452 WTEs** of an increase in the last 12 months. The increase this month compares with an increase of **+308 WTEs** in September 2016. In September growth was seen across all divisions, with biggest increases in Primary Care at **+0.97%**, followed by HBS at **+0.82%**. Acute Hospital Services had lowest level of increase at **+0.6%**

Other key findings:
- Year-to-date increase is **2,253 WTEs (+2.1%)**, compared to an increase of **2,001 WTEs (+1.9%)** for same period in 2016. Increase in the last 12 months is **+3,452 WTEs (+3.3%)**.
- Recorded employment levels have increased by **+12,484 WTEs (+12.9%)** since they bottomed out in October 2013 (**96,854 WTEs**, adjusted to exclude Children & Family Services).
- Two of the three sectors recorded increases from last month; HSE **+270 WTEs, (+0.39%)**, the Voluntary Agencies (Non-Acute) **+81 WTEs (+0.53%)** while the Voluntary Hospitals Sector reduced by **-109 WTEs (-0.44%)**.
- All CHOs, recorded increases this month and 4 of the 7 HGs also increased, with the exception of IEHG, RCSHG and S/SWHG.
- The largest percentage increase was in CHO 6 at +1.04%, followed by HBS at +0.82% and ULHG at +0.72%
- It is assessed that the WTEs represented in these employment reports, based on an overview of pay expenditure data, equates to 89.5% of total pay expenditure excluding superannuation.

Pay and Staffing Strategy
- HSPC figure of 109,338 WTEs at end of September is **1,140 WTEs** below direct WTE level as set out in the 2017 Health Sector funded workforce plan which is currently awaiting sign off from Department of Health (**September 110,478 WTEs**).
- All service divisions, with the exception of the Acute Hospitals Services (**+437 WTEs**) are within their projected direct employment profile at this time. It should be noted progress or otherwise in agency and overtime conversion will impact on the overall directly reported WTEs.

The following tables and charts provide more detail on employment levels and trends, in respect of employment data, by Staff Category, Grade Group, Sector, Division and Service Delivery Organisation.
**Acute v Community Services - March 2009 to August 2017**

![Graph showing WTE changes from March 2009 to August 2017](image)

**Monthly changes since employment levels bottomed out in October 2013**

Series1, Sep-14, +168

Series1, Sep-15, +329

Series1, Sep-16, + Series1, Sep-17, +243

**By Division: September 2017**

<table>
<thead>
<tr>
<th>Division</th>
<th>WTE Sep 2017</th>
<th>Change since Aug 17</th>
<th>% change since Aug 17</th>
<th>Change since Dec 2016</th>
<th>% change since Dec 2016</th>
<th>Change since Sep 2016</th>
<th>% change since Sep 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Health Service</td>
<td>109,338</td>
<td>+243</td>
<td>+0.2%</td>
<td>+2,253</td>
<td>+2.1%</td>
<td>+3,452</td>
<td>+3.3%</td>
</tr>
<tr>
<td>Acute Services</td>
<td>55,550</td>
<td>+35</td>
<td>+0.1%</td>
<td>+1,406</td>
<td>+2.8%</td>
<td>+2,036</td>
<td>+3.8%</td>
</tr>
<tr>
<td>Mental Health</td>
<td>9,744</td>
<td>+10</td>
<td>+0.1%</td>
<td>+115</td>
<td>+1.2%</td>
<td>+172</td>
<td>+1.8%</td>
</tr>
<tr>
<td>Primary Care</td>
<td>10,649</td>
<td>+102</td>
<td>+1.0%</td>
<td>+113</td>
<td>+1.1%</td>
<td>+249</td>
<td>+2.4%</td>
</tr>
<tr>
<td>Social Care</td>
<td>27,155</td>
<td>+70</td>
<td>+0.3%</td>
<td>+351</td>
<td>+1.3%</td>
<td>+570</td>
<td>+2.1%</td>
</tr>
<tr>
<td>Disabilities</td>
<td>17,394</td>
<td>+81</td>
<td>+0.5%</td>
<td>+333</td>
<td>+1.9%</td>
<td>+561</td>
<td>+3.3%</td>
</tr>
<tr>
<td>Older People</td>
<td>9,761</td>
<td>-11</td>
<td>-0.1%</td>
<td>+19</td>
<td>+0.2%</td>
<td>+9</td>
<td>+0.1%</td>
</tr>
<tr>
<td>Health &amp; Wellbeing</td>
<td>1,431</td>
<td>+5</td>
<td>+0.4%</td>
<td>+48</td>
<td>+3.5%</td>
<td>+71</td>
<td>+5.2%</td>
</tr>
<tr>
<td>Ambulance Services</td>
<td>1,826</td>
<td>+8</td>
<td>+0.4%</td>
<td>+82</td>
<td>+4.7%</td>
<td>+141</td>
<td>+8.4%</td>
</tr>
<tr>
<td>Corporate</td>
<td>1,534</td>
<td>+1</td>
<td>+0.1%</td>
<td>+53</td>
<td>+3.6%</td>
<td>+135</td>
<td>+9.6%</td>
</tr>
<tr>
<td>Health Business Services</td>
<td>1,449</td>
<td>+12</td>
<td>+0.8%</td>
<td>+84</td>
<td>+6.2%</td>
<td>+78</td>
<td>+5.7%</td>
</tr>
</tbody>
</table>
### By Service Delivery area: September 2017

