

Staff Engagement Webinar 06 November 2024 – Outstanding Questions and Answers

1. What is the vision for NMPDU within the regional reforms?

The work of the NMPDU will continue as services are being reorganised within the regions. It is proposed that a Regional Director of Nursing and Midwifery will be appointed to the Regional Health Area Management team and this person will link closely with the NMPDU structure.

2. What is the thinking with regards to contracted services where SLAs were previously managed at a CHO Level? Will these move to a West North West Regional level or to an IHA level?

Section 38 and 39 organisations will continue to be a very important part of service delivery across the West and Northwest. It is hoped that the new regional and IHA level structures will facilitate closer and stronger working relationships between the HSE and these partners. This will require us to take a pragmatic approach to the management of SLAs with these organisations. One of the basic principles upon which we are working is that the IHA Manager is operationally responsible for all activity in her/ his area. This includes services provided by S38/39. The IHA manager will be supported in this by other members of the RHA Management team and by the existing Contract Management Support Units. In circumstances where a Section 38/39 is providing a service across more than one IHA or region a pragmatic approach to ensure good co-ordination will be adopted by relevant IHA Managers and as necessary REOs. The purpose of this will be to ensure that the administrative burden on the service provider is minimised.

3. Is there a restructure of Finance happening, regarding payroll?

We are currently preparing for the roll out of IFMS in 2025 across this region. This will impact on how finance is managed at all levels across our services. It is important to note that the roll out of IFMS was scheduled to happen regardless of the roll out of the regions. It is a very important development and will significantly improve efficiency in this area.

The roll out of the regions will have an impact on how we manage finance within the region. A Regional Director of Finance has been appointed and we are working on the development of the Finance operating model that will be used in each region. This model will also help to describe our relationship with national HSE Finance.

4. On the organogram Older persons, Mental Health are under Grace Rothwell. Where does the responsibility for these services lie? Is it strategic V operational?

All mental health and older people services within the region are managed under the remit of the REO with direct reporting to the CEO and HSE Board. One of the strengths of the new structure at national level is that it is flatter than the previous structure.

5. What is the governance and budget structure of the CHN plus model?

At this time we have clearly defined budgets in respect of the Region and we expect to have similar clarity in respect of each IHA for 2025. We have not developed the structures under the IHA yet so the budget structure is not yet defined at that level.

6. So whilst the idea of improving patient care and services is of paramount importance how can this be fully adhered to seeing as there is a lot of nursing and midwifery positions not being filled? When can we expect that we will have a full complement of staff on the frontline to ensure a delivery of a high quality of care to our service users?

The West and North West Health Region has been provided with a WTE limit within the context of the Pay and Numbers strategy for 2024. In 2024 a number of posts have been progressed across clinical and management roles in our services. An employment controls process has been put in place at IHA manager and REO level, supported and administered by HR. Recruitment is progressing to posts where approvals are in place in line with these employment controls processes. Efforts are also continuing on an ongoing basis to fill posts via Agency conversion, new Development Posts and those vacancies arising in 2024 from retirements, resignations and promotions, in the context of the agreed Pay and Numbers Strategy for 2024 and applicable WTE limits.

7. Tony when are we getting full complement of PHNS in Donegal How long more to PHNs in Donegal have to cover vacant areas and do child development in those areas?

The filling of vacancies at PHN level is also comprehended by the WTE limits as set out in response to Item 6 above. We will continue to actively explore opportunities to fill PHN posts within the context of the agreed PNS and WTE limits applicable.

8. How do you account for HSCP in post without Coru registration and unable to offer a service when pre embargo positions are not becoming available, leading to massive delays in patient care and life changing outcomes for patients?

Mechanisms exist in the HSE for staff across various disciplines to work with the organisation pending their CORU registration. These typically have related to graduates and arrangements are in place to ensure appropriate governance and oversight of same. If there are any specific arrangements of concern, these in the first instance should be brought to the immediate attention of the line manager for the respective service, who can engage with the HR Department as necessary.

The filling of HSCP posts is also comprehended by the PNS as set out in response to item 6 above. We will continue to explore with IHA managers all opportunities to fill posts in the context of the WTE limit available to the region.

9. P & S Disability in Donegal continue to provide a service to south Donegal which now comes under Sligo but the realignment has not taken place?

To confirm that Adult Physical & Sensory Disability Services Donegal continue to deliver services to the population of Ballyshannon and Bundoran areas. As part of the overarching CHN Realignment project these services require realignment to the Sligo South Donegal CHN in Sligo Leitrim IHA boundaries. Significant work has been undertaken to define and design the steps required to realign the P&S Disability Service to the Sligo Leitrim IHA and this work is ongoing. The target date for realignment of all services agreed with IHA Managers is the 3rd March 2025.

10. How will community knowledge be incorporated into population health planning for healthy and sustainable communities and longer term health protection?

A framework for population based planning is being developed nationally at the moment with representation across the regions. At the heart of the proposed model is community involvement, ensuring populations are central to the planning and decision making. Work will be undertaken to identify ways to bring the community voice into all aspects of pop based planning