

# HSE Covid-19 Pulse - Staff Focus Groups

Exploring staff experience and key actions needed to improve and adapt the ways of working into the future.

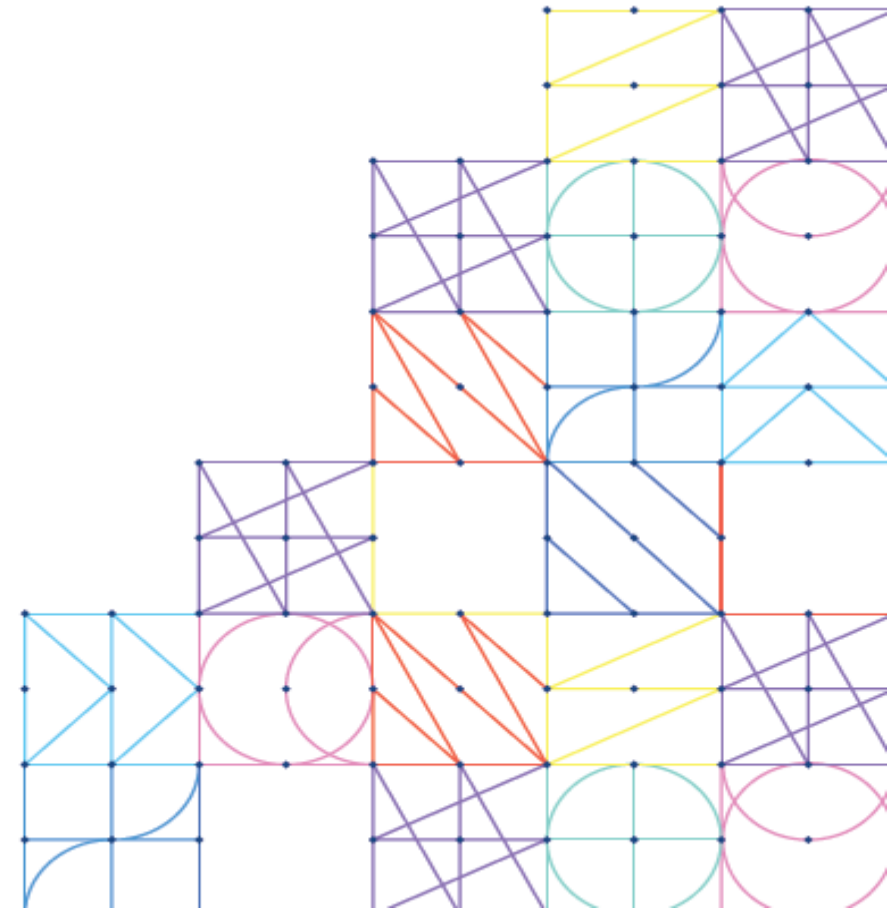
Report Prepared for Vera Kelly, Denise O'Shea and Ann Marie Hoey

9th October 2020



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# The Context



Covid-19 has had a significant impact on the global population, impacting how we live our lives, how we interact with each other, how we work, and how we maintain our health and safety.

This global health pandemic has had a major impact on the HSE in terms of how the organisation operates, and how all members of staff complete their work. Measures have had to be taken to protect all staff, their families, and service users of the HSE, which has resulted in radical and fast-paced change to how the organisation operates.

As the HSE move towards service continuity in a Covid-19 environment, it is important to engage and listen to staff.

The aim of this research programme was to learn about health service staff experiences, how they adapted, the challenges faced, what worked well and what are the evolving needs.

The HSE HR department are committed to act on the findings to improve and adapt the ways of working into the future.

This research will inform Recovery Planning, the redesign of services and new ways of working that will take place over the months and years ahead.

This report comprises of the findings from the Staff Focus Groups. It will be shared with local and national management for them to develop action plans.

# The Central Question

*Which practices and processes should the HSE retain or introduce as a result of the Covid-19 pandemic, and how should they evolve services and ways of working?*



# A Phased Approach

This project was about starting broad with quantitative research, defining key challenges, and opportunities. Then we delved deeper with qualitative, and then prepared for action.

## LISTEN

Before the HSE acted, we needed to listen to staff. We started with a quantitative survey to understand and explore the staff experience to date.