<table>
<thead>
<tr>
<th>Service Area</th>
<th>WTE Sep 2017</th>
<th>Change since Aug 17</th>
<th>% change since Aug 17</th>
<th>Change since Dec 2016</th>
<th>% change since Dec 2016</th>
<th>Change since Sep 2016</th>
<th>% change since Sep 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Health Service</strong></td>
<td>109,338</td>
<td>+243</td>
<td>+0.2%</td>
<td>+2,253</td>
<td>+2.1%</td>
<td>+3,452</td>
<td>+3.3%</td>
</tr>
<tr>
<td>Children's</td>
<td>3,054</td>
<td>+9</td>
<td>+0.3%</td>
<td>+81</td>
<td>+2.7%</td>
<td>+104</td>
<td>+3.5%</td>
</tr>
<tr>
<td>Dublin Midlands</td>
<td>10,227</td>
<td>+11</td>
<td>+0.1%</td>
<td>+158</td>
<td>+1.6%</td>
<td>+328</td>
<td>+3.3%</td>
</tr>
<tr>
<td>Ireland East</td>
<td>11,196</td>
<td>-36</td>
<td>-0.3%</td>
<td>+225</td>
<td>+2.0%</td>
<td>+404</td>
<td>+3.7%</td>
</tr>
<tr>
<td>RCSI</td>
<td>8,687</td>
<td>-17</td>
<td>-0.2%</td>
<td>+240</td>
<td>+2.8%</td>
<td>+308</td>
<td>+3.7%</td>
</tr>
<tr>
<td>Saolta Healthcare</td>
<td>8,638</td>
<td>+37</td>
<td>+0.4%</td>
<td>+181</td>
<td>+2.1%</td>
<td>+209</td>
<td>+2.5%</td>
</tr>
<tr>
<td>South/ South West</td>
<td>9,836</td>
<td>-6</td>
<td>-0.1%</td>
<td>+252</td>
<td>+2.6%</td>
<td>+383</td>
<td>+4.1%</td>
</tr>
<tr>
<td>University of Limerick</td>
<td>3,826</td>
<td>+28</td>
<td>+0.7%</td>
<td>+230</td>
<td>+6.4%</td>
<td>+255</td>
<td>+7.2%</td>
</tr>
<tr>
<td>other Acute Services</td>
<td>85</td>
<td>+11</td>
<td>+14.6%</td>
<td>+41</td>
<td>+90.8%</td>
<td>+44</td>
<td>+106.5%</td>
</tr>
<tr>
<td><strong>Acute Services</strong></td>
<td>55,550</td>
<td>+35</td>
<td>+0.1%</td>
<td>+1,406</td>
<td>+2.6%</td>
<td>+2,036</td>
<td>+3.8%</td>
</tr>
<tr>
<td>CHO 1</td>
<td>4,818</td>
<td>+29</td>
<td>+0.6%</td>
<td>+20</td>
<td>+0.4%</td>
<td>+71</td>
<td>+1.5%</td>
</tr>
<tr>
<td>CHO 2</td>
<td>4,857</td>
<td>+18</td>
<td>+0.4%</td>
<td>+55</td>
<td>+1.1%</td>
