

Health Service Executive

HR STAFF NEWS-LETTER

March 2016

Health Services *People Strategy* 2015-2018

The Director General, Tony O'Brien has launched The Health Services *People Strategy* 2015-2018.

Welcoming the publication of the *People Strategy*, Mr O'Brien said that it has been developed in recognition of the vital role of staff at all levels across all healthcare settings.



The *Strategy* follows the publication of the results of the first ever health sector Employee Survey last year and is driven on the National HR Division's commitment to develop a professional HR Service that is technically competent and responsive to the needs of the organisation.

Speaking about the new *People Strategy* at a communication session on the document on the 1st February, Rosarii Mannion, National Director of Human Resources said "We want to invest in and develop a workforce that is dedicated to excellence, welcomes change and innovation, embraces leadership and teamwork and maintains continuous professional development and learning. Better people management and good HR practices support safer patient care. We want to make the health service a better place to work for all our employees, our clear commitment is to engage, develop and value our workforce to deliver

the best possible care and services to the people who depend on them."

The *People Strategy* was developed following many engagement sessions with staff and stakeholders from all parts of the health system and supports Goal 4 of the HSE Corporate Plan 2015-2017. Ms Mannion went on to say that "this *People Strategy* is focused on providing a cohesive Framework to lead, manage and develop the contribution of all staff in an environment that is conducive to learning and wellbeing. It is also focused on the future needs of the service to meet the workforce demands to attract and retain high calibre staff."



Des William and John Brehony at the communication session on the *People Strategy*.

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The Health Services *People Strategy* 2015-2018, the Work Plans and the Presentation are available to download here





The Framework used to outline the strategic priorities in the *People Strategy* is based on an applied version of the Excellence Model (European Foundation for Quality Management). The key premise of the Framework is that achieving our ultimate goal of **Safer Better Healthcare** is best achieved through leadership driving cultural change, enabled by staff engagement, workforce planning and adopting a partnering approach. This is further supported by learning and development, use of evidence and knowledge, HR transactional processes and performance management

The eight key priorities outlined in the *People Strategy* Framework are designed to deliver the following outcomes:

Priority 1

Leadership and Culture

Effective leadership at all levels, working collectively towards a common purpose, creating a caring and compassionate culture and inspiring innovation, creativity and excellence throughout the organisation.

Priority 2

Staff Engagement

Staff have strong sense of connection to the service, take personal responsibility for achieving better outcomes and support team colleagues to deliver results.

Priority 3

Learning and Development

A learning culture that prioritises development to ensure staff are equipped to confidently deliver, problem solve and innovate safer better healthcare.

Priority 4

Workforce Planning

Comprehensive workforce plan in place based on current and predicted service needs, evidence informed clinical care pathways and staff deployment.

Priority 5

Evidence and Knowledge

Work practices and client pathways are evidence informed and decision making is based on real time and reliable data.

Priority 6

Performance

Staff and teams are clear about roles, relationships, reporting and professional responsibilities so that they can channel their energy and maximise performance to meet organisational targets.

Priority 7

Partnering

Partnership with staff, service managers and stakeholders effectively developed and managed to add value and support the delivery of safer better healthcare for local communities driving change and improving the client experience.

Priority 8

Human Resource Professional Services

HR Services designed to create value, enhance people capacity and positioned to deliver organisational priorities.

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A member of the HR Leadership Team is assigned to lead out on each of the Priorities. Additionally the document is supported by detailed Work Plans which outlines 'Areas for Action', 'Deliverables' and 'Timeframes' for each element of the *People Strategy*. National HR has also prepared

a presentation which can be used by HR professionals to deliver the key messages of the on the *People Strategy*. Ms Mannion has urged all of the HR community to raise awareness of the *People Strategy* throughout the Service Delivery Units by giving presentations to all relevant personnel and putting it on the agenda of management team meetings.

Priority Leads:

Priority 1 Leadership & Culture:	Francis Rogers
Priority 2 Staff Engagement:	Libby Kinneen
Priority 3 Learning & Development	Caroline O'Regan
Priority 4 Workforce Planning	Frank O'Leary
Priority 5 Evidence & Knowledge	Mary Gorry & Frank O'Leary
Priority 6 Performance	John Delamere
Priority 7 Partnering	John Delamere
Priority 8 Human Resource Professional Services	Mary Gorry



Attendees discuss the *People Strategy* at Communication session.