This took the form of a short and concise Covid-19 specific online staff survey across the staff categories, services and locations.

We achieved a total of **7,057** survey responses. The margin of error was 1.14% at a 95% confidence level, meaning the results are accurate and statistically robust.

Fieldwork: 16<sup>th</sup> July – 31<sup>st</sup> July.

## ANALYSE

At this stage, we analysed the data. We identified areas for improvement, the practices and processes the HSE should retain as a result of Covid-19 and how the HSE can continue to evolve working in the months ahead.

The findings from the quantitative phase of the research was shared with all staff.

2,709 of respondents indicated their interest in being involved in the qualitative stage. There was a representation across the country and across the six staff category groups.

## DEEP DIVE

Equipped with the learnings and focus areas from the online survey. A subset of staff working in healthcare services took part in a series of virtual focus groups (adhering to public health measures).

Staff were given time to share their experience to date and then were asked to help inform positive actions, how the HSE can maintain and improve positive practices into the future.

Nine focus groups were held between 15<sup>th</sup>-23<sup>rd</sup> September. (more detail provided on page 7).

## ACT & IMPLEMENT

The focus for this research programme is the commitment to act on the feedback.

This summary report with focus areas and proposed actions will be shared with the HSE National Human Resources team, and then with local and national management to develop action plans.

# What We Learned From The Quantitative Phase

1.

## Focus on Action over Information

While the majority of staff report that the volume of information received during the Covid-19 was appropriate, there is opportunity to improve and prevent misinformation and confusion.

Staff appeal for consistent guidance from senior levels, with a focus on clear actions and instructions.

2.

## Promote Increased Interaction with Managers

Staff report greater satisfaction in communication with colleagues than with managers, with 1 in 5 reporting dissatisfaction in communication levels with their managers.

Now is the time to recognise the hard work and effort from staff to date and ensure staff feel valued and trusted.

We need to ensure staff are aware that they can be involved and contribute to decision-making & planning, going forward.

3.

## Promote Positive Workplace Culture

The majority of staff report taking on additional responsibilities and there are many reports of overwork and burnout. Division of staff between remote working and the front line alongside communication issues can lead to negative attitudes and opinions.

However, there are opportunities to reignite a sense of togetherness by refocusing on the shared goal of containment.

4.

## Maintain and Plan into the Long-Term

Staff recognise that the period of immediate crisis is over, and the focus is now on maintenance and continuity.

However, staff are beginning to tire and upgrades to infrastructure (e.g. ICT, facilities) are required to continue into the long-term.

Investment in planning for the medium to long-term is required, and staff wish to be part of this process.

## WHO DID WE SPEAK TO?

Participants were recruited from the large pool of respondents that indicated their interest in being involved in the qualitative stage. Staff were called by a representative in the HSE National Human Resources team and invited to take part on a specified date and time. Measures were put in place to ensure we had a mix of regions, gender, age, and cultural diversity.

Nine virtual focus groups were conducted:

1. Community Doctors
2. Consultants & Dentists
3. NCHDs
4. Nurse Managers
5. Staff Nurses
6. Health & Social Care
7. Patient Care & Gen Support Staff
8. Management and Admin (Senior)
9. Management and Admin (Junior)

## WHEN WAS IT CONDUCTED?

- The focus groups took place between the 15<sup>th</sup>-23<sup>rd</sup> September.
- Every effort was made to ensure that the focus groups were scheduled at a suitable time for staff to take part.

## WHAT WERE PARTICIPANTS ASKED?

Staff were given time to share their working experience since the beginning of Covid-19.

Staff were then asked to reflect and review the current working experience focusing on the period from June to September.

We then explored in detail the key themes that emerged in discussion and the 6 key themes that emerged from the Quantitative survey.

We ideated and discussed staff recommended actions for improvement into the future.

