



## **HSE People and Culture Committee Meeting**

### **Minutes**

A meeting of the HSE People and Culture Committee was held on Friday 16<sup>th</sup> July 2024 on Microsoft Teams.

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

**HSE Executive Attendance:** Anne Marie Hoey (Chief People Officer), Professor Colette Cowan, (CEO UL Hospital Group); Niamh Drew (Deputy Corporate Secretary), Breda Moore (Office of the Board).

**Joined the meeting::** Tony Canavan, CEO Saolta Hospital Group, Dr. Colm Henry, Chief Clinical Officer (Item 3.1 – POCC); Leah O'Toole, NDTP (Item 4.4 - National Taskforce on NDHD Workforce Final Recommendations Report); Pat O'Boyle, AND Capability and Culture (Item 4.4 – People Strategy 2019 – 2024 - Lookback Review 2019 – 2024); Vera Kelly, Lead for Staff Engagement (Item 4.6 Staff Survey); Joe Ryan, Chief Risk Officer (Item 5 - Corporate Risk Register); Maurice Power, and Jo Shortt, Health Regions Programme Team (Item 6.1 – Organisation Development – Progress report on the ongoing development of new structure Health Regions Programme).

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 Minutes 10<sup>th</sup> May 2024**

The Minutes of the People & Culture meeting held on the 10<sup>th</sup> May 2024 were approved.



## 2.3 Committee Action Log

The Committee reviewed the Committee Action Log.

### 3. Public Only Consultant Contract (POCC)

*Dr. Colm Henry, Chief Clinical Officer (CCO) and Tony Canavan, CEO Saolta Hospital Group joined the meeting.*

#### 3.1 Discussion on POCC Implementation

The CPO provided an update on the POCC. National figures indicate a 50% uptake rate of POCC which varies by HSE Health Region. There has been increased interest in positions in the HSE from overseas, 20% of applicants are from outside Ireland thereby improving the opportunities to fill positions across the HSE including some previously hard to fill posts. There is now a 60% uptake rate of POCC across Urgent Emergency Care (UEC) relevant specialties was reported (that is, Anaesthetics, Emergency Medicine, Radiology, and General Medicine). Working outside core hours was reported for 64% of these POCC Consultants with variation across specialties (for example, Emergency Medicine was 95%). Similar variation is seen with working on Saturdays with 34% overall rate reported but reaching 83% in Emergency Medicine.

The provision of additional ward rounds to support discharge were reported as being completed during the evenings by 413.5 POCC Consultants and 273 on weekends. While direct correlation cannot be drawn given data limitations, the greater presence and availability of senior decision-makers onsite has been reported to be contributing to the positive national trends in Saturday discharge rates (33.9% increase).

Progress in terms of flexibility in service delivery for patients is beginning to emerge. The sites of UL Hospital Group reported they have begun running additional OPD clinics on Saturdays. 11 sites reported that additional OPD clinics were being run in the evening time. One area will use the POCC to support OPD extended day clinics (3 sessions per day) in a new facility later in 2024.

The Committee discussed the role and responsibilities of Clinical Directors. The CCO outlined the role of the Clinical Director. Clinical Directors are the contractual line of authority for Consultants, they are also involved in clinical work in a part time capacity. The Committee requested detail of additional training and supports needed to ensure Clinical Directors can carry out their role effectively while also maintaining good working relationships with Consultants.



## **Overview of the Health Performance Visualisation Platform (HPVP)**

The Committee queried if the data gathered from the HPVP would be presented by speciality to facilitate comparison across different Regions.

The Chair thanked the CCO and the CEO Saolta Hospital Group for their attendance.

## **4. HR**

The CPO presented a high-level report on her Bi Monthly report. The Committee was briefed on the 2024 Health Service Excellence Awards which was launched on 6<sup>th</sup> June 2024 and is open for submissions until 18<sup>th</sup> July 2024. This year features a new Category – ‘Working Together for a Greener Health Service’.

The CPO advised that the HSE Healthy Workplace Resource pack has issued to all managers for further cascading. The Healthy Workplace Framework is a government strategy to enhance the health and wellbeing of Ireland’s workers. The Framework is one part of The Healthy Ireland Framework 2013-2025. It sets the strategic direction for workplace policies and programmes to enhance the health of workers. The HSE Resource Pack is aligned with the Department of Health, Healthy Workplace objectives.