The *People Strategy* and the Work Plans are available for download from our website www.hse.ie

HR Help Desk

The HSE National HR Employee Helpdesk is up and running. We recognise that our staff should be at the centre of everything we do and the Helpdesk will work to engage with and provide the HR information that employees need.

The HR Helpdesk is an additional HR communication channel that will operate in conjunction with the local HR Offices and CERS. Helpdesk staff have been trained to assist and provide employees with the information they require on a range of benefits and services, including terms and conditions of employment, as well as advice on the operation of HR policies and procedures.

The Helpdesk has a dedicated low call telephone number **1850 444 925** which is open to employees Monday to Friday from 8am to 5pm. Employees can email the Helpdesk at ask.hr@hse.ie and we have recently launched a closed group on Facebook called 'HSE HR says' for HSE employees.

In the coming weeks the HR Helpdesk will be embarking on a drive to raise awareness. In the meantime, it is important that as a HR community, we embrace this additional resource and bring it to the attention of all employees.



HR Future Leaders Programme Commences

Irish Institute of Training and Development Awards 2016

Congratulations to Leadership, Development and Education Team on being shortlisted for the Best Leadership Development Initiative at the IITD awards 2016.

Niall Gogarty, Executive Coach of the Year

Congratulations to Niall Gogarty, National HR Division who was awarded the International Coaching Federation Executive Coach of the Year at the Coach of the Year Awards 2015. Niall is focused on developing a coaching culture within the HSE to provide support to staff in their personal and professional development, and enabling their teams to continuously strive for success. Niall is responsible for the Coaching Network in his area which includes a team of 17 coaches, who are highly experienced and provide coaching services to staff from all disciplines. Niall is also a qualified Coaching Supervisor.

Other HSE winners and finalists included Bernadette Casey who is a Social Worker with the HSE in Dublin City. Bernadette was the Life/Wellness Coach winner. Anne Marie Frizzell and Jim Doherty were both short-listed by the International Coach Federation Ireland Chapter as finalists in the Coach of the Year Awards. Both Anne Marie and Jim work in Area 1 Community Health Organisation, covering Cavan, Monaghan, Sligo, Leitrim and Donegal. Congratulations to all our winners and finalists.



The HR Future Leaders Level 1 Programme commenced on the 16th November with 19 participants undertaking the course. Ms Rosarii Mannion welcomed the participants to the Programme and outlined how she hoped that it would enable them to support our Services Managers in meeting the many HR related challenges they face on a day-to-day basis.

The HR Future Leaders Level 2 Programme commenced on 4th December 2015, with 18 participants.

The programme is designed to develop the participants leadership abilities, as well as their capacity to act strategically. It aims increase their self awareness and resilience, ultimately empowering them to bring about improvements to their work environments. The Programme will address short term and long term succession requirements at management level within HR.

As part of the programme, participants are going through a 360 development appraisal based on the HSE and CIPD Professional map Band 3 (Director level). They were also required to identify and scope out Strategic Leadership projects which will support the implementation of the *People Strategy*. These will be presented to an invited audience at the final Module 5 in June 2016.

Participants on the programme are also required to partake in participant-led seminars on six key topics. Additionally, participants will undertake two psychometric assessments – Talent Q and the Emotional Capital Report and will have the opportunity to discuss these during their coaching sessions.

Feedback from the first two modules of the programme have been extremely positive, with participants finding the course challenging but enjoyable.



HSE Disability Census 2015

The annual HSE Disability Census is due to commence in early March. All managers are asked to promote awareness of the Census amongst their staff and encourage them to respond. The HSE is legally required to report, on an annual basis, to the Department of Health and the National Disability Authority, on the number and percentage of HSE employees with disabilities. The Census enables us to fulfil this statutory obligation and provides a benchmark against which progress can be measured.

