



## HSE People and Culture Committee Meeting

### Minutes

A meeting of the HSE People and Culture Committee was held on Friday 10<sup>th</sup> May 2024 in the Indigo Room, Dr. Steevens' Hospital, Dublin.

**Members Present:** Yvonne Traynor (Chair), Brendan Whelan, Bernie O'Reilly, Sarah McLoughlin, Aogán Ó Fearghail, Michelle O'Sullivan; Matt Walsh; Doreen Gerety.

Apologies: Professor Colette Cowan, CEO ULHG.

**HSE Executive Attendance:** Anne Marie Hoey (Chief People Officer), Philippa Withero (AND Strategic Workforce Planning and Intelligence), Niamh Drew (Deputy Corporate Secretary), Patricia Perry (Office of the Board), Breda Moore (Office of the Board).

**Joined the meeting:** Emma Finn (Head of Internal Communications & Strategy Implementation, Fidelma Browne, AND - Communications (Item 3. 1); Liam Woods, National Director, Health Regions Programme (Item 5 – Organisation Development); Elaine Kilroe, AND, Governance & Risk, Office of the CSO (Item 6 – Corporate Risk), Pat O'Boyle (AND HR) and James Glover (National Lead Diversity Equality and Integration)(Item 7 – Disability Services)

Minutes reflect the order in which items were considered and are numbered in accordance with the original agenda. All performance/activity data used in this document refers to the latest information available at the time.

#### 1. Committee Members Private Discussion

The Committee held a private session where the Chair provided a brief summary on the agenda, the relevant papers and approach to conducting the meeting.

#### 2. Governance and Administration

##### 2.1 Declarations of Interest

No conflicts of interest were declared.

##### 2.2 Review of the Committee's Terms of Reference

The Committee approved the updated Terms of Reference.



### **2.3 Minutes**

The Minutes of the People & Culture meeting held on the 12<sup>th</sup> March 2024 were approved.

### **2.4 Action Log**

The Committee reviewed the Action Log.

## **3. Internal Communications**

The Head of Internal Communications presented to the Committee on the ongoing proactive media work being undertaken by HSE Communications. Internal Communications operates under 4 strategic pillars of “Tell the story of the HSE, Show internal communications done well, Maximise our channels and, Do the day-to-day”. The Committee discussed the importance of accessibility and how engagement in different sectors is captured. The role of national/regional communications was discussed. In relation to the Health Regions, Internal Communications will provide support, and the Committee discussed the importance of keeping the public informed of implementation of the Health Regions. The Head of Internal Communications advised that there has been significant engagement with advocacy groups. The Committee requested data in relation to staff engagement with the Disability Survey.

## **4. HR**

### **4.1 Bi Monthly Report**

The Chief People Officer (CPO) presented a high level report on her Bi Monthly report.

The Committee was briefed on the principles in respect of staffing the Health Regions and the HSE Centre. The next phase of the Health Regions implementation plan will be the advertisement of 15 Integrated Health Area Manager posts.

The Committee discussed the Sick Leave with Pay (SLWP) – Long Covid scheme for HSE employees. The CPO advised that, following engagement with the Department of Health (DoH) and the Department of Public Expenditure NDP Delivery and Reform (DPER), the scheme which was due to finish in March has been extended until the end of June. The Committee requested information on the number of staff who have made a claim to the State Claims Agency due to contracting Covid at work.



The Committee welcomed the HSE involvement in the Displaced Talent for Europe (DT4E) and noted the potential for future development, with 3 new recruits with skills in Cybersecurity/IT professionals and network field technicians/engineers that have now joined the HSE under this programme.

The Committee welcomed the launch of the HSE Menopause Policy in April.

The CPO updated the Committee on progress on the Recruitment Resourcing and Retention Strategy. A revised HR106 Form has been published and went live in Q4 2023 and this captures 'reasons for leaving' for all employees who are leaving a position. This will result in a leaver's report which will provide a strong foundation for targeted retention strategies.