<td>+87</td>
<td>+1.8%</td>
</tr>
<tr>
<td>CHO 3</td>
<td>3,972</td>
<td>+16</td>
<td>+0.4%</td>
<td>+65</td>
<td>+1.7%</td>
<td>+56</td>
<td>+1.4%</td>
</tr>
<tr>
<td>CHO 4</td>
<td>6,741</td>
<td>+3</td>
<td>+0.0%</td>
<td>+185</td>
<td>+2.8%</td>
<td>+273</td>
<td>+4.2%</td>
</tr>
<tr>
<td>CHO 5</td>
<td>4,392</td>
<td>+3</td>
<td>+0.1%</td>
<td>+20</td>
<td>+0.4%</td>
<td>+25</td>
<td>+0.6%</td>
</tr>
<tr>
<td>CHO 6</td>
<td>3,708</td>
<td>+38</td>
<td>+1.0%</td>
<td>-627</td>
<td>-14.5%</td>
<td>-645</td>
<td>-14.8%</td>
</tr>
<tr>
<td>CHO 7</td>
<td>6,271</td>
<td>+39</td>
<td>+0.6%</td>
<td>+742</td>
<td>+13.4%</td>
<td>+808</td>
<td>+14.8%</td>
</tr>
<tr>
<td>CHO 8</td>
<td>5,652</td>
<td>+10</td>
<td>+0.2%</td>
<td>+17</td>
<td>+0.3%</td>
<td>+95</td>
<td>+1.7%</td>
</tr>
<tr>
<td>CHO 9</td>
<td>6,330</td>
<td>+30</td>
<td>+0.5%</td>
<td>+71</td>
<td>+1.1%</td>
<td>+155</td>
<td>+2.5%</td>
</tr>
<tr>
<td>Other Non-Acute</td>
<td>430</td>
<td>-3</td>
<td>-0.7%</td>
<td>+23</td>
<td>+5.7%</td>
<td>+53</td>
<td>+14.2%</td>
</tr>
<tr>
<td>PCRS</td>
<td>377</td>
<td>+2</td>
<td>+0.4%</td>
<td>+11</td>
<td>+3.0%</td>
<td>+13</td>
<td>+3.7%</td>
</tr>
<tr>
<td><strong>Community Services</strong></td>
<td>47,548</td>
<td>+182</td>
<td>+0.4%</td>
<td>+580</td>
<td>+1.2%</td>
<td>+991</td>
<td>+2.1%</td>
</tr>
<tr>
<td>Health &amp; Wellbeing</td>
<td>1,431</td>
<td>+5</td>
<td>+0.4%</td>
<td>+48</td>
<td>+3.5%</td>
<td>+71</td>
<td>+5.2%</td>
</tr>
<tr>
<td>Ambulance</td>
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<tr>
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<td>+135</td>
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</tr>
<tr>
<td><strong>Health Business Services</strong></td>
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<td>+12</td>
<td>+0.8%</td>
<td>+84</td>
<td>+6.2%</td>
<td>+78</td>
<td>+5.7%</td>
</tr>
</tbody>
</table>