The **Disability Act 2005** places significant obligations on public service bodies to employ people with disabilities. This Act requires the HSE to take all reasonable measures to promote and support the employment of people with disabilities and requires that at least 3% of employees must be people with disabilities. The 3% target for the employment of people with

disabilities in the public service is a positive action measure designed to ensure that public service employers are proactive in providing employment and career opportunities for persons with a disability.

The survey will be distributed electronically in early March via the email broadcast facility. Managers will be required to give a hard copy to employees who do not have access to email or intranet facilities and to notify employees who are on leave (such as sick leave, maternity leave, carer's leave).

The co-operation of all employees with the Census is very important as every completed Census form will be counted as part of the HSE's total return. We are asking all managers to lend their support by bringing it to their employees' attention and asking them to take a few minutes to complete the form.

Succession Management (Future Leaders)

The first CHO Future Leaders programme was launched on 25th November at the IMI. 11 participants from CHO Area 9 are becoming the first the first Community Health Organisation to undertake a SMDP since the formation of the new structures. Mr. Gerry O'Neill Chief Officer, requested a bespoke programme for a number of his multidisciplinary leaders, who will embark on a 12 month development journey based on their identified strengths and development areas.

The group participated in a Management Development Centre (MDC) project and they will receive their individual feedback and development plans with identified projects. These projects will be sponsored and supported by Mr Gerry O'Neill, Chief Officer CHO 9.

In January 2016 a second CHO 9 Group of 10-12 participants commenced a Future leaders Succession Management programme. These two groups will form "a critical mass" of managers and professionals from one CHO service. The immediate impact is the collaboration across disciplines in supporting the structural changes working in a rapidly changing environment. The programme will enhanced their leadership capabilities and capacity with tangible results in service improvements and excellent service delivery.

Coaching and Mentoring

Coaching and Mentoring guides and workshops are continuing across our services, and up-take and feedback from line managers has been extremely positive. The practical application of how to have a "quality conversation" with staff and the basic skills of giving and receiving feedback has been welcomed by line managers. Line managers have expressed that they are willing to engage in Mentoring as Mentors .

A HSE National Coaching and Mentoring Register has been established to review, conduct a gap analysis, standardise and quality assure all aspects of the HSE Internal Coaching and Mentoring Frameworks and panels. There is a focus on increasing the pool of internal coaches and mentors for 2016. Mentoring workshops will be offered to support managers who express interest in becoming a HSE Mentor. The National Leads are working on reviewing critical success factors and benchmarking against external public/ private sectors in addition to recognised professional accreditation.



Health Service Excellence Awards 2016

We were delighted to receive 426 magnificent applications for the Health Service Excellence Awards 2016, our staff are simply the best. Our Co-ordinators had the difficult task of shortlisting these projects and inviting the best 39 projects to the next stage of the Health Service Excellence Awards. We are looking forward to sharing the wonderful work and all projects received from across the organisation.

Excellence Through People (ETP) - Accreditation

The corporate function of HR will be the first group to go for ETP Accreditation in Spring 2016. We are completing actions across the six required sections to ensure we support Performance Achievement meetings, a revised Learning & Development policy and the area of Corporate Social Responsibility which is supported by a new policy. We are working closely with our colleagues around the country and will be in contact with all HR departments to advise on the next stage of the accreditation process. A big thank you to all involved.

International Women's Day: Hearing all Voices: Setting the agenda for Diversity, Equality and Inclusion in the HSE



The HR Division in the HSE marked International Women's Day on March 8th by hosting a Panel Discussion with a number of women who have achieved outstanding success in their careers, both from within the Health Services and outside of the health sector



The theme for the discussion was "Experiences of parity of opportunity in my career". A number of employees from all grades across the HSE were invited to hear the panellists and to give their feedback on the issues facing female employees within the health services today.

The Speakers and panellists were:

- Rosarii Mannion, National Director of Human Resources, HSE
- Dr Caroline Casey, award-winning social entrepreneur
- Leigh Gath, Health Services Confidential Recipient
- Phil Ni Sheaghda, Director of Industrial Relations, INMO
- Eunice O'Raw, Head of Legal Services, HSE
- Dr Rhona Mahony, Master of the National Maternity Hospital (NMH) in Dublin

The feedback from the participants at the event will be analysed by HR and incorporated it into its Diversity, Equality and Inclusion agenda.