The Committee were advised that multi stakeholder Taskforces have been established for Midwifery and Mental Health Nursing, which aim to develop a comprehensive suite of additional actions to improve both recruitment and retention of Nurses/Midwives in the system. An additional focus group is being established for Intellectual Disability Nursing.

The Committee welcomed the news of an initial intake of 12 participants in the first social work apprenticeship scheme which is in collaboration with Tusla and University College Cork.

The Committee was briefed on progress on the development of a career path for Healthcare Assistants.

#### **4.2 HR Dashboard Internal Management Data**

The Committee requested some changes to the data provided in the Internal Management Data Dashboard. It was agreed that data in relation to accidents is not needed at each meeting and should be provided annually. The Committee requested data in relation to Performance Management, Recruitment numbers, Time to recruit, Absenteeism stats, and Turnover data including reasons why staff leave, should be provided in the Dashboard.

#### **4.3 Pay & Numbers Strategy**

The 2024 Pay & Numbers Strategy, underpinned by affordable WTE limits, is currently under deliberation with the Minister and Departments of Health and DPER. Committee discussion was deferred until the Strategy has been finalised.



## 5. Organisation Development

*Liam Woods, National Director, Health Regions Programme joined the meeting*

The Committee were briefed on progress in relation to the Health Regions Programme. A programme and transition plan, including a critical path, is in place with transition activities being progressed and monitored. A single Programme Steering Group has been stood up replacing the previous fora (the Implementation Planning Group and the Programme Oversight Group). Membership includes Regional Executive Officers (REOs), patient and service user representatives and voluntary organisations representatives.

Wide and continued engagement with the health system and beyond has been undertaken to develop structural options for the Health Region Executive Management Teams (EMT) and Integrated Healthcare Areas (IHAs). These structure options have been presented to the Steering Group and have been agreed. Proposed options for the mapping of IHAs within each Region have been developed and consultation is at final stages. There will be 20 IHAs as geographic sub-components of the Health Regions. It is planned to advertise the IHA Manager role on 10 May 2024.

The DoH continues work to develop a population-based methodology applicable to service funding. An expert group chaired by the DoH and tasked with examining and developing a methodology has been established and is meeting regularly to progress this work.

A programme of work is underway with HSE National HR to progress the significant workforce considerations in the transition both within HSE Centre and to the Health Regions. There are regular meetings between National HR and the DoH, and National HR and the Health Regions Programme Team. An ongoing programme of engagement continues across all staff groups. As the programme is transitioning to implementation the communication and engagement plan will further evolve. Current activities include a bi-weekly update for all staff, web pages and updates for managers to deliver to their respective staff groups and ongoing updates from National HR and the Health Regions Programme Team.

Change and Innovation Hubs will be established within each Health Region. The Change & Innovation Hubs will include both Project Management Office (PMO) posts and additional change management posts. These posts will report to the REO to support the implementation of Health Regions and reform.



## 6. Corporate Risk Management

*Elaine Kilroe, AND, Enterprise Risk Management joined the meeting.*

The AND Enterprise Risk Management provided an update on the Corporate Risk Register (CRR) review. The review, commenced in 2023, was conducted in a number of stages with workshops, briefing sessions and meetings held with EMT members, their risk teams, subject matter experts including clinicians and with Board Committees. The new version of and format for the CRR which has been developed is fundamentally different. The new CRR is shorter and pitched at a higher level, it focuses on future threats rather than current or endemic pressures or issues facing the HSE. The new CRR clearly identifies the risk event [how we would know the risk has materialised], its cause and its impact. In the previous version of the CRR, most of the risks were rated at very high levels, in some cases with little or no change over many years. The new CRR has attempted to provide more realistic ratings aligned with the revised risk statements. Lower ratings where appropriate also allow for greater calibration in the risk rating system which in turn will provide for increases to be shown when the risk truly increases.

The Committee discussed the draft Q1 2024 Corporate Risk Register which was circulated prior to the meeting.