# Overview of Key Findings from Staff Focus Group Sessions

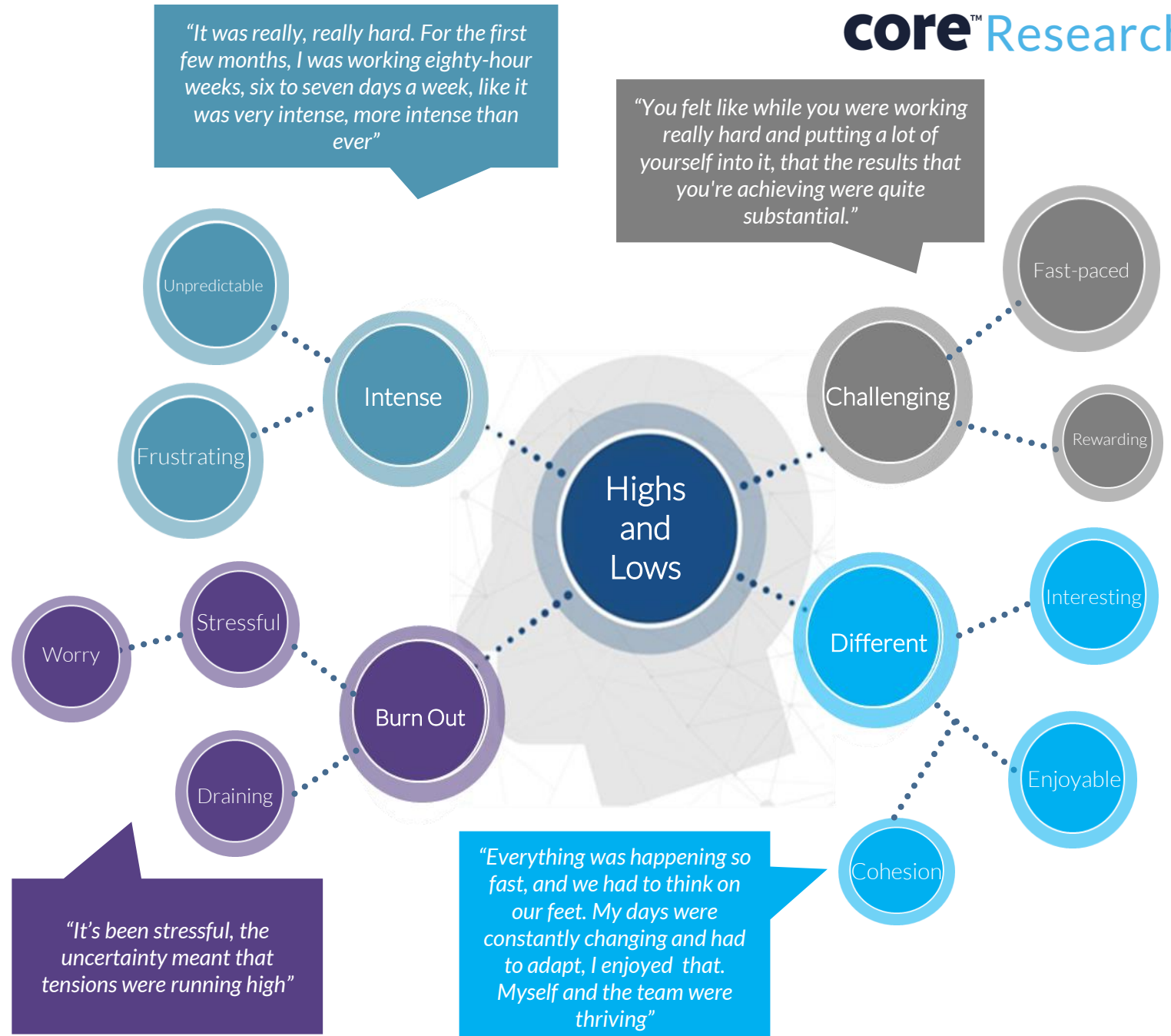


# Initial Experiences of Covid-19 in the Workplace

The ways of working in healthcare shifted dramatically at the beginning of the COVID-19 pandemic. Staff had to adapt to new work duties, processes, modes of communication, decision making and collaboration. This disruption was felt across the board - there were divergent experiences, perspectives, and outcomes. Some are still struggling, some have thrived.

Irrespective of what happened, there is a strong consensus among staff to learn and look to the future.

Now is the time for the HSE to address critical areas and build on the progress made and the positive developments (e.g. flexible working, relationships, purpose and cohesion).



# The Mantra: Progression Purpose, & Cohesion

focus here will have a large impact on wellbeing and future outlook among staff.