One of the participants at the HSE's IWD event



Caroline Casey speaking to the participants at the HSE's IWD event

Revised Salary Pay for Student Nurses

Circular 05/2016 has issued revising the pay of Student Nurses during their 36-week placement.

From the 1st March 2016 Student Nurses should be paid at the rate of 70% of the first point of the Staff Nurse scale.

The circular also provides that they should receive incremental credit for this 36-week period when they take up nursing positions in the public health service upon final qualification and registration with the Nursing and Midwifery Board Ireland.

The circular can be downloaded from www.hse.ie

Diversity, Equality and Inclusion Steering Group

A Diversity, Equality and Inclusion Steering Group has been set up under the chairmanship of Siobhan Patten, HR's Diversity, Equality and Inclusion Lead.

The Group has a wide representation, including an Equality Officer, National Accessibility Specialist, Pavee Point, Data Analytics specialist, Corporate Employee Relations Managers, Public Health Specialist, and representatives from the Health Business Services and the National Doctors Training and Planning Unit.

During the coming year the Steering Group will focus on promoting diversity, equality and inclusion across our services, highlighting the value of different perspectives. It intends to develop an action plan to progress and deliver on the equality agenda.

The current work of the Steering Group includes developing a Dress Code and Uniform Policy for the HSE, and ensuring that the Organisation's induction programme has a strong emphasis on diversity and equality.

Emergency Department Dispute – INMO

Members of the Irish Nurses and Midwives Organisation (INMO) have accepted revised proposals to address Emergency Department (ED) overcrowding.

The proposals were put forward by the Workplace Relations Commission (WRC) following intensive engagement under its auspices between the HSE and the INMO. This acceptance follows the rejection of previous WRC proposals; and ensured that the strike action due to take place in seven Hospital Emergency Departments on the 14th and 26th January did not go ahead.

The revised proposals recognise the importance of building confidence and trust amongst the ED staff that the agreement will be fully implemented by Hospital management. To address this, they provide that each Hospital Group should establish a Hospital Wide Executive Forum to monitor the implementation of the agreement, which is chaired by the Group CEO, with membership including the Director of Nursing, Group Clinical Director/COO, other relevant managers and professionals, as well as the INMO ED representative and the relevant INMO Industrial Relations Officers.

The primary purpose of the Forum is to *inter alia*, monitor the implementation of the agreement, issue a weekly report to the National Director of Acute Hospitals and ensure the application of the Escalation Framework.

The System Wide Escalation Framework and Procedure is designed to support Hospital Groups

and Community Health Organisations to develop escalation plans in times of excess demand on emergency and acute services. The Policy provides for a tiered and incremental suite of actions which should be adopted when there is a surge in demand for ED services and commits all Hospitals, Primary and Social Care services to work together to develop and implement comprehensive and integrated plans to meet the goals and standards specified in the mandatory Escalation Directive of the 27/11/2015.

Additional measures were agreed in relation to attracting and retaining staff, with the HSE committing to work with the INMO to identify innovative and progressive initiatives to secure and retain nursing staff, thereby helping ensure that EDs are adequately staffed at all times. The parties agreed to examine:

- All measures necessary to target new graduates and other nursing staff by offering permanent contracts, attractive career structures and opportunities for learning, education and skills development;
- How to ensure that the new CNM1 grade will have a leadership role in supporting and mentoring new graduates, and other new nursing staff to ED in terms of orientation, skills development and training;
- Support flexible working arrangements in so far as possible;
- Use of targeted and accelerated local recruitment processes to enable early and effective replacement of staff;
- Develop the use of nursing banks to support the filling of rosters pending recruitment of agreed permanent employees.

For further information on the WRC Proposals to address ED Overcrowding please contact CERS on 016626966 or email info.t@hse.ie

Assimilation Rules – Temporary Assignments

The Labour Court has recently ruled in respect of the assimilation rules to apply in respect of temporary assignments arising under provisions of Circular 17/2013

The HSE and the Health Services trade union disagreed on the appropriate pay assimilation while an employee was temporarily assigned to a higher position in the HSE.