*Source: Health Service Personnel Census*

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### Attendance Management – August, 2017 (Action 5.6)

<table>
<thead>
<tr>
<th>Benchmark / Target</th>
<th>August 2017</th>
<th>% medically Certified (August 2017)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Absence Rates</td>
<td>3.5%</td>
<td>4.3%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>90%</td>
</tr>
</tbody>
</table>
EWTD Compliance to 30th September (Actions 5.1, 5.8)

1. The data deals with 4,527 NCHDs – approximately 79% of the total eligible for inclusion. Note that this is calculated on the basis that the number of NCHDs is increasing on a month by month basis. The number of NCHDs included in August 2015 was 5,324, in August 2016 it was 5,559;

2. Compliance with a maximum 48 hour week is at 85% as of end September – up 3% from August albeit this is likely related to lower than normal numbers of NCHDs in the data;

3. Compliance with 30 minute breaks is at 98% - down 1% from August;

4. Compliance with weekly / fortnightly rest is at 99% - unchanged from August;

5. Compliance with a maximum 24 hour shift (not an EWTD target) is at 97% - unchanged from August;

6. Compliance with a daily 11 hour rest period is at 97% - down 1% from August. This is closely linked to the 24 hour shift compliance
National Workplace Unit (Investigations) (Action 6.6)

National Human Resources Investigation Support Section Pilot of Suite of Forms

- Trust in Care
- Dignity at Work
- Disciplinary Procedure for Employees of the Health Service Executive

From 1st August 2017 the above Draft Forms were piloted in a number of service areas of the HSE. Feedback from the pilot has been extremely positive. Evaluation of feedback received is occurring, which will impact of the final version of the current forms. The forms are planned to be introduced in December 2017.

Due to the interest received from a wide range of services, the draft forms will continue to be used prior to the introduction of the live forms. Any service area within the HSE, outside of the pilot group, who would like to use the draft Complaint Notification, Preliminary Screening Outcome / Gathering of Preliminary Facts Outcome and Investigation Request Forms in relation to the above Policies/Procedure, can download same from the HSE Intranet. Please see link: http://hsenet.hse.ie/Human_Resources/Workplace_Relations_Unit/Investigation_Support/

If you require any assistance please contact the National Human Resources Workplace Relations Unit.

Investigation Commissioner and Pre-Screening Training

Rosarii Mannion, National Director of HR communicated with Senior Management across all service areas of the HSE regarding nominations for Pre-Screening and Investigation Commissioner training in relation to the above mentioned Human Resources policies/procedures. The training dates are as follows:

- 23rd November 2017 – Investigation Commissioner Training
- TBC -Pre Screening Training

Further nominations for Senior Managers to attend this training can be sent to Ms. Kim Inglis email kim.inglis@hse.ie

Investigation Referrals

All requests for investigators to undertake any Human Resources investigations should now be submitted to the National Human Resources Division Workplace Relations Unit, Investigation Support Section.

All Human Resources investigation team members must now be nominated by the National Human Resources Division, Workplace Relations Unit, Investigation Support Section only, details below: National Human Resources Division, Workplace Relations Unit, Investigation Support Section -
Follow Us on Twitter
The National Human Resources Workplace Relations Unit are on Twitter @HSE_HR_WR

Contact us: National Human Resources Division, Workplace Relations Unit, Investigation Support Section. Tel: 046 9251790 (choose option 1) Email: HR.NationalInvestigationsUnit@hse.ie

HSE Coaching - Internal Coaching Service - Internal Mentoring Service
Currently an “as is” review of HSE Mentoring is being undertaken. As part of the review the Staff Development Section met with the Human Resources Department in the Department of Justice, and Trinity College who have implemented a similar programme. Significant learning was achieved as a result of this meeting which will benefit the HSE. The “as is” process will be completed in November with key recommendations for the HSE.

Coaching Conference – 27th November 2017 – Dublin Castle
All Coaches have been invited to attend the Health Service Executive (HSE) National Human Resources Division, Workplace Relations Unit Coaching Service, Continuous Professional Development Day (CPD) on the 27th November 2017. This is the second CPD day of 2017 and will be accredited by the International Coaching Federation for CPD points. A Coach and Chartered Psychologist will present and facilitate the day to discuss topics regarding Emotional Intelligence and Solution Focused Coaching.

Review of the Facilitation Service
Currently an “as is” review of HSE Facilitation is also being undertaken. The Staff Development Section as part of its remit, has commenced reviewing what facilitation supports are currently in place in the HSE nationally. This is part of an ‘As Is’ review of facilitation support for individuals and teams. The process is similar to what has already been completed for Coaching & Mentoring. This report will help to help to plan the best way for facilitation going forward.

HSE Coaching – External Coaching Services
The HSE External Coaching Service continues to be managed and administered as per the procurement framework. Mid-point evaluations are being introduced for those applicants at the halfway mark of their coaching allocation. All applications for external coaching should be directed to lisam.farrelly@hse.ie / 046 9251329 in the first instance who will provide the appropriate application forms and guidance on the agreed process.