“

*We saw so much progress and so much happen in a short space of time... If I struggled up until now with my work in the HSE it was that a lot of work would go into things and sometimes there would be no tangible results or outcomes, whereas with the response to Covid-19, I think the work has led to really meaningful change and really meaningful outcomes in a short space of time and that's incredibly satisfying when you're working hard that you see the results of that"*

”

# Over-Arching Findings

Staff were very vocal that investment in planning for the medium to long term is required. Covid-19 is not going away, and the health service will need to adapt accordingly to ensure the continuity of service and care is protected.

## People

### Make it Sustainable

Staffing levels and resources remain a major issue. Staff report increased workloads and reduced levels of staffing.

This, combined with a lack of adequate equipment has led to difficulty for staff in completing their everyday work and they fear a backlog over the long-term.

Working longer hours and skipping breaks in order to get the job done, is having a serious impact on mental and physical health. **It's not sustainable**

## Physical Environment

### Make it Safe

Staff highlighted the need for physical adaptations to their working environments. This is needed to allow for the provision of services and the continuation of work in a safe environment for both staff and service users. It should be practical and enable staff to complete their day-to-day work.

## Emotional / Cultural

### Make it Personal

Covid-19 has highlighted opportunities to support staff in several ways including; managerial support (driven by leadership training) and a focus on professional development.

This support can be reinforced via a strong workplace culture. Many observed a mindset shift during the initial pandemic crisis period, which allowed for quicker decision-making and involvement from staff. Staff want this attitude to continue.

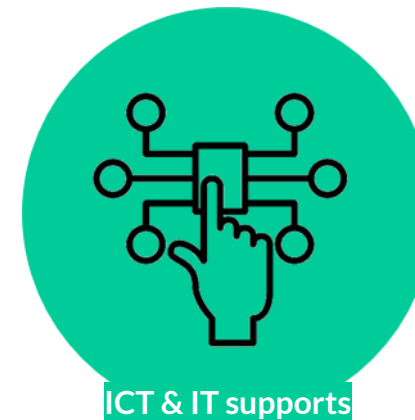
## Technical

### Make it Possible

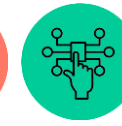
Covid-19 has served to accelerate the adoption of new technologies, new processes, and new ways of working.

Staff are looking for continued momentum to develop the physical and virtual infrastructure and their technical skills to help future proof the HSE.

# 6 Themes Explored



# Real Recognition



**The challenge or opportunity:** Show genuine appreciation & support ALL staff (emotionally, physically and technically) to do their job to best of their ability.

## The Context:

Initially, staff reported a surge in public recognition and support of healthcare workers in the fight against Covid-19 (particularly frontline workers). The public showed this appreciation via the media, social movements, physical gifts and acknowledgements.

As services return, case numbers rise, and attention shifts to the backlog of work, staff note a reduction in public and internal appreciation, and a normalisation of unsustainable workloads resulting in stress and fatigue.

## Watchouts:

**Tensions are high** and reaching a crescendo at a time when the HSE are preparing for a surge in cases. Staff are burnt out and question how much longer they can continue in the fight against Covid-19.

**Lack of staffing resources** and essential equipment has created barriers to completing work, contributing to delays and resulting in overwork. Staff note that the best form of recognition is an investment in resources to remove these barriers and enable them to complete their work.

**Sum of all parts:** A natural focus has been on staff working on the frontline – driven by public and media support. It is necessary to call out those in supporting roles for the important work they have done in the fight against Covid-19.

**A perceived dip in internal recognition:** particularly from direct management. Staff call out the need for a simple and authentic thank you as acknowledgement for this hard work.

## The Key Actions Required:

**Priority Area 1:**  
Investment in resources and equipment

**Action:**  
Invest in appropriate staffing and equipment (e.g. headsets, webcams, mobile phones, software etc.) to enable all staff to do their jobs to the best of their ability.

**Responsibility:**  
Budget holders (investment) and management (identifying requirements)

**Priority Area 2:**  
Encourage workload management

**Action:**  
Recognise the workload burden and encourage healthy work practices such as taking breaks and providing spaces to do so.

**Responsibility:**  
Local management and line managers

**Priority Area 3:**  
Highlight staff efforts through internal recognition programmes

**Action:**  
Develop a plan to communicate appreciation (campaigns, rewards, benefits, time off, performance management).