The trade unions argued that Circular 10/71 should apply to all staff who are appointed to a higher position within the Organisation, regardless of whether that appointment is on a permanent basis or for the duration of a temporary reassignment, i.e. generally the employee should be appointed to the nearest point plus one increment.

The HSE argued that it was acting within the terms of Circular 17/2013 when it deemed that an employee who is appointed to a higher position on a temporary basis should be appointed to the minimum point of the higher scale or to the nearest point.

The Labour Court upheld the trade unions position and recommended that the same rules apply upon appointment to a higher post on a temporary basis as apply in respect of permanent appointments and recommended that any proposal to amend these payment arrangements should be dealt with by way of normal IR procedures.

Dentists – Arbitration under LRAs

An arbitration process under the provisions of Lansdowne Road Agreement (LRA) was conducted in respect of the weekly working hours of Public Health Dentists' who are members of the Irish Dental Union (IDU), post July 2015.

The claim concerned Dentists and Orthodontists who, having accepted the Haddington Road Agreement (HRA), had their working hours increased from 33-hours to 35.25 hours per week. The IDU argued that Appendix 9 of the HRA applied to their members in these grades, and they were exempted from increasing their working hours to 37-per week on a personal-to-holder basis. They also argued that increasing the working hours further would put a disproportionate burden on the Dentists, particularly when the pay reductions sustained by the grades were taken into account.

The HSE argued that Clause 2.24 of the HRA provides that public servants with a standard working week of 35-hours or less will increase to a minimum of 37-per week, with the first 2-hours 15 minutes applicable from the 1st July 2013 and the remainder from the 1st July 2015. While certain groups were limited to the first increase of 2-hours and 15 minutes on a personal-to-holder basis, any group whose annual salary exceeded that of a Grade VII or equivalent were not red-circled in this manner. As the complainants' salaries exceeded this limit, the exemption did not apply to these employees.

The Adjudicator found that Public Health Dentists were not comprehended by Appendix 9 of the HRA and to sanction the claim would be to sanction a deliberate breach of the HRA. The Adjudicator upheld the HSE's position and rejected the IDU's claim.

Labour Court Decision LCR21101 Sleep-Overs & Part-Time Workers

The Labour Court recently issued a decision in relation to a dispute between the Health Service Employers and Impact and Siptu in relation to the requirement of part-time workers in the Childcare and Intellectual Disability sector to carry out sleepover shifts.

Health Service employers, represented by CERS argued that in order for rosters to be carried out there is a requirement for part-time workers to carry out sleepovers as and when required. They argued that employers are contractually entitled to roster part-time workers for sleepovers once it is not in breach of the maximum number of weekly working hours outlined in the Organisation of Working Time Act and asserted that they were not in a position to fulfil their requirement to carry out sleepovers from their pool of full-time staff.

The Unions argued part-time workers should only be required to carry out sleepovers on a pro-rata basis to their full-time comparators in line with the provision of the Protection of Employees (Part-Time Workers) Act 2001.

The Court recommended that the dispute be resolved on the following basis: -

- 1. The HSE should invite volunteers from amongst part-time staff to enter into contractual arrangements whereby they would commit to working a defined number of sleepovers shifts per week and the HSE would commit to providing that number of sleepover shifts.**
- 2. The commitment, once entered into, would be irrevocable for such period of time as the parties may agree. If agreement is not reached on the duration of these commitments that question may be referred back to the Court for a definitive recommendation.**
- 3. Should an insufficient number of part-time staff volunteer for the arrangements referred to above, the HSE should be free to roster staff for sleepover duties proportionate to their contract hours on a pro rata basis with full-time staff.**

Employers are now engaging with this cohort of employees to ascertain the feasibility of increasing the amount of sleepovers that can be undertaken in each location, in line with the Labour Court's decision.

Ambulance Adjudication

An adjudication ruling under the provisions of the LRA relating to the "splitting" of ambulance crews, has issued recently.

Ambulances are crewed by Paramedics and Advanced Paramedics, (APs). APs have additional training which allows them to deliver essential drugs and advanced interventions to critically ill patients at the earliest opportunity and these highly skilled employees comprise approximately one quarter of frontline ambulance staff. Ideally APs should not be rostered together, however this does occur in some instances.