The National Human Resources Workplace Relations Unit can be contacted at: National Human Resources Division, Workplace Relations Unit, Health Service Executive, Bective Street, Kells, Co. Meath Tel: 046 9251790 Email: HR.WorkplaceRelationsUnit@hse.ie

Senior HR Education Programme (Action 6.10)
The HR Education Programme on employment law & effective HR practice continues and next programme will be delivered on 8th November and will address “Managing Atypical Workers” and
“Service Providers” in an employment law context. We expect that the first part of the session will generate interest from HR managers who face a constant struggle to reconcile the demand for flexible work with the needs of the service. The session will also focus on what managers need to know about hiring workers through an agency on a short term or longer term basis.

While we will consider atypical working primarily through the prism of worker entitlements, we also discuss the employer’s prerogative (and their need) to decline applications for flexible working from time to time.

The Programme will review:

(A) ATYPICAL WORKERS

1. Introduction to the term;
2. Employees -v- Independent Contractors;
3. Sessional Workers in the HSE – legal issues arising;
5. Overview of Protection of Employees (Fixed Term Work) Act 2003, and relevant case law;
6. Overview of Protection of Employee (Temporary Agency Work) Act 2012 and relevant case law; and
7. Contracts with providers of agency employees - potential pitfalls when hiring.

(B) SERVICE PROVIDERS

1. The Statutory context – Section 38 and Section 39 of the Health Act 2004; and
2. Relevant provisions within the HSE’s “Service Arrangement” documentation.
Activity Update – CERS

Public Service Pay Commission – Terms of Reference

The full terms of reference for the Public Service Pay Commission (PSPC) are as follows:

In accordance with Section 3 of the Public Service Stability Agreement 2018-2020 and consistent with its overall Terms of Reference, the Commission should;

1. Seek to establish in the first instance whether, and to what extent, a difficulty exists in terms of recruitment and retention for specific groups/grades/sectors of the public service;
2. Where a difficulty is identified, examine the full range of casual factors, having regard as the Commission considers relevant to;
   • The totality of the current remuneration package available;
   • The planned future pay adjustments and alleviations from current rates of the Pension Related Deduction (PRD) provided for in the Public Service Stability Agreement 2018-2020;
   • Remaining Financial Emergency Measures in the Public Interest (FEMPI) pay unwinding post 2020, where applicable
   • Supply constraints, for example, of newly qualified graduates of relevant post-leaving cert/3rd level programmes;
   • Work environment/organisational issues;
   • Career structures;
   • Learning and development provisions;
   • Communications/engagement;
   • Other relevant HR practice or organisational issues;
   • Career structures;
   • Learning and development provision;
   • Communications/engagement;
   • Other relevant HR practice or organisational issues; and
   • Any other factor considered relevant by the Commission
3. Develop appropriate methodological and analytical criteria to ensure a robust evidence-based approach to this exercise;
4. Have regard to arrangements and best practice in other jurisdictions and, where appropriate, the domestic private sector in Ireland in relation to such issues, particularly in respect of those areas where a global labour market exists as well as the responses being adopted in other jurisdictions where similar recruitment and retention problems pertain;
5. Commission such external expertise as the Commission deems necessary to inform its deliberations in the context of the methodologies developed;
6. Provide the parties to the Public Service Stability Agreement 2018-2020 with the opportunity to make submissions to the Commission;
7. Generate a range of costed options for resolving the specific issues identified having full regard to the fiscal constraints and requirements on Government to manage the Exchequer pay bill in a sustainable way over the medium and long-term;
8. Produce a final report to the Minister by end 2018 and/or at such interim stages as the Commission may decide.

Public Service Stability Agreement

The Psychiatric Nurses Association and the Irish Dental Association have confirmed their acceptance of the provisions of the PSSA 2018-2020. This means that all unions with negotiating rights in the Health Service, with the exception of the IHCA, have accepted the terms of the new agreement.

With regards to the IHCA, the position of this association has been that they do not collectively bind their members with regard to the provisions of centralised agreements and as such they would not be involved in either the negotiation process or the conducting of a ballot on the outcome of same.

New Entrants

As provided for under the provisions of the PSSA, an initial meeting between Public Service Unions and the management side on the issue of pay equalisation for post 2011 entrants took place recently. It was agreed by all parties that the initial focus of the process would concentrate on the necessity for the obtaining of accurate data on the numbers involved and the consequential costs associated with any rectification. A further meeting is expected to take place towards the end of November.