The Committee discussed the HSE Blended Working Policy for the Public Health Service. Currently 20% of staff are working part time. The Committee requested a briefing on how requests are tracked.

The Committee reviewed the Census data. At the end of May, employment levels show there were 148,159 WTE (equating to 167,034 personnel) directly employed in the provision of Health & Social Care Services by the HSE and Section 38 hospitals & agencies.

The Committee requested further detail provided in a “Leavers Report” on why staff leave the HSE, the CPO advised that data from the “Leavers Report” provides a strong foundation for targeted retention strategies. The CPO will bring this information back to the Committee at a future meeting.

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

The Committee reviewed the Internal Management Data related to Absenteeism, Time to Recruit, and Performance Achievement KPIs. The Committee requested a detailed report on Performance Achievement at the next meeting in September.



#### **4.3 Update Pay & Numbers Strategy (PNS)**

The CPO briefed the Committee on the PNS. Following consultation with the Department of Health and the Department of Public Expenditure & Reform the overall allocation of staffing under the PNS has been finalised. The CPO advised that each of the 6 Regions and National Services will be provided with its own number of WTEs and can within that approved number recruit, replace or prioritise. Given that each Health Region and National Service will have authority to manage its own staff allocation with the approved limit, they will not be affected by challenges should they occur in another part of the organisation. This removes the need for nation-wide interventions. A control mechanism is in place to ensure that the allocation is not breached in any area.

#### **4.4 National Taskforce on NCHD Workforce Final Recommendations Report**

*Leah O'Toole, NDTP joined the meeting*

The Committee was briefed on key areas of progress on recommendations which included site infrastructure including educational infrastructure improvements, enhanced induction for NCHD International Medical Graduates, launch of the annual NCHD survey to monitor ongoing improvements, and roll out of system updates to National Employment Record including point of scale which will work to address ongoing NCHD challenges in relation to correct placement on salary scale. Sites have been asked to do a gap analysis between recommendations and implementation. Department of Health require quarterly updates on progress.

#### **4.5 People Strategy 2019 – 2024**

The CPO briefing the Committee on how the priorities of the 2019-2024 People Strategy have been adopted and implemented. Enhanced engagement with Section 38 organisations in the next strategy was discussed and it was noted that Regional Executive Officers will lead this engagement. The Committee would like to see a greater focus on culture in the next strategy. It was agreed that discussion on culture would be added to the Committees next meeting

#### **4.6 Staff Survey**

*Pat O'Boyle AND Capability and Culture, Vera Kelly Lead for Staff Engagement joined the meeting*

The Committee received a high level update on responses to the Staff Survey which took place between 2<sup>nd</sup> May and 14<sup>th</sup> June 2023. The Committee suggested that attention should be focused on showing that action is taken to address the main issues that are raised in the survey. Ownership of the survey is critical in ensuring greater participation in the survey. It was agreed that the Regional Executive Officers will have a role to play in improving participation levels.



## 5. Corporate Risk Management

*Joe Ryan, Chief Risk Officer joined the meeting.*

The Chair introduced Mr Joe Ryan who has taken up the role of Chief Risk Officer and welcomed him to the Committee. The Committee reviewed the 2 primary risks assigned to the Committee. There was no change to the status of the risks since the last meeting, but it was noted that common to both risks is the impact of the recruitment pause.

The CRO advised the Committee that the Q2 2024 Corporate Risk Register will be available for the September meeting.

## 6. Organisation Development

*Maurice Power and Jo Shortt, Health Regions Programme joined the meeting.*

The Committee was briefed on progress under the Health Regions Programme. Whilst still in a transition phase the HSE Senior Leadership Team (SLT) National Directors have taken up their revised roles and work is underway to complete appointment of regional roles within Health Region Executive Management Teams (EMTs). 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. Engagement on an on-going basis with a wide range of stakeholders remains a key programme priority for the successful establishment of the Health Regions.

The implementation of the agreed Patient and Service User Engagement Model has commenced with ongoing dialogue with REOs and National Patient Partnership Forum. Patient/Service User Lead for Regions has been prioritised to ensure the patient/service user voice is heard. The development of a proposal for partnership working with voluntary organisations is ongoing.

## 7. AOB

The meeting concluded at 14.45.

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

**Yvonne Traynor  
Chairperson**

Date: 23<sup>rd</sup> September 2024