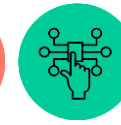
**Responsibility:**  
All levels (recognition to be delivered at a senior and local level)



Consider developing communications to highlight staff stories from a range of categories – emphasising their role in the collective effort against Covid-19



# Voice of Staff....



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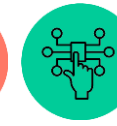


**The challenge or opportunity:** Show genuine appreciation & support ALL staff (emotionally, physically and technically) to do their job to best of their ability.

*"We all like a simple thank you. That goes a long way, you know. 'Thank you'. 'I really appreciate that'. 'That was really helpful'. You feel that you've done something important."*

*"I think there needs to be more individual recognition you know; we don't expect to see the president. We don't expect to see the general manager or whatever, but you would expect to see the next level above you in person and verbally thanking you to your face and like, even like that."*

*"For health service staff it is recognition of what is a reasonable workload is and being able to support staff to be able to do their workload to the standards that should be there. I think that would be one really important element of recognition because it's recognising that they are actually being given the tools to do the work that should be there."*



The challenge or opportunity: Focus on safety, enhance social connections and promote supports available.

## The Context:

A supportive culture has been fostered as colleagues pull together to each other. Communication and interaction has never been more important – staff value interpersonal interactions

Wellbeing support is needed as Covid-19 has resulted in high levels of fear and anxiety among staff, personally and professionally.

Managers have a key role to play supporting staff. Regular check ins and communication with line managers can make all the difference.

Flexible working practises are met with overwhelming positivity. Staff welcome the trust and respect from management enabling them to WFH, and while the environmental shift has some downsides, it is acknowledged that the benefits far outweigh any negatives.

## Watchouts:

**Safe working environment:** A lack of supplies (e.g. hand sanitiser, screens) and unsuitable environments for social distancing has caused anxiety, and led to difficulties in service provision. Some report a lack of safety measures in dealing with the virus in the workplace (e.g. illness). Clear guidance and protocols are needed.

**Isolation:** Working from home and social distancing has resulted in reduced daily interactions, leading to a sense of isolation among some staff.

**Always on:** Combining work and personal space has led to poor working habits (e.g. working late, not taking breaks etc.) for many.

**Sign-post supports:** Many staff lack clarity on what supports are available and how to access them. They want clearer communications highlighting available supports.

**Flexibility:** Covid-19 has placed additional burdens on many staff (e.g. childcare, looking after loved ones etc.). Additional flexible working is required to help staff manage their lives and wellbeing.

## The Key Actions Required:

**Priority Area 1:**  
Prioritise creating safe working environments

**Action:**  
Invest in creating safe working spaces while developing and delivering clear guidance and processes for Covid-19 in the workplace. Communicate where staff can access this information.

**Responsibility:**  
Budget holders  
Covid-19 safety officers and office managers

**Priority Area 2:**  
Develop initiatives to promote interpersonal interaction

**Action:**  
Develop and promote initiatives to connect with colleagues daily (e.g. break pods, walking groups, daily catch ups etc.)

**Responsibility:**  
National and local HR teams, local champions to drive initiatives

**Priority Area 3:**  
Managerial training to encourage day-to-day supports

**Action:**  
Train line managers to provide everyday supports to staff such as daily briefings & debriefings, check ins etc. to reduce uncertainty.

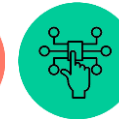
**Responsibility:**  
National and local HR teams (training), Line managers (implementation)

**Priority Area 4:**  
Raise awareness of, and foster engagement with staff supports

**Action:**  
Communicate and promote engagement with all available supports. Consider additional supports for parents and those WFH (NB Mental health)

**Responsibility:**  
National and local HR, internal communications and line managers

# Voice of the Staff



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The challenge or opportunity: Focus on safety, enhance social connections and promote supports available.

*"It is invisible the value of the informal interactions that happen on a day to day basis in all of the workplaces, particularly if you're talking about the consultant on DME or junior staff, how those are part of the learning of skills and a development of those staff members."*

*"I think there should be a recognition of the stress that we've all gone through and some kind of debriefing ... not to overdo it now, no long psychology or anything - just touch base with the department, like 'How you doing? How was your day'"*

*"Obviously, it's not the same, you know, having a coffee break. You're not, you know, mingling. You know, all of the things that kind of keep us working together and support to each other. I mean, lots of those moments are gone are gone for the foreseeable future."*

# Workplace Culture



The challenge or opportunity: Foster and promote collaboration, communication & ensure staff have clear goals and outcomes.