Compassionate / Bereavement Leave – National Claim

The unions’ claim for revised bereavement leave arrangements to be extended to health service employees was the subject of a conciliation conference under the auspices of the Workplace Relations Commission (WRC) on the 22 September 2017. The unions are seeking to have the revised arrangements which were introduced in the Civil Service in January 2017 and set out in Circular 01/2017 (DPE202-020-2016) to be applied to the health service. This claim was raised by the unions at the National Joint Council in March 2017 and the HSE subsequently carried out a costing exercise, at the request of the Department of Health, to get an estimate of the potential cost implications. At the conciliation conference the management side (represented by HSE and Department of Health officials) advised the unions that this claim is currently under review and the Department of Health are engaging with the Department of Public Expenditure & Reform on the issue of funding. The outcome of the conciliation conference was that the management side agreed to submit a response to the WRC within 3 weeks. This claim is currently under review within the HSE.
The existing national arrangements for compassionate leave in the health service are set out in HSE HR Circular 016/2012.

Department of Public Expenditure & Reform Review of the Public Service Sick Leave Scheme (Priority Action 7.9)

Considerable progress has been made during the union consultation process and agreement has been reached on a number of issues. Any issues which remain unresolved were referred by DPER for facilitation discussions under the auspices of the Workplace Relations Commission (WRC). This facilitation process was held in April and was attended by representatives from the public service unions and sectoral management. Following the WRC discussions, the management side agreed to consider revisions to its current proposals. DPER are currently undertaking a review of certain aspects of the original proposals prior to further engagement with the unions.

The purpose of the Review is to look at the overall effectiveness and operation of the Public Service Sick Leave Scheme to date and to assess any operational difficulties which have arisen since its introduction. However, the fundamental terms of the Scheme, such as the overall sick pay limits and the dual look back, are beyond the scope of this Review. Based on feedback from public service management and the outcome of the union consultation meetings, DPER have developed a number of recommendations to improve the operation of the Scheme in terms of cost-effectiveness, standardisation and equity.

DPER’s recommendations address the operation of three key components: Temporary Rehabilitation Remuneration (TRR), the Critical Illness Protocol and the ‘Look Back’ period for calculating payment. The recommendations also deal with a number of other issues arising from the application of the sick pay scheme which have been raised by the sectors. It is hoped that the WRC process will resolve the outstanding issues which relate to TRR and the ‘Look Back’ methodology.

Circular on Injury Allowance

HSE HR Circular 13/2017, which sets out the revised arrangements governing payment of the injury allowance, has issued and is available on the HSE website:


This Circular provides that the application of a ‘degree of impairment’ rating for the purposes of calculating the injury allowance payment for employees who are temporarily incapacitated has been discontinued with effect from 16th March 2017.

The unions had also submitted a claim for retrospective application of the injury allowance payment. It has been decided to grant approval to apply the arrangements as set out in Circular 13/2017 on a retrospective basis to employees whose injury occurred on or after 17th June 2015 and who were
temporarily incapacitated. By way of clarification, the retrospective payment arrangement would also apply to any employee who was in receipt of the injury allowance and whose injury occurred prior to 17th June 2015 but only with effect from 17th June 2015 onwards. The period of injury prior to that date would not be covered. **HR Circular 029/2017** confirms the arrangement for retrospective application and is available on the HSE website:


Work is now underway in conjunction with the Department of Health to extend the injury allowance scheme to employees who are members of the Single Scheme 2012. The intention is that Single Scheme members will receive equivalent benefits to those covered by the pre-existing pension schemes. In the interim, individual cases which arise may be examined (see Circular 13/2017).

**National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016**

**Retrospective Vetting of Existing Employees**

A Circular in relation to retrospective vetting of existing employees under Section 21 of the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016 has issued. Health service employers have a statutory obligation to ensure that applications for retrospective vetting disclosures are made not later than 31 December 2017.