A dispute arose between NAS Management and the Irish Ambulance Representative Council which is made up of IARC, SIPTU and UNITE, regarding management's right to split an established or pre-planned crew. The matter was referred to the Conciliation Service of the WRC and then for binding adjudication under the Public Service Agreements.

The unions argued that NAS management should pre-plan to avoid two APs being rostered together, thus reducing the need to split crews. They argued that the splitting of established crews can have a negative effect on the work/life balance of staff. They also claimed that splitting crews can lead to issues around drug audits, signing or counter-signing for controlled drugs, inability to take appropriate and necessary breaks, difficulties with on-call, vehicles ending up in wrong locations and safety issues due to extra personal driving being needed.

The NAS argued that they had to ask ambulance crews to split on a shift by shift basis in order to provide the best possible spread of available patient care services, thereby ensuring that patients in critical need will receive the best available frontline treatment, including AP services.

The adjudicator found that the greatest effectiveness of the ambulance service provided to the public was the most important priority and endorsed management's prerogative to split crews as needed to ensure this priority is met. He also upheld the obligation of staff to obey lawful management instructions.



Transfer of Tasks from Non-Consultant Hospital Doctors to Nurses/Midwives

A circular has issued approving the transfer of certain tasks from Non-Consultant Hospital Doctors (NCHDs) to Nurses/Midwives under the Nursing / Medical Interface Section of the Haddington Road Agreement (Appendix 7, point 4).

Under the Agreement, the following tasks, including their intrinsic elements, will transfer from Medical staff to Nursing/Midwifery:

- Intravenous cannulation; including, in the appropriate setting,
 - o peripheral cannulation in adults
 - o peripheral cannulation in children which are subject to additional specific protocols and arrangements
- Phlebotomy — currently carried out by NCHD's as distinct from general routine phlebotomy, which is the responsibility of specifically trained and employed phlebotomy staff; This task includes, in the appropriate setting:
 - o venepuncture in adults
 - o venepuncture in children
- Intra Venous drug administration — first dose; including in the appropriate setting
 - o Medication management
 - o Basic Life Support Training
 - o Safe use of any medical devices and vascular access devices (VAD's) used in order to safely administer IV therapy.
 - o Theoretical knowledge of the medication prescribed in that clinical area (subject to local policy)
 - o Anaphylaxis Treatment
- Nurse led delegated discharge of patients.

A core principle underpinning the allocation of tasks to either Medical or Nursing/Midwifery employees is that the task is undertaken by the most appropriate employee at the particular time, in the location.

Under the terms of the Agreement responsibility for its implementation lies with the local management group, consisting of the Chief Operating Officer, Medical Director and Director of Nursing. This group is required to establish a Joint Local Implementation Group which includes representative from the INMO, SIPTU Nursing and IMO. In order to ensure implementation within the agreed timescales:

- The local management group will put in place initial and ongoing support arrangements for the provision of training in the relevant tasks, including sufficient appropriate training time both on site and off site.
- Local management will ensure that staff are communicated with in respect of these developments
- The local management team will prepare a proposal for any additional requirements in relation to staffing, including skill-mix in line with nationally agreed ratios.
- Any dispute over this (or any other) aspect relating to implementation will be referred without delay to the National Implementation Group for determination.
- The IMO, SIPTU Nursing and the INMO will ensure that where appropriate training is provided and adequate staffing levels are in place, union members will cooperate fully with the transfer.

- Delegation of responsibility for relevant tasks to the appropriate grades in each location will be communicated in writing to the appropriate staff including an indication of the commencement date.

The implementation of the agreement will be subject to a verification process, which will be carried out in a relatively short period of time and this process will begin by the 31st March 2016. It will be conducted by a National Implementation and Verification Group (NIVG) and their decision as to whether the agreement has been implemented in a particular site or clinical setting will be final. This group will include membership from the Department of Health, HSE, INMO, IMO, SIPTU Nursing representatives and have an independent chair. Representatives of the Group will conduct site visits where required, in order to verify progress.

The implementation of the agreement will be subject to a verification process, which will be carried out in a relatively short period of time and this process will begin by the 31st March 2016.