## The Context:

The leadership, management and the organizational direction have a great influence on the workplace culture across the healthcare services.

After a very agile period of decision making (less bureaucracy), comradery and cohesion, staff are concerned about a return to the 'old ways'.

The acceptance of working remotely has improved the workplace culture for many.

There needs to be a shift in mind-set focused on the improvements made and an ethos of continuously pushing forward.

## Watchouts:

**A return to old ways:** A perception that bureaucracy and the hierarchical environment has crept back and could weaken the improved team morale and engagement that was present during Covid-19.

**Cohesion is becoming more difficult** as more services reopen. The hybrid model of working remotely and or on-site needs a long-term plan.

Re-deployment has shone a light on the **lack of consistency** in how processes and practices can vary in departments – this lack of uniformity can cause tensions and can lead to uncertainty in one's role and what is expected / right thing to do.

**Empathy and understanding:** Many staff call out the need to remember that staff are human beings who experience stress and tiredness. There is a need to foster a culture of empathy, kindness and respect.

## The Key Actions Required:

<b>Priority Area 1:</b> A shift in mind-set; progress, not reversion	<b>Action:</b> Adopt and promote agile decision making across the organisation - a formal structure to include all team levels.	<b>Responsibility:</b> National level to drive, implemented by all decision makers
<b>Priority Area 2:</b> Build future ready soft skills	<b>Action:</b> Training in softer skills (e.g. teamwork, communication, empathy) and how to manage and support staff with the new ways of working ensuring staff feel included, valued & supported.	<b>Responsibility:</b> All people managers
<b>Priority Area 3:</b> Redefine staff purpose	<b>Action:</b> Connect the goals and actions of staff with the wider purpose of the HSE, explain and celebrate the critical role staff play.	<b>Responsibility:</b> All at management level



Consider internal communications promoting a culture of respect and kindness, reminding staff of their individual and collective value to the HSE

# Voice of the Staff



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The challenge or opportunity: Foster and promote collaboration, communication & ensure staff have clear goals and outcomes.

*"I think sometimes senior management don't really understand what's happening on the ground. I suppose they are trying to steer and plan - but sometimes they need to know what's going on at the ground level and not lose sight of that"*

*"The softer skills of management are going to be increasingly more important in the digital world. Something that wasn't an issue before, where people were getting on with their job and didn't have a lot going on at home, that might be an issue now. With Covid, people have to deal with a lot more than just work. It needs a holistic approach to management now. Managers need new skills and new training in that area, because some managers may not be trained for that."*





The challenge or opportunity: Engage staff in a continual two-way dialogue, be empathetic and fully transparent

The Context:

Staff were generally positive towards the amount of information and the content that they received to date.

Staff were positive about the video updates and social media updates – concise, clear and to-the-point.

Paul Reid was commended as the leader of the HSE, keeping staff informed, and speaking empathically and transparently about the challenges and what staff need to do.

Watchouts:

**Lack of consistency:** Staff reported issues with communication, information sharing and feedback between management and staff. It is not consistent.

**Wear-out:** with the sheer amount of information received in the past seven months, staff are unsurprisingly switching off, they are looking for more targeted and relevant information.

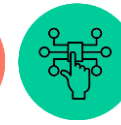
**Access:** Not all staff have an email address, and many can only access at a particular time of day – this can lead to staff feeling out of the loop or behind.

**Honest and Timely Communication:** Some staff report a ‘media/government first, staff second’ approach to information-sharing, leaving staff feeling uninvolved and disconnected with the organisation. As healthcare workers, they feel they have a right to receive updates before the public.