A copy of the Circular and related documents are available on the HSE website:


The Act provides a statutory basis for the vetting of persons carrying out relevant work with children or vulnerable persons and prohibits any person to undertake relevant work or activities unless the organisation receives a vetting disclosure from the National Vetting Bureau of the Garda Siochana in respect of that person. The Act defines relevant work or activities as “any work or activity which is carried out by a person, a necessary and regular part of which consists mainly of the person having access to, or contact with, children or vulnerable adults”.

The Act came into operation on 29th April 2016 (except for the Re-vetting provisions under Section 20 which are yet to be enacted). Section 21 of the Act provides for the retrospective vetting of employees who are carrying out “relevant work or activities” and who were previously vetted. Regulations (SI No. 223 of 2016) provide that applications for retrospective vetting disclosures shall be made not later than 31 December 2017.

Health service management within the services are required to identify those employees who have not previously been vetted and whose positions are deemed to come within the scope of section 21 of the Act. Prior to requesting an employee to undergo Garda vetting in accordance with Section 21,
managers are required to establish whether the employee is engaged in relevant work so that confirmation can be provided to the Bureau on the vetting application form. The Bureau have raised concerns with the HSE regarding inappropriate applications for vetting and have advised that vetting applications should only be submitted for health service positions which constitute relevant work as defined by the legislation.

It is imperative that employers adhere to the statutory deadline for submitting applications for retrospective vetting disclosures to the Bureau not later than 31 December 2017 and monitor progress in this regard.

**National Joint Council – Policies and Procedures Sub-Group**

The National Joint Council (NJC) Policies and Procedures Sub-Group is the national forum for engagement with the health service trade unions on draft HSE/health service policies and procedures. This forum is convened under the auspices of HSE Corporate Employee Relations Services (CERS) which facilitates this consultation process between management and health service unions. The meetings generally take place on a monthly basis. Policies which are under review for the last quarter of 2017 include the Draft Incident Management Framework, the draft Policy and Procedure for the Management of Intoxicant Misuse, the draft HSE Manual Handling and People Handling Policy, and the draft Policy for the Prevention and Management of Stress in the Workplace Policy.

Health service management Policy Leads with draft national policies and procedures which require consultation with the unions should email Susan Keegan (susan.keegan@hse.ie) in CERS enclosing a copy of the draft documentation and a brief summary of the topic. The topic will be scheduled on the agenda for the next available meeting date having regard to the agreement with the unions that a maximum of four draft policy documents would be circulated between meetings to facilitate the review process. Following confirmation of the meeting date, a copy of the draft documentation and details of the relevant Policy Lead are circulated to the unions which may submit comments and feedback in advance. The Policy Lead is responsible for presenting the draft document to the trade unions at the meeting, addressing issues raised and undertaking any follow up action agreed. Any queries on this process may be e-mailed to Susan Keegan (susan.keegan@hse.ie).
E-Human Resource Management (e-HRM) & Technology (Action 8.18)

The HeLM (Health electronic Learning Management) Project continues to make steady progress. Issues around systems integration and the General Data Protection Regulations (GDPR) to be implemented by May 2018 have posed some challenges. The project is now on track to have the new Learning Management System fully operational at Tallaght Hospital in Quarter 1, 2018.

4th Global Forum on Human Resources for Health

The World Health Organisation 4th Global Forum on Human Resources for Health is taking place in Dublin from 13th - 17th November where a number of the HR Leadership Team are presenting and showcasing our People Strategy. The HSE is co-hosting the event, along with the World Health Organization, the Dept. of Health, Irish Aid (Dept. of Foreign Affairs), Trinity College Dublin and the Global Health Workforce Network.

The Forum is an opportunity for the HSE to engage with peers from other countries to share and learn about current thinking and best practice internationally. It will address the key issues for tackling current and future health workforce needs. In common with other countries, the future workforce needs to take more account of mental health needs and deliver health and social care in a context of a growing burden of mental illness. There will be a strong Irish input at the conference with Ireland-led track sessions and oral presentations under all of the conference sub-themes.

The conference is relevant for senior HR managers and other managers and staff who have a key role in strengthening the workforce to meet our healthcare needs, such as education & training, recruitment, utilisation of skills, motivation and retention.

Story boards, videos and further details in relation to all actions outlined in this Report are available on our @HSE_HR twitter account. Our next HR monthly report will issue on the 7th December, 2017.

Rosarii Mannion
National Director Human Resources