In order for verification to occur the following will apply:

- Evidence that Training programmes are in place and undertaken by a sufficient quantum of nurses.
- Evidence of specific confirmation of tasks being undertaken by nurses and that associated benefits are being achieved.
- Evidence that at least three tasks have been undertaken by nurses.
- Evidence that the required level of cooperation required by the National Implementation and Verification Group in relation to transfers has been forthcoming.
- Where a task has not transferred for reasons outside of the control of nurses, they will not be disadvantaged by this.
- Where training has not been put in place, individual nurses will not be disadvantaged by this.

It is recognized that the speed of progress will vary considerably from location to location, however, it is expected that the agreement will be implemented fully by the 30th June 2016.

Payment for the task transfer will commence from 1st July 2016, however it may be backdated to 1st January 2016 subject to verification from the NIVG. The payment for the task transfer is T1/6th for the hours worked between 6.00p.m. and 8.00p.m.



The circular and the Nursing/Medical Interface Section of the Haddington Road Agreement are available for download from our website www.hse.ie

HSELAND (Health Services e-Learning and Development) www.hseland.ie

Hseland.ie is the online learning portal developed and run by the Health Service Executive National H.R. Leadership, Education and Development Service.

This resource is available to all healthcare professionals, both within the Health Service Executive, Voluntary Hospital Sector, and associated Section 39 Agencies working in health or allied services.

As of the end of December 2015, over 110,000 healthcare professionals had registered on the site and there are currently 77,000 active users on hseland.ie. Almost 163,000 e learning programmes have been completed to date with over 40,000 in 2014 and almost 60,000 during 2015. 135 e-learning programmes are hosted on hseland.ie. Of these, more than 50% have been developed internally by the HSE as bespoke learning solutions.

What can learners currently do?

Users of hseland.ie can complete 'start to finish' interactive learning transactions, including

- Carry out a competency assessment.
- Plan professional development for the coming year.
- Access on line prospectus with course listings and calendar of events
- Complete statutory and mandatory e-learning programmes where appropriate.
- Complete e-learning programmes on demand (learning what they want, when they want).
- Print off a certificate of achievement on successful completion of an e-learning course. This can be used as evidence for continuing professional development requirements.

A broad range of courses are offered on hseland.ie including:

Online learning resources: reports; publications; e-videos; links to websites; online libraries (HSE, LENUS, and Irish Management Institute), personal development, leadership and management resources; and organisational development learning resources.

135 e-learning programmes: covering a wide range of topics and themes including: Clinical Skills, Business Skills, Health and Safety, ICT Skills etc

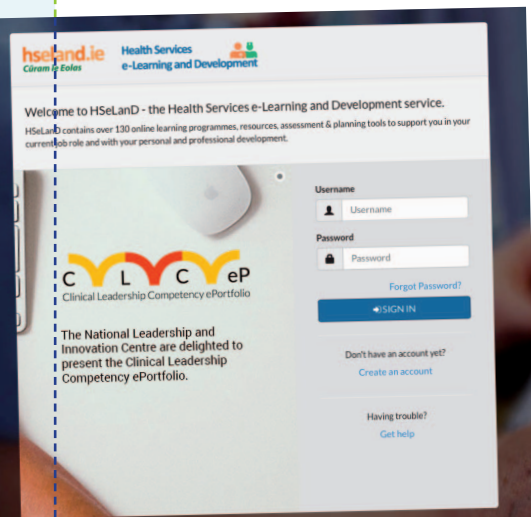
Practice Development Hubs: designed to reflect specific content areas and facilitate knowledge sharing between multidisciplinary groups spread throughout Ireland. Each hub features social learning resources including forums, wikis, blogs, internal messaging, user profiles and videos. Employees have access to some or all of the hubs to collaborate and knowledge share, depending on their job role. Hubs include:

- **The Leadership Development Hub** which provides a broad range of supports to leaders and managers.
- **The Change Hub** offers practical assistance and advice on managing change.
- **The Integrated Discharge Planning Hub** is designed to support staff who have a responsibility for implementing IDP

On this site you can learn more about medical training in Ireland and the work of the Medical Education and Training (MET) Unit

regionally and locally and who wish to collaborate online.