The Key Actions Required:

Priority Area 1: More airtime for staff	Action: More town-halls, listening sessions and pulse surveys with staff on an on-going basis. Create a network of teams.	Responsibility: National, regional and local levels
Priority Area 2: Formal feedback on performance	Action: Introduce formal Staff appraisal / performance reviews and provide clarity on expectations.	Responsibility: National HR (development) Manager level (implementation)
Priority Area 2: Filter and focus on what matters	Action: Key points from comms filtered by department / manager and shared. An information portal that can be filtered by the relevant staff category groups	Responsibility: Manager level  Internal comms team

# Voice of the Staff



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The challenge or opportunity: Engage staff in a continual two-way dialogue, be empathetic and fully transparent

*"In my area, we need to improve the two-way conversations. They say let's talk, but there is not much listening. I think that would help the recognition of people's work and effort and focus minds"*

*"There needs to be consistency in how the information is delivered, I know it's hard given our size, but could managers filter the need-to-know information? For example when I start my shift, we could have a video message / notice at the nurse's station, so you can get up-to-speed without having to hunt down a computer"*

*"So we need to deliver the information in a more relevant way. You know, it must be relevant to you to open it, you know? So you know it could be to a certain team or a certain department or certain building - 'Guys, here's your anxiety management tip for today.'"*

# Decision Making



The challenge or opportunity: Provide the opportunity for staff voices to be heard and acknowledged, while streamlining decision making

The Context:

Increased involvement in decision making during the initial Covid-19 period gave staff a sense that their expertise and experience was being acknowledged. It is an important element of job satisfaction and allows new skills staff have learned from deployment or during the crisis period in general to be utilised.

An initial period of ‘crisis management’ led to a more streamlined and efficient decision-making processes.

Watchouts:

- Revert to norm:** There is a sense that layers of bureaucracy are returning and impeding decision making.
- Protracted:** Staff have witnessed the power of cross-functional teams and how they can deliver outcomes in a more agile manner. Staff are now less accepting of protracted decision making.
- Reduced consultation:** Involvement in decisions varies across staff categories and levels. Specifically, some claimed a lack of consultation on deployment and on returning to the workplace.
- A need for feedback:** While staff are cognisant that their suggestions may not always be actioned, feedback as to why, was seen to be lacking. It is important that there is a feedback loop and the rationale for progressing/halting decisions is provided from managers/management.

The Key Actions Required:

Priority Area 1: Prioritise timely action	Action: Remove the unnecessary decision making layers to ensure staff can work and deliver services in a timely manner.	Responsibility: National level
Priority Area 2: Consult, collaborate and feedback	Action: More formal structures (e.g. townhalls) to allow staff to voice suggestions and be involved in decisions relevant to their role. Develop a formal feedback structure to provide staff with the rationale for key decisions affecting their work.	Responsibility: National level (development and organisation) Local level (implementation)
Priority Area 3: More delegation - push responsibility to the edges.	Action: Training for managers to support delegation of decision making to their wider team, where applicable to increase staff contribution and maximise staff skills.	Responsibility: National level (HSELandD)

# Voice of the Staff



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**The challenge or opportunity:** Provide the opportunity for staff voices to be heard and acknowledged, while streamlining decision making.

*"I suppose if there was more involvement, even if it was a way to have a link or we had a representative. You know, even if our line managers or higher weren't actually able to be conversing with us, that at least we had somebody else identified as that link that would feedback to us."*

*"On a weekly basis where your manager actually takes time in their schedule to sit down and ask the frontline staff what problems they're encountering daily and what could be done to make it better for them... I think it will make staff feel involved in the decision-making process."*

*"I suppose like any innovation, there's always talk about, lean and agile and all these words which you wonder how much do we actually know about them? But I think we've been forced to be agile because we just have to respond. The situation has changed rapidly."*



The challenge or opportunity: Upgrading and standardising IT capabilities ensuring efficient remote working and digital service provision

**The Context:**

The Covid-19 pandemic has accelerated a digital shift in working practices and service provision.

The flexibility afforded by remote working has improved work/life balance and general working experience for many.

The use of Telehealth has brought time efficiencies and allowed for the continuation of some services.

The shift to more digital means of working and service provision has generally been positive and ‘long overdue’,

However, has also highlighted the shortcomings in the IT capabilities in the HSE and a lack of conformity across software and hardware access.

**Watchouts:**

**Tools for the job:** Remote working requirements were addressed speedily at the beginning of the pandemic, but differing experiences across staff – many are still lacking the equipment needed.

**Lack of centralisation:** No centralised emails or patient record/ note systems or standardisation in software means experiences of staff differ across regions, sites and teams.