## 7. Disability Services

*Pat O'Boyle, AND HR and James Glover, National Lead Diversity Equality and Integration (DEI) joined the meeting.*

### 7.1 How the HSE meets its obligations regarding employees with Disabilities

The National Lead Diversity Equality (DEI) presented to the Committee the HSE Staff Disability Survey report findings and an overview of the measures supporting employment of staff with a disability, the estimated number of staff with a disability employed within the HSE, and ongoing work to demonstrate compliance with relevant legislation.

The Committee were updated on the measures to enhance recruitment, employment and support for people with a disability in the HSE, noting the minimum statutory employment target for the employment of persons with disabilities, which is currently at 3%, as required by the Disability Act 2005. The Committee were advised that the HSE performs well and noted the wide range of measures in place to strengthen disability equality within the HSE's workforce.

He advised the Committee in relation to the robust approach taken to gather data about disability in the HSE workforce to date, which is achieved by including a disability question in the HSE's biennial



Your Opinion Counts staff surveys. In years when there has not been a Your Opinion Counts staff survey, a separate and much simpler staff survey has been conducted focusing just on disability. In relation to the most recent survey conducted from 29 February – 5 April 2024, the Committee were advised that 1,735 HSE staff out of 10,504 respondents to the survey have a disability as at 31 December 2023, which is equivalent to 17% of respondents to the survey, and represents by far the highest response rate of any disability-specific survey conducted in the HSE. The Committee noted that awareness and acceptability of disability within the HSE workforce has significantly improved in recent years, due to the effectiveness of measures conducted by the Diversity Equality and Integration team.

The Committee welcomed the HSE's performance with regard to complying with the 3% threshold which has improved since 2021, and that with continued commitment, developments in training, awareness-raising, policy and communication, the HSE will continue to increase the percentage of its workforce declaring a disability.

The National Lead DEI outlined three recommendations for consideration of the Committee

1. The HSE should continue to prioritise the embedding of disability equality (as well as other diversity grounds) into the policies and practices of the HSE through communications, awareness-raising, leadership development, training and equality-proofing of HR policy.
2. Work should commence with a view to exploring the capacity of HR systems across all six Regions and the Centre so that it is possible to capture and report electronically on disability data.
3. Steps to devolve responsibility for gathering disability data to Health Regions should be progressed and it is recognised that significant support from the National DEI team would be required to ensure the consistent design and development of data recording and reporting systems.

## **7.2 Recruitment for Disability Services – a briefing / overview on recruitment of staff to provide services for people with Disabilities**

The AND HR provided an update to the Committee in relation to the workforce for disability services in Ireland which includes those employed by the HSE, Section 38 and 39 agencies, and advised that the HSE has detailed information on census regarding the disability workforce directly employed by the HSE and Section 38 agencies, however does not have this level of detail in respect of Section 39 agencies, and provided a summary of the disability workforce for the HSE and



Section 38 agencies as reported in the HSE census February 2024, which showed an increase in the last 4 years of 14.7%.

She advised that the provision of Disability services is a priority and will continue to receive focused attention, and benefits from the broad resourcing actions identified in the HSE resourcing strategy, and supports the delivery infrastructure established under the PDS Roadmap.

The Committee noted the actions that are or will have a direct impact on the Disability service, relating to retaining nursing and midwifery graduates and the retention of nurses and health and social care professionals in the disability services; the filling of posts relating to medical consultants in the Disability services; talent attraction and engagement; targeted children's disability network team (CDNT) initiatives; recruitment of Therapy/HSCP assistants; national campaigns for HSCP grades; and outlined the different planned methods of for recruitment both international, virtual recruitment fair and the post of Assistant National Director, Disability Workforce and Resourcing Lead which has been sanctioned and to be filled this month.

The Committee welcomed the update and thanked the AND HR and National Lead DEI for the update.

## 8. AOB

The meeting concluded at 5.40pm.

Signed: \_\_\_\_\_

**Yvonne Traynor**  
Chairperson

Date: 16<sup>th</sup> July 2024