- Access libraries of learning resources including documents, videos and links.
- Participate in / contribute to subject specific collaborative learning hubs, forums, wikis and blogs.
- Manage their own learning path.
- **The Learning and Development Hub** has been developed to encourage networking, development and sharing of best practice amongst learning and development specialists within the Irish Health Sector.
- **The Quality and Patient Safety Hub** is a resource that provides relevant information and learning resources for health care professionals across all practice domains. It is primarily a learning space, devoted to innovation, clinical leadership and a sincere desire to develop close working partnerships between practitioners and service users.
- **Medical Education and Training (MET) Hub** On this site you can learn more about medical training in Ireland and the work of the Medical Education and Training (MET) Unit, including the programmes and scholarships which are supported by the Unit. Regular updates are provided for trainees and trainers on various aspects of medical training.



- **Mental Health Services (MHS) Hub** supports the learning and development requirements of specialists in this service context

- **SMe-learning Hub** is designed to support Subject Matter Experts in the development of on line learning resources

- **St James's Hospital Hub** is an on line learning environment commissioned by SJH and hosted on hseland.ie

- **Nursing and Midwifery (Leadership)** supports the learning and development requirements of specialists in this service context

- **Health and Social Care Professions** supports the learning and development requirements of specialists in this service context

- **National Ambulance Service College e-learning Hub** where The National Ambulance Service College provides training to Ambulance Personnel, the Irish Coastguard, the Defence Forces, Gardaí, Health Care Professionals and members of Voluntary Organisations. The range of training courses includes patient care programmes, leadership courses, tutor development, major incident planning and preparation and driving. This hub is dedicated to assisting staff in maintaining and developing their education and competencies in their particular field of expertise.

Recent additions include :

- **The inSPire Hub** a place where you can make suggestions about how we can improve our Health Service. This Hub is administered by the Office of the Director General, HSE.

- **Exchange Hub** which has been designed as a resource, support and collaboration tool for hseland.ie Hub Administrators and Moderators.

- **Improving Quality Exchange Hub** has been developed as an information repository and exchange platform for quality improvement initiatives and related resources.

- **SHARE Centre** has been set up in response to the many requests received from individual services for online access to information and knowledge they wish to share with others.

360 competency assessment tool which allows individuals to identify their strengths and areas for improvement against an established HSE Management Competency Framework

Personal Development Plan Workbook – helps the individual to set career goals and plan their learning objectives.

International Awards Winner

In September 2013 hseland.ie won a prestigious Gold Medal Brandon Hall Excellence in Learning Award. The Brandon Hall Awards are the most prestigious awards programme in the learning industry, attracting entries from all over the world. hseland.ie was singled out for its positive impact on the organisation and its learners. It has placed hseland.ie in the upper echelons of international online learning and teaching organisations. hseland.ie was also a finalist for best E-Learning Project at the E-Learning Age Awards 2014.

Further information on **hseland.ie** can be found by emailing info@hseland.ie or by calling 071 9822100.

Survey on How We Communicate

National HR will be issuing a short survey to get your feedback and views on how we are communicating with you and how we can make improvements in this area. Your participation in the survey would be warmly welcomed.



HR Twitter @HSE_HR

National HR has joined Twitter! To keep up to date with what's happening in HR in the health services follow us on HSE_HR.



HR Masterclass Series 2016

Mullingar Park Hotel / Thursday April 14th, 2016
Registration 10.30 am

Dr. Michael Leiter Engagement-Resilience & Avoiding Burnout (In the workplace)



Dr. Leiter is a world renowned expert on the psychology of work. "For more than two decades, he has researched burnout and methods to banish it." He coined the term "work engagement" as the antithesis to burnout. In a concerted commitment to improving worklife quality, he consults with organizations and researchers around the world. He is highly sought as a keynote speaker for diverse audiences, including public sector executives, health care providers, and human resource professionals. He is a Professor of Psychology at Acadia University in Canada and holds the Canada Research Chair in Occupational Health and Wellness. He is a desired speaker at international conferences on worklife and is now consulting with organizations that want to improve.

Invitations to the event will issue shortly