**Underutilisation:** Lack of equipment and IT capabilities (e.g. VPNs) means some staff WFH are being underutilised.

**Skill imbalance:** IT skills differ across staff, which can act as a barrier to efficient ways of working. Some staff having to learn as they go without guidance or training.

**The Key Actions Required:**

Priority Area 1: IT infrastructure	Action: Standardisation and modernisation needed across software and hardware to allow more efficient communications and utilisation of staff (e.g. digital patient records, VPNs, Teams)	Responsibility: National level (investment) IT department (implementation)
Priority Area 2: Digital service provision	Action: Supporting digital service provision capabilities, ensuring it is embedded across healthcare in Ireland. E.g. Telehealth hubs.	Responsibility: National and local level IT department
Priority Area 3: Staff training	Action: Facilitate training and supporting staff to improve their IT skills to help remote working and digital service provision	Responsibility: National and local level. HSE and D



# Voice of the Staff



The challenge or opportunity: Upgrading and standardising IT capabilities ensuring efficient remote working and digital service provision

*"So some teams, they're still using Zoom against the rules. You know, individual consultants have signed up on personal accounts to do WebEx. I mean, this should be rolled out proactively say, here's the solution. Please use it and enable people to do their work."*

*"We have been working with paper notes, I know a lot of GPs have electronic notes. I'm not sure about other counties, but we still have about six hundred case notes in our office and we have to be here [on-site] to write notes up, it would make it much easier if we could have it all digital, the efficiencies!"*

*"I think really, we need to invest in infrastructure and especially digital infrastructure as well. There's been a lot of challenges with communication, especially with patient communication and access to laptops, mobile phones, good Wi-Fi."*

# Key Actions - Summary



Real Recognition



Health & Wellbeing



Workplace Culture



Communication & Sharing



Involvement in Decision Making



ICT & IT supports

## Focus

Show genuine appreciation & support staff to do their job to best of their ability.

Focus on safety, enhance social connections and promote supports available.

Foster & promote collaboration, & ensure staff have clear goals and outcomes.

Engage staff in a continual two-way dialogue, be empathetic and fully transparent

Provide the opportunity for staff voices to be heard and acknowledged. Streamline decision making.

Upgrading and standardising IT capabilities ensuring efficient remote working and digital service provision

## Key Actions

1. Invest in **appropriate staffing** and equipment to enable all staff to do their jobs.
2. Recognise the workload burden and **encourage healthy work practices** such as taking breaks and provide spaces to do so.
3. Develop a plan to **communicate appreciation** (thank you, campaigns, rewards, monetary benefits, time off).

1. **Safety:** Develop and monitor guidance and processes for Covid-19 in workplaces.
2. Develop and promote initiatives for **colleagues to connect** daily (e.g. break pods, walking groups, daily catch ups)
3. **Train** line managers to provide everyday supports to staff.
4. **Communicate** and **promote engagement** with all available supports.

1. **Build future-ready soft skills** via training in how to manage and support staff with the new ways of working.
2. Adopt and **promote agile decision making** - a formal structure to include all team levels.
3. **Redefine staff purpose** by connecting the goals and actions of staff with the wider purpose of the HSE.

1. **Provide more airtime to staff** via town-halls, listening sessions and pulse surveys with staff on an on-going basis.
2. Introduce **formal staff appraisal** / performance reviews and provide clarity on expectations.
3. **Filter and focus content** on what matters, making content and information relevant to staff groups, and focused on action.

1. **Prioritise timely action** by removing unnecessary decision making layers.
2. **More formal structures** to allow staff to voice suggestions, be involved and receive feedback on decisions.
3. **Push responsibility to the edges** by introducing appropriate delegation to the wider team.

1. **Upgrade and standardise IT** capabilities ensuring efficient remote working, communication and digital service provision.
2. Facilitate and **promote training in IT skills** to ensure nobody is left behind.

# Final Thought

*“A staff survey is only as good as the actions that follow the results of that survey”*

Focus Group Participant

Make it Sustainable

Make it Safe

Make it Personal

Make it Possible

# HSE Covid-19 Pulse - Staff Focus Groups

Exploring staff experience and key actions needed to improve and adapt the ways of working into the future.

Report Prepared for Vera Kelly, Denise O'Shea and Ann Marie Hoey

9<sup>th</sup> October